GLOBAL NURSING
Fellowship 2017

DEADLINE TO APPLY (to start on July 1, 2017)
January 31, 2017

ONLINE APPLICATION FORM
http://tiny.cc/globalnursing
The Department of Nursing’s Global Nursing Fellowship is a unique two-year fellowship open to nurses currently employed at Boston Children’s Hospital.

The fellowship provides structure, funding and protected time for nurses to develop leadership skills and expand professional nursing experience through the development, implementation and evaluation of high-quality, high-impact global health projects. Fellows have the opportunity for clinical training in low resource settings, and experiential learning in the development, management and evaluation of programs and projects to improve child health and promote quality nursing care in resource limited settings.

Administrative and financial support is provided by the BCH Global Health Program.

Boston Children’s Global Nursing Fellowship Goals:

- Promote BCH strategic priorities worldwide in the provision of clinical care, quality improvement, research partnership, education and advocacy
- Reduce the burden of pediatric disease worldwide through excellence in nursing care
- Provide a model for professional pediatric nursing worldwide
- Actively participate in global health initiatives at BCH and in the local area
- Establish partnerships with global nursing leaders at neighboring academic institutions
- Provide a forum to foster GH opportunities for BCH nurses
- Ensure nursing representation and participation on committees, educational forums, and other initiatives related to BCH Global Health
- Develop a sustainable framework for measuring nursing outcomes at partner sites
HOW TO APPLY

Application Form
Deadline to Apply: January 31, 2017
Applications are being accepted now through our online form:
http://tiny.cc/globalnursing

In addition to the application form, the following documents are required:

- Curriculum Vitae
- Personal Statement
- Letters of Recommendation (3)
- Current Nursing License

Timeline
January 31, 2017
Application Deadline
February 2017
Interviews
March 2017
Selection
July 1, 2017
Fellowship Start Date

Requirements
We welcome candidates with interests in:

- Collaborative learning, teaching and mentorship
- Commitment to the improvement of pediatric health in all settings
- Community outreach, primary care, hospital based tertiary care
- Social justice

The ideal candidate would have the following qualifications:

- Boston Children’s nurse with good employment standing
- Current nursing license
- Sound pediatric nursing clinical skills and knowledge
- Demonstrated success in leading initiatives which promote quality pediatric nursing care and optimal pediatric health outcomes
- Strong desire to build experience in health care delivery in resource limited settings.
- Experience in teaching and mentoring nurses and clinicians; knowledge in program planning, monitoring and evaluation at the local, national or global level
Clinical Skills Week

The Global Pediatric Clinical Skills Week is an annual course which provides an overview of key topics to help pediatric clinicians prepare for clinical work in resource limited settings.

Ultrasound Course
• an interactive didactic & hands-on course exposing learners to a range of point-of-care ultrasound applications including FAST, cardiac, lung, and vascular access

Helping Babies Breathe (HBB)
• an evidence-based simulation course of the American Academy of Pediatrics, to teach neonatal resuscitation techniques in resource-limited areas
• the objective of HBB is for learners to train birth attendants in developing countries in the skills of newborn resuscitation

Clinical Core Topics in Global Health
• didactic lectures on the core clinical topics for preparation for clinical work in resource-limited settings; previous topics include: parasites, malnutrition, TB, newborn care, malaria, IMCI, HIV

Lab & Pharmacy Skills Course
• hands-on course on useful clinical skills such as administration of IV medications and fluids, and a review of basic laboratory skills (slide & smear prep, interpretation)

Trauma, Emergencies & Sedation Course
• a simulation based course providing an overview of the initial organized approach to trauma in resource-limited settings, placement of pigtail catheters and surgical thoracostomy tubes, and procedural sedation in resource-limited settings

Seminar Series

The Global Health Seminar Series is a biweekly didactic lecture that highlights work by faculty from BCH and beyond who are working effectively in global health with a goal to harness knowledge and experiences of professionals who have worked extensively in the field.

The interdisciplinary nature of this curriculum stretches learners to consider how different roles of providing health care may be met in different settings, and broadens the scope of solutions that learners may consider. In addition we draw from implementation sciences to highlight effective projects in quality improvement, research, advocacy and education in resource limited settings.

Fellows’ Seminars

The Global Fellows’ Seminars are a monthly interdisciplinary educational series focused on competencies of advocacy and communication, effective medical education, ethics and conducting research in global health.

These seminars are offered exclusively to BCH GH fellows engaged in longitudinal work in global health, to assist them in building skills in capacity strengthening, collaboration, and partnership specifically in the context of their ongoing global health projects.
Research Day

The Global Health Research Day is an annual conference devoted to helping fellows and junior faculty gain skills and knowledge necessary to conduct global health research.

Topics from previous years include:

Developing Data Management Systems

The Ethical Conduct of GH Research: IRB concerns & hurdles

Building Relationships with Partners

Approaches to Grant Revenue

Teaching Opportunities

Helping Babies Breathe
Global Nursing Fellows, after completing HBB training, lead HBB training courses at BCH and abroad

GH Nursing Skills Course
Global Nursing Fellows have the opportunity to lead a session during the annual Clinical Skills Week; previous topics include: skin & wound care, lines & tubes, and vascular access assessment and management
LEADERSHIP

Fellowship Director

Lisa Morrissey, MPH, MSN, RN, CPHON
Nurse Leader, Dana-Farber/Boston Children’s Cancer and Blood Disorders Center

Lisa Morrissey is a nurse leader in Dana-Farber/Boston Children’s Hospital Cancer and Blood Disorders Center, and is the director of the BCH Global Health Nursing Fellowship in Health Care Delivery. She holds a MSN in Nursing Administration from Northeastern University, and a MPH in Healthcare Management from Harvard School of Public Health. Along with her role as nurse manager of Inpatient Hematology/Oncology/Research, Lisa is active in the DF/BCH Pediatric Global Health Initiative, and has lead programs to promote pediatric oncology nursing expertise in resource-limited areas including the Dominican Republic, Myanmar, Central America, Tanzania, and Colombia.

Faculty

Michelle Niescierenko, MD, MPH
Pediatric Emergency Medicine Attending & Director, Global Health Program, Boston Children’s Hospital; Instructor in Pediatrics, Harvard Medical School

Michelle Niescierenko, MD is a Pediatric Emergency Medicine physician and director of the Global Health Program at Boston Children’s Hospital. The Boston Children’s Global Health Program works to improve child health globally through partnerships for clinical quality improvement, education, research and advocacy. She has experience in pediatric care and program development in China, Bolivia, Lesotho, Guatemala, Liberia and Indonesia. In Liberia she provided pediatric humanitarian aid in the immediate post-conflict setting partnering local remaining infrastructure to US academic institutions. Through these partnerships, sustainable programs for health system rebuilding including physician education and care for vulnerable children were developed. Her particular areas of research interest are in the provision of emergency care for children in humanitarian settings, the development of emergency care systems for children as well as the role of children in humanitarian crises.

(L to R): Lisa Morrissey, Alexis Schmid, Marilyn Moonan, Beverly Small, Kathryn Barrandon, Michele Morin, Colleen Nixon, Patricia Hickey, & Michelle Niescierenko
Marcie Brostoff, MS, RN, NE-BC
Associate Chief Nurse/Vice President, Clinical Education/Informatics/Quality and Professional Practice & Chief Nurse Informatics Officer, Boston Children’s Hospital

Marcie Brostoff is the Associate Chief Nurse/Vice President of Clinical Education/Informatics/Quality and Professional Practice. She works to transform pediatric nursing policy and practice through education and professional development as a teacher, mentor and leader. Marcie provides strategic and operational clinical leadership in the selection, development, deployment, re-engineering and evaluation of technology, education and professional development of clinical staff.

Patricia A. Hickey, PhD, MBA, RN, FAAN
Vice President, Cardiovascular and Critical Care Services & Associate Chief Nursing Officer, Boston Children’s Hospital; Assistant Professor of Pediatrics, Harvard Medical School

Dr. Hickey, Assistant Professor of Pediatrics at Harvard Medical School, is known internationally for her work in leadership development, patient safety, and bridging nursing practice and health policy. She has disseminated cutting edge nursing knowledge in more than 100 publications and hundreds of presentations at national and international symposia. As the nursing director of OPENPediatrics, she leads the Nursing World Shared Practice Forum, which highlights the science and practice of pediatric nurse scientists across the world. She is also a founding board member of a non-profit organization for pediatric healthcare in Guatemala. The greatest impact of her contributions to pediatric global health has been in pediatric leadership at the international level, in particular in China, through 25 years of senior volunteer work with Project HOPE. Dr. Hickey collaboratively leads the International Quality Improvement Collaborative for Reducing Pediatric Mortality in the Developing World, which includes leveraging internet technology to educate clinicians in 39 centers across resource-limited countries. To date, this collaborative has educated more than 1,000 physicians and nurses across the world.

Laura J. Wood, DNP, MS, RN
Senior Vice President, Patient Care Operations & Chief Nursing Officer, Sporing Carpenter Chair for Nursing, Boston Children’s Hospital

Laura J. Wood, DNP, MS, RN is the Senior Vice President of Patient Care Services and Chief Nursing Officer at Boston Children’s Hospital with the responsibility for nursing and interprofessional clinical practice, research, and education in service to over 4,000 nurses, clinicians, and support team members throughout the Boston Children’s Hospital system of care. Dr. Wood previously held progressive roles in pediatric healthcare, and industry settings including The Johns Hopkins Children’s Center, The Children’s Hospital of Philadelphia, The University of Pennsylvania Health System, and Siemens Healthcare. She possesses a deep commitment to the professional practice environment of front-line nurses and teams that deliver care to children, families, and communities. Her nursing executive practice and leadership focuses on the creation of environments of care with associated outcomes to support healthy work environments, workforce planning, diversity/cultural competency, patient/employee safety and quality, patient/family experience, and technology-enabled care delivery innovation. In 2013, Dr. Wood was named as the first incumbent and principal investigator of the Sporing Carpenter Chair for Nursing, the first endowed Chair within the Harvard-affiliated academic system with funding to advance outcomes via clinical inquiry, leadership development and innovation directed through nurses and interprofessional team members.
Marilyn Moonan, MSN, RN, CPN  
Clinical Nurse Educator, Surgical Programs, Boston Children’s Hospital

Throughout her 26-year career at BCH, Marilyn has been a leader in promoting nursing education. She is a Clinical Nurse Educator for BCH Surgical Programs and a longtime clinical instructor in the Simmons College of Nursing. Marilyn earned an MSN in Nursing Education from Drexel University and a BA in education from Boston College. She completed the BCH Nursing Research Fellowship, focusing on healthy work environments.

Marilyn became involved in global health nursing in 2000 through Operation Smile. She has traveled to Peru, Paraguay, Thailand, Vietnam, India, Kenya, Morocco, Madagascar, Ethiopia and the Philippines as a pre/post op nurse for children receiving cleft lip & palate surgeries. Her leadership and expertise guided nursing education and mentoring initiatives in these resource limited settings.

During Marilyn’s Global Nursing Fellowship, she established a relationship with nurses program in Yangon, Myanmar to guide and support nurses with educational initiatives that will improve nursing practice, clinical skill and patient outcomes. During her fellowship visits, Marilyn went to Yangon Children’s Hospital in Yangon, Myanmar, on several week-long education and capacity building mission. Working with oncology nurses, she conducted on-site training for staff and continued to build a strong partnership, working to advocate for change in the nursing care provided to children with cancer and their families. Marilyn hopes to mentor nurses internationally by cultivating a learning environment that promotes collaboration and professional nursing practice. She also traveled to Ghana in a collaboration trip with other global nursing fellows.
Alexis Schmid, MS, RN, CPNP, CPEN, CCRN  
*Staff Nurse II, Emergency Department, Boston Children’s Hospital*

Alexis is a pediatric nurse practitioner who earned her degree at Northeastern University, where she is currently enrolled in the Doctorate of Nursing Practice program. Alexis’ nursing expertise is in emergency medicine and critical care; she worked as a PNP in the MSICU, and is currently a PNP on the International Medical Service and a clinical nurse leader in the BCH Emergency Department. Alexis is a nurse on the MA-1 Disaster Medical Assistance Team (DMAT) in the National Disaster Medical System (NDMS) in the US Department of Health and Human Services (HHS).

Alexis’ passion for global health was galvanized after deploying to Haiti following the earthquake in 2010. She has since returned to Haiti and has continued her work in high acuity, low resource settings throughout the BCH nursing fellowship. She hopes to develop her skills in advocating for the underserved through education and fieldwork, with a special interest in disaster relief.

Alexis is worked with team of critical care nurses to develop a comprehensive, national pediatric and neonatal critical care education curriculum for nurses, taught at Haiti’s largest hospital, the University Hospital of Mirebalais. The course aims to improve the outcomes of the critically ill child by improving nurse capacity to provide quality care. This curriculum is part of an effort with Partners in Health and the Haitian Health Care Ministry to establish a network of hospitals around Haiti with skilled nurses in pediatric and neonatal critical care. Thus far, 44 nurses from 10 hospitals from around the country have successfully completed the course. The second cohort began in November 2016, with previous students now teaching the course with BCH mentorship. All graduated students are teaching at their local institutions in the effort to decrease the rate of infant and child mortality.

Alexis is an active researcher in the field of pediatric global health and has lectured internationally on topics of pediatric critical care and emergency medicine.

Beverly Small, RN, CCRN  
*Staff Nurse III, Cardiac Intensive Care Unit, Boston Children’s Hospital*

Beverly Small is a Staff Nurse III in the Cardiac Intensive Care Unit. Throughout her 32-year career at BCH, Bev’s nursing leadership has enriched several initiatives to improve pediatric healthcare locally, nationally and internationally. She played a key role in projects such as the Clinical Expansion Committee, creating Huddles for the CICU, and in the annual Nursing Education Day.

Beverly’s global health work includes cardiac surgical missions to Nicaragua and Ghana, where a BCH team performed the first pediatric open heart surgery in West Africa, subsequently operating on over 100 critically ill children and evaluating more than 1000 children with cardiac disease. Beverly’s nursing expertise helped to establish best practices in this program through 1-on-1 mentoring and modeling advanced processes and professional communication skills. She plans to continue the expansion of cardiac surgical and intensive care nursing education for the staff at Komfo Anokye Hospital in Kumasi, Ghana. Her desire is to continue to lead the nursing education program so they can realize its goal of performing its first independent pediatric cardiovascular surgical procedure in Kumasi.
Kathryn Barrandon, BSN, MPH, RN, CPN  
Staff Nurse II, Inpatient Medicine, Boston Children’s Hospital

Katie has worked on 9East for the past five years. She is also a Nursing Science Fellow, focused on improving care for BCH’s diverse patient population. Katie received her Master in Public Health from Boston University with a concentration in Global Health. She subsequently worked as the Community Health Education Coordinator with the American Refugee Committee in refugee camps on the Thai Burmese border. After returning to the US, she received her nursing degree from MGH Institute of Health Professions, with the goal of combining her skills in program development with hands-on clinical expertise.

Through the Global Health Nursing Fellowship, Katie and Michele are working with an organization in rural Rwanda supporting orphans and vulnerable youth. Many of these kids are living with chronic diseases such as HIV/AIDS and have lived through traumatic events. The project priorities include developing standard operating procedures to guide the work of the clinic, developing curricula for both in-clinic staff as well as outside caregivers in the wider community, and improving physical and mental health screening to ensure that kids receive the care and resources that they need. The goal of this partnership is to improve the capacity of local providers to sustainably support the health and development of children.
Michele Morin RN, MSN, CPEN  
*Clinical Nurse Specialist, Emergency Services, Boston Children’s Hospital*

Michele received her Master’s in Nursing from Northeastern University. Michele has assumed many emergency nursing roles over the last twenty years here at Children’s, such as staff nurse, clinical nurse specialist and nurse manager. She has been involved in many projects around the globe representing Children’s. She is very interested in outcomes and is committed to helping with those outcomes. She has been an active member of the Disaster Medical Team (MA-1 DMAT) for 18 years. Michele has provided medical care to large number of patients in austere environments. Through the Global Health Nursing Fellowship, she has partnered with two sites, one being in rural Rwanda and the other one is at a pediatric emergency department in a community hospital in Ghana. The goal of both placements is to improve the care of the patients, support the clinical staff, and continue to educate.

Colleen Nixon, MSN, RN, CPHON  
*Pediatric Hematology/Oncology Clinical Educator, Dana-Farber/Boston Children’s Cancer and Blood Disorders Center*

Colleen is the Pediatric Hematology/Oncology Clinical Educator at Boston Children’s Hospital and Dana Farber Cancer Institute. With over 30 years of experience, Colleen has provided pediatric oncology education to nurses in Egypt, Mexico, Myanmar, Tanzania and Thailand. As a 2016 global nurse fellow, Colleen plans to work with clinicians and educators in Tanzania to develop a pediatric oncology nursing curriculum at the university in Dar es Salaam.
STORIES FROM THE FIELD

PROMOTING NURSING CARE IN SOUTHERN MYANMAR

Marilyn Moonan, MSN, RN, CPN

As I walked into the inpatient pediatric oncology waiting area at Yangon Children’s Hospital—a relatively modern, well-equipped hospital in Yangon, Myanmar—a beautiful young woman approached me. She was holding her son, a 15-month-old boy who had Down syndrome. In English, she repeatedly sobbed, “Please help me.”

An interpreter explained that she and her husband were farmers from rural northern Myanmar (more than 700 miles from Yangon, an urban area of more than 5,000,000 people) and that recently their son had not wanted to breast feed, had been sleeping a lot and had developed lumps in his neck. They had previously traveled to Thailand, where their son was diagnosed with acute lymphoblastic leukemia (ALL). The parents had sold their farm to travel to Yangon so their son could receive chemotherapy.

I smiled and put my arm around her but could not think of what to say that would give her comfort. It was my first day at Yangon Children’s and my first experience in my yearlong global health nursing fellowship with Boston Children’s Hospital’s Global Health Program. With this single chance meeting in the waiting area, it took all of 15 minutes for me to begin to understand the challenges that families and medical staff in Myanmar face in providing quality, consistent health care.

The challenges of care
Normally, I’m the educational coordinator for Boston Children’s surgical programs. But in June 2015, my colleague Lisa Morrissey and I traveled 28 hours on three flights for a unique opportunity: to be catalysts for positive change in the nursing care provided to families and children in a region of the world where so many factors complicate that being achieved with any regularity.

There are many distinct health care system challenges in Myanmar. The nation allocates only 2 percent of its GDP to health care, the lowest amount in all of Southeast Asia. Nursing is task-oriented, and nurses are only paid approximately $100 per month. Nurses are not specifically trained for pediatric oncology and rotate throughout the hospital every six months. One nurse and one resident are together responsible for a ward of as many as 50 pediatric oncology patients at night.

Despite these challenges, the nurses we worked with were extremely caring and clinically competent. They were thirsting for knowledge and enjoyed learning about any topic that we presented.
Forces of nature

My visit to Yangon lasted just over a week. I checked in on mom and baby each day that I was in the hospital. The baby had responded well to the treatments. I found out that the mom had taken on the role of comforting other mothers with children on the unit, often carrying their babies through the unit while hers slept, so they would have some relief.

I saw her one more time when it was time for me to fly home. We exchanged smiles, hugs and well wishes, but there was finality in our goodbyes. I knew there was little if any chance that our paths would ever cross again. There was no way that we could stay in touch; she did not have access to or the Internet in her remote village.

Several months after I returned home, I began hearing about devastating flooding in northern and other areas of Myanmar. Nurses that we had met in Yangon shared horrifying photographs: a dead infant floating in a flooded village; a toddler chest deep in mud, holding a dead, mud-covered snake. More than 100 people died, and thousands were displaced as mudslides wiped away their homes. Water sources were contaminated, power sources were cut, and roads and bridges were washed out. I thought about that beautiful family and wondered if they had escaped the fury of Mother Nature.

I also wondered about the storms’ effects on the oncology patients I’d met. How do they maintain their fluids when their water was contaminated? How do they avoid infection? How can they possibly even think about making it to a follow-up appointment? The overall rate of oncology treatment abandonment in Myanmar is thought to be about 25 percent. I am sure that this year’s extreme flooding only exacerbated the problem.

The Myanmar government will hold elections in November 2015, and many wonder if there will be a change in how the Ministry of Health approaches health care. As we continue our work in Myanmar, we hope to continue building strong partnerships with inter-professional teams at Yangon Children’s, working for sustainable change and knowledge transfer.
There were many skeptics who said we couldn’t create a self-sustaining pediatric cardiac surgery program in West Africa. But after eight missions to Kumasi, Ghana, our team’s goal was fulfilled.

Along the way, we faced numerous challenges.

For starters, when our initiative — called Hearts and Minds of Ghana — launched back in 2008, clinicians in Ghana had never seen open-heart surgery in children. (We were the first team to successfully conduct pediatric open-heart surgery in West Africa). In the beginning, Ghanaians asked what was going on and questioned the promises we made. They wondered, were we actually going to help? Would we come back?

When we first saw the facility, it had bare concrete walls and no screens on the windows; you couldn’t open them or flies would come in. There were also intermittent power outages. How do you create an operating suite and care for these children when the power might go out at any moment?

In 2014, we had to delay our mission a year due to the Ebola epidemic. But while we were gone, a surgeon we had helped train, Isaac Okyere, MD, returned to the clinic and began performing simple heart surgeries! Another doctor also returned and opened a six-bed Pediatric Intensive Care Unit (PICU). We are excited with the progress and commitment of these local community members, who will maintain and grow the program over time.

In November 2015, Hearts and Minds of Ghana performed surgery on our 100th child, and to date we have operated on 112 children. In addition to the surgeries, we have evaluated over 1,000 children, giving diagnoses and answers to families who didn’t quite know what was wrong with their child.

On our last trip, we left much of our equipment at the center, so the local care team can continue with surgery and running the PICU. A computer was also donated to the PICU for the nurses to view Open Pediatrics and other medical education resources.
Looking ahead
In April 2016, a group of medical personal will return to Kumasi to continue teaching and working in the PICU, the NICU, Pediatric Emergency Medicine and Pediatric Oncology. We will focus on patient safety, low-tech simulator training and nursing empowerment. We’ll also be building a six-seat swing set for the hospital daycare center.

Now, instead of asking whether we’ll keep our promises, people in Ghana ask the team, “When will you be back?,” “How can I get my child on your list?” and “Can you promise to operate on her next year?”

Francis Fynn Thompson, MD, Hearts and Minds’s lead cardiac surgeon, is from Ghana and still has family there. He believes in giving back to the people of his home country and wanted to train local doctors and nurses with the clinical and technical skills necessary to continue caring for the children after each mission.

Fynn-Thompson loves soccer, and on the first mission he started a tradition of giving each child he treated a soccer ball at the end of the trip.

This year, instead of presenting the gifts himself, he gave the first ball to Okyere, signifying that the program really was his now.

That was the first moment when we said as a team, “We did it! We’ve made this program and made it sustainable, and now we’re turning it over to the local team.”
Haiti has long suffered from poverty, lack of educational opportunities, corruption and political instability. In 2010, a 7.0 magnitude earthquake struck the nation, killing a quarter of a million people. Addressing the country’s dire health care needs and training Haitians in the medical field will help lay a foundation upon which Haiti can build better than before. In the poorest communities, one of every five children dies before reaching age 5. The UN has described the human rights situation in Haiti as “catastrophic”: no sewers/open canal system, no universal running water, and malnutrition a concern country-wide.

A group of BCH nurses decided to roll up their sleeves to see how we could make sustainable progress towards decreasing infant and child mortality. In July 2015, Michelle LaBrecque (NICU CNS), Anna Gluckman (MSICU Nurse), Meri Clare (MICU nurse) and I spearheaded the effort to partner with a NGO, Partners In Health, to create a national training curriculum to prepare nurses to take care of critically ill neonatal and pediatric patients. We wrote a 24 week course, designed to guide nurses from novice to competent, each week focusing on a different body system. Nurse scholars were carefully selected to be the vanguards in pediatric critical care; 26 nurses were selected for the neonatal track, 22 nurses for the pediatric course for a total of 52 nurses representing 11 hospitals from around the country. Each week, nurses attending the course had one eight hour in class day, taught by a volunteer BCH nurse, and one 5 hour mentoring session at the bedside, where they were precepted at a 2:1 or 3:1 ratio by a BCH nurse who could expertly help them transition classroom knowledge into best practice patient care.
41 nurses, 1 pharmacist, 1 physician, and 1 project coordinator from BCH were involved in the on site project. Nurses from the emergency department, medical intensive care, medical/surgical intensive care, and the neonatal ICU travelled to teach the course. The involvement of these clinicians was tremendous: on site, a total of 2400 hours were spent directly teaching and mentoring. Broken down, 960 hours were spent doing direct lecture and 1200 clinical hours were spent precepting at the bedside. There were 240 hours spent evaluating students, debriefing, and doing signout of student’s progress from week to week.

We studied our intervention, evaluating knowledge (through written exams), skills (via checklists of best practice methods of identified procedures) and attitudes (assessing confidence and empowerment) of the nursing students pre-and post our course intervention. Every student was evaluated in specific skills competencies at the bedside: medication administration, head to toe exam, respiratory exam and interventions, infection control, pain assessment, and fluid/electrolyte/nutrition assessment and management. To study improvement in attitudes towards their profession pre vs. post intervention, 1:1 interviews were completed with each nurse by study staff before and after the course started. Data is currently being analyzed, but I’m happy to report that every student who completed all 24 weeks of the curriculum passed the course. By the end of the course, nurses were recognizing children whose status was worsening, choosing the right intervention and reassessing in a timely fashion – they were saving lives that, until recently, may have been lost. Currently, all of the nurses are passing on their newly gained knowledge at their home institutions, as well as taking the lead in teaching the next cohort of scholars with mentoring from the BCH project leads.