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# Framework for Collaborative Teaching: Strengths and Challenges for a Different Service Paradigm in Haiti

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## Abstract

Nursing education in Haiti is in transition. This article describes the teaching/learning experiences of participants in a nursing educational project in Haiti. The project was guided by an integrative framework of the educational collaborative model, constructivism and situated learning theory. Reflections on the experiences lead to the realization of these four lessons: (a) the service provided must supplement, not negate the values and strengths of the host community; (b) it is important to provide sustainable service; (c) methods used by international educators must be respectful and relevant; and (d) international educators must be willing to engage in the identification and application of new and different strategies. This resulted in a paradigm shift which highlighted teaching as a mode of service delivery. The experience revealed service as the mutual giving and receiving of resources and expertise.

**Keywords:** integrative model, paradigm shift, teaching, learning, international

## Introduction

Nurses in Haiti traditionally have been educated within the framework which is based on the Nightingale model. This model emphasizes a vocational and apprenticeship-like perspective at the nursing diploma level. The education consists of intermittent lectures by physicians and nursing skills labs taught by graduates of the same or similar vocational/apprenticeship-like programs. The World Health organization (2009) and the International Council of Nursing have asserted that patients' health outcomes are positively affected when nurses' educational level and practice skills are strengthened (Blegen, Goode, Park, Vaughn, & Spetz, 2013; Weinberg, 2012). In response to this, nursing education in Haiti has been slowly transitioning from its traditional model to that of a baccalaureate level within a college or university environment.

Promoting Health in Haiti, a not-for-profit agency located in the New York metropolitan area, partnered with the University of Haiti to develop an educational program aimed at elevating nursing education from an apprentice model to college-based baccalaureate and master's programs. In the summer of 2016, as the curriculum implementation got underway, two faculty members from Molloy College volunteered to collaboratively teach an advanced nursing research and scholarly writing course to a group of nurses in Haiti. The purpose of this research was to describe the teaching and learning experiences of the two instructors, 20 Haitian nurses, and the

translator who participated in the project. Highlights of the teaching/learning principle which underpinned the instructional strategies, challenges, and successes of the experiences are described. The project was guided by an integration of the collaboration framework, with the theories of constructivism and situated learning threaded throughout.

### ***Healthcare in Haiti***

Haiti, a country in the Caribbean, was the first island to secure its independence in 1804, a fact its citizens are very proud of. The country has suffered numerous political upheavals and natural disasters, the last of which was the 2010 earthquake. Haiti is one of the lowest resource countries in the Caribbean basin. Over 60% of the population lives below the poverty level. In addition, there is a shortage of all categories of healthcare personnel, and large segments of the population have no access to the few practicing physicians (Baumann & Bellefleur, 2011; Garfield & Berryman, 2012). Approximately 75% of primary care is rendered by transient visiting health care personnel and non-governmental organizations.

Access to the limited facilities poses an additional dilemma. In 2013, only 43% of the approximately 786 primary care facilities were rated as good regarding accessibility and 30.4% were rated as good in terms of effective service delivery (Gage et al., 2017). The researchers found that “Although about 91% of the population lived within 5 km of a primary care facility, only an estimated 23% of the entire population—including just 5% of the rural population—had access to primary care of good quality” (p. 185). It is the nurses who, by default, are the frontline healthcare providers, especially in the rural areas. The overwhelming majority of these nurses have the equivalent of a vocational education (Garfield & Berryman, 2012).

### ***Promoting Health in Haiti***

Promoting Health in Haiti is a not-for-profit organization founded by a conglomerate of doctoral nursing faculty from colleges and universities throughout the New York metropolitan area, in response to the 2010 earthquake. Today, the number of individuals and participating colleges and universities continues to grow. The organization partnered with the University of Haiti to provide culturally based nursing education to transition the diploma-educated nurses to first a baccalaureate level and then into a graduate-level program to become nurse practitioners.

### ***Characteristics of the Participants***

Participants consisted of 20 Haitian female students, two instructors, and a translator. The students were diploma-educated RNs whose nursing experience ranged from 3 to 20 years. They had recently completed the baccalaureate portion of the nursing program and were enrolled in the graduate-level nurse practitioner program. Their age ranged from the mid-20s to the mid-50s. All were fluent in Haitian Creole and French, a few were fluent in speaking and writing English, and the others had varying levels of conversational English. Both English and French versions of the written course material were available, but the students preferred to have the text in English. In addition, the students were accustomed to having classes taught by English-speaking instructors and being aided by translators.

To ensure all possible language barriers were addressed, a translator—fluent in French, Haitian Creole, and English—was available throughout the course. Born in Haiti and partially educated in Haiti and the United States, this translator resided in the United States. Her knowledge of the

languages and culture helped to bridge the communication gap between the students and the instructors.

Two English-speaking faculty members from Molloy College, an independent Catholic college located on the outskirts of New York City, volunteered for this summer project. Molloy College, rooted in the Dominican tradition of study, service, spirituality, and community, is committed to academic excellence with respect for each person and emphasizes the quest for transformative education and the development of ethical leadership (Molloy College, 2017). The two instructors, one from the School of Nursing and the other from the Division of Education, had neither taught together nor observed each other teach, prior to this project. Among the first tasks addressed were the performance of comprehensive assessments of the learning environment, assessments of their own teaching-learning needs, and the learning needs of the students (Bastable, 2014). The nursing instructor had previously worked with this group of students, but she had never engaged in collaborative teaching before. She was able to share her previous knowledge of the culture and this group of students with her peer. The education instructor was new to the students and the country and therefore had to quickly familiarize herself with the group, the culture, and the academic demands of a nursing course. This education instructor was well versed in the collaborative teaching process. She used this opportunity to share her knowledge of the theory and process of collaborative teaching with the co-teacher.

## **Method and Theoretical Perspectives**

Early in the planning stage of the project, the instructors contemplated if any one teaching/learning theory would be substantive enough to effectively guide the project and comprehensively address the needs of the participants due to the complexity of language, culture, and adult learning. A review of the literature showed Nyikos and Hashimoto (1997) applied constructivist theory to collaborative learning in teacher education. They found higher level learners welcomed having their thinking challenged, while less experienced students came to recognize their equally important roles as questioners when seeking clarification. Gieselman, Stark, and Farruggia (2000) used situated learning as the framework for teaching and learning nursing research and found that although situated learning activities were challenging in terms of time and effort, their benefits were long lasting. No articles were retrieved which showed the integration of these two theoretical perspectives with the collaborative educational approach model. A synthesis of constructivism, situated learning theory, and the collaborative education model formed the framework for the project.

### ***Constructivism***

This theory posits that individuals construct their understanding and knowledge of the world by experiencing events and reflecting on these experiences. The instructors approached the situation with the understanding that although they have the expertise regarding concepts, theories, and the process of research and writing, it was critical for the learners to construct their own knowledge based on the integration of culture, previous knowledge, and experiences with the new information (Bruner, 1996). All activities and assignments were developed and discussed from the perspective of the Haitian people, the Haitian health care system, and their culture. Students and instructors engaged in active dialogue that emphasized the students' lived-in experience (English & Mayo, 2012).

### ***Situated Learning***

This theory describes the need for varying the environments for the students and educators so they can have opportunities of creativity, teamwork, and interpersonal understanding (Lave & Wegner, 1991). For one assignment, students were asked to conduct a 45-minute non-participant observation of a public area. In this unstructured observation, the students had to describe “events and behaviors as they occurred, with no preconceived ideas of what will be seen or heard” (Nieswiadomy & Bailey, 2017, p. 191). A qualitative assignment was designed to have students conduct community assessments. One group chose to conduct interviews in a nearby neighborhood which was known for burning garbage daily at the roadside. As the students reflected and reported on the completed assignment, they indicated they habitually traveled through that neighborhood to and from work and had accepted the smoke as a usual occurrence of that area. After participating in these two activities, students reported the experience allowed them to see their community differently. This new insight then contributed to dialogue or discussions about public health and health care policies. The aim of this approach emphasized the comprehension of, and ability to transfer the learnings from these events to similar situations, rather than the retention of the content.

### ***Collaborative Approach***

The formal definition of *collaboration* is “a style for direct interaction between at least two co-equal parties voluntarily engaged in shared decision-making as they work towards a common goal” (Friend & Cook, 2007, p. 7). Effective collaboration required both instructors appreciate the demands of the experience as well as each other’s expertise. Throughout the planning stage, the characteristics and needs of the students and instructors were acknowledged. Instructional plans and teaching strategies were discussed beforehand, and debriefing and evaluation conducted at the end of each day allowed for additional tweaking. The planning and debriefing sessions allowed the instructors to share their observations and concerns, while developing strategies to enhance future lessons.

The pragmatics of this co-teaching experience demanded that the students’ individual strengths in the nursing content as well as their professional verbal language and writing skills in both French and English be addressed. The research course content was already established due to the course requirement, and the nursing instructor was familiar with the expected outcomes. However, as the education instructor prepared to address the learning outcomes of her segment of the course, scholarly writing skills, she was initially unsure of how to address and reconcile the various levels of English-language skills to the scholarly demands of the course. Assessment of language comprehension relied heavily on the translator’s skills, and during the preliminary planning, the instructors were unsure of how the translator would correlate with teaching styles. The expectation was that the third voice in the classroom would need a unique space which would make her an asset and not a distraction. As the week progressed, the instructors acknowledged the high level of professionalism, skill, and commitment of the translator (Wenger, 1999). Her presence and voice became an integral part of creating and implementing a holistic learning environment.

The collaborative teaching model encompassed five recognizable components (Friend, 2015). These five components enhanced the professional exchanges between the instructors as they created instructional plans, discussed students’ learning needs, and evaluated outcomes.

The first component was parity. Even though it was a nursing course and instructors were from different disciplines, the instructors and the translator freely discussed strategies, acknowledged

each other's suggestions, and integrated recommendations into the teaching plans. There was mutual respect and value for the individuals' experiences, skills, and dispositions. All interactions indicated that everyone was vested in the success of the students and the sustainability of the project.

Joint instructional planning was the second component of the collaborative teaching experience. As both instructors worked closely with the students throughout the day, regularly planned discussions supported the academic plans. The evaluated assignments (research papers, case studies, etc.) were the outcomes the instructors used to plan class activities which would help students learn, apply, and value the expected mastery skills. This aspect of collaboration was continuous, as each instructor observed and responded to various factors during the teaching and learning. The reflections on individuals' observations supported the progress of the current course and fostered the improvement of future learning opportunities.

The third component of the collaborative teaching model was the emphasis on shared responsibility for course development and implementation. Each dimension of the instructional plan was discussed, analyzed, and evaluated by both instructors. They shared observations, comments, as well as strategies to ensure students were given every opportunity to be successful. Generally, the format of the teaching process was one teaching while the other observed, although both instructors were actively involved in each lesson. This process proved to be practical and made it possible for students to continually receive attention throughout the course. The writing strategies (rewriting, application of grammar rules) enhanced the outcome of nursing assignments. Similarly, when the educational instructor taught, the nursing instructor provided applicable nursing research examples to supplement the lesson.

Another component considered was the sharing of resources. Sharing resources, such as the translator and informational technology support and space, are examples of the fourth component of collaborative teaching. The sharing of the physical space was somewhat challenging. The class was held in a long rectangular room with two columns of tables and did not allow much room for the ease of movement or privacy when working with an individual student. Despite the space restrictions, instructors managed to create an environment which was conducive to group and individual learning and confidentiality as needed.

The final component of the collaborative teaching process was the fluidity of the peer-teaching process. This was evidenced by the cooperative teaching format, the mutual decision making, clear communication skills, and respectful interpersonal interactions which permeated the planning and instructional period. The transparency of collaboration was noted in the ease in which both instructors integrated the skills of the translator and easily demonstrated their individual teaching style and teacher presence before one another, in a different culture and with a different learning community.

### **Pedagogical Tools-Instructional Strategies**

Once collaboration was established, the sharing of skills and perspectives supporting instructional planning and feedback was offered to the students. Students verbalized appreciation of the individualized feedback and were readily prepared with questions for their own clarification. Both instructors specifically considered ways to encourage the students to question, listen to each other, and evaluate the content and its use. The constructive approach was integrated into learning strategies. Teaching adult learners requires the integration of their experiences in the reflective and

interactive approaches. The instructors' expertise was used to supplement the skills and the experiences of the students, and students' culture and environment formed the basis for exemplars.

The Active Teaching/Learning Model (Murray, Wenger, Downes, & Terrazas, 2011) highlights the importance of using interactive activities among students. In addition, the process of teaching and learning included critical thinking, creativity, and problem solving. The activities and assignments followed this model throughout the course. Students were expected to reflect on various concepts and practices in all reading, writing, and discussion activities. Oftentimes, using the translator as facilitator, students were motivated to analyze and evaluate course content and clinical events in-depth. In addition, case studies and simulations were incorporated to promote active learning. Opportunities were provided for the students to work together cooperatively, share experiences, and use problem-solving skills to participate in all aspects of the lesson. These activities served to improve content mastery.

The instructional day was eight hours long and, therefore, it was important to have continuous active engagement of the students. Active learning is described as an instructional method that engages students in the learning process. The nature of each learning task required students to think deeply about their nursing experiences alongside new information presented throughout course. Their self-motivation, as well as the design of the daily task, helped to accentuate the energy level in the class. Students participated by discussing their lived-in experiences (patients, work environment, administrators' demands) and connected these to the theories presented each day (Lev, Lindgren, Pearson, & Alcindor, 2013). Both instructors were readily able to identify areas of confusion or unfamiliarity due to the freedom the students felt in expressing their understanding and/or asking for clarity. A variety of instructional practices were utilized such as questioning techniques (recall, application, evaluative, constructive), small group presentation of research activities, class discussions, and various reading and writing exercises (Murray et al., 2011). Each task was designed to be meaningful and to assist the students to build the knowledge needed to complete the benchmark assessments.

Collaborative learning was an important aspect of this experience. Students were encouraged to have ongoing collaboration with their classmates. They had opportunities to work together in small groups toward common goals such as analyzing and developing group presentations. The emphasis of the interaction was to have students review and discuss relevant factors which helped them explore and develop strategies for presenting their findings. Students reported peer-to-peer engagement, knowledge exchange, and collaboration allowed for further clarity and the enhancement of ideas from different perspectives. These methods supported and incorporated the tenets of collaborative learning which entails individual accountability, mutual interdependence, face-to-face interactions, the practice of interpersonal skills, and regular self-assessment of team function (Friend & Cook, 2007) which are all relevant to students' roles as future nurse leaders.

During the course, tremendous growth was experienced by all participants. The students' practice was enhanced by a new understanding of the theories which shaped their decision making. They spoke of a new appreciation for keen observation, probing, and problem solving. The instructors reported a deeper appreciation of the Haitian culture and a new and different understanding of the meaning and value of service. This experience contributed to a paradigm shift which unveils service as the mutual giving and receiving of resources and expertise from all participants.

## Reflections and Evolution of Themes

This experience allowed for reflection on, and reflection to, the experience (Farrell, 2007). Reflection on the experience was concurrent with the teaching, while reflection to the experience was conducted by the instructors upon their return from Haiti. The reflective process was critical to the four lessons learned: (a) service provided to Haiti must supplement, not negate the values and strengths of the host community; (b) it is important to provide sustainable service for the community; (c) methods used by international educators must be respectful and relevant to the community; and (d) international educators must be open and willing to engage in identification and application of new and different strategies, even if those strategies emanate from paradigms other than those to which they are accustomed.

It was clear the students valued and were proud of their culture and heritage. They were open and were highly motivated to capture the new learnings, but they sought to relate the applicability of the theories and skills to the Haitian people and culture. They were often curious about how a particular situation was handled in the United States and then sought to determine how it would fit in Haiti. The repeated phrase throughout the discussions was, . . . *in Haiti, we* . . . The instructors were often in awe of some of the experiences the nurses had in their defaulted roles of primary health care providers in some of the country's rural areas.

Consistent health care is a challenge in an environment where over 60% of the population lives below the poverty level and approximately 75% of primary care is rendered by transient visiting health care personnel and nongovernmental organizations (Baumann & Bellefleur, 2011; Garfield & Berryman, 2012). Given this situation, it is crucial that international service providers address how their innovative strategies will benefit the country and how it can be sustained evermore. On any given day, the airport in Haiti's capital is flooded with groups of medical and religious missions. While these groups often address the short-term needs of the Haitian people, an overwhelming concern from the students was the lack of consistency and sustainability of these efforts. The students saw the joint project by Promoting Health in Haiti and the University of Haiti as sustainable because Haitian nurses were being educated to enhance the health outcome of the Haitian people.

The mutual respect among all participants was very evident. For the instructors, collaborative teaching in a foreign country with a colleague from another discipline was both challenging and invigorating. Their perception was the rewards gained from this experience far outweighed the challenges. The instructors were also impressed with the resilience and commitment of the students to master the course content despite the long, hot days. The students' warm relationship with their peers, display of love and pride in their cultural identity, and their willingness to share aspects of their culture with the instructors was remarkable and emotionally rewarding. The pride of the Haitian students and the value placed on education was evident. The academic discourse suggested a level of sophistication that was thought provoking. The motivation and dedication to their professional advancement was evident in their attention to the details of the assignments. However, the socioeconomic and cultural factors were equally present during this time.

### *Students' Reflection*

The students shared that their approach to teaching and learning was significantly influenced by Haitian culture (Fierro, 1997). They strongly believed in education as a means to progress. They reflected on their religious faith and concern for others. The students began each day with prayers and one could hear them praying and playing religious music before class. Student voiced

awareness that their efforts and success might not be readily recognized by other members of the health care community or the public at large. However, they persevered in this journey to complete the degrees, despite acknowledging their realization of not likely being able to achieve a significant rise in their income. They spoke of wanting to be role models for their children, and they saw education as a way to contribute to the improvement of healthcare in their country (Fierro, 1997).

They voiced concerns and gave advice to the instructors regarding safety in terms of travel and diet. The weather, mainly the rain, was a serious concern for the students. Many reported histories of being stranded and having property damaged due to flooding. The instructors could sense the anxiety level rising whenever the skies darkened, signaling rain was approaching. The only time the students asked for classes to be shortened was when rain was evident.

### ***The Translator***

The translator greatly enhanced the experience. Her command of the three languages, insights into both cultures, and her interpersonal skills made the process seamless. She played a vital role in the planning, assessment, and collaborative process. She shared the pride she had in her country and in the nurses' achievement.

### **Discussion**

The experience of doing professional service in a low-resource country can be transformative, and the outcome can be rewarding and beneficial to both givers and the recipients. The collaborative interactions increased the discussions and analyses of the experience from different perspectives. The depth of the experience was major, and there was much to be learned from the host community. The cultural and social dynamics at times contradicted the myths and sometimes the preconceived beliefs of the instructors. It was clear the service provided must supplement and not negate the values and strengths of the host community. Another important realization was service or support provided must be sustainable for the community and memorable for the individuals. International instructors must be prepared to teach from the vantage point of respect, relevance, and specificity, and use methods which can be duplicated and can be beneficial to the individuals and the community. Finally, and most important in this research was the realization a different paradigm of providing service which benefits all participants had evolved (Kreye & Oetker-Black, 2013). The concept of service was not just doing for, but doing with, and was reciprocal. The experience strongly illustrated personal and professional benefits of providing service can outweigh the service provided if volunteers are reflective in their practice (Palmer, 1998). Both instructors returned to their college with an improved understanding and a different perspective of teaching and learning. The changing paradigm encouraged the instructors to view their skills and talents as a supplement to the community rather than as a mere antidote to the challenges faced by the community.

### **Conclusion**

The challenges and the successes of collaborative teaching experiences for the nursing students in Haiti suggest this framework for planning and instruction required the instructors to remain proactive and effective. Each component of the collaborative planning process culminated in a successful and unique teaching experience. The mutually shared experience illuminated the concept of teaching and learning as a different paradigm for global service in a low-resource country. This collaborative teaching model created an environment which enabled all participants to recognize their strengths, gain insight into their abilities and competencies, and to evolve as a

community of learners. The spiritual growth of the experience leads to the conceptualization of an idea for enhancing the traditional definition of service, by elucidating its transformational aspects. By being open to the experience, participants were able to appreciate the reciprocity the experience offered.

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