

Advancing Nursing Practice in Vietnam: An International Collaboration to Improve Quality

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Abstract

International partnerships offer opportunities for healthcare professionals to promote evidence-based nursing in underdeveloped countries. When international collaboration is utilized among nurses in developing countries the clinical outcomes may be improved. This project focused on collaboration with nurse colleagues in Hanoi, Vietnam to support an internally identified quality improvement process and leadership development. Collaboration occurred in a large inpatient medical center between the author and nursing shared governance team members representing the General Surgical, Neuro Surgical, and Intensive Care Units. The nursing collaboration over 9 months concluded with an onsite visit by 5 members of a diverse group from the United States. The shared governance team reported an overall increase in nursing knowledge and skill regarding urinary catheter maintenance and care.

Keywords: international, collaboration, partnership, quality improvement

Vietnam Nursing Collaborative: Building International Partnerships

The development of worldwide nursing partnerships among progressive health care and developing countries is imperative to advancing nursing education and practice. The Doctor of Nursing Practice (DNP) prepared nurse has an obligation to create organizational environments that promote interprofessional collaboration (Zaccagnini & White, 2014). The DNP is prepared at the highest level of nursing, has extensive preparation in evidence-based practice, nursing process, leadership, and innovation (Chism, 2016). Nurses in the U.S. health care system are at an advantage because nursing research is one of the foundations of baccalaureate study (Tingen, Burnett, Murchison, & Zhu, 2009). Vietnam is a developing country; nurses in Vietnam have identified education and clinical practice as areas for improvement. For this reason, it is important for the DNP to reach out to mentor and collaborate with nurse colleagues in Vietnam sharing their expertise on a global level.

Worldwide, healthcare organizations are challenged to increase the use of evidence-based knowledge and subsequent evidence-based practice. Increased use of evidence-based practice will improve processes and outcomes in health care (Wallin et al, 2011). Strategic goals of global partnerships include creating a foundation for evidence-based practice and assisting nurses in leadership skill development. (Stringer, et al., 2016).

Problem Statement

International partnerships can facilitate evidence-based nursing practice. Collaboration which includes evidence-based practice skills can improve the quality of care, and impact patient outcomes during hospitalization. Health disparities can be identified and addressed through health promotion before they grow to become larger global concerns. (Anderson, et al.,2012). As in many developing countries, Vietnamese nurses are unable to fully contribute to the development of their

practice or the health care system due to reduced or missing resources (Crow & Ba Thuc, 2011). Further attention is needed to advance evidence-based practice as a form of health care innovation in Hanoi, Vietnam (Fleischer, et al., 2015).

Purpose and Rationale

The purpose of this paper is to explore the effectiveness of a collaborative partnership with nurses on a shared governance team in a large medical center in Hanoi, Vietnam. Shared governance was introduced to Vietnamese nurses in 2007 (Crow, Nguyen, & DeBourgh, 2014). The first hospital to design and implement a Nursing Practice Council was Than Nhan Hospital. Their unit-based council was established to improve nursing knowledge and care provided using evidence-based research. International partnerships have the potential to improve the quality of patient care and support the education and evolving professional role of the nurse (Tremethick & Smit, 2014). Currently, there are seven hospitals in Hanoi that have established nurse practice councils. Nurses in Hanoi participate voluntarily in nurse practice councils to improve their practice and positively impact patient outcomes.

Background & Significance

Overview

International nursing collaborations offer incomparable learning experiences and can lead to widespread change in nursing education and practice (Garner, Metcalfe, & Hallyburton, 2009). There is a gap in the literature regarding international nursing partnerships in a clinical setting, most publications focus on educational partnerships in a university or academic setting (Stringer, et al., 2016).

Culture

Vietnam is an underdeveloped country with a population of over 96 million. The country is comprised of 54 different ethnic groups, and several diverse climate zones (CIA, 2017). The capitol of this country is Hanoi also the second largest city followed by Ho Chi Minh City (formerly Saigon). In the Vietnamese culture, etiquette and customs are of high importance and follow the influence of Confucianism. Confucianism is “the system of ethics, education, and statesmanship taught by Confucius and his disciples, stressing love for humanity, ancestor worship, reverence for parents, and harmony in thought and conduct” (<http://www.dictionary.com/browse/confucianism>).

Role of the family. Vietnamese families play a significant role in caring for a hospitalized family member. The patient may come alone for a routine check-up, but if he or she is admitted into the hospital, at least one family member is urged to stay to provide food and manage the patient’s hygiene. Family members want to take care of the patient because they believe they are more attentive to the patient’s needs than doctors or nurses (Harvey, Calleja, & Phan Thi, 2013).

Vietnam Health Care System: Health Spending and Health Concerns

The average wage per person in Vietnam is around 3.2 million VND (\$150) a month (<https://www.vietnamonline.com/az/average-salary.html>). There are many medical services that are readily available, but most people are not able to afford them. In addition, Vietnam is experiencing a severe shortage of health care providers (Pham, 2016). Although the gross domestic product (GDP) of Vietnam has progressively climbed to reach its highest of 6.68% in 2015, health care costs have also increased. Health care spending makes up approximately 7.2% of the GDP (Pham, 2016). Alternatively, the average life span in Vietnam is to 72.8 years, which is higher than other countries with similar levels of GDP (Hinh & Minh, 2013). In Vietnam, there are three elements in the Vietnamese social security system that employers are required to cover:

social insurance (SI), unemployment insurance (UI) and health insurance (HI). Vietnamese patients have national insurance only if their employer pays the monthly fees (Shira, 2017). Often, it is not until they are ready to be admitted that they find their employer has not been paying the fees and must forgo the care they require. For those who are admitted and receive the care needed, the average length of stay can vary anywhere from one week to forty-five days if being treated in the Intensive Care Unit (ICU).

Public health issues. Although there has been noticeable improvement in Vietnam health care, the country faces many obstacles and problems (Hinh & Minh, 2013). Public health issues impacting Vietnam include infectious diseases and chronic illnesses. The five most prevalent infectious diseases in Vietnam are Hepatitis A, Hepatitis E, Typhoid Fever, Malaria, and Dengue Fever. Hepatitis A is spread through consumption of food or water contaminated with fecal matter, primarily in areas of poor sanitation. Hepatitis E is a water-borne viral disease that impedes with liver functioning; most commonly spread through fecal contamination of drinking water. Typhoid Fever is a bacterial disease spread through contact with food or water contaminated by fecal matter or sewage. Malaria can be caused by single-cell parasitic protozoa Plasmodium which is transmitted to humans via the bite of the female Anopheles mosquito. Lastly, Dengue Fever is a mosquito-borne viral disease linked with urban environments. The three leading causes of death are: Stroke, Ischemic Heart Disease, and Chronic Obstructive Pulmonary Disease (WHO, 2017).

Vietnamese Nursing Education, Professional Practice, and Gaps

Nursing education. In Vietnam, the title of “nurse” is earned upon completion of the program requirements. Vietnamese nurses are not mandated to take a standardized exam to practice nursing nor do they have a nurse practice act to abide by to guide their nursing practice (Hill & Crow, 2013). An example of nursing curriculum from Bach Mai Nursing School (BMNS),

consists of 4 semesters during which theory and clinical hours are almost evenly distributed. Most clinical hours occur with direct patient care while the remainder are done in a simulated environment (Crow & Ba Thuc, 2011). Similarly, physicians in Vietnam attend four years of medical school, they may continue to do residency or an internship, however, this is not mandatory. Once the physician completes four years of schooling they receive the title of “physician.” The Ministry of Health (MoH) is the government entity responsible for the governance and guidance of the health, healthcare and health industry of Vietnam. The MoH is currently working on establishing national standards in which both nurses and physicians would have to oblige by.

Nursing culture. Nursing in Vietnam has not been viewed or practiced as an autonomous profession. Nurses in this underdeveloped country have become accustomed to following orders of the physician and not to question a physician’s directive. In 2010, the quality of clinical education was identified as a significant barrier to developing the nursing profession in Vietnam. The Vietnam Nursing Association (VNA) with the support of the Vietnam Ministry of Health endorsed their national nursing competency standards. (Harvey, Calleja, & Phan Thi, 2013). This represents advancement towards nursing empowerment in Vietnam. Despite the small surge in health care spending, the disparity between income units and those living in small villages or remote mountainous areas is also on the rise (Crow & Ba Thuc, 2011). For this reason, it is imperative that nurses in Vietnam understand and practice evidence-based techniques to care for their patients while hospitalized. In addition, they will need to learn the importance of sustainability of care once they are discharged. Collaboration between Vietnam nurses and nurses in the U.S. in the areas of nursing process and the understanding and utilization of evidence-based practice has the potential to improve patient outcomes.

Collaborative Partnerships

It is imperative to build a foundational relationship before taking on a challenge such as international working partnerships. One example of this includes building a team. Identifying experts across areas so that relevant concepts unique to the area can be integrated (Shepard & Allen, 2014). One such collaborative partnership is the Vietnam Practice Improvement Project (VPIP). This partnership began in 2007 as a continuing academic-service partnership between the University of San Francisco School of Nursing & Health Professions and healthcare collaborators in Vietnam. VPIP aimed to improve the health and well-being of the people of Vietnam by enhancing the education, training, and practice of the nurses. Partnering with VPIP allowed for collaborations to occur on a national level within the United States (U.S.) and on an international level between nurses in the United States and in Vietnam (Crow & Ba Thuc, 2011).

Establishing an international collaborative could result in opportunities for leadership and mentoring. A successful partnership requires consideration for cultural differences to include language, lifestyle, economic capitals, and political schemes (Zheng, et al., 2001). Developing an international partnership takes time while the process evolves to its unique shape (Mason & Anderson, 2007). The complexity of the collaboration can lead to enhancement of nursing education and practice between different countries (Robinson, et al., 2006).

The understanding of building a solid foundation is essential before beginning an international partnership. Recognizing the circumstances in which international partnerships emerge and flourish, comprehending the structural and institutional conditions for sustainable partnerships is critical, and being aware of the perception and experience of the bilateral international partnership are vital components (Tupe, Kern, Salvant, & Talero, 2015).

Being able to communicate with the team in Vietnam could present a potential barrier. There must be an agreement on a method for communication to best accomplish the goal. Several innovative platforms for video communication are available including Skype and Zoom, A translator is also a requirement when language barriers exist.

An effective partnership is globally recognized as an essential tool for constructing a more effective health care delivery system. Principles found in successful partnerships include shared goals, clear roles, mutual trust and respect, effective communication, and measurable process and outcomes. (Babiker, et al, 2014).

Collaborative partners create a common and clearly defined purpose that includes combined interests and demonstrates shared ownership. There are clear expectations for each team member's functions, responsibilities, and accountabilities, optimizing the team's efficiency. In successful partnerships members earn each other's trust, creating strong bonds and greater opportunities for shared achievement. They respect and appreciate the role of each other. They also respect each other's talents and beliefs, in addition to their professional contributions. Effective partnerships accept and encourage a diversity of opinions among members. This is crucial for the teamwork success.

The team prioritizes and continuously enhances its communication skills. It has consistent and accessible channels for complete communication and are used by all team members. Dependable and timely feedback on successes and failures should be agreed and implemented by the partnership. These can be used to track and improve performance immediately and implement strategies for the future.

Internal Evidence/Clinical Significance

A history of established relationships between U.S. and Vietnam nurses has occurred through VPIP. Nurses in Vietnam are eagerly poised to make significant and essential contributions to the well-being of the Vietnamese society (Jones, et al., 2000). Currently, there are active quality improvement projects underway in numerous hospitals in Hanoi, Vietnam.

However, Vietnamese nurses have difficulty accessing evidence-based practice because of resource limitations. Many of these nurses do not have the skills to perform searches for evidence-based information in databases and many experience a language barrier, resulting in the inability to read and interpret research articles. (Hill & Crow, 2013).

Providing education and guidance in using evidence-based practice techniques can contribute to positive patient outcomes via quality care (Black, et al., 2015). Outcomes from a recent quality improvement project at one Vietnam hospital demonstrated a decrease in central line associated blood stream infections from greater than 13% to <10% over a 9-month period. The intervention was a change in clinical practice using innovative techniques and evidence-based practices shared by a nurse consultant from the U.S.

The author collaborated with the shared governance team, at a hospital in Hanoi. The nursing team identified a goal of reducing catheter associated urinary tract infections in the general surgical, neuro-surgical, and intensive care patient population. This request has led to the following PICOT question, “In Vietnam Nurses working in a hospital in Hanoi, how does a collaborative partnership versus no collaborative partnership affect the rate of catheter associated urinary tract infections over 9 months?”

Search Sources and Process

The search process was performed to answer the PICOT question. There were four databases used for the inquiries. These included PubMed (Appendix A), CINAHL (Appendix B), JStor (Appendix C), and ProQuest (Appendix D).

In the initial search with PubMed the keywords utilized included: *Vietnam* which found over 17,000 results. The subsequent search included *Vietnam AND collaboration* which narrowed it down to 177. Following that search included *Vietnam AND nursing AND education*, bringing up 180 results. When searching only under title and abstract the results were minimal. The search was broadened to *Vietnam AND nursing AND quality improvement* that brought the results to 71. As the search was refined the keywords were changed to *international AND nursing AND collaborative AND quality improvement*. This final search in PubMed gleaned 10 results. All publications were thoroughly reviewed for appropriateness related to the PICOT question. Not all publications were kept for further research.

The second database used in the search was CINAHL. The initial keyword used was *Vietnam*. The search was filtered by adding the inclusion of dates from 2000-2017 and full text articles. The subsequent search added *international nursing AND Vietnam* where 334 publications were found. To refine the search *international partnerships AND nursing* was included where 34 results were found. *Quality improvement AND nursing AND Vietnam* were added next to glean 3 articles. The search was made larger by adding *international nursing and collaboration* which found 248 texts. Some of these studies were kept being used for further examination and used to support the PICOT question.

The third database used was JStor. The initial search here began with the words *Vietnam AND international partnership*. This gleaned over 74,000 results. The search was further refined by including only publications pertinent to health sciences with a publication date between 2000

and 2017. The search was modified to include only full text, peer-reviewed articles. There were several articles identified. The final number yielded here was 966. However, of the 966 results only a couple were kept for utilization for the evidence table.

The fourth and final database used was ProQuest. The first search started with *Vietnam AND international collaboration* which resulted in over 79,000 finds. The search was expanded by adding full text, peer-reviewed articles. The search in this database was refined ultimately to include the key phrases of *international collaboration AND Vietnam AND nursing education AND quality improvement*. This final search yielded 109 results. These were carefully reviewed and only a few kept for analysis and further appraisal.

Evidence Synthesis

Ten studies were evaluated for their relevancy with international partnerships (Appendix E). Five of the studies focused on educational partnerships. The other five focused on clinical settings versus the academic setting. All ten studies were published from 2008 to 2016. Further synthesis included assessing their levels of evidence (Appendix F). Two of the articles were level one evidence which is evidence from a systematic review. Four of the studies were level four from a well-designed case control, three were level five from qualitative studies and one was a level six from a single descriptive/qualitative study (Melnik & Fineout-Overholt, 2015). Variables in the studies reviewed included partnership, improvement of care, and process development. Of these variables five were directly related to partnerships, one related to improvement of care, and four related to process development.

Reliability varied from high to low. Seven of the ten studies were highly reliable while the remaining three were low. The higher reliability studies are more likely to be used for project

purposes to enforce common concepts and themes. All studies demonstrated use of a theory or conceptual model associated with international partnerships.

Through critical appraisal of each of these studies the author was able to collect information on collaborative partnerships, international collaboration. Gaps in literature were identified. The author was unable to find research related to nurse to nurse collaboration to improve specific clinical outcomes in a medical center in Vietnam. The author was able to identify several articles related to international collaboration via the academia setting. This appraisal did lead to an understanding of international partnerships and global nursing collaboratives.

Application to Practice

Although there was much heterogeneity found within the evidence, there are some common themes that surface to establish effective international partnerships. Aside from the complexity of these affiliations, both parties must be flexible and understand their cultural differences to include language, lifestyle, health and economic resources (Zheng, et al., 2001).

The collaborative relationship between the U.S. and Vietnam nurses is strengthened by the desire and motivation to improve the quality of care for patients. This unique experience will require trust, care, nurturing, and determination (Crow & Ba Thuc, 2011). Open communication will cultivate brainstorming on practice techniques with limited resources. The international experience could have encouraging effects on U.S. and Vietnamese participants, positively affecting professional practice (Bosworth, et al., 2006).

Evidence Based Practice Model

Implementation of a quality improvement project requires consideration and planning. The Ottawa Model of Research Use (OMRU) was utilized. The Ottawa Model (Appendix G) provided a framework with six steps for applying innovation and a change in practice. The Ottawa Model of Research Use is a knowledge translation model that directs the course of shifting research into practice (Graham & Logan, 2004).

There is a total of six key elements, including practice environment, potential adopters, research-based innovation, transfer strategies, adoption, and outcomes (Hogan & Logan, 2004). Under the section of assess barriers and supports, there are three components that should be evaluated. These components are evidence-based innovation, potential adopters, and practice environment. The second section of monitor intervention and degree of use there is implementation intervention strategies and adoption. The last portion of evaluate outcomes includes the outcomes section. The OMRU is an interactive model that is effective in allowing change across multiple settings. OMRU allows for mindful planning and implementation across each stage of progression (Graham & Logan, 2004).

Contribution of Theory

The Adult Learning Theory perhaps is the most applicable theory that relates to international partnerships as it relates to quality improvement. The Adult Learning Theory was created by Malcolm Shepard Knowles. Knowles had five assumptions as it connects to adult learners. These assumptions were: self-concept, adult learner experience, readiness to learn, orientation to learning, and motivation to learn (Pappas, 2013).

With self-concept Knowles points out that a person matures to be a self-directed individual. The notion of an adult learner experience comes from the idea that as one progresses through life their experiences serve as a reservoir for resources related to learning. An

individual's readiness to learn relates closely to their social role while orientation to learning is enacted when their learning shifts from subject to problem centeredness. All the while one's motivation to learn comes from their internal being (Pappas, 2013).

The Adult Learning Theory fits in proportion to international collaboration in that international learning and exchange of information can only be done if an individual is ready to absorb the provided information. The ability or sentiment of needing to know and being self-directed are key elements that will be conveyed during this project (Cox, 2015).

Project Methods

To begin work at the hospital in Hanoi a letter of consent approving the collaboration was obtained (Appendix H). The project plan was submitted to Arizona State University Internal Review Board (IRB) to insure protection for human subjects. The IRB determined that the proposed activity is not research involving human subjects as defined by DHHS and FDA regulations and was given an exempt status (Appendix I).

The objective at the hospital in Hanoi was to assess nursing knowledge regarding urinary catheter care insertion and maintenance. Initial stages of the project included the completion of the Institute for Healthcare Improvement (IHI) Roadmap (Institute for Healthcare Improvement, 2018). The IHI Roadmap was utilized to establish a working document to identify the specific steps and outcomes for of urinary catheter care.

The VPIP collaboration for quality improvement occurred between March and November 2017. Monthly synchronous on-line video conferences were conducted with the Nurse Practice Council to design and implement new evidence-based practice guidelines. Most Vietnamese nurses spoke only their native language; therefore, a designated translator was utilized during

each video conference. In most cases, the translator was a Nurse Practice Council nurse. Notes outlining the process were taken by the author during the videoconferences. Several hours of e-mail exchanges contributed to the exchange of evidence-based information. All written communication was stored on a password protected laptop computer and deleted at completion of the project. Participants were not identified by name.

Intervention. The first step in the intervention was to determine the gap in nursing practice the Nurse Practice Council wanted to improve. The nurses wanted to enhance their knowledge base for urinary catheter insertion and care. Once the gap was identified the author began to research the topic in multiple databases. The collaboration included providing evidence-based information on best practice techniques related to urinary catheter maintenance. The author provided articles in which was explained as best practice in the U.S. The Hanoi participants sent pictures of supplies used to insert and maintain urinary catheters. These pictures were used to create alternatives to U.S. best practices as resources are limited in Vietnam. Videos were developed by the nurses demonstrating urinary catheter insertion, care and cleansing of the perineal area.

A checklist was created to identify steps the nurses were currently performing to care for the urinary catheter. Added to this checklist was the best practice skills that are recommended standard of practice in the U.S. The initial checklist was used to demonstrate areas the Vietnamese performed adequately and those requiring improvement. These areas for improvement served as a foundation to heighten awareness and fully implement evidence-based practice techniques. Alternatives to cleansers were identified as the team collaboratively worked to find a safe and efficient alternative to chlorohexidine which is used in the United States. The Nurse Practice Council and the author determined the use of betadine was the best alternative

cleansing agent. Breeches in sterility were also identified and immediate feedback was provided on correct techniques.

A pre-test was designed by the author and Nurse Practice Council to assess the knowledge of nurses regarding urinary catheter insertion, urinary catheter maintenance, and cleansing of the perineum. Once the best practice techniques had been established, the Nurse Practice Council began to educate their nurses on these best practices as demonstrated through evidence-based guidelines. After education was completed, the nurses were given a post-test. The post-test was also designed by the author and the Nurse Practice Council. The post-test would assess the same items as identified on the pre-test. Administration of a pre and post test allowed the Nurse Practice Council to evaluate how effective their teaching was.

The outcome measures performed by the Nurse Practice Council at the Hanoi hospital consisted of pre and post surveys. These surveys asked questions related to the necessity of the urinary catheter, how to maintain the urinary catheter, how to care for the perineal area, and assessing for signs and symptoms of urinary catheter infection.

Several Zoom meetings, dropbox videos, and e-mails allowed the opportunity to problem solve and share ideas. The collaboration was robust as there were several questions and conversations between Vietnamese and U.S. participants. Trust was established quickly. Factors in developing this trust were the prompt and active responses, and the intentional demonstration of respect for the willingness of the nurses to learn and improve the care provided to their patients. They knew if they posed a question they would receive a quick answer whether multifaceted or simple.

Project Results

The Nurse Practice Council utilized a sample of 41 nurses in the General Surgical, Neuro Surgical, and Intensive Care Units. The hospital team assessed the nurse's knowledge in relation to these techniques using a pre and post survey. The pre-survey identified gaps in perineal care post urinary catheter insertion. Based on the gap analysis the nurse practice council developed a checklist that discussed important components that would be included in a catheter bundle. Such items include: indication for use, proper way to perform perineal care, and proper sterile technique upon insertion. Education after the survey was conducted to nursing staff reviewing evidence-based guidelines relative to urinary catheter maintenance.

Knowledge of perineal care post urinary catheter insertion increased from 73.2% to 96.5%. Additionally, assessing practice skills of the nurse regarding catheter care increased from 27% to 85% post project intervention. Other components measured were cleansing the perineal area which climbed from 18.2% to 67.1 % and utilizing the appropriate cleaning agents rose from 20% to 70%.

Discussion

Building a strategic global partnership requires the partnering nurses to establish trust, share cultural experiences, and establish a shared vision (Stringer, et al., 2016). To sincerely have an international partnership each stakeholder must have a shared vision and values that are understood and respected by both sides (Tremethick & Smit, 2014). Not practicing our professional accountability can lead to deflection and misrepresentation. The challenge lies with establishing collaborative methods to initiate and implement project goals (Garner, Metcalfe, & Hallyburton, 2009).

A review of the literature suggests little is known between the outcomes of quality improvement initiatives in relation to international partnerships. Most of the studies discuss how

to create and sustain the partnership through comprehensive schemes such as creativity, context, trust, and values (Buckner, et al., 2014). Cultural competence is another element discussed amongst the studies. This includes a progressive process incorporating learned skills, which fosters quality care among health care professionals (Long, 2016).

One barrier encountered was some recommended supplies were not available in Vietnam and alternative products had to be identified. Another barrier included skeptical physicians. Vietnamese physicians are accustomed to giving direction in every regard within this Hanoi hospital. Nurses are accustomed to following orders. Implementing evidence-based guidelines in this setting is a change in culture and has been a struggle to surpass.

Plan for Sustainability

The Nurse Practice Council members at the Hanoi hospital also developed a plan for sustainability. They developed and integrated a standardized procedure and checklist to care for patients after catheterization. The council has educated all nursing staff regarding care for patients who require urinary catheters. The Nurse Practice Council will continue to train their staff nurses annually to keep knowledge update to date with current evidence-based practice guidelines.

Conclusion

The objective of this project is to identify whether international partnerships effect quality improvement in a Hanoi hospital. The mixture of studies reviewed suggests little is known between outcomes of quality improvement initiatives in relation to international partnerships. Building global partnerships requires establishing trust and a shared vision.

Utilizing innovation leadership skills to assist Vietnamese nurses in developing and sustaining practice changes is needed to move practice forward.

It is important to continue to investigate this association to develop clinical resources accessible to Hanoi nurses to aid in applying evidence-based practice (Stringer, et al., 2014). The implementation and analysis of the project will serve as a model for further development of international partnerships linked to quality improvement in underdeveloped patient care settings.

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Appendix A

Database Search Strategy 1

PubMed

History





















































[Download history](#) [Close](#)

Search	Add to builder	Query	Items found
#18	Add	Search (international) AND nursing partnerships	167
#16	Add	Search ((international nursing) AND collaborative) AND quality improvement	10
#15	Add	Search ((international nursing) AND collaborative) AND vietnam	1
#14	Add	Search (international nursing) AND collaborative	416
#13	Add	Search ((nursing) AND collaborative partnership) AND vietnam[Title]	1
#12	Add	Search ((vietnam) AND collaborative partnership) AND nursing	2
#10	Add	Search (vietnam) AND quality improvement	71
#9	Add	Search (vietnam) AND nursing	633
#8	Add	Search (vietnam[Title/Abstract]) AND collaborative partnership	2
#7	Add	Search (vietnam[Title/Abstract]) AND collaborative partnership[Title/Abstract] Schema: all	0
#6	Add	Search (vietnam[Title/Abstract]) AND collaborative partnership[Title/Abstract]	0
#4	Add	Search ((vietnam) AND nursing) AND education	180
#3	Add	Search ((vietnam) AND educational) AND collaborative	5
#2	Add	Search (vietnam) AND collaboration	177
#1	Add	Search vietnam	17158

Appendix B

Database Search Strategy 2

CINAHL

<input type="checkbox"/> Select / deselect all <input type="button" value="Search with AND"/> <input type="button" value="Search with OR"/> <input type="button" value="Delete Searches"/> <input type="button" value="Refresh S"/>			
Search ID#	Search Terms	Search Options	Actions
<input type="checkbox"/> S13	 international AND nursing AND collaboration	Limiters - Full Text; Published Date: 20000101-20171231 Search modes - Boolean/Phrase	 View Results (248)  View Details  Edit
<input type="checkbox"/> S12	 international AND nursing AND education	Limiters - Full Text; Published Date: 20000101-20171231 Search modes - Boolean/Phrase	 View Results (1,106)  View Details  Edit
<input type="checkbox"/> S11	 nursing AND quality improvement AND vietnam	Limiters - Full Text; Published Date: 20000101-20171231 Search modes - Boolean/Phrase	 View Results (3)  View Details  Edit
<input type="checkbox"/> S10	 quality improvement AND vietnam	Limiters - Full Text; Published Date: 20000101-20171231 Search modes - Boolean/Phrase	 View Results (0)  View Details  Edit
<input type="checkbox"/> S9	 international partnership AND nursing	Limiters - Full Text; Published Date: 20000101-20171231 Search modes - Boolean/Phrase	 View Results (34)  View Details  Edit
<input type="checkbox"/> S8	 international nursing AND partnership AND vietnam	Limiters - Full Text; Published Date: 20000101-20171231 Search modes - Boolean/Phrase	 View Results (0)  View Details  Edit
<input type="checkbox"/> S7	 vietnam AND nursing	Limiters - Full Text; Published Date: 20000101-20171231 Search modes - Boolean/Phrase	 View Results (87)  View Details  Edit
<input type="checkbox"/> S6	 vietnam AND international collaborative	Limiters - Full Text; Published Date: 20000101-20171231 Search modes - Boolean/Phrase	 View Results (0)  View Details  Edit
<input type="checkbox"/> S5	 international collaboration AND vietnam	Limiters - Full Text; Published Date: 20000101-20171231 Search modes - Boolean/Phrase	 View Results (1)  View Details  Edit
<input type="checkbox"/> S4	 TX international nursing AND TX vietnam	Limiters - Full Text; Published Date: 20000101-20171231 Search modes - Boolean/Phrase	 View Results (334)  View Details  Edit
<input type="checkbox"/> S3	 vietnam	Limiters - Full Text; Published Date: 20000101-20171231 Search modes - Boolean/Phrase	 View Results (1,660)  View Details  Edit
<input type="checkbox"/> S2	 vietnam	Limiters - Full Text Search modes - Boolean/Phrase	 View Results (1,733)  View Details  Edit
<input type="checkbox"/> S1	 vietnam	Search modes - Boolean/Phrase	 View Results (3,843)  View Details  Edit

Appendix C

Database Search Strategy 3

JStor



74,522 Search Results

Search input field containing the query: ((vietnam) AND (international partnership))

Search

[Modify Search](#) [Search Help](#)

Search within results

Filter Results

Showing 1-25 of 74,522

Update Results

Sort By: Relevance

Show Snippets

Export Selected Citations



2,922 Search Results

Search input field containing the query: (((vietnam) AND (nursing)) AND (international partnership))

Search

[Modify Search](#) [Search Help](#)

Search within results

Filter Results

Showing 1-25 of 2,922

Update Results

Sort By: Relevance

Show Snippets

Export Selected Citations

Content Type:



966 Search Results

Search input field containing the query: (((vietnam) AND (nursing)) AND (international collaboration))

Search

[Modify Search](#) [Search Help](#)

Search within results

Filter Results

Showing 1-25 of 966

Update Results

CONTENT TYPE: Journals X

PUBLICATION DATE: From: 2000 X To: 2017 X [Clear all](#)

Appendix D

Database Search Strategy 4

ProQuest

<input type="checkbox"/> Set ▼	Search	Databases	Results
<input type="checkbox"/> S11	<input type="checkbox"/> ((international collaboration) AND vietnam AND (nursing education) AND (quality improvement)) ✓ Limits applied	57 databases	109*
<input type="checkbox"/> S10	<input type="checkbox"/> ((international collaboration) AND vietnam AND (nursing education)) ✓ Limits applied	57 databases	244*
<input type="checkbox"/> S9	<input type="checkbox"/> ((international collaboration) AND vietnam AND (nursing education)) ✓ Limits applied	57 databases	244*
<input type="checkbox"/> S8	<input type="checkbox"/> ((international collaboration) AND vietnam AND (nursing education)) ✓ Limits applied	57 databases	328*
<input type="checkbox"/> S7	<input type="checkbox"/> ((international collaboration) AND vietnam AND (nursing education)) ✓ Limits applied	57 databases	375*
<input type="checkbox"/> S6	<input type="checkbox"/> ((international collaboration) AND vietnam AND (nursing education))	57 databases	13,363*
<input type="checkbox"/> S5	<input type="checkbox"/> ((international partnership) AND vietnam AND nursing AND (quality improvement))	57 databases	10,206*
<input type="checkbox"/> S4	<input type="checkbox"/> ((international collaboration) AND vietnam AND nursing AND (quality improvement))	57 databases	10,709*
<input type="checkbox"/> S3	<input type="checkbox"/> ((international collaboration) AND vietnam AND nursing)	57 databases	13,924*
<input type="checkbox"/> S2	<input type="checkbox"/> ((international collaboration) AND vietnam) ✓ Limits applied	57 databases	5,486*
<input type="checkbox"/> S1	<input type="checkbox"/> ((international collaboration) AND vietnam)	57 databases	79,980*

Appendix E

Table 1

Evaluation Table

Citation	Conceptual Framework	Design/Method	Sample/Setting	Major Variables & Definitions	Measurement	Data Analysis	Findings	Decision for Use in Practice/Application to Practice
<p>Citation: Anderson, K.H. (2012). Immersion research education: students as catalysts in international collaboration research. <i>International Nursing Review</i>, 59(1), 502-510.</p> <p>Country: United States, Germany, Italy, Columbia, England, Austria, and Thailand</p> <p>Funding: Project supported by 'Training in Chronic Illness Research Group in Georgia and Abroad' from the National Institute for Minority Health and Health Disparities.</p>	Adult learning theory	<p>Design: Case control, 3-month Research practicum</p> <p>Aim: To narrow the health care gap for disadvantaged families in the US and partner countries.</p>	<p>N= 7 Countries</p> <p>US, Germany, Italy, Colombia, England, Austria and Thailand</p> <p>Skype conferences, site visits, and intellectual interactions</p> <p>3-month research practicum</p> <p>N= 70 Students</p> <p>-52 H -11 A/C -4 A -3 MR</p>	<p>IV: MHIRT Program</p> <p>DV 1: Student research outcomes</p> <p>DV 2: Cross-cultural collaboration research outcomes</p>	Weekly journal reports, papers, documentation of achievements, faculty evaluation and student experience summation.	Outcomes encompass research products, personal growth and role development.	Cross fertilization of research, cultural awareness and ideas about improving family health occur through education	<p>LOE: IV</p> <p>Strengths: Students as catalysts in research efforts. International collaboration.</p> <p>Limitations: United States semester and international universities don't coincide and accommodations must be made. Group meeting across time zones offer challenges.</p> <p>Conclusions: Collaborative efforts of faculty and students facilitate the growth of international partner research base.</p> <p>Feasibility: Hands on training for students to serve as international researchers.</p>

Table Key: A-Asian, AA-African American, A/C-African/Caribbean Black, C-Caucasian, CC- Cultural Competence, CINAHL-Cumulative Index to Nursing & Allied Health Literature, EBP-Evidence Based Practice, ERIC-Educational Resources Information Center, F-Female GDP-Gross Domestic Product, H-Hispanic, HIC-High-Income Country, ICE-International Clinical Education, ISL-International Service Learning, KAP- Knowledge, Attitude, Practice, L-Latino, LIC-Low-Income Country, M-Male, MHIRT- Minority Health International Research Training, MR-Mixed Races, N-Native American, P-Pacific Islander, OECD-Organization for Economic Co-operation and Development, OT-Occupational Therapy, PsychINFO-Psychological Information Index, RADAR-Responsibility, Anticipation Discussion, Assessment, Response, RRI-Rapid Results Initiative, UB-University of Botswana, US-United States

National Institutes of Health. Bias: None acknowledged.								
Citation	Conceptual Framework	Design/Method	Sample/Setting	Major Variables & Definitions	Measurement	Data Analysis	Findings	Decision for Use in Practice/Application to Practice
Citation: Black, A.T. (2015). Promoting evidence-based practice through a research training program for point of care clinicians. The Journal of Nursing Administration, 45(1), 14-20. Country: Canada Funding: Received from Michael Smith Foundation for Health Research Bias: None acknowledged.	Learning Theory	Design: Mixed methods design Aim: Evaluate the effect of research training on clinician’s attitude and knowledge and practice related to evidence based practice.	Survey 1 (n=101) Survey 2 (n=68) Survey 3 (n=34) Participant recruited from organizational employees who applied to be part of training program.	IV: Clinicians in Canadian health care DV1: Baccalaureate degree DV 2: Practice >10 years DV 3: Gender	KAP survey. KAP= 5 factors: identifying clinical problems, establishing current best practice, implementing research into practice, administering research implementation and conducting/communicating Survey administered in 3 waves	Results show that a research training program can successfully increase clinicians’ research knowledge and offer them a sense of confidence and excitement about their clinical practice	3 key themes: benefit from training program, impact of training program on EBP, challenges faced by beginner researchers.	LOE: IV Strengths: Quantitative and qualitative research Limitations: Restricted to clinicians working at Canadian health care organization. Potential clustering among research team members. Conclusions: Health care organizations can no longer afford for EBP to remain abstract. Feasibility: Promising initiative highlighting the importance of research.
Citation	Conceptual Framework	Design/Method	Sample/Setting	Major Variables & Definitions	Measurement	Data Analysis	Findings	Decision for Use in Practice/Application to Practice
Citation: Buchan, J. (2015). Policies to sustain the nursing workforce: an international	Inter professional education and practice	Design: Quantitative data analysis. Workforce policy content was explored. Aim: Examine metrics and policies regarding	N= 4 countries Data from the OECD were used to compare expenditure,	DV 1: Expenditure DV 2: Workforce DV 3: Health	Total health care expenditure percent of gross domestic product	OECD average >70% in United Kingdom Australia has highest life	Future supply of nurses in all four countries is vulnerable.	LOE: I Strengths: Identified problems are similar in all four countries

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<p>perspective. International Nursing Review, 62(1), 162-170.</p> <p>Country: Australia, Portugal, United Kingdom, United States</p> <p>Funding: Partially supported by the Center for Health Policy, Columbia University School of Nursing</p> <p>Bias: None acknowledged.</p>		<p>nurse workforce across four countries.</p>	<p>workforce, and health</p> <p>-total expenditure on health (% GDP)</p> <p>-public expenditure on health (% total expenditure on health)</p>			<p>expectancy at almost 82 years</p> <p>United States with lowest life expectancy of 78.7 years</p>		<p>Limitations: Variation in overall impact of global fiscal crisis in countries in research.</p> <p>Conclusions: Differences in context and nursing workforce policy available in all four countries.</p> <p>Feasibility: Scope for improved productivity through advance practice nurse roles evident in all four countries.</p>
Citation	Conceptual Framework	Design/Method	Sample/Setting	Major Variables & Definitions	Measurement	Data Analysis	Findings	Decision for Use in Practice/Application to Practice
<p>Citation: Buckner, E. B. (2014). Perspectives on global nursing leadership: International experiences from the field. International Nursing Review, 61(4), 463-471.</p> <p>Country: United States, Pakistan, The Netherlands, Hong Kong, Colombia, Australia</p>	<p>Hofstede's culture dimensions</p>	<p>Method: Personal stories of global leadership</p> <p>Design: Dialogues among participants/conference calls/videoconferences</p> <p>Aim: Strengthen individual and collective capacity as nursing leaders in a global society.</p>	<p>N= 6 countries</p> <p>Year-long discussion on global leadership.</p> <p>Field experiences in practice and education were shared.</p> <p>Emerging perspectives and leadership themes represented all contexts of practice, education, research and policy.</p>	<p>IV: Interviews</p> <p>DV 1: Power distance</p> <p>DV 2: Individualism</p> <p>DV 3: Masculinity (masculine or feminine)</p> <p>DV 4: Uncertainty avoidance</p>	<p>Discussions/interviews</p>	<p>Data analysis revealed numerous quality issues in medication dosing, timing of lab, standardization of protocols, and variations of consultations.</p>	<p>Final resolutions took 18 months; outcomes were achieved</p> <p>Six framework elements found: creativity, change, collaboration, community, context, and courage</p>	<p>LOE: I</p> <p>Strengths: Six framework elements found: creativity, change, collaboration, community, context, and courage</p> <p>Limitations: Definition of framework</p> <p>Conclusions: Strong basis for furthering leadership development has been found.</p> <p>Feasibility: Nurse leaders from six countries were engaged in the year long discussion</p>

Table Key: A-Asian, AA-African American, A/C-African/Caribbean Black, C-Caucasian, CC- Cultural Competence, CINAHL-Cumulative Index to Nursing & Allied Health Literature, EBP-Evidence Based Practice, ERIC-Educational Resources Information Center, F-Female GDP-Gross Domestic Product, H-Hispanic, HIC-High-Income Country, ICE-International Clinical Education, ISL-International Service Learning, KAP- Knowledge, Attitude, Practice, L-Latino, LIC-Low-Income Country, M-Male, MHIRT- Minority Health International Research Training, MR-Mixed Races, N-Native American, P-Pacific Islander, OECD-Organization for Economic Co-operation and Development, OT-Occupational Therapy, PsychINFO-Psychological Information Index, RADAR-Responsibility, Anticipation Discussion, Assessment, Response, RRI-Rapid Results Initiative, UB-University of Botswana, US-United States

<p>Funding: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.</p> <p>Bias: None acknowledged.</p>								
Citation	Conceptual Framework	Design/Method	Sample/Setting	Major Variables & Definitions	Measurement	Data Analysis	Findings	Decision for Use in Practice/Application to Practice
<p>Citation: Long, T. (2016). Influence of international service learning on nursing students' self-efficacy towards cultural competence. Journal of Cultural Diversity, 23(1), 28-33.</p> <p>Country: Belize, Central America</p> <p>Funding: None identified.</p> <p>Bias: None noted.</p>	<p>Badura's Social Cognitive Theory</p> <p>Leininger's theory of transcultural nursing</p>	<p>Design: Qualitative and quantitative analysis of influence of a two-week service learning medical experience on a student-nursing group who traveled abroad to Belize, Central America.</p> <p>Aim: To measure cultural competence, provide students with formal training in cultural competence, to provide students with real life experiences working with a population, to allow students to gain experience in a rural clinic, to identify qualitative themes of learning,</p> <p>Likert Scale of 1-5 used</p>	<p>N= 19 -Caucasian (C)=14 -Latino (L)=1 -Pacific Islander (P)=1 -African American (AA)=3 -Native American (N)=1</p> <p>-Male (M)=1 -Female (F)=18</p> <p>Age: >50=3 40-49=2, 30-39=2, 20-29=12</p> <p>Prior CC Training: Yes=14 No=4</p> <p>Prior Travel Abroad: Yes= 13 No= 6</p> <p>Prior Language Training: Spanish= 7</p>	<p>IV: Students</p> <p>DV 1: Prior CC Training</p> <p>DV 2: Prior Travel Abroad</p> <p>DV 3: Prior Language Training</p>	<p>t-score=8.957</p> <p>p-value=6.20x 10(-8), x=121.94, Sx=56.3</p>	<p>Quantitative data analyzed with a one sample matched pair t-test</p> <p>Null hypothesis was Ho=0</p> <p>Qualitative data collected from self-reflection journals identified common themes such as cultural shock, gratitude and self-awareness</p>	<p>Assumption 1: participants self-selected randomly</p> <p>Assumption 2: samples are independent</p> <p>Assumption 3: population standard deviation sigma is unknown</p> <p>Assumption 4: 10N<N</p> <p>Assumption 5: population of differences is normally distributed, N is > 30</p>	<p>LOE: IV</p> <p>Strengths: Clinical exposure to client diversity</p> <p>Limitations: Small sample size. Data not collected to measure improvement in Spanish speaking ability</p> <p>Conclusions: Significantly improved self-efficacy, self-confidence and self-awareness. Valuable learning experience</p> <p>Feasibility: Educators need to be aware of cultural competence</p>

Table Key: A-Asian, AA-African American, A/C-African/Caribbean Black, C-Caucasian, CC- Cultural Competence, CINAHL-Cumulative Index to Nursing & Allied Health Literature, EBP-Evidence Based Practice, ERIC-Educational Resources Information Center, F-Female GDP-Gross Domestic Product, H-Hispanic, HIC-High-Income Country, ICE-International Clinical Education, ISL-International Service Learning, KAP- Knowledge, Attitude, Practice, L-Latino, LIC-Low-Income Country, M-Male, MHIRT- Minority Health International Research Training, MR-Mixed Races, N-Native American, P-Pacific Islander, OECD-Organization for Economic Co-operation and Development, OT-Occupational Therapy, PsychINFO-Psychological Information Index, RADAR-Responsibility, Anticipation Discussion, Assessment, Response, RRI-Rapid Results Initiative, UB-University of Botswana, US-United States

			French= 4 German= Italian= 1 None= 8					
			Qualitative Data collected from self-reflection journals					
Citation	Conceptual Framework	Design/Method	Sample/Setting	Major Variables & Definitions	Measurement	Data Analysis	Findings	Decision for Use in Practice/Application to Practice
<p>Citation: Pechak, C.M. (2014). Exploring international clinical education in US based programs: identifying common practices and modifying an existing conceptual model of international service learning. <i>Physiotherapy theory and practice</i>, 30(2), 94-104.</p> <p>Country: US</p> <p>Funding: None identified.</p> <p>Bias: None acknowledged.</p>	ICE conceptual model	<p>Design: Qualitative content analysis</p> <p>Aim: Explore various international clinical education programs and determine whether the conceptual model of Optimal International Service-Learning could be applied or adapted to represent ICE.</p>	<p>N= 15 participants</p> <p>Sample included 14 faculty employed at 13 physical therapist education programs offering ICE, 2 were from the same institution. 5 were directors of clinical education</p> <p>-ICE experiences in different countries</p>	<p>IV: Interview guide</p> <p>DV 1: Evaluation phase</p> <p>DV 2: Enhancement phase</p> <p>DV 3: Developed countries</p> <p>DV 4: Less developed countries</p>	Interview transcriptions were systematically analyzed by two researchers	Reflective memos identified additional probes, emerging themes, and the need to recruit additional participants	<p>3 models of ICE emerged: traditional clinical education, global health, hybrid.</p> <p>Data supported revising essential core conditions, components and consequence.</p>	<p>LOE: V</p> <p>Strengths: Global engagement being on high level of interest</p> <p>Limitations: Results represent the views and experiences of a small sample</p> <p>Conclusions: ICE conceptual model provides useful framework for future development and research.</p> <p>Feasibility: Global engagement in physical therapist education</p>
Citation	Conceptual Framework	Design/Method	Sample/Setting	Major Variables & Definitions	Measurement	Data Analysis	Findings	Decision for Use in Practice/Application to Practice

Table Key: A-Asian, AA-African American, A/C-African/Caribbean Black, C-Caucasian, CC- Cultural Competence, CINAHL-Cumulative Index to Nursing & Allied Health Literature, EBP-Evidence Based Practice, ERIC-Educational Resources Information Center, F-Female GDP-Gross Domestic Product, H-Hispanic, HIC-High-Income Country, ICE-International Clinical Education, ISL-International Service Learning, KAP- Knowledge, Attitude, Practice, L-Latino, LIC-Low-Income Country, M-Male, MHIRT- Minority Health International Research Training, MR-Mixed Races, N-Native American, P-Pacific Islander, OECD-Organization for Economic Co-operation and Development, OT-Occupational Therapy, PsychINFO-Psychological Information Index, RADAR-Responsibility, Anticipation Discussion, Assessment, Response, RRI-Rapid Results Initiative, UB-University of Botswana, US-United States

<p>Citation: Sochan, A. (2008). Relationship building through the development of international nursing curricula: a literature review. <i>International Nursing Review</i>, 55, 192-204.</p> <p>Country: United States, Australia, Brazil, Canada, China, Denmark, Kenya, Kiribati, Mexico, New Zealand, Nicaragua, United Kingdom</p> <p>Funding: None identified.</p> <p>Bias: None noted</p>	<p>International Collaboration</p>	<p>Design: Extensive literature search</p> <p>Aim: Explore the literature related to the development of international nursing curricula as a vehicle for studying relationship-building</p>	<p>Databases used: CINAHL, ERIC, PsychINFO, ABI/INFORM Global</p> <p>N=25 References</p> <p>Exclusions: Terms relating to generalized international collaborative, partnership and exchange activities, and broader terms generalized international higher education development</p>	<p>IV: International nursing curricula</p> <p>DV 1: Local curriculum development process</p> <p>DV 2: International curriculum development process</p>	<p>Extensive search conducted in CINAHL, ERIC, PsychINFO, ABI/INFORM Global</p> <p>Terms used included: relationship building, international, curriculum development, nursing</p>	<p>Effective working relationships are essential to international development initiatives.</p> <p>Positive interpersonal relationships are key.</p>	<p>Developing international nursing curricula through cooperative partnerships provides a vehicle to build relationships.</p>	<p>LOE: V</p> <p>Strengths: Unique opportunity to build international relationships</p> <p>Limitations: Complex nature of donor influences</p> <p>Conclusions: Relationship building through the development of international nursing curricula merits focused investigation</p> <p>Feasibility: Reports describe developing international nursing curricula as unique opportunities</p>
Citation	Conceptual Framework	Design/Method	Sample/Setting	Major Variables & Definitions	Measurement	Data Analysis	Findings	Decision for Use in Practice/Application to Practice
<p>Citation: Stringer, M. (2016). Bridging nursing practice and education through a strategic global partnership. <i>International Journal of Nursing Practice</i>, 22, 43-52.</p> <p>Country: Botswana</p>	<p>Donabedian model</p>	<p>Design: Systematic review</p> <p>Aim: Engage nurse scholars from education, research, practice, and administration in work to advance the scientific foundations for EBP and research utilization at PMH and to align education with practice by preparing nursing faculty and</p>	<p>UB</p> <p>N= 5 nurse scholars</p>	<p>IV: Practice Models</p> <p>DV 1: RRI To improve care for general surgery patients</p> <p>DV 2: RADAR to promote interdisciplinary pain care</p>	<p>Phase specific collaborative team model</p> <p>Collaborated over 2-month period</p> <p>4-week immersion experience</p> <p>Week 1: Teaching and EBP Week 2: Palliative care and quality improvement Week 3: Learning strategies and peer review</p>	<p>UB nurse scholars led team in implementing EBP.</p>	<p>Reduction in length of stay for patients in med-surg from 7-10 days to 3-5 days</p> <p>Formulation of plans of care</p>	<p>LOE: V</p> <p>Strengths: Key principles in global nursing partnerships are used to advance education and practice</p> <p>Limitations: Resource allocation. Interdisciplinary encounter underscoring</p> <p>Conclusions: Continued communication in</p>

Table Key: A-Asian, AA-African American, A/C-African/Caribbean Black, C-Caucasian, CC- Cultural Competence, CINAHL-Cumulative Index to Nursing & Allied Health Literature, EBP-Evidence Based Practice, ERIC-Educational Resources Information Center, F-Female GDP-Gross Domestic Product, H-Hispanic, HIC-High-Income Country, ICE-International Clinical Education, ISL-International Service Learning, KAP- Knowledge, Attitude, Practice, L-Latino, LIC-Low-Income Country, M-Male, MHIRT- Minority Health International Research Training, MR-Mixed Races, N-Native American, P-Pacific Islander, OECD-Organization for Economic Co-operation and Development, OT-Occupational Therapy, PsychINFO-Psychological Information Index, RADAR-Responsibility, Anticipation Discussion, Assessment, Response, RRI-Rapid Results Initiative, UB-University of Botswana, US-United States

<p>Funding: Partially supported by funding from the University of Pennsylvania Tiffany Foundation Grant and in-kind support from UPenn, University of Botswana, Princes Marina Hospital (PMH), and the Botswana Ministry of Health.</p> <p>Bias: None acknowledged.</p>		<p>practice leaders to collaborate in addressing health problems and issues of greatest concern to the well-being of the citizens of Botswana.</p>			<p>Week 4: Patient safety and project development</p>		<p>Framework guides collaboration to achieve goals.</p>	<p>opportunities for advancing scientific foundations for nursing education and practice</p> <p>Feasibility: Initial time invested in planning was successful in strengthening team dynamics</p>
Citation	Conceptual Framework	Design/Method	Sample/Setting	Major Variables & Definitions	Measurement	Data Analysis	Findings	Decision for Use in Practice/Application to Practice
<p>Citation: Tremethick, M.J. (2014). Honduran nurses work-related rewards and challenges: Implications for international service learning and collaboration. The Online Journal of Issues in Nursing, 19(2), 1-10.</p> <p>Country: Honduras</p>	<p>Collaborative partnership theory</p>	<p>Design: Quantitative and qualitative</p> <p>Aim: To describe the current status of healthcare in Honduras and to learn about the work of Honduran nurses.</p>	<p>Quantitative data: age, gender, level of education, nursing setting, number of years in nursing, number of years in current nursing position, whether the nurse spoke English, whether participants enjoy nursing</p> <p>-15 Face to face interviews (N=15)</p>	<p>IV: Interview protocol sheet</p>	<p>Qualitative questions: -What made you become a nurse? -Describe your typical day. -What aspects of nursing do you find rewarding? -What aspects of nursing do you find difficult?</p> <p>Quantitative: age, gender, level of education, practice setting, number of years in nursing, number of years in current position, English speaking</p>	<p>SPSS descriptive analysis -Ages between 23 and 49 with mean of 36 -Worked as a nurse for between 0.5 years and 23 years with a mean of 8.70 years -Held their current positions between 0.5 years and 18 years with a mean of 5.83 years</p>	<p>8/12 auxiliary nurses wanted to become professional nurses, 3/12 reported an interest in pursuing technical training. 1/3 professional nurses wanted to pursue master's degree</p> <p>Qualitative data showed two themes: altruism and impact of</p>	<p>LOE: VI</p> <p>Strengths: Consistency of single interviewer, broad sample, accuracy of interpretation, translation</p> <p>Limitations: Convenience sample, data collected in single area of Honduras, participation only of nurses employed by Honduran government</p> <p>Conclusions: Understanding experiences and needs of nurses in international setting is critical to develop collaborative partnerships.</p>

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<p>Funding: None noted.</p> <p>Bias: None noted.</p>						<p>-80% (12 nurses) were female and 20% (3) were male</p> <p>-12 of the nurses were auxiliary nurses, 3 were professional nurses</p> <p>-All nurses were employed in government clinics with six nurses employed in rural clinics and nine in a clinical town of 12,000 people</p> <p>-2 nurses spoke English</p> <p>-All nurses reported enjoying nursing</p> <p>-26.7% (4) nurses reported they had worked with nurses or nursing students from the US in the past</p>	<p>poverty and lack of financial and human resources</p>	<p>Feasibility: Accurate interpretation of interviews; validation</p>
Citation	Conceptual Framework	Design/Method	Sample/Setting	Major Variables & Definitions	Measurement	Data Analysis	Findings	Decision for Use in Practice/Application to Practice
<p>Citation: Tupe, D. A.(2015). Building international sustainable</p>	<p>International partnership theory</p>	<p>Design: Case study</p> <p>Aim: To describe a partnership between two US schools of OT and a Cuban</p>	<p>N=2</p> <p>US school of OT</p>	<p>IV: Partnership</p> <p>DV 1: Governance</p>	<p>Investigation of structural and institutional conditions that shape international partnerships</p>	<p>Dynamics examined and found to have substance for sustainable collaborative</p>	<p>Participants have gained trust and diversity via collective sharing of</p>	<p>LOE: IV</p> <p>Strengths: International development towards equal partnerships</p>

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<p>partnerships in occupational therapy: A case study. Occupational Therapy International, 22(3), 131-140.</p> <p>Country: United States, Cuba</p> <p>Funding: None identified.</p> <p>Bias: None noted.</p>		<p>community based pediatric clinic. Examines what dynamics sustain partnership.</p>		<p>DV 2: Opportunity</p> <p>DV 3: Disability and social inclusion</p>		<p>international partnerships</p>	<p>voices and power</p>	<p>Limitations: Formation requires awareness of self and personal biases</p> <p>Conclusions: Results gleaned sustainable partnerships must promote health benefits molded by social, economic, and political contexts</p> <p>Feasibility: Promote health benefits, organizational structure</p>
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Table Key: **A**-Asian, **AA**-African American, **A/C**-African/Caribbean Black, **C**-Caucasian, **CC**- Cultural Competence, **CINAHL**-Cumulative Index to Nursing & Allied Health Literature, **EBP**- Evidence Based Practice, **ERIC**-Educational Resources Information Center, **F**-Female **GDP**-Gross Domestic Product, **H**-Hispanic, **HIC**-High-Income Country, **ICE**-International Clinical Education, **ISL**-International Service Learning, **KAP**- Knowledge, Attitude, Practice, **L**-Latino, **LIC**-Low-Income Country, **M**-Male, **MHIRT**- Minority Health International Research Training, **MR**-Mixed Races, **N**-Native American, **P**-Pacific Islander, **OECD**-Organization for Economic Co-operation and Development, **OT**-Occupational Therapy, **PsychINFO**-Psychological Information Index, **RADAR**- Responsibility, Anticipation Discussion, Assessment, Response, **RRI**-Rapid Results Initiative, **UB**-University of Botswana, **US**-United States

Appendix F

Table 2

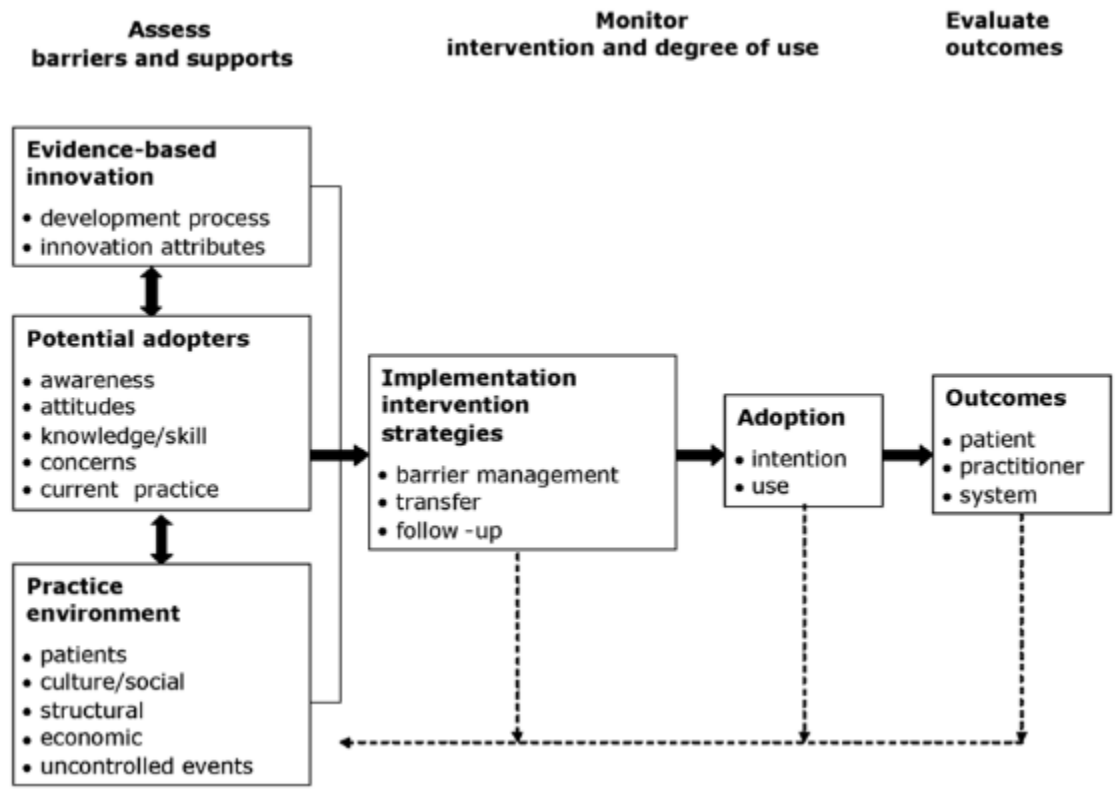
Synthesis Table

Author	Anderson	Black	Buchan	Buckner	Long	Pechak	Sochan	Stringer	Tremethick	Tupe
Year	2012	2015	2015	2014	2016	2014	2008	2016	2014	2015
LOE	IV	IV	I	I	IV	V	V	V	VI	IV
Study Design										
<i>Mixed Methods</i>	X	X		X			X	X		
<i>Qualitative</i>					X	X			X	
<i>Quantitative</i>			X		X				X	
<i>Case Study</i>										X
Homogeneity	—	—	—	—	—	—	—	—	—	—
Heterogeneity	+	+	+	+	+	+	+	+	+	+
Variables of Interest										
<i>Partnership</i>	X	X	X						X	X
<i>Improvement of Care</i>								X		
<i>Process Development</i>				X	X	X	X			
Reliability	↓	↑	↑	↑	↑	↓	↑	↑	↑	↓
Outcome of Interest	Y	Y	Y	Y	Y	N	Y	Y	Y	Y
Worth of Study to Practice	Y	Y	N	Y	N	N	Y	Y	Y	Y

Key: + = Present, - = Not Present, ↑ = High, ↓ = Low, Y = Yes, N = No

Appendix G

Ottawa Model of Research Use (OMRU)



http://ktdrr.org/ktlibrary/articles_pubs/ncddrwork/focus/focus18/figure2.html

Appendix H
Letter of Consent

Ms. Darlene Robles, RN, MSN

January 5, 2017

DNP Student
Arizona State University
School of Nursing

Dear Ms Robles:

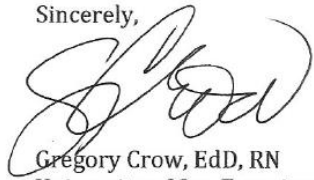
Thank you for the wonderful work you did with the Intensive Care Unit Nurse Practice Council at Thanh Nhan Medical Center, Ha Noi, Viet Nam in 2016 to reduce ventilator associated pneumonia. Your work has had a lasting impact and improved nursing practice for an extremely busy ICU.

On behalf of the Viet Nam Practice Improvement Project (VPIP), and the chair of the Nurse Practice Council at the Ha Noi Medical University Hospital I would like to invite you to participate in the 2017 Vietnam Practice Improvement Project.

You will be responsible for leading the Nurse Practice Council at the Ha Noi Medical University Hospital as they implement the IHI Roadmap for Quality to reduce urinary catheter associated infections. The 2017 VPIP will be between March and November 2017. We will hold monthly Zoom sessions with the Nurse Practice Councils to plan and implement new evidence-based practice guidelines. The members of the Nurse Practice Council are eager to work with their US clinical nurse expert to solve this longstanding issue.

Please let me know if there is anything I need to complete at ASU to ensure that this project meets curricular standards that you must meet. I look forward to seeing you in March for our first Zoom session.

Sincerely,



Gregory Crow, EdD, RN
University of San Francisco School of Nursing and Health Professions
San Francisco, CA

And
Senior Consultant
Tim Porter O'Grady Associates
Atlanta, GA

Appendix I

IRB Letter



NOT HUMAN SUBJECTS RESEARCH DETERMINATION

Lynda Root
 CONHI - DNP
 602/496-0810
 Lynda.Root@asu.edu

Dear Lynda Root:

On 9/13/2017 the ASU IRB reviewed the following protocol:

Type of Review:	Initial Study
Title:	Advancing Nursing Practice in Viet Nam: An International Collaboration to Improve Quality
Investigator:	Lynda Root
IRB ID:	STUDY00006837
Funding:	None
Grant Title:	None
Grant ID:	None
Documents Reviewed:	<ul style="list-style-type: none"> • Robles VPIP Letter, Category: Consent Form; • Robles IRB Submission, Category: IRB Protocol;

The IRB determined that the proposed activity is not research involving human subjects as defined by DHHS and FDA regulations.

IRB review and approval by Arizona State University is not required. This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether the activities would change the determination, contact the IRB at research.integrity@asu.edu to determine the next steps.

Sincerely,

IRB Administrator