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## Promoting synergistic partnerships in low resource countries: a case study exemplar

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*Objectives/Aims:* The purpose of this discussion is to explore the dynamics of partnership and its impact on both nursing faculty at Hue University of Medicine and Pharmacy (HueUMP) and Health Volunteers Overseas (HVO) volunteers.

*Design:* A case study approach was used to promote understanding of partnerships in global health.

*Discussion:* Collaboration between HueUMP's nursing program and HVO is one of the most dynamic HVO nurse educator programs with five volunteer visits to Vietnam within a two-year period. Volunteer efforts include workshops to meet the diverse needs and interests of nursing faculty. We also emphasize the potential for ongoing strategic program planning integrating components from other nursing partnerships in the Southeast Asian region.

*Conclusions/Implications for practice:* If we are to continue meeting partnership goals, we must recognize that partnerships should evolve according to the goals of HueUMP nursing faculty and the context of nursing in Vietnam.

**Keywords:** education; nursing; faculty; nursing; Vietnam; partnerships; global health; volunteers

### Impact statement

Global relationships are dynamic, potentially creating synergies and opportunities for new partnerships among high and low resource countries.

### Introduction

Collaboration in global health is typically portrayed as linear with a donor extending assistance to a host in a low resource country in order to develop the skills of that particular host. This static view of capacity building fails to capture the complexity of relationships in global health and the potential for ongoing transformation. Our experience in Hue, central Vietnam with the Hue University of Medicine and Pharmacy (HueUMP) and Health Volunteers Overseas (HVO) offers a

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more dynamic perspective. The aims of this global health nursing exemplar are to provide the historical perspective in which the current project resides, describe the five most current project activities (see Table 1), and explore the potential for connections with other HueUMP nursing initiatives. We believe that exploring these connections fosters an integrative, dynamic approach to partnership.

'True' partnership in the context of our exemplar takes into account a nexus of partnerships, not only the immediate project with its defined goals and targets. For example, the authors, all volunteers with HVO, are employed by a variety of institutions. Every volunteer then has the potential to generate even more partnerships that may influence the work in Vietnam. We also recognize that host partners, including HVO coordinators and host project leaders, nurture and maintain various other partnerships. These additional partnerships may extend the goals and boundaries of our HVO partnership providing a force for unity from the perspective of the host in this exemplar, HueUMP.

## Background

HVO is dedicated to strengthening the capacity of health care providers across the globe (<https://hvousa.org/>). Kelly (2014) outlines the process of selecting volunteer sites emphasizing that success of any project must be defined by all partners. HVO recognizes the synergistic effect of collaboration and its contribution to developing resiliency. Current nursing education programs provide 2–4-week volunteer opportunities in Uganda, Cambodia, Bhutan, Tanzania, and Vietnam.

August 2014 marked the formal agreement initiating the HVO Vietnam nursing education project with HueUMP in central Vietnam. However, the roots of this agreement were established long before 2015. In 1994, the current director of the HVO nursing education project in Vietnam was a member of a rehabilitation project team sponsored by HVO. This team conducted workshops for rehabilitation professionals in various areas of Vietnam, but team members noted that the nurses participating in these sessions had little or no background in rehabilitation nursing.

At the same time as the workshops, Hue Central Hospital's rehabilitation unit requested help with their interdisciplinary team work. During this visit, the team was also contacted by the Dean of the School of Nursing at HueUMP to further develop the nursing curriculum. From 1999 through 2003, US-based nursing faculty worked with the HueUMP to develop all areas of the nursing curriculum.

In 2003, Dreyfus Health Foundation (DHF) entered the scene, working with HueUMP and US nursing faculty in the community nursing course. Successful community health projects were developed and sustained by the HueUMP students. Funding constraints limited continuation of the project; however, the nursing school continued the projects with nursing students on a local basis for over 10 years.

Table 1. Timeline of volunteer activities at HueUMP.

Date	Volunteer activity
August 2014	Formal agreement with HueUMP initiated Evidence-based nursing practice workshops
March 2015	Faculty roles, teaching strategies, and distance education workshops
March 2015	Clinical teaching for salience and situated coaching
April 2015	Neonatal care training
May 2015	Research workshops
October 2015	International nursing conference

HueUMP faculty enthusiasm and administrative support for partnership paved the way for aligning the nursing school at HueUMP with HVO. After a year of corresponding electronically, an onsite visit in 2014 provided the opportunity to develop objectives and parameters for the present project. The current HVO project director's previous experience in Vietnam provided a strong foundation for collaboration between HVO and HueUMP and illustrates the significance of building relationships as key to a strong partnership (Upvall & Leffers, 2014).

Today, HueUMP is a growing university contributing to the health of peoples in the highlands and central Vietnam from the cultural capital of the country, Hue City. Its outreach extends to 18 provinces within these regions encompassing over 26 million people over half of whom reside in rural areas.

Over 40 years passed from the opening of HueUMP to the inception of nursing in 1998. From the beginning, there were several barriers to developing the nursing program. Human resources were lacking as well as a full understanding of nursing curriculum and learning and teaching materials. Nurse educators at HueUMP were early in the process of preparing for their teaching role with nursing students taught by physicians from a medical model perspective (Pron, Zygmunt, Bender, & Black, 2008). Other constraints on developing nursing education included lack of curriculum standardization, few nurse educator role models, and nurse educators with advanced clinical knowledge. (Jones, O'Toole, Hoa, Chau, & Muc, 2000; Nguyen, 2009; Pron et al., 2008). Textbooks and lab equipment were limited and traditional methods of teaching where the student maintains a passive learning role was applied in the classroom.

### **Ongoing initiatives**

HVO's Vietnam nursing education project director provides enthusiasm and energy to the current project as well as her knowledge and previous history with HueUMP. During the project director's first trip to agree on project goals and objectives, another nursing educator volunteer joined the project director offering workshops in evidence-based practice to nursing faculty. The topic was requested by faculty, but the research process as the basis for understanding evidence-based practice was lacking. Once this gap was recognized, faculty requested workshops for developing their quantitative and qualitative research skills. Nine months later, the same nurse educator volunteer was able to return to HueUMP and provide the requested research workshops.

More HVO volunteers arrived in 2015 to continue the relationship between HueUMP faculty of nursing and HVO. One volunteer had been to Ho Chi Minh City twice in 1997 while a doctoral student at Teachers College, Columbia University. At that time her mentor was project director of the nursing education development project, part of the Vietnam National Rehabilitation Program funded by HVO and the US Agency for International Development (USAID) (Sagar, 2010). In addition, this volunteer along with two additional nurse educator volunteers, taught a two-week professional nursing course held at Ho Chi Minh City College of Medicine and Pharmacy. Participants in this train-the-trainer course included Vietnamese leaders in administration, education, and practice.

Previous positive relationships can lead to new relationships and partnerships. The volunteer from 1997 expanded her network and knowledge of Vietnam from Ho Chi Minh City to Hue in 2015. Prior to arriving to Hue, she sent a draft of a two-week proposed curriculum to the HueUMP nursing faculty liaison. Together the HVO volunteer and nursing liaison in Vietnam, coordinated all activities during the two-week stay. The scholarship was promoted during the visit with the HVO volunteer demonstrating strategies in accessing free online databases to obtain full-text research studies. As a long-term plan of promoting scholarship and access to resources, the

HueUMP faculty liaison was inducted in absentia into a US-based chapter of Sigma Theta Tau International.

Extensive teaching and administrative experience enhanced the ability of the HVO volunteer to lead brainstorming activities related to the challenges of developing a graduate nursing program unique to central Vietnam. While HueUMP nursing faculty was eager to begin a graduate nursing program, they also recognized challenges including the national Vietnamese requirement to have at least three doctoral prepared nursing faculty and increased scholarship activities. Despite this major challenge, HueUMP faculty was eager to participate in small group discussions to review existing graduate nursing programs in Vietnam, Thailand, the Philippines, and the US. Each discussion group presented a different curriculum to the faculty along with a rationale for each course. However, all participants recognized that HueUMP faculty will eventually need to come to the consensus and select a curriculum best suited to their mission and goals and the needs of people from central Vietnam.

Presentations on the history of nursing education in the US, the faculty role in higher education, teaching strategies in nursing, and distance education in blended and fully online formats were also provided. Two 90-minute workshops regarding American Psychological Association (APA) style and format were also presented to faculty and two senior classes of baccalaureate nursing students in an ongoing effort to promote scholarship. Faculty and students were consistently motivated and were enthusiastic learners. A few of the nursing faculty more fluent in English typically acted as interpreters during the sessions.

The dynamic partnership between this HVO volunteer promoting research and scholarship and HueUMP nursing faculty was rooted in her experience of Vietnam and her status as a foreign-educated nurse (FEN) working in the US. Originally from the Philippines, this HVO volunteer left her home country a few years after becoming a registered nurse. As a FEN, she believes in giving back and mentoring other nurses on a global scale. Her sensitivity to nursing in various countries facilitates sustainability and helps all volunteers recognize that only Vietnamese nurses can ultimately define nursing and nursing education. In this style of partnership, initiatives must be fitted to the people and their context – their culture and their healthcare needs – rather than employing programs grown in foreign soils and not conducive to local benefit and growth (Sagar, Camunas, & Melli, 2014).

Another HVO volunteer worked with a junior nursing faculty in clinical teaching on a medical unit at Hue University Hospital (HUP). An exemplar of clinical teaching for a sense of salience and situated coaching as proposed by Benner, Sutphen, Leonard, and Day (2010) was demonstrated. In this model, the role of the clinical teacher is to assist the learner to convert abstract concepts into meaningful application in real time patient situation. The expectation in situated learning is for the student to go beyond theory application to an inductive conceptualization of how the theory relates to everything about the patient, i.e. the interconnectedness of all the factors (Onda, 2012). For instance, teaching the student colostomy care does not merely focus on the technical aspect of the procedure. In situated learning, the teaching includes the application of infection control, physiology of bowel elimination, the role of nutrition, skin and mucous membrane assessment, and most importantly, the patient's response to care. After the pertinent data have been identified and sorted, the teacher guides the student to develop a sense of salience about the most or least important in the patient situation (Benner et al., 2010). This is best accomplished during debriefing through guided questioning or reflection on learning (Benner et al., 2010). The reflection may be done by the student individually or collectively.

During this clinical teaching encounter, the HueUMP nursing students chose a patient to discuss in debriefing. They were instructed to collect all the pertinent data about the patient encompassing physical (including lab values), psychosocial, and discharge planning issues. At the debriefing, a student led the discussion by presenting the case. Further questions were

asked of the student especially if there were certain factors missing. Typically missing in the student-led discussions were social factors. The debriefing centered around the pertinence of the data collected as they relate to pathophysiologic and assessment concepts. For example, the student was asked 'based on the underlying pathophysiology, why is this data pertinent or important for us to know?' To discuss prioritization, the students were asked about their main concern for the day in terms of nursing care of this patient. The time perspective ('today') allows the student to make an individualized plan that is applicable to the case as described in the present time and not a textbook model care plan. In this particular setting, the reflection was done during debriefing which consisted of asking two main questions: (a) what went well, and (b) what could be improved?

After the clinical session with the students, the HVO volunteer discussed the teaching strategy with the faculty member to identify key features of the teaching. Emphasis was placed on how the model works, the value of debriefing, the art of guided questioning toward prioritization of care and measures to facilitate student engagement.

Nursing students at HueUMP are taught primarily by physicians using a disease-focused type of model. Despite this teaching model, the HVO volunteer noted the ability of the students to adapt to the Benner et al. model of clinical teaching with ease. The instinctive adaptation of the students to this style of teaching came naturally because of the logical flow of inductive learning it provided. The process of guided questioning was an effective technique to foster clinical decision-making and judgment. It is highly possible that a curriculum mainly delivered in a medical model can be transformed in a holistic patient-centered approach in the clinical setting with the training of the nursing faculty on this teaching strategy. One limitation noted was the students' limited English language proficiency and heavy reliance on interpreters, increasing the possibility that some of the concepts were lost in the translation. Another limitation was the size of the clinical group. There were 18 Vietnamese students and three Finnish exchange students in the clinical group with one instructor. Although the students were eager to participate in the discussion, it was difficult for one instructor to facilitate learning in a large clinical group.

Another advanced practice volunteer with a clinical focus arrived in Hue within two weeks of the clinical teaching volunteer experience. Both of these volunteer experiences support the change that HueUMP nursing faculty is striving toward: changing an outdated model of nursing education away from physician trainers to nurses educating nurses. Cultivating this practice will continue to take time and ongoing efforts are needed. In response to requests for clinical education of HueUMP nursing students and role-modeling for nursing faculty, an HVO volunteer licensed as a Neonatal Nurse Practitioner (NNP) collaborated to develop and deliver nursing education related to care of the neonate based upon current evidence-based practice. A partnership between the NNP and HueUMP nursing faculty ensued to provide clinical knowledge in a case-based learning modality, interactive classroom style of education, as well as clinical instruction while rounding at the hospital. An additional pursuit was the provision of guidance on the revision of a pediatric textbook to include neonatal care.

The collaborating NNP volunteer and HueUMP nursing faculty designed the neonatal curriculum and its delivery. Interactive, case-based didactic sessions took place daily with translation provided by nursing and/or medical faculty. The inclusion of Finnish exchange students lent an additional layer to the translation process. There was often lively dialogue, but the responses and questions from both groups of students reassured the volunteer that the content was being communicated and assimilated effectively.

Daily rounds were conducted on the obstetrics unit, which allowed for integration of the classroom content with hands-on demonstrations of neonatal physical assessment, and discussions of pathophysiology and treatment of newborn conditions such as jaundice and sepsis.

The cultural milieu allowed for very direct patient engagement, in that the students or interpreter approached patients ostensibly to ask permission to examine and talk about their baby, and none refused.

Case-based learning helps develop problem-solving, critical thinking, and clinical judgment (Hofsten, Gustafsson, & Haggstrom, 2010; Raurell-Torredà et al., 2015). Adult learners worldwide benefit from being able to associate learning with real-life examples, hands-on learning and proximate reinforcement (Hegenbarth, Rawe, Murray, Arnaert, & Chambers-Evans, 2015). The HueUMP experience with neonatal training demonstrates these concepts and suggests that both students and faculty benefit from this style of instruction.

The true partnership includes reciprocity and a sense of mutuality among all partners. In late 2015, the HVO volunteers and project leader from HueUMP faculty of nursing joined together for a presentation at an international nursing conference held in the US. This culminating event was more than a reunion between the volunteers and the HueUMP nursing faculty project partner. The conference represented mutuality and bi-directionality of partnerships as the HueUMP nursing faculty became acquainted with other nursing programs in the US after the conference. The experience also inspired the HueUMP nursing faculty to continue her work as the host project leader with HVO, as well as seek other partners across the globe.

### **Impact**

These examples of partnership demonstrate the dynamic nature of ongoing relationships that are without boundaries and lead to sustainability. Previous, successful partnerships in other cities and countries can have a positive impact on partnership development and inform progression of new partnerships and new projects. At the personal level, an individual may be energized by the partnership which further contributes to sustainability and can ultimately impact the growth of an organization (Riner & Broome, 2014). True partnership is more than one project at a time and more than one volunteer at a time. Partnerships thrive on extending opportunities for all partners, those from both the high and low resource countries, to grow and be challenged by new initiatives. In essence, partnerships create synergies and are transformative. When viewed as a unifying approach as in this exemplar with HueUMP, the potential for professional and personal growth among all partners can be realized.

### **Conclusion**

In little more than two years, HueUMP nursing faculty and HVO volunteers have forged a partnership that continues to grow and take new directions. For example, HueUMP looks forward to developing graduate education opportunities. They are constrained by administrative regulations, but are working in partnership with a university in Thailand to grant the master's degree while students remain in Vietnam. This distance education partnership with Thailand has implications for HVO volunteer nurse educators who can also contribute to teaching these courses at HueUMP. Future HVO volunteers may also include the Master's students in workshops or other teaching activities that can positively impact their graduate studies.

Opportunities to develop research skills of nursing faculty are also multidimensional and extend beyond workshops. The HueUMP nursing project faculty seeks multiple pathways to increase research activities among faculty. Study abroad students from Finland are now engaged with helping faculty to develop quality improvement projects in the hospital. Another university in the US is developing research and study abroad opportunities for their students while another US-based nursing program continues an annual study abroad program.

The new simulation laboratory developed through a partnership with a university in Korea provides even greater opportunities to develop HueUMP nursing faculty's research skills. Most recently, Korea extended a scholarship for a HueUMP faculty to enroll in a nursing doctoral program.

In each case example, all participants experienced the benefits and synergy of the partnership. The authors recognize the challenges inherent in creating partnerships, but also realize that transformation is a process. True partnership, as the highest level of a collaborative relationship, creates new meanings in our personal and professional lives (Rosa, 2017). We extend ourselves to each other, inspiring and encouraging ongoing growth through partnership.

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