Global Citizens Award Reflection Presentation-20240315_100833-Meeting Transcript

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Rachel Kline 0:06

Hello my name is Rachel! I am a senior at the University of South Florida and I am in my last semester of the nursing program here. I am also a member of the Judy Genshaft Honors College, and I've been a member of that college for four years.
During my time pursuing a bachelors at the University of South Florida, I've been working towards the Global Citizens Award for the last two or 2 1/2 years and I'm excited to share everything I've learned in this reflection video for you today.

So first, we're going to talk about some of our presentation objectives.
I'm going to go through some of my undergraduate experiences which have shaped my global perspective. Then I'm going to go through my world view and how this is influencing my feature nursing practice when I graduate. Next, I'll go into the Sustainable development goal #3 good health and well being as this was the Sustainable development goal that I focused the most on throughout this project.
I'm going to then talk about learning outcomes most relevant to my experience.
I'm going to talk about how it connected all the pieces together in a big aha moment during this big aha moment that I experienced while pursuing this award.
All then go through my most memorable experiences and the project and what I will be taking forward with me in my nursing practice.
And then to conclude the presentation, I'll go through how I'm going to connect to this experience, to my desire to be a better global citizen and be more aware of the world around me.

So first we're going to go through my global citizens project approved coursework.
So in spring of 2021, I took an Introduction to Epidemiology course
So this course was an introduction course that provided an overview of the determinants, occurrence and distribution of health and disease within a population.
So a lot of this class focused on the epidemiology investigation methods, how data is

collected and how we analyze that data along with some major distribution and determinants of health related events such as chronic conditions and communicable diseases in the US and around the world.

So Introduction to Epidemiology gave me a really great foundation before entering the College of Nursing, and I applied a lot of the principles that I learned in introduction to epidemiology, into my public health nursing course that I'm in the process of taking this semester.
The next course I took was called patient centered care. This was in fall 2022, which was my first semester of my nursing program and the major focus of this class is talking about how the nurse is a patient advocate and how the role of the nurse is as a patient advocate. Historically, nursing has been one of the most trusted careers out of all the careers, and this is due to the bedside nurse having an increased time with the patient's acting as a main point of contact between the patient and then the provider and the rest of the healthcare team, and also because the nurse has a role of an advocate and it's really important as a patient advocate to acknowledge that know all of our patients are going to be the same. They're all going to have different health backgrounds, and that's going to lead to having different needs, different care needs, different cultural preferences in their care and that's something that as a nurse, we need to be really vigilant and advocating for our patients plan of care.

Another concept which is really important that we learned in patient centered care, which is being applied in my public health nursing course is a concept of cultural humility over cultural knowledge. Back about 20 years ago, nursing theory focused a lot on trying to know all the different cultures that exist and being able to understand it. Individuals background, but now that we're at a time where there's such cultural diversity in both the United States and around the world, and not every person who practices a particular culture looks the same, or does the exact same practices, nursing theory has shifted to more of a cultural humility stance, which is where we directly talk to the patient and we have not a knowledge of their culture, but a willingness to learn about their culture and just having that direct open communication with the patient in order to empower the patient to voice their concerns and really have more of a role in their own care, and just never assume a patients needs based on their appearance or if they say a religion or culture, don't assume their needs based on that assumption based off the identity, always ask the patient directly what their needs are and do the best you can as a nurse to accommodate those needs.

The last course I am currently taking towards the Global Citizens Award project and this semester is called public health nursing.I feel in this course it's really taking a lot of the concepts i've learned from throughout this project and concepts I've learned from patient centered care and really put them all together in an application standpoint.
So in public health, they're saying the big emphasis on this again was cultural humility.

But also we're looking at this instead of an individual patient perspective.
We're looking at it from a cultural or from a community and cultural perspective.
So we're looking at it from a Community level.

So before we want to create any type of project to help improve our community, we really need to evangelist and have a proper assessment in place.
So does our Community have a specific need that the Community thinks is important, not just what we as providers or public health officials think is important, but what do the people in the Community who would be implementing this project or learning from this project? What do they want to see happen? It's also important to reflect and recognize what resources, what knowledge is available in the community already.
For some communities, it's not that they're not willing to implement a change.
It's just that they might not have the resources to make a realistic change for them right now, and that's a concept I'll talk about later on when I talk about a study abroad trip that I was able to participate in as a representative of the College and nursing in this course.

Another thing really important is to make sure that we're working with Community insiders and we're implementing a project, so this could be members of the Community themselves working with a community leader or possibly an academic leader who is also a member of the community. And again, I'll expand upon this within the study abroad experience portion, but it's really important that we that the Community feels seen and feels heard when we're implementing these projects.
And one of the best ways to do this and get the community input is to work with community leaders and insiders.

In Public Health Nursing, there's a lot of negotiation and understanding of communities where they come from as well.If we are providing healthcare to historically underserved communities, that requires a respect and acknowledgement of both the knowledge and the historical experiences that that community serve brings to the table. Not all communities around the world are going to practice or fully utilize all aspects of Western western medicine, and that is there is knowledge outside of Western medicine that is very valid and very important and we should incorporate that into our practice. So we should really see public health nursing and assessing our communities as a form of negotiation to make sure both sides feel hurt in that process.
And then also public health nursing really focused on a lot of our primary and secondary prevention strategies.

So our primary prevention is going to be a lot of our teaching, our health practices that are going to help us prevent major conditions.They're going to help us prevent chronic disease or help us prevent or such as a vaccination to prevent a communicable disease. Our secondary prevention is through early detection screenings, so we can

treat a disease early on and in public health nursing. We really want to focus on primary and secondary prevention as first these lead to better patient outcomes and this is cheaper for our patients and leads to a better quality of life for our patients than having a system that relies primarily on tertiary care, which is a patient being hospitalized or receiving extensive rehabilitation, rehabilitation or curative treatment for a major disease that they already have.

Now I'm going to go through the eight global events I attended for this project.
So these were specific meetings that I attended that gave additional insight into specific topics related to the UN Sustainable Development Goals.
I really tried to make a lot of these meetings focused on healthcare and the different communities that may experience bias when working with the healthcare system.
So that's what the majority of my events focus on.
So the first event I did was called Rainbow Anatomy.
This presentation focused on the experiences of intersex patients and the healthcare setting.
Approximately every one and every 2000 babies are born intersex and often cosmetic. Sex assignment surgeries are given very early on to individuals who are intersects aren't that are not medically necessary and often some of these intersects with individuals aren't given the knowledge or the ability to consent to these medically unnecessary surgeries.
And then the clarifying individual who is intersex is an individual who is born with the physical sexual characteristics of both male and female assignment.
But the next global event I did was the Sustainable Workshop series and the supported the Sustainable Development Goal 12, which was responsible consumption and production, which is important for any global citizen to be aware of to help preserve our world resource exploitation in developing countries is going to have serious effects. Not only on the environment of the developing country, but also around the world, and even though it does seem counterintuitive in the short term for the economy to consider the environment, this practice would allow economies to succeed in the long term and allow our infrastructure and our economic systems to adapt to one that is more environmentally conscious as we move further into the 21st century.
Additionally, so I'm responsible consumption habits that we that everybody can utilize includes buying reasonable goods or pairing items using an item until it's fully done, not wasting an item not participating in fast fashion, recycling one possible or buying good second hand or some of the easiest ways to the shop and be more sustainable.
3rd event I attended was a workshop series focused on my main objective, which was good health and well-being.
So this presentation mainly focused on the impact of prolonged stress on the body and some effects of chronic stress, which could ultimately lead to chronic disease, include muscle tension, muscle pain, shortness of breath, high blood pressure and some patients will also have an increased heart rate along with some negative psychological

effects and common stress reduction practices can be implemented alongside medical care to improve patient outcomes.
These include meditation.
Yoga, which I know those are evidence based interventions that can help lower stress and lower the chance of developing chronic disease in the long term.
The next event event I attended is called multicultural profiles in courage, which speaker Angela Villa, who is a is a licensed social worker and has her masters in social work.
So Angelina Villa is a is from an indigenous community and she has spent her career working in both the school and medical settings and using her experience.
So on her indigenous background in her practice as a social worker, she also mentions how colonialism impacts the way the healthcare professionals practice today and encourages us to reflect on how these historical events influence the guidelines in which providers and a lot of mess Western medicine, medical facilities, practice.
And then it's also important to remember that for some certain cultures that have been ostracized or treated negatively through colonialism and through, umm, past medical experimentation, it's important to realize how those events have ripple effects in the health disparities that exist today.
And in distrust that some communities have with the healthcare system.
So it's important to approach every interaction with umm, with your patients and a trusting manner, and be able to understand these patients concerns when they do bring up these concerns.
Next, I talked more about sustainable tourism.
So I love to travel.
I studied abroad twice during my time at the University of South Florida, which is an opportunity.
I'm very grateful for and we'll talk about later, but I wanted to learn more about sustainable tourism as being a global citizen I believe is being able to explore your global community and learn more about the world around you, around me.
But I also want to do that in a way that is sustainable and healthier for the environment.
So as I want to pursue traveling postgrad postgraduation, I want to learn how to be sustainable while traveling internationally.
And I also want to be intentional and have purposeful interactions with locals.
And what the environment?
So I feel the principle of being a traveler rather than a tourist helps me to learn more about the people and learn more about the communities that I'm visiting, which helped me to become a more well rounded individual.
So the presentation covered some aspects of tourism which are unsustainable for the environment, tourist sites and then just the impact that those tourist sites can have in the culture of a city and that's available.
Tourism is more important than ever, as we are in an age of globalization and technology, and this era lowers the cost of some of the costs and some of the barriers

to tourism so important that we travel responsibly.
The next event I attended is about health, misinformation, disinformation, and distrust.
So listen, movement first.
They differentiated the terms misinformation and disinformation.
Sometimes in society we hear these terms used interchangeably, but there is a slight difference to what these terms mean, so misinformation is incorrect or misleading information.
But disinformation is deliberately deceptive and propagated information so misinformation could be incorrect.
Information that is either not intentionally correct or not fully researched, where as disinformation is information that could be made as propaganda or information that is made to be deceptive.
Umm the session also highlighted the alarming ways which news articles online can contribute to misinformation, and this is a really concerning issue as well because with the growth of the Internet and with the growth of patient access to resources online, there is a possibility that patients can run into misinformation or disinformation.
And it's really important for us as healthcare providers to be able to teach our patients how to utilize health literacy and how to utilize Internet literacy practices to make sure they're finding U source they're making.
They're finding health related information from appropriate sources and then the session also left me with a heightened awareness of the need to critically evaluate the health information and how to teach my patients this in the healthcare setting.
And then my last two events I attended, one was a medical Spanish series that really focused on patient assessment.
When I when I attended this event, I was about a month out from studying her bot and Bankia, Colombia and I really wanted to take some time to learn medical Spanish.
One as a way to help interact, help myself better interact, and better engage with individuals abroad from Colombia, but also in Tampa Bay and in just the United States as a whole is a large Spanish speaking community that might not be able to speak English as a second language.
As like might not be able to fluently speak English as a second language, so being able to understand basic medical Spanish or being able to say basic Spanish phrases could be really impactful and beneficial for these patients as well.
And it's showing that you're trying to learn and trying to engage with the patient in any way possible.
And it feels more personable than, say, the use of A and the use of an interpreter.
He still have to use the interpreter for medical information, but even if for basic conversations you can get by without using an interpreter, if it's something that doesn't involve consent or medical or specific medical education, I think it's definitely worthwhile to be able to use some basic medical Spanish.
So during this workshop, we focused on basic medical Spanish phrases, a little bit of anatomy in Spanish.

And then I also learned how to perform a basic nursing assessment and how to take a patients vitals and Spanish along with common phrases which a patient can use to describe locations and characteristics of pain, and a big lesson I learned from this and from my abroad experience is that again, you really don't need to be fluent in Spanish or be a perfect Spanish speaker to engage with their patients and make a connection with your primarily Spanish speaking patients, but rather it's the understanding of basic Spanish phrases and the effort that goes towards that which means.
A lot to these patients and I've actually taken some of this medical Spanish already and I've put it towards the work I do right now as a nurse's assistant.
And I've definitely seen the difference.
It makes even just putting in the effort and trying to speak medical Spanish when possible with my patients.
And then the last event I covered or I attended was.
Don't mind if I do Ella.
And this event focused on the role of the doula in patient advocacy.
So this presentation covered the role of the doula and maternal and child health and the impact which Adoula has on the maternal parent in the newborn child's health.
So what a doula does it provide?
Emotional, informational and physical aid to individuals and their families throughout the stages of pregnancy, childbirth, and then the immediate postpartum period.
And although the presence of a doula and in supporting and improving maternal health and and newborn outcomes has been supported by evidence based research, doula services are not covered by insurance.
That often, meaning that families, if they want to do a, must cover for the cost of a doula out of pocket and doulas, while Dulas can work for everybody, Dulas play a significant and vital role in patient advocacy for African American patients, and the advocacy becomes really pertinent for African American patients who are facing systemic racism within our healthcare systems.
I believe the statistic is on average, UM maternal.
African American women are 2.2 times more likely to die in childbirth than a white woman is, and that's where the advocacy of a doula can really help improve patient outcomes for African American patients.
So now I'm going to talk a little bit more about the sustainable development goal.
Three good health and well being, which is to ensure healthy lives and promote well being for all at all ages.
And I took it as regardless of background, culture, age, we want to make sure we're working to provide access to quality healthcare for all of these individuals.
And I picked this goal because again, I'm a nursing student and I really wanted to be intentional in choosing experiences and global events.
Umm so I could learn more about the experience of individuals who face barriers to health care based on an element of their identity.
And I know I already mentioned some of these events already, but the global events

which focused on the perspectives of patients, I focused on patients and the Spanish speaking community, they intersects Community, indigenous communities and maternal health within the African American Community.
Some specific targets that I focused on and believe my project best represents within the Sustainable development goal.
Three is Target 3.3, which says by the end of 2030, the epidemics of AIDS to Regulus malaria and neglected tropical diseases and hepatitis, waterborne diseases and other communicable diseases.
Mainly I focused on providing patient education regarding the transmission of childhood diseases and communicable diseases through home inspection, promotion of clean water use and education about hand washing.
I did this during my time abroad in Barranquilla Colombia from my public health rotation.
The second target my focused on during my time doing this project was target 3.4 which is a goal that mentions non communicable diseases and public health and we want to reduce premature mortality from noncommunicable diseases through prevention, treatment and mental health and well-being.
We want to produce to reduce mortality rates to 1/3 of what they are before by 2030.
So I did this again during my abroad trip, and Barranquilla, Colombia, where my project group, which was a combination of USF students and nursing students in the nursing program at Universidad Bill Norte and Barranquilla, Colombia.
We created Primary Health promotion education on topics focused on mental health, such as stress reduction, stress management strategies, boundary setting and compassion, and we also provided a list of community mental health resources that were available in Barranquilla or at the University Universidad del Norte for college age students.
And the presentation activity encourages participants to reflect on their own support systems and stress management strategies.
And it's really important to focus on mental health because a lot of the mental health, one is health, but to mental health can also prolonged mental health struggles, can also play a role in the manifestation of physical health symptoms as well.
Target 3.8, which is another topic.
I another target that I focused on within this project was increasing access to quality and essential healthcare services.
And making sure that all individuals, regardless of background or ability to pay, have access to safe, effective quality and Affordable Care, along with medications and vaccines for all.
And I focused on the specific objective, well, comparing the health care systems in the United States versus Colombia versus Germany, because I did study abroad in both Barranquilla, Colombia and Osnabruck, Germany.
And then the last target 3.d is to strengthen the capacity of all countries, especially in our developing countries for early warning risk production and management of national

and global health risks.
And I focus on this, I'll mention it later during a thesis that I wrote during my sophomore year of college, titled Homeland Security in a clinical setting.
But first, before I went into each of those projects, I really wanted to talk about the specific objectives that I was working towards exploring through my experiences.
So I'll now go through my study abroad opportunities.
So I'm very fortunate during my time at USF to have studied abroad twice.
The first time I studied abroad was in Germany beyond the classroom program, through the Honors College, and in Osnabruck Germany in May 2022. Where I had the opportunity to travel, to learn about German history, language, culture and I completed a poster presentation which compared the healthcare systems in the United States and in Germany, and I presented this in the 2022 Undergraduate Research Conference.

I spent the month of May as a guest at University of Osnabruck, which was where I got to go learn more about the German language and culture and engage with some of the students from the university as well. This semester, during spring break, I've had the opportunity to go and represent the USF College and Nursing and batting can't Columbia for the global health nursing, which is an international version of the USF Public Health Nursing clinical. My main focus is because this is a public health course, so I wanted to compare the healthcare systems between Colombia and the United States, focusing specifically on primary care. I also wanted to explore the nursing scope of practice and different educational backgrounds of the healthcare workers in both Colombia and the United States. So the reason why we really wanted to focus on the primary care prevention is because Colombia's healthcare system is well known for their emphasis and their focus on primary care.

A lot of patients actually do attend a lot of their primary care appointments.
The government invests a lot of money into primary care.
Facilities and then also they do have a very expansive public health and home health nursing and the US we associate home health generally with palliative care, which is more for chronic disease management and Hospice care, which is for our dying patients to keep them comfortable and have death with dignity, but in Colombia they utilize home health in a way to give public health and primary and secondary prevention services to patients who might not be able to reliably access the clinical setting.
So this could be patients in rural communities or maybe older patients that are unable to travel.
And I actually had the opportunity to work within the community with the University del Norte students and knock door to door in a community to help do hypertension screenings.
But the main project that I focused on while I was abroad was doing a presentation about mental health education, so that was that stress reduction, compassion and.

I don't boundary setting and stress management presentation that I did at university, Dad del Norte and I also participated in health fairs at a local lactation clinic and at an All Girls technical high school in Barranquilla, Columbia.

Also during this program, I had the opportunity to complete a medical one Spanish certification with their Canopy, which mainly focused on medical, Spanish terminology, anatomy, and then it did go into basic grammatical rules and communication with Spanish speaking patients, and then went through some cultural practices, dietary habits, and considerations that you should think about when you're interacting with patients in the LatinX community.
So I achieved that certification near the end of February 2024.
Global health and nursing.
What I talked about more in the in when I talked about it as a course earlier, I'm referring to the didactic course, but in the study abroad opportunity, I'm going to talk more about my experiences and the clinical course just to clarify.
But so first here is a some of the photos from my study abroad opportunity in Osnabruck, Germany here is a research poster that a peer and I created comparing the healthcare systems.
That was again presented in the 2022 Undergraduate Research Conference at USF.
Here's just some of the beautiful scenery I got to see while walking around every day.
It was almost summer.
So you could see all the beautiful greenery and then here is a group photo of my whole study abroad group in front of a major historical building on the University of Osnabruck campus.

And then here is some photos from the public health, nursing and Bankia Columbia trip. I just came back from this trip two days ago. So it's still very fresh trip for me at the time of filming. So the picture on the upper left is my whole project group in front of a historical building in the city about in Barranquilla. I believe this used to be a tax collection building, but now it's a museum, a little balloon from my presentation table that says La salud mental improrta, which translates to your mental health is important. On the top right I have a photo of my project group which focuses on mental health and again we have three USF students and two nursing students from University at Del Norte collaborating on this.
There is a health mural. I have a photo of one of the activities at my group.
Did which is a reflective activity, all in Spanish, which encourages individuals to reflect on questions such as their favorite form(s) of self care? What's their support system? What's something that they feel most grateful for? We used the replies to see how individuals were reflecting upon the mental health teaching that we that we gave them and the photo on the bottom right was me and my group presenting at the Polytechnic, all Girls High School and I was doing a yoga demonstration as an easy way to reduce stress and just get the body moving.

Next, I will discuss some undergraduate research I completed during my time at USF. While this wasn't exactly something I did in pursuit of the Global Citizens Award, I did also complete undergraduate research in the field of public health. I really wanted to talk about this thesis that I completed because I do feel it is relevant to my global citizens project and my experience that I've had as a global citizen.

This thesis is titled Homeland Security and a clinical setting and I basically have worked on developing, writing, presenting and publishing this thesis between the time frame of October 2021 and March 2023. The main highlight of this paper is intersection of public health and Homeland Security, along with the role which members of the healthcare team play in either creating or modifying public health policies and practice.
Because often a lot of clinical members of the team, such as doctors, nurses, a and physicians assistants in the hospital setting, feel that they have to abide with these policies rather than seeing that the role that these policies have and implementing patient safety and then the role that are provide and the care that our medical and nursing providers have in changing these policies or making sure that these policies take good effect.
In creating this thesis, some research methods I utilized were peer reviewed journals. I would review some news articles because I created different case studies that were relevant in this paper.
I also had the opportunity to then participate as a patient in a public health drill to access current practice, to assess current practices and a mock response to a patient who is positive for the Ebola virus in Tampa Bay.

So here's a photo of me with some of the makeup on to resemble a patient is positive for the Ebola virus and you can see the fake bloody nose that I was given.
and then here was the drill of me getting put in quarantine and then eventually in this drill it took for the drill. Eventually, the drill progressed in the sense of I was the patient's.
I showed up in the emergency room at a hospital facility in Tampa, and then they went through the process of isolating me, putting me and droplet isolation and contact isolation, and then putting me in a bag because Ebola spreads via fluids, so the purpose of putting me in a bag to help prevent any fluid spread from blood, and then I eventually was transported to the airport to then go to Emory as part of this drill, the Medical Center in Georgia, and then here is a photo of me with my published thesis. I published this in either September or October 2022 and this was also around the time I started nursing school and got my white coat, so a lot was going on that month for me.

But this paper was really important because not only did I talk about infectious disease practices, I also talked about different measures in place to help with cyber security threats, natural disaster threats that can happen in the clinical setting as well.

And then I got this published in the John Hopkins Macksy Journal, and I also presented this at the Johns Hopkins Macksy Symposium published, and I am presented this at several USF conferences, such as the 2022 Undergraduate Research Conference, the 2023 Health Research Conference, and the 2023 Humanities Conference as well on campus.
And then again here is just a photo of my poster presentation and on the previous slide I have my preferred citation and you can paste this into your web browser if you want to read that paper.
So next I'm going to go into the world view and the influence on the nursing practice at my Global Citizens Award project had. The Global Citizens Award supported and enhanced my world perspective because it allowed me to learn different patient perspectives and to better practice cultural humility when interacting with my patients. Because I've had to practice the concept of cultural humility and the willingness to learn for both patients abroad and just with the interactions that I've had during my exchanges to both Germany and Colombia. Before entering the nursing program and before beginning the Global Citizens Award, I know the importance of listening to the needs of patients and being able to serve as that patient advocate.
But this program really enhanced my knowledge of the specific historic and cultural influences on my patients desire for certain medical interventions and really taught me how to not only listen to these patient's needs, but how to be able to service a better advocate for my patients after knowing what their needs are and how to actively listen to these needs and how to appropriately ask questions about these needs.
This project is also influenced my future nursing practice because I've gained knowledge about culture and historical events which again influence the methods that individuals of various interactions interact, various identities, interact with, and utilize the American healthcare system.
I've learned the complex roles that interactions of all stakeholders involved in healthcare policy and decision making because in shaping public health policy and practice, it's really important to utilize all members of that interdisciplinary team and know what their roles are in the healthcare system, because that's going to lead to better patient outcomes and encouraged me.
I knew before starting this program that it would be really beneficial for me to try to learn some conversational and medical Spanish, but this program, in my experience throughout the through clinicals in the College of Nursing, really reinforced the need to learn some conversational and medical Spanish in order to better communicate with my Spanish speaking patients.
I hadn't taken a Spanish course in middle school or high school or in college before. Before doing the Canopy Medical Spanish certification.
But this whole experience in my interactions with patients in the Tampa Bay Community and abroad, embedding Kia really is encouraging me to take some time to self-study some Spanish. So I can make a more positive impact on my patients who are primarily Spanish speaking.

And then this trip also facilitated desire for me to give back to the community within my nursing practice. In the form of either disaster preparedness is shown through my thesis or in increasing access to medical care for all.Through legislative advocacy advocating for my patients to get cheaper medications or medications that are covered by insurance or just through the actions of day-to-day work, or working at a community clinic. There are many different ways you can serve the community and increasing access to medical care for all in both a leadership standpoint and in your day-to-day practice at the bedside.
Out of the six global learning outcomes in the Global Citizens Award, the two outcomes that I thought were most relevant to my journey with this award were self-awareness and willingness. Global Citizens Award really shaped my world view through helping me explore different cultural variations and healthcare and those barriers present for individuals depending on aspects of their identity. The activities provided by this program also allowed me to explore my own biases about the medical about the American healthcare system, and as a feature health provider.
This is going to help me gain a better knowledge of the experiences with my is going to help me gain better knowledge of some of the experiences that some of my future patients may have faced, which allows me to then serve as a patient advocate.
One of the most important things that a nurse can do before interacting with their patients is to assess their own biases and think about how the nurse sees the patient healthcare system, how the nurse sees the healthcare system and the nurse, is cultural practices and really try to separate that from how the patient is going to view the healthcare system in the patient's cultural practices and then willingness, this program really enhanced my willingness to participate in interdisciplinary research and to participate in study abroad opportunities because interdisciplinary collaboration allows for better learning and for the creation and application of new knowledge which can be used to benefit everybody.
And then study abroad programs are definitely I found them to be a very significant and impactful experience because we've allowed me to gain a greater perspective of the strengths and shortcomings in the US and both the political and a healthcare context.
And it allowed me to learn more about the US from a different point of view from the perspective of somebody looking from the outside at the US, which I think is really important for Americans to if you want to be a global citizen, it's important to be aware of not only how you view yourself, but how the world views you and your identity as an American.

So some of the pieces that I really wanted to connect, I know I've touched on this a little bit already, but the biggest lesson I've taken out of this is healthcare just in general is a very dynamic field. The provision of quality health care for all requires many moving parts and interdisciplinary cooperation between public health professionals, politicians creating health policy, social workers, there's community groups from

different communities, either in nursing or other or other professions that are advocating for certain practices.

Members of Patient care team was in the clinical setting.
Community leaders or figureheads, especially when it comes to certain cultures, there's a certain figure head that makes that makes a decision in some cultures or community leaders.
We're negotiating with smaller communities and exchanging knowledge and providing care to these patients.
And then also what's really important is to promote the active participation of the patient in their own care team, because at the end of the day, the care plan that we're that the nursing and the medical team is creating for the patient is the patient's care plan. So the patient feels empowered to be able to avoid any concerns or any parts of their care plan that are unrealistic and that really falls under the rule of the nurse as the advocate for that patient, the nurse needs to be able to solve umm, self, assess any biases towards certain healthcare practices that might not align with traditional Western medicine before engaging with the patient.
And then empower the patient to express their own experiences and preferences.
So maybe this is the possibility of utilizing herbal medicine.
As long as that herbal medicine doesn't, doesn't have a interaction with prescribed medication, maybe this patients dealing with is not fully covered by insurance or has financial struggles, so they're not able to afford their medication.
That's a really overlooked issue in healthcare because of a patients unable to afford their medication, they either might not take their medication or they might split their dose or break their dose into smaller bit.
So maybe if they're prescribed one 500 milligram pill to take daily, but they can't afford that, they might cut it in half and only take 250 milligrams daily.
That lower dose of medication is not going to have its desired effect so we need to talk with the patient and see if maybe they can get a generic brand of medication or switch them to a different brand of to a different medication that is cheaper and would give them some effect and would also help with their condition.
It's also important to, as a nurse, to help identify different barriers to a patients adherence to their healthcare plan before discharge.
And this again, is cultural practices, dietary habits, and ability to pay.
Because the nurse is so has so much time interacting with the patient at the bedside, and they do have that historically umm, trusted profession behind title behind them.
The bed signers is often able to catch some of these barriers.
While if they encourage the patient to, if they empower that patient to express their healthcare preferences and let them know that, hey, we are on a full team and the patient is part of that team, not just the recipient of this care plan, they have the ability to talk and make changes as well and make it a plan that truly works for them and the resources that they have.

So going into some of my most memorable experiences and lessons, well, first of all, just be the people that I met along the way.
I know this sounds a little bit cliche, but this whole project did give me exposure to new ideas and different cultural viewpoints.
I made some incredible friends both during my time studying about Barranquilla Colombia with the with the Universidad del Norte nursing students that were in my group and then with my study abroad Buddy, I exchanged buddy that I had in Osnabruck Germany.
My second most memorable experience was adjusting health promotion teacher teaching for individuals to what's realistic based off their current resources.
So again, this plays into Community assessment before project implementation, but I remember because when we studied abroad we were split up into our big study abroad.
Group was split up into multiple project groups, so my group specifically focused on mental health, but there were some other groups that focused on cardiovascular health and.
Communicable diseases such as hand wash, you know, printing the spread of communicable diseases and measures such as hand washing and healthy diet.
And for those groups, I remember hearing them talk about their reflection, and they ran into a lot of roadblocks for some of the communities that we saw in rural that in Kiev because some of these patients, they knew the healthcare teaching of the importance of brushing their teeth twice a day or the importance of eating a healthy diet or washing your hands.
But these individuals didn't have access to it.
They didn't always have access to running water in their homes or for some patient or for some individuals, they're only meal in a day, was a piece of bread and a piece of bread and some water.
And for hand washing, there was a Constant blame on the patient or in the individual and the community for not always hand washing or brushing their teeth.
But it's difficult for these individuals to do that if they don't have consistent access to water.
So these groups, out of observed had to change their teaching strategy to try to brush your teeth once a day or brush your teeth whenever you have access to water.
If you have running water, if you don't have running water at home but you have running water at school, make sure you wash your hands at school and before you go home.
Uh, make sure you limit the amount of sugar that you are consuming.
If you're not able to brush your teeth, is often to prevent dental caries of and that's super important because often with teaching we want to preach this.
Umm this perfect ideal of how individuals can improve their health.
But if resources aren't available to these patients to implement these practices, then that can lead patients to feel overlooked and have either a distrust because they feel

the system's not listening to them, or just feel discouraged of why should I even do the best I can here if I can't fulfill this practice with the resources I have?
So it's really important to just meet the patient where they are and help them promote their own health and well being with the resources that are available to them and making the best of what they have.
And then the third major experience, slash lesson that I had is kind of learning about some of the benefits and the shortcomings of the American healthcare system versus healthcare systems abroad.
Again, I focus on that Barranquilla and Osnabruck specifically for healthcare systems.
So some of the major shortcomings of the American healthcare system is that it is expensive.
It's very there's a mix of public and private payer health insurance for all three countries, but the American healthcare system specifically is very expensive for the average patient and there are high deductibles that often come with this insurance as well.
Insurance coverage between public and private insurance plans are very complex.
And then our American healthcare system is very, although we do have an incredible, incredibly strong healthcare system with a lot of research and the highest new age technology. A big shortcoming of our healthcare system is that we're a very reactive system. Not a proactive system. The American healthcare system is a very reactive system, so we're really great at treating patients when they have a heart attack or when they have a stroke and rehabilitating these patients.
But we're not so great in the public health sector of what could we have done 10, 20, or 30 years prior to patients presenting to the emergency room with these advanced chronic conditions.

Many of these acute complications of chronic disease can be managed by early intervention to manage the hypertension or dietary practices? Possible management of that hypercholesterolemia that some of these patients have had that could lead to those types of conditions. And I think that's something that I've seen abroad, especially in Barranquilla, that has such a public health focus as a shortcoming of the American healthcare system. Because not only is primary and secondary prevention strategies cheaper for the government to fund, but also allows for better health outcomes long term because having a reactive, mainly tertiary treatment focus system is very costly and very expensive.

But some of the benefits that I have seen in the American healthcare system versus some healthcare systems abroad is again we have a strong emphasis on infection control in our American system abroad. Not all countries use gloves or the amount of disposable equipment in the medical setting that the United States does and the United States practices healthcare with a very strong emphasis on infection control in the clinical setting, which leads to lower spread of infections in the United States versus

abroad. We do have some of the best technology in the world to help patients who are sick and to help rehabilitate patients.

In the United States, our healthcare system is very unique because we do have that multidisciplinary team, especially in our context of advanced practice nurse practitioners and physicians assistants and in many areas around the world.
I saw this in both Germany about and Colombia, they have the role of the bedside nurse and the provider, I mean along with other members of the team too, such as physical therapy. But in the focus between nursing and the medical team, you were a bedside nurse or you were a doctor, whereas in the US since we have such a provider shortage, we have a lot of opportunities for nurses to move into advanced practice when they can take on a provider role or physicians assistants to take on a provider role too, and help fill that provider shortage in the United States and that is something that you don't see, internationally between nursing and medical practice.

So, in conclusion, connecting my experience to global citizenship, this experience allowed me to engage with individuals who are members of the Tampa Bay community and individuals who are a member of different communities around the world. As a global citizen, it's important to work to make a difference in your community, both locally and globally, and it's also important to gain awareness about. It was also important for me to gain awareness about my place in the global community and to connect with individuals from diverse backgrounds to explore and work towards understanding different global perspectives.
And that is it for my presentation.

Thank you for watching and feel free to scroll through more specific details of what I've learned on my E portfolio website.

Rachel Kline stopped transcription