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Lessons Learned from Service in India: Teaching and Learning

Debra Craighead

Univ of LA Monroe, craighead@ulm.edu

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Cover Page Footnote

I want to thank my family, friends, and colleagues who provided the encouragement and support needed to make this endeavor possible.

Introduction

“Happiness is when what you think, what you say, and what you do are in harmony.”

Mahatma Gandhi

Using skills developed locally to make a global impact is needed to promote health and social justice (Hassmiller & Kuehnert, 2020). My teaching expertise was used globally when I volunteered for two months instructing undergraduate nursing students in southern India in 2018. Since health science education and interprofessional partnerships are strategies used to promote the United Nation’s Sustainable Development Goal’s five pillars of people, prosperity, planet, peace, and partnership (United Nations, n.d.) and foster population health (Hassmiller & Kuehnert, 2020; Rosa et al., 2019), my decision to meet a dire faculty need matched my professional values and pediatric expertise. Global professional connection was an additional anticipated benefit (Spies et al., 2015).

This article is the second in a trilogy recounting preparation, teaching and learning, and global service career impact. Travel preparation was discussed in part one entitled *Lessons Learned from Service in India: Preparation* (Craighead, 2020). Personal experiences serving as a pediatric nursing faculty at the Bangalore Baptist Hospital Institute of Nursing (BBHION) located in Bangalore Karnataka, India (BBHION, 2020) are presented.

Arrival and Adaptation

Teaching internationally was a personal goal, yet conflicting emotions surfaced as my departure date neared. Extensive trip preparation, and leaving family, friends and colleagues was stressful. Daily family contact plans through text messaging, Facebook messenger and WhatsApp were arranged. Gifts received (journals, cards and books) conveyed support and encouragement.

After a 21-hour journey and two international flights, I arrived in southern India fatigued and overwhelmed. Immigration and Customs personnel scrutinized my passport and visa, and questioned plans for the lengthy stay. Truthfulness, composure, and adherence to travel rules were vital (Indian Embassy, n.d.). Following luggage retrieval, a hospital employee drove me to the property 30 minutes/16.8 miles away. My first impression of India came while traveling on a crowded freeway. I saw beautiful modern buildings next to neglected ones, women in saris traveling on motorbikes, auto rickshaws (three-wheeled vehicles), and traditional automobiles.

Numerous healthcare professionals visit Bangalore Baptist Hospital (BBH) each year. Physicians, nurses, allied health personnel, and students train and volunteer at the facility. Health professionals from India and other nations come to learn and serve. Travel expense, food and housing fees are typically self-pay. The hospital campus is gated, secured, and relatively new. Staff, students, patients, and families traverse the crowded property.

Upon arrival, I was escorted to the hospital's guesthouse, met the staff, and was ushered to my room. The room contained two single beds, a small desk with a lamp, a private bathroom with an American-style toilet, locked closet space, and a screened balcony with chairs. Internet access was available but unpredictable (Image 1: *Guesthouse bedroom*). After a brief nap, the guesthouse manager served an American-style breakfast and led me to the hospital's Human Resources department. In route, we discussed family, laughed heartily and began an authentic relationship that flourished over the next two months. (Image 2: *Guesthouse manager with author*).



Image 1: Guesthouse bedroom



Image 2: Guesthouse manager with author

Erratic sleep and fatigue made the 10.5 hour time zone adjustment difficult, yet the people and exquisite sights captivated me. The next day, I attended a religious service in a chapel Mother Theresa inaugurated in 1980. Nursing and allied health students and faculty were in attendance. The BBHION's Principle introduced herself and we made plans to meet in her office the next morning.

Indian Nursing Program

The Indian Council of Nursing's (ICN) website contains information about nursing education (ICN, n.d.) and curriculum syllabi are available for purchase. India has 1.7 nurses and midwives per 1,000 people, compared to the U.S. ratio of 14.5 per 1,000 (The World Bank, 2021) and is the second largest source of foreign-born nurses after the Philippines (Socha-Dietrich & Dumont, 2021). Indian nurse migration is a serious workforce issue (Socha-Dietrich & Dumont, 2021) for

reasons that include poor working conditions, and the desire for knowledge attainment and adventure (Garner, et al. 2015).

The BBHION offers two undergraduate nursing programs and instruction is delivered in English. The Bachelor of Science nursing (BSc) program admits 60 students annually (INC, 2021a) and the General Nursing and Midwifery (GNM) program admits 50 students (INC, 2021b). Remarkably, there are 245 BSc programs and 379 GNM programs in Bangalore alone (INC, 2021a; INC, 2021b). According to Johnson et al. (2014), these programs have developed as an economic response to the international demand for Indian nurses.

Welcoming, gracious nursing faculty made introductions and conversations natural. Attempts to remember and correctly pronounce names were made, and key information (office and lecture room location, phone numbers, etc.) was kept in a pocket-sized notepad. Culturally appropriate mannerisms and dress (extra-long tunic tops and leggings, long skirts, salwar kameez) were maintained and effective communication occurred despite phonetic differences.

Some facilities were higher in quality than expected. For example, the Simulation, Education and Research Centre for Nursing Excellence (SERC) is a four-storied state-of-the-art simulation laboratory used to train healthcare personnel. Funds from the U.S. Agency for International Development's (USAID) American Schools and Hospitals Abroad (ASHA) Program (USAID, 2019) were used to complete the SERC in 2017. The simulation laboratory housed high-fidelity mannequins, observation areas, and a smart classroom. The primary nursing building with classrooms, offices, and a library were less modernized.

Teaching and Learning

All teaching topics that matched my pediatric nursing expertise were accepted. These topics included growth and development, nutrition, fluid and electrolytes, burns, poisoning, and snake bite management. Relevant health statistics such as life expectancy, major health risks, causes of death, and maternal and neonatal statistics from the China, India, and the United States were used to contextualize global population health (Central Intelligence Agency, 2021; World Health Organization, 2021). This approach interested students without overemphasizing healthcare and nursing in the United States (U.S.). Presenting a candid view of U.S. professional nursing was essential due to India's low nursing status on the hierarchy of health professionals and poor social recognition of nurses. Magnifying BBHION's commitment to improving education access and quality was my goal. (Image 3: *Students in classroom*)



Image 3: Students in classroom

Learning management systems, PowerPoint slide capabilities, microphones, and other technology commonly found in the U.S. were unavailable. Adaptation included using chalk and a blackboard and passing around an electronic tablet for image viewing. South Asian nursing

textbook were available in the nursing library and were used to develop lectures that lasted one to two hours each day. Study guides and exam items (multiple choice and short answer) were created. Simulation lab experiences included leading a pediatric respiratory scenario and cardio-pulmonary resuscitation instruction assistance.

Technological resources and Internet access was scarce and unreliable. Interactive learning strategies used included one-minute papers, concept review pairs, and in-class active quizzing methods. Active quizzes were performed using colored paper to signify answer choices (i.e. pink = false, green = true). Positive student responses (smiles, comments, participation) and faculty requests for training related to these strategies supported effectiveness.

Relationships formed made departure day emotional. A tea was given in my honor and parting gifts were exchanged. Faculty enthusiastically accepted several issues of *American Nurse*, an American Nurses Association journal. Students gathered and presented gifts including an original poem entitled *A Pearl from the Deepest Ocean*. Emails were sent to BBHION administration and BBH hospital leaders to convey gratitude, collegiality and provide closure.

Conclusion

The art of flexibility is a necessary skill within the nursing and allied health professions. The desire to learn and seek connection with others allowed for positive adaptation while teaching in India for two months. Shared knowledge and mutual respect created an opportunity to learn from the host's perspective. Self-reflection and vulnerability were key and keeping a daily journal allowed for exploration of my thoughts and emotions. Trusted relationships with health science colleagues were formed through frank academic discussions and affirmative responses when asked to lecture, conduct simulation, or expound on a particular topic.

Forging partnerships among health professionals is key to achieving all of the SDGs (Rosa et al., 2019). Sharing teaching expertise with BBHION was my opportunity for action that aligned with SDG 3 *good health and well-being*, SDG 4 *quality education*, and SDG 5 *gender equality*. Congruence of beliefs, intentions, and actions led to a profound personal and professional experience that continues to inspire me. The impact of this global experience will be discussed in the series conclusion.

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