

Going Forward: After three years, MentorNet has proven to be a valuable initiative for supporting Canadian SYPs to become leaders in global health. Moving forward, MentorNet aims to continue fostering mentorship relationships that are beneficial to both mentors and SYPs

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Identifying gaps in clinical nursing and midwifery research in African countries: Making a way forward with sustainable mentorship

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Program/Project Purpose: Worldwide, nurses comprise the largest proportion of health care professionals and are the backbone of health care systems. To address the large global health disparities, the development of a robust nursing profession needs to be a critical goal in countries and regions with minimal human resources for health and huge disease burden. The African region bears 25% of the disease burden and only 1% of healthcare workers. Many gains have been made in nursing/midwifery clinical practice, such as nurse-initiated and managed care in sub Saharan African countries, and in competency-based nursing education to increase the quantity, quality and relevance of new graduates. Increasing the depth and quality of nursing research is central to validating outcomes of nursing care provided. This requires research expertise to collect and critically analyze data and identify priorities and gaps for improved clinical practice.

Structure/Method/Design: In collaboration with Columbia Global Center/Africa, the Forum of University Nursing Deans of South Africa (FUNDISA), the University of Malawi/Kamuzu College of Nursing, and the University of Nairobi School of Nursing, the Columbia University School of Nursing is helping to build a cross-regional core group of nurse and midwifery leaders and researchers in Sub-Saharan African countries. Methods include conducting a scoping review, an environmental scan, Delphi survey and network analysis.

Outcomes & Evaluation: An initial scoping review of all published research in African countries by nurses regarding clinical practice was conducted in fall 2014 as well as a survey to determine what networks exist formally and informally amongst nurses/midwives involved in clinical research. The collaborative group is also developing a database of nurse and midwife leaders involved in regional research and program evaluation; performing an environmental scan; conducting a Delphi survey to develop consensus on research agenda; and carrying-out a network analysis. This will culminate in a regional research summit in June 2015 to reach consensus on gaps in knowledge and priorities for nursing and midwifery research to address essential population health needs. The group will also develop an implementation plan to support nursing and midwifery research with mentorship strategy.

Going Forward: We are engaged in the development of sustained networks of nurse and midwifery researchers in Sub-Saharan Africa as a central component to strengthen the impact of nurses and midwives at frontline clinical arena. This will be adapted and replicated with Columbia Global Center/Jordan and nursing researchers in its region. Strengthening and expanding research under the leadership of nurses and midwives engaged on the ground will improve clinical care and communities' health at this critical time.

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Nutrition education for newly arrived refugees in Tucson, Arizona: Mixed methods evaluation as education

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Program/Project Purpose: The International Rescue Committee (IRC) of Tucson, Arizona aims to prevent food insecurity by targeting newly arrived refugees through nutrition education focusing on food availability and access. Refugees face challenges of a low income, a different food environment and learning another language that increase a refugee's chances of experiencing food insecurity. The Nutrition Education program is a three month program with three knowledge modules at 2 weeks, 6 weeks and 8 weeks led by an IRC intern, accompanied by an interpreter. The objectives were to develop, coordinate and evaluate the IRC's Nutrition Education program.

Structure/Method/Design: The development of the program included reviewing other food security programs currently utilized with refugees, conducting interviews and observations, as well as involving refugee participants to assist in developing the Nutrition Education Program with a focus on maintaining culturally appropriate foods. The evaluation utilized a mixed methods approach of pre and post surveys with refugee clients, participant observations, semi-structured interviews with key IRC employees, focus groups with refugee clients and interpreters that participated in the Nutrition Education program from January to August 2013. Data were collected to measure knowledge retention of healthy vs. unhealthy food, food safety, hygiene and proper storage, as well as participant satisfaction of the program.

Outcomes & Evaluation: Nutrition Education Curriculum to decrease food insecurity was developed, pilot tested and implemented for 6 months prior to the evaluation. Survey results show an increase in having enough food to last for three days and knowledge regarding nutrition labels. Refugee and interpreter focus groups indicate positive perceptions of the Nutrition Education program, a need for pre-teaching certain topics before going to the grocery store, and to explain SNAP and WIC benefits in more detail.

Going Forward: Recommendations have been made to improve the curriculum, including assessing prior knowledge before teaching each module, pre-teaching specific concepts before going to the grocery store and developing a WIC specific module as well as incorporating language appropriate handouts. To continue this program and have it be sustainable the evaluator suggests that the implementers of the program should be shifted from IRC interns/volunteers to CHWs (Community Health Workers) that are currently employed by the IRC. The CHWs are previous refugees themselves and would provide a better cultural liaison than the intermittent IRC interns.

Funding: IRC funded the interpreters for their time contributed to this project.

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Evaluating the effects of organizational and educational interventions on adherence to clinical practice guidelines in a low resource primary care setting in Kenya

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Background: In Kenya, adherence to internationally recognized clinical quality guidelines remains low in inpatient settings (Mwaniki