Reaching My Peers: Virtual and Abroad Service Learning

Paisly Symenuk

University of Alberta

As I sit at my computer, reflecting upon my final service-learning experience in my undergraduate degree, I have no internet connection, no cellphone, and no close friends or family within 14,000 kilometers of me, and yet, I feel more connected than ever. I am in Senanga, a small but lively town that sits on the bank of the Zambezi River in the Western province of Zambia. Two white egrets sit on the shore, as small wooden boats travel to and from the local market to collect groceries for the week. This includes going upstream with multiple 25 kilogram bags of maize, better known as “millie mill,” which will be made into the local favorite, nshima. Here is where I completed my final service-learning component just days ago. Here, and all around the world.

Next year, along with my Bachelor of Science in Honor’s Nursing and a certificate in International Learning, I will also graduate with a certificate in Community Engagement and Service-Learning. For my final course, in partial requirement for this certificate, I was able to combine my passion for global health into the framework and approach of community service learning through the development of my own independent study course: Advanced Perspectives on Global Health. The office of Community Service Learning at my institution offers this type of course to allow students the opportunity to study a new area or context. This course can be supervised by any willing professor, and involves a service component alongside the course content. The readings I chose for this course span topics that are currently pertinent in global health or areas that I have not had the opportunity to explore in my previous courses. For the service portion, I chose to work with my student and novice nurse peers from around the world to develop the first-ever global peer mentorship program targeting this population specifically.

My first readings in service learning were from Butin (2010) nearly five years ago, but the same outlook still rings true for me in the conception of this course: that those being served should be involved in how the service is being completed. Often, there is a perceived or innate power difference between those serving and those on the receiving end. Therefore, I endeavored to complete the service component for a community that I am a part of. I wanted to work with my peers to create something that will enable us to not only become better nurses, but better global citizens. In this project, I saw myself as both the served and the serving. I also see those who have engaged virtually or in person as serving and also being served. They have aided in the creation of a program for a community they are a part of and also have access to the benefits that this program will offer. This program aims to create what Geertz (1973) describes as webs of meaning, to bring meaning to who we are as individuals within a local and international context through interaction with our peers.

As it stands, there was no platform for student or novice nurses to communicate, partner, or learn from each other. As the largest group of healthcare workers worldwide (and arguably the most important, but I may be a little bit biased), it is imperative, early in our careers, that we engage across borders if we have any chance of tackling some of the biggest and most complex global health issues that have no respect for national boundaries. I have been very privileged to be able to travel during my past five years in university. What motivates me most to continue in the area of global health is meeting people that are just like me: people my age, who are passionate about health, who love to learn from people in different cultures, and who ultimately
want to make a difference on this planet. It is easy to see that traveling to other countries is not possible for everyone, and unfortunately never will be. However, I thought to myself, why should the ability to travel be the barrier that inhibits future and young nurses from interacting with each other? This interaction should be viewed as imperative for the future of our profession in a globalized world. We have innovative, free technology in almost every corner of the world, including some of the most remote regions, where cell phones are used in everyday life. Why can’t students and novice nurses use the same technology to communicate and learn from one another? The answer is that we can and we must, and the service-component of this course serves to use technology to connect peers around the world.

I have developed a deep appreciation for the idea that education does not need to have a traditional teacher-student hierarchical format. Through my last five years of education, the framework for knowledge transfer is rooted in the teacher-student, giver-receiver transfer of knowledge. Freire (1994) and Butin (2010) describe the idea that community-service learning has the ability to disturb this power imbalanced transfer and challenge hegemonic norms of who are the holders, givers, and creators of knowledge. Peer mentorship enables those who have similar levels of education to have a reciprocal relationship whereby both members of the dyad are teachers and students at the same time, both recognized for their unique insight and knowledge that we encourage they share through this program.

The service portion of this course is what I will reflect on in this paper. It can be split into three different components: a virtual component, an abroad component, and a module development.

**Virtual Component**

As I set off to begin the development of a global peer mentorship program, I was in Edmonton, in my third year of nursing, on placement at a large tertiary care facility in thoracic surgery. This setting did not exactly allow me the privilege of traveling to gain insight and input from my peers around the world (nor does a student budget for that matter). Having extensive experience attending nursing conferences, I am fortunate to have a large network of student and novice nurses to reach out to for input. After creating a survey using GoogleForms, a free web program that allows multiple formats of questions, I shared this survey through my social media accounts while encouraging my peers to do the same. Social media is a means that allows for instant snowballing of surveys via “sharing” functions, and this served our survey very well. Within eight days, there were 91 student and novice nurse respondents from 16 different countries and 30 different nursing educational institutions represented. Being able to receive input from a vast number of students from around the world through this survey was successful. Through this survey, I was able to gather crucial information about accessibility, level of interest, background, means of communication—including language and platform and preferred program structure—and many other areas. Some of the challenges faced with this survey were that the majority of students were Canadian student or novice nurses. A limitation, that I am sure hindered the participation of an even more diverse sample, is that this survey was only available in English. This sample also is reflective of my social media network—student and novice nurses from Canada made up the majority of participants.
Abroad Component

Last May, I was fortunate to participate in an interdisciplinary health course in Zambia, through the school of public health at the University of Alberta. Through this, I connected with a nursing school in the Western Province of Zambia called Senanga School of Nursing and students from the University of Zambia. The Senanga School of Nursing just opened in the fall of 2015, and is serving a huge need in this area that has been burdened with an extreme lack of health care workers.

Between April and May 2016, I was privileged to engage with nursing students that are attending nursing institutions in Zambia. This was an incredible opportunity to meet with some of my peers from across the world, to learn from them, to hear their stories, and appreciate what they are passionate about. These students gave incredible insights into how to make the program most accessible for them and the content they would most be interested in learning. Many of the insights that were shared were things that I would have never considered prior to our conversations, such as the size of the files that they need to download; they may have to download them via data because of the lack of consistent WiFi connection.

Module Development

The final component of the service portion of this course was the development of the global peer mentorships module, informed by class readings, the virtual survey, and the discussions abroad with my peers from Zambia. This program opened for applications in August 2016 and is hosted by the Global Association of Student and Novice Nurses (GASNN). The program will span six months, requiring two hours per month commitment and the capacity to host 20-30 student and novice nurses (10-15 pairs). The program will match participants with a peer from another country. Each month, the dyads will be sent an outline of that week with readings, important questions to look at, and a creative component. The content of this program is intended to explore areas of global health that entry-to-practice education doesn’t often cover. Some of the topics that will be covered are trade, investment and health, neglected diseases, and disaster management/mitigation. The creative component each month gives participants the opportunity to bring each other visually to their own unique contexts, related to the month’s topic. My experience in nursing is that we are not often able to enter a creative realm within our education. This component will give participants the opportunity to share media stories, podcasts, videos, and personal photos. The creative components submitted by the pairs each month will be compiled and disseminated outside the dyads to all of the participants, keeping them aware of what others are exploring through the program. At the end of the program, there will be a collaborative project the participants will work on individually and submit to the program coordinators.

Creating this module would not have been possible without my peers engaging in this process. The content, the format, and the means in which communication will occur would have been completely off base. For my final service-learning course, I am so fortunate to have been able to give something back to my community at a global level in the hope of making a small difference in the development of global citizens.

~
I would like to thank the Office of Community Service Learning at the University of Alberta—without CSL, I would never be graduating in a few short months. To Dr. Sylvia Barton, thank you for your continual support in all of my global health endeavors.
References

