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Teaching Sabbatical at the School of Nursing The University of Texas at Austin

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Teaching Sabbatical | Final report

This has been a journey of gratitude. The STINT teaching sabbatical program is a unique possibility for teachers and researchers to develop their teaching role and their curricula in Sweden.

The School of Nursing at Austin is one of the leading nursing schools in the U.S and has approximately 800 students. It has been a part of The University of Texas (UT) at Austin since 1976. The purpose of the School of Nursing is to achieve excellence in undergraduate education, graduate education, research, and public service. Four degree programs are offered: Bachelor of Science in Nursing (BSN), Master of Science in Nursing (MSN), Doctor of Philosophy in Nursing (PhD) and Doctor of Nursing Practice (DNP). There are two fast-track opportunities for students holding baccalaureate or graduate degrees in other disciplines than nursing; Alternate Entry for Master of Science in Nursing (AE-MSN), and Alternate Entry for Doctor of Philosophy (AE-PhD). Areas of research include adolescent and women's health, quality of life among older adults and persons with disabilities, self-management of chronic conditions and cross-disciplinary research that incorporates physiological and technological advances into a nursing focus.

Basic Assumption of the School of Nursing:

“At the University of Texas at Austin School of Nursing, we believe our learners are intelligent, motivated to learn, care about doing their best, and want to improve.” After meeting many of the students, I am convinced that this is not just an assumption, but also a fact.

Preparation and planning

One week before Christmas 2018, I received the message that my application for STINT Teaching Sabbatical was accepted and that I was welcome to complete the experience at The University of Texas at Austin! My accompanying teenage daughter Sigrid and I sat on a sofa and excitedly read the e-mail, too overwhelmed with joy to say anything for a while.

In January, I had the first contact over Skype with Associate Dean for Academic Programs, Dr. Timmerman, who was my academic contact at the School of Nursing. I am a nurse/midwife, associate professor and the program director of the Midwifery program at Lund University. It was very good to have this meeting early, as we could plan, discuss and make several important decisions. Dr. Timmerman generously gave me two alternatives for what course I would like to co-teach. I chose the course “Nursing Care for Childbearing Families”, as it was related to what I teach in Sweden. We also set a time for my planning visit for the first week in April. It was a long flight for a planning meeting, but the stay was very valuable. Dr. Timmerman had kindly planned for two and a half days of meetings with faculty and an introduction to the School of Nursing. These contacts were important for further preparations at home and correspondence over the Atlantic Ocean during spring and summer. After I had met my future

co-teacher, Dr. Abbyad, I felt sure that the collaboration would turn out well since we held shared values concerning both the subject, the students and the teaching.

I also had the chance to visit two public schools in Austin, as there was some confusion whether my daughter should be placed in middle school or in high school. I visited the apartment complex where we planned to live. I had recommendations from a previous STINT-fellow concerning the latter, which greatly facilitated finding an apartment in an area close to campus. I was happy to learn that another STINT-fellow was also going to a faculty in Austin at a different school/college, which was a relief for me as she kindly agreed to help me with my daughter in case of emergency. We kept in contact during the fall and met several times to share our experiences. Thank you Åsa and family!

Any future STINT-fellow bound for Austin is welcome to contact me for further information of our experiences from the fall of 2019.

Tasks and Responsibilities

My main task was to co-teach on a course for nursing students in their Junior 2nd Semester. The fact that I was co-teaching ensured that the students were provided with the correct contextual teaching about nurses' responsibilities in the care of childbearing families in Texas from their regular School of Nursing teacher. It was also vital for interaction and learning between teachers. I would absolutely recommend future STINT-fellows to co-teach if possible as, in my opinion, it considerably increases the possibility for valuable exchange of knowledge in both subject and pedagogics. Co-teaching opened up doors for me to participate in simulations in the clinical course that my co-teacher was teaching in. It was also a way for me to get to know the other teachers within women's health. Dr. Abbyad put a lot of effort into arranging visits to a labor/delivery ward and to a birthing center in Austin, which I would never have seen without her persistent help.

Activities during the Teaching Sabbatical

Co-teaching

The course "Nursing Care for Childbearing Families" was a course about pregnancy, birth, post birth and newborn babies and their families. My co-teacher expressed early that she would like me to add a European midwifery perspective to her course. Since I have worked clinically within labor/delivery in Sweden and I teach the subject at Lund University, this was my focus during the course and lectures. I tried to introduce international references and guidelines and had the opportunity to integrate some of my own research. Dr. Abbyad and I had a lot of fun when discussing and sharing experiences in preparation for classes. It is always joyful and uplifting to discuss your major interest with a person that shares that interest! I got the impression that we are both eager to improvise when required. Students' experiences during their parallel clinical course were often acknowledged in class to integrate theory and practice.

There are many similarities but also differences between Texas and Sweden within the clinical context, which we explored and shared with the approximately 60 nursing students. For example, some of the topics that we examined included: the role of different professionals, rate of cesarean sections, and the use of epidurals, which in Sweden are “stand-up” epidurals allowing the mother to walk around, but in the Austin area are not. I believe that one of my major roles during the course was to present how care is provided in Sweden, sometimes leading to discussions about both evidence and differences in society. We decided not to stop with the in-class discussion, but also to introduce a web-based learning activity where the nursing students in Austin interacted with midwifery students in Lund, Sweden. The original plan was that the student should discuss in small groups, but after some initial technical issues, we converted it into a group discussion where everybody participated simultaneously. The overall objective was to share knowledge and experiences concerning care of childbearing families in each country. The students were guided by pre-given questions, but were encouraged to ask any question. The guiding questions concerned organization and nurses/midwives role in prenatal care and labor/delivery. From my perspective, it immediately turned into a lively discussion between students in a friendly atmosphere where laughter was integrated with deeply serious discussion about evidenced-based care, women’s rights, and similarities/differences between care and womens’ living conditions in Texas and Sweden. I felt enormously proud of all of the students and privileged to be one of their teachers. The students in Texas had to come in two hours before ordinary class time to participate and the Swedish midwifery students participated during the last hour of their day. Still almost all participated, although it was not mandatory. Both student groups evaluated it as a positive learning experience.



Me and Dr. Christine Abbyad, my co-teacher and friend

Simulations

Simulation is a learning-activity to prepare students for both common and rare clinical situations and to integrate theory with practice. As the access to clinical placements and preceptors are often limited today, simulations have grown increasingly important for many nursing schools including Austin and Lund. I participated in several obstetrical simulations, observed many within other fields of nursing, and took a

great interest in this. A simulation day started with the students coming prepared to a briefing in a smaller group led by faculty. The school has a large organization around simulation with staff and graduate students working together in a skills lab. In Austin, The School of Nursing has consciously invested in an advanced simulation area. During simulations manikins, students or volunteers acted as the patients, with scripts to follow including the possibility to improvise. The students were divided into smaller groups, commonly two students acted as nurses, one as a family member and one student made a structured observation. In order to come close to a multidisciplinary scenario, students could call for help from other professionals on a phone, which was answered by faculty. Faculty sometimes entered the room acting as, for example, an obstetrician. For clinicians, rare obstetric complications should preferably be trained as multidisciplinary scenarios, so I liked the concept of including other professionals.



Example of room for preparation and debrief, simulation room and control room for faculty

During simulation, everyone strived after as much realism as possible and students were instructed to act just as if it was a real patient. What happened during simulations was confidential in order to create a safe and supportive atmosphere for learning. After the simulation, the extremely important process of debriefing took place in the same room as the briefing. In a structured way, the student's evaluation aimed at finding areas for improvement. Students' feelings were acknowledged, as it is well known that emotions affect the learning process and that nurses work with themselves as a tool in patient communication. Generally, the nursing students were, in my opinion, very good in patient communication and excellent in patient information. For the sake of patient safety, it is important to practice communication between staff, and simulations offer brilliant possibilities for this.

To me personally, the most fun simulation was a labor simulation where I had to replace one of the volunteers that did not show up. The students that immediately dared to support, comfort and touch the "mother"/Swedish teacher impressed me. I once stepped out of the simulation to give feedback in action and the students evaluated that positively. I learned that feedback both in and after action might work during simulations, as it does in the clinical setting.

When speaking to students, I got the impression that volunteers were highly valued for acting as patients. I am not equally convinced that all very expensive manikins are needed.

A simulation within another field that I found particularly worthwhile was the end of life simulation in adult health. The majority of students stayed in the briefing room and watched the simulation over video. Among the benefits was the addressing of multiple concrete questions. For example, the students were challenged by ethically difficult questions from family members, like “what would you do in my situation” or the comment “we are going to Paris next month”, as well as medical questions like “what does it mean that he will have a tracheotomy?” One student impulsively took the role of a priest, when she saw a need for one in the simulation. Another student, who acted as a family member, got the idea to lay down in the bed next to the patient/manikin. I congratulate the organizers for the inclusion of social worker students and their teacher in the simulation, which provided inter-professional training and an enhanced learning experience for all. Faculty addressed the students’ possible needs for counselling after this emotionally challenging simulation. I think the students recognized the privilege in participating in end of life care.

Teaching-course

The School of Nursing gives a course “Educator as Leader” at Master’s level. The course description informs prospective students that the course is designed to prepare the nurse educator for educational experiences, and/or for a variety of learners in clinical and community practice settings. I had the opportunity to give a lecture about reflective writing. In co-operation with other researchers from Lund University, I have published studies about reflective writing in the context of midwifery education. The results are most likely applicable for other health education programs that includes clinical placement. I was grateful for the opportunity to discuss the use of reflective writing, feedback and instructions with a skilled group of students and their teachers, as it further expanded my own insights in the field. One of my primary goals for the teaching sabbatical was exchange of knowledge in pedagogics, and therefore I observed the class two times more and took great interest in the education that was class-based every second week and internet based the other week. A field trip to an art museum was included, which was highly valued by the students. In students’ written comments, they mentioned that they had been instructed to lay down and watch a sculpture. It was described as therapeutic and valuable to slow down and take time to look and reflect. I am very positive about including all forms of art in education since I strongly believe that it touches our deepest needs. I agree with the students that it may improve nursing observation skills as well as creativity in nursing and teaching. The field trip also addressed the students’ need for learning in different settings. I was out of Austin at the day of field studies, but went on my own to the museum to try to get a glance of what the students had experienced. It would be great fun if I could introduce something similar at home!

Interprofessional course

The course “Foundations for Interprofessional Collaborative Practice” is a course for students in nursing, medicine, social work and pharmacy to develop their skills in team-based care. The American Association of Colleges of Nursing awarded The University of Texas at Austin teaching innovation award for this initiative in 2018. It was my privilege to follow the course by joining a team and their faculty facilitator when they met every third Friday afternoon during the fall. The initial focus for the students was on understanding different professional roles, responsibilities and communication within the teams, before they entered the field of cases and simulations as the course progressed during the fall. I substituted once, and that was an experience that I am grateful for, because interaction with students is what is vital for an educator. It increased my understanding for an interdisciplinary student group’s learning needs, related to their professions. We had an exercise in using motivational interviewing techniques, and it turned out that, depending on their professional training, the students had different skills in patient communication and found it useful to practice together.

Other activities

I participated in an orientation course for new clinical faculty members during the semester that included mentorship. I think it was good that new faculty could consult an experienced teacher and share experiences amongst each other.

As previously mentioned, I had the opportunity to visit a labor/delivery ward. I am truly grateful for that, although it would have been even more interesting to follow a nurse on her shift, but it turned out too difficult to arrange. During my stay, the School of Nursing was hosting a group of teachers from a Norwegian university for a couple of days. They came to learn more about examination using videotaped recording of skills simulations. I was invited to join the group while they were visiting a different hospital and to discuss simulations with them. Their Austin contact person Dr. Leigh Goldstein, Director of the Learning Enhancement and Academic Progress Center, is going to a conference in Norway. She has been invited to visit Lund in connection with her Scandinavian visit. Although I do not know if it will be possible for her, we both have the intention!

I had the opportunity to visit the University library in a session about editing for Wikipedia. I do not know if I will ever do that, but after learning that very few notable women and LGBTQ+ people are visible in Wikipedia texts, I just had to attend. Afterwards I was asked to answer an evaluation. Did I attend because I was interested in Wikipedia , Women’s rights or for free pizza ... ?

During the fall, I gradually learned more about the society, living conditions and their impact on women’s’ health. A very good panel about maternal mortality in Texas took place during my stay. The invited lecturers acknowledged the fact that Texas has bad results in this area and explored the mechanisms and reasons for this. It was a high quality seminar that later was further discussed at a division meeting. During the latter, it was questioned why the School of Nursing does not have a midwifery program and that midwives are rare in clinical practice. One of the teachers expressed during the division meeting “I am glad Dr. Ekelin is here”. If I in any way, even if very marginally, could have inspired for

better care for women, this alone would definitely be my most valuable contribution during my teaching sabbatical.

Important Lessons

I gained insight about the importance of adhering to professional core concepts and focusing on the most central concepts in nursing. The students need to know the basics and build from there. For example, during simulations, the student preferred the simulation not to be too detailed. Most certainly, they will meet multifaceted situations during clinical practice, but need the focus on core skills first. If something could not be performed as it occurs in reality, the students I spoke with preferred it to be excluded instead of pretended. The same goes for theoretical courses. If there is not time for in-depth learning, I believe it is important to give the students a solid base of core concepts.

The sabbatical gave several opportunities to practice the old truth that things could be done same, same but different. The impact of the care system on students during clinical practice is large, but I believe that universities' impact on clinical practice should not be underestimated. Enabling students to provide evidence-based care is our main mission.

Comparison between the Host and the Home Institutions (in Sweden)

Courses and career opportunities in nursing are different in Sweden and the U.S, but the question is too wide to grasp in this report. The major difference for me as a teacher in midwifery, is that there is no midwifery program at the School of Nursing at Austin. The education in nursing care for childbearing families is, on the other hand, given to a greater extent at the program of Bachelor of Science degree in nursing at Austin than in the equivalent program in Lund. The courses that are given, the demand of the hospital departments, and the roles of the professions in both countries are all parameters that affect each other. The clinic in Texas cannot employ midwives unless they are educated and the university is not interested in educating midwives if they will not gain employment afterwards. So where should change start? I say: go for it UT! There were nurse midwives working at the birthing center I visited, and there were a few nurse midwives employed at the larger hospital-based clinic as well.

I visited and observed a number of classes at the School of Nursing and was impressed by the high quality of the education. The School of Nursing is clearly a school with great resources. Pedagogics are important both in Austin and in Lund, and I observed variation. I observed the flipped class room technique being used in different ways (such as preparation for questions in class, a lecture or group work). Another observation was that my co-teacher once used an audio recording and uploaded a power point presentation on the web for students' self-studies. These are areas that Lund also works with. I visited their last class when students delivered a presentation about using social media in education, which was very interesting as students are often ahead of teachers in this area. My impression is that both Austin and Lund are in a developmental phase concerning the use of technology in teaching.

We always have to work to keep up with technology, although sometimes softer things are of great importance...



Why do we not have this in Lund?

The way of grading differs between the two universities. The major difference is that Lund only has failed/pass, while Austin has differentiated grades. For clinical placements, I strongly believe that fail/pass is the best alternative, but it is a more complex question when it comes to grading in theoretical courses. Multiple choice questions (MCQ) were used for assessment in the class I was a co-teacher in. The questions were automatically corrected after the test. We are moving towards more MCQ in Lund, but I find it a big step to use MCQ only.

One difference was that students in the nursing program in Austin take several courses at a time. In Lund, we normally have one course that lasts over several weeks and thereafter the students enter a new course. I have the impression that the possibility to concentrate on one subject at a time is an advantage, especially during clinical courses.

In Austin, I met a couple of PhD students working as teaching assistants. For example, one of them was tasked by the faculty to provide feedback on the writing aspect in students' assignments for a course. The course leader concentrated on the subject in the individual assignments. It is a great idea that students get help with their writing at an early stage during education. It is very difficult and partly too late to work with the problem when a student has reached graduate level and should present a master thesis and is struggling not only with the scientific part of the task but also with writing skills.

If there is one thing I have missed from my ordinary work in Sweden, it is the cultural difference concerning joint lunch break (Lund) versus having lunch separately. Many questions can easily be solved during these joint breaks, pedagogical news is spread, and it is an opportunity to make new contacts. Luckily, I had a lot of other opportunities to interact with faculty and staff in Austin!

Recommendations

Check with your host university so that the VISA application process starts early and arm yourself with patience for the multiple forms you will have to fill in. If you travel with children of school age, visit schools during the planning visit! Check the school's requirements for immunizations.

Practical arrangements took me the first week in Austin, so do not arrive too close to the start of the semester, even if you are academically well prepared.

Be prepared to take initiative every day, be active and above all; enjoy! Besides educating, I went to many open meetings, observed classes, joined lunch walks, events and participated in a faculty book club. The Dean presented me the first day of the semester and later on I presented myself at a division meeting. At the end of the semester, I summarized my experiences at a lunch meeting. That most faculty and staff knew about me from the beginning helped me in gaining access to different learning situations, so I recommend an active start.

Action Plan: Topics to Address and, if Possible, Introduce in Sweden

For me personally, the sabbatical was an opportunity for professional growth and reflection. It has made me even more independent which I will have use for as a teacher and program director of the midwifery program in Lund. All the kindness and inclusiveness that we experienced in Austin has strengthened Sigrid and me for life.

As for the internationalization of the midwifery program, my co-teacher and I are planning to continue with the web-based learning activity for students. I hope to be able to implement simulations into the midwifery program, hopefully interprofessional education as well when we can move into Forum Medicum, the planned new building for all health education at the Medical Faculty. A meeting is scheduled where I can now share my newly-gained knowledge of interprofessional learning within different professions educated at Health Sciences Center.

At the School of Nursing, students wore lab coats with the school's logo, and I saw for example students using cups with the logo and know that they can buy the popular School of Nursing t-shirt. I would like to implement something like that at home for a stronger sense of belonging and pride over being a part of the institution and a program in the Institution for Health Sciences at Lund University.

Finally, I will apply to share my experiences of the fall at the annual pedagogical conference at Lund University and I will share it within the educational board of the Midwifery organization in Sweden.

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