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AMERICAN INTERNATIONAL HEALTH ALLIANCE



III.C. NURSING

BACKGROUND

Despite notable progress in some areas in recent years, nurses working in the CEE countries face numerous challenges compared to their colleagues in the United States and Western Europe. In the mid-1990s, nursing was seen throughout the region as merely an extension of the role of the physician rather than as an independent profession. “Most doctors and, indeed, many nurses believe this professional hierarchy is necessary and proper. Very few have had the chance to see the modern nurse in action, so they lack the knowledge to assess the validity of their current situation.” (WHO, *Nursing in Europe*, 1997) With training equivalent to a high school education, and jobs that more closely resembled those of a nurse’s aide or housekeeper, a separate word for “nurse” or “nursing” did not exist.

The relatively low status of nurses is reflected in a number of ways, including the lack of professional standards for nurses, the inability of nurses to engage in clinical or administrative decision-making, and the lack of independent nursing care plans. “Regardless of the state of development of nursing services, a variety of factors impedes their effective delivery in many countries. These factors include the exclusion of nurses from policy-making and decision-making at all levels of the health care system, shortages of well trained nurses relative to needs, insufficient financial support and the undervaluing of nursing...” (WHO, 1997)

With low salaries and a lack of respect from their medical colleagues, as well as a low opinion of them by patients, nurses continue to have a high turnover rate, which in turn leads to low morale, poor self-image, and reduced quality of care. Many young nurses elect to leave the profession after starting families, or to leave their home countries in order to seek out work in Western countries. Furthermore, since nurses were not considered professionals, separate professional associations did not exist in the majority of CEE countries to lobby for bettering their status or creating standards for their work.

These problems were also reflected in nursing education in the region. Education of nurses has traditionally been viewed as vocational training, rather than university-based. The great majority of nurse educators have been and still are physicians, and nursing curriculum has consisted merely of a less extensive version of physicians’ medical education. Baccalaureate-level and advanced practice nursing were not available options for nurses.

PROGRAM STRATEGY

Recognizing the critical role nurses need to play in healthcare reform efforts, AIHA promoted – both through its partnerships and through special inter-partnership initiatives – the empowerment and strengthened role of nurses. Each partnership identified nursing as a prominent focus area and actively worked to upgrade and expand nurses’ clinical and administrative roles in order to effect improvements in the quality of patient care and health sector productivity. Partnership workplans addressed such needs of nurses as changes in nursing practice, strengthening nursing as a profession, improving nursing education, and allowing for information exchange and networking. US partners made sure to demonstrate the importance of nurses by including nurses in exchange trips in both directions, and providing training to physician-nurse teams across all program areas, including in leadership and management workshops.

At the regional and inter-partnership level, AIHA developed a number of initiatives to supplement individual partnership efforts through activities aimed at building nursing leadership, education and networking.

CEE Nursing Task Force: In order to facilitate a coordinated approach to strengthening the role of nurses in the region, to encourage sharing of ideas and experiences across countries, and to empower nurses, AIHA assembled a Nursing Task Force (NTF) beginning in September 1995. The task force

consisted of US and CEE representatives of all the partnerships. At its core were the US and CEE steering committees, each of which met regularly (including via videoconferencing) to plan activities. The NTF met annually for three years to exchange ideas and gain new knowledge and skills in areas such as leadership, communications, and association building.

Nursing Resource Centers (NRCs): To provide nursing faculty, students and clinicians with a facility to support learning and sharing, AIHA established nine NRCs at partnership sites in CEE, as part of a broader network of NRCs across Eurasia. AIHA supplied each NRC with approximately \$15,000 worth of computers and other educational equipment; training mannequins; textbooks, videotapes, and CD-ROMs; and educational posters and other learning materials. These materials addressed a wide range of clinical, managerial and psycho-social aspects of health care. The centers encouraged independent learning and offered resources for alternative teaching methodologies. The NRCs also serve as meeting places for local nursing associations and enable nursing colleagues to collaborate on a variety of nursing issues. (A report of AIHA's 2003 assessment of the NRCs can be found at: <http://www.aiha.com/resources/NRC%20assessment%20report%20-%20FINAL.doc>)

Association-building: AIHA's nursing program also focused on strengthening or helping to establish national nursing associations. These associations serve a vital role in creating favorable political and legal environments to enable nurses to play a more full and prominent role in improving health care. AIHA supported nursing associations in organizational development and the formulation of strategies to influence policy change aimed at strengthening the nursing profession. One of the key activities was the convening of nursing leaders from 16 CEE and NIS countries and the US in June 1998 in a conference entitled "Nursing Associations: Leadership and Organization for the 21st Century." Participants, including nursing association leaders, ministry of health representatives, and partnership nurses, discussed such issues as the role of nursing associations within the nursing profession, leadership and consensus-building, recruitment and retention of association members, development of standards for nursing practice, the role of associations in policy development, and ways to increase nursing's power and legislative influence.

International Nursing Leadership Institute (INLI): AIHA supported a joint CEE/NIS nursing initiative in which four carefully-selected CEE nurses joined their NIS colleagues to develop the skills and knowledge necessary to be successful nursing leaders in their countries. The Institute offered a series of intensive participatory workshops, mentoring, and electronic communications to create an integrated year-long curriculum. Participants were asked to develop projects to be implemented in their home countries as an integral part of their Institute experience. (A report of a 2003 assessment of the INLI program can be found at: <http://www.aiha.com/resources/INLI%20Report%20-%20%20FINAL1.doc>)

The overall goal of AIHA's nursing program was to improve patient care through effective, quality nursing practice and through strengthening the profession's contribution to systemic health care reform within the NIS/CEE. Specific objectives included:

- To enhance capacity for professional nursing education that meets international standards;
- To increase the status of nursing as a profession;
- To improve nursing practice through nurse training and introduction of new models of nursing care and nursing roles; and
- To increase access of nurses to information resources and networking opportunities through sustainable Nursing Resource Centers.

KEY RESULTS

Both during and after the end of the CEE partnerships, advances in nursing effected through partnership efforts have been among the most consistent and notable achievements. Nurses from every CEE partnership

cite personal, professional, and institutional gains, speaking of the courage, the confidence, and the skills that the partnerships gave them to seek changes in their roles. The critical first step in all cases was the opportunity that both nurses and physicians had to see first-hand how nurses work in the United States. These eye-opening experiences transformed their attitudes about what nurses are capable of.

"The elevation of the nursing profession in the region is a clear success story of the hospital partnerships. CEE partnership nurses stated that through both exchanges to the US and discussions in their own countries, they learned about the potential of the nursing profession. The example of US nurses instilled a professional pride in the CEE nurses who observed that US nurses are not subordinate to physicians." - RTI, 2006

➤ **Strengthened Nurse Leaders and Nursing Profession**

AIHA's nursing program aimed to strengthen nurses as individual leaders and professionals in order to enable them to impact hospital efficiency and quality of care. In an independent evaluation of AIHA's program in CEE published in 2006, found that at all the hospital sites they visited, "nurses reported increased authority, self-confidence, and greater involvement in direct patient care and clinical decision making." CEE partnership nurses stated that through both exchanges to the US and discussions in their own countries, they learned about the potential of the nursing profession. The example of US nurses instilled a professional pride in the CEE nurses who observed that US nurses are not subordinate to physicians.

Through participation in the INLI program, four CEE nurses—one each from Romania, Slovakia, Croatia, and Slovakia—received training on topics related to nursing leadership, scholarship, and networking. Upon graduation, each nurse implemented an individual project to benefit their home institutions in order to practice the skills learned in the Institute. Three of the four CEE nurses who graduated from INLI went on to serve as faculty for later classes of INLI students, providing further opportunities to strengthen their training and leadership skills.

A 2003 internal assessment of the INLI program found the program met its objective of helping nurses develop new leadership skills and competencies. The program modified nurses' attitudes toward their profession, enabled them to gain self-confidence, helped advance careers, promoted standardization of nursing processes, and strengthened ties among nurses across regions. Of the graduates surveyed as part of the assessment (from both CEE and NIS), 72% said the program helped them gain respect from physicians. Almost all (87%) felt that graduating from the Institute had helped them recognize their professional and leadership capabilities. And during or after training, 34% were promoted at their workplace and 23% were offered a new job at a different workplace. (The full report of the assessment can be found on AIHA's Web site at: <http://www.aiha.com/resources/INLI%20Report%20-%20%20FINAL1.doc>)

AIHA partner nurses were active in nursing associations and other efforts to influence nursing reform at a national level. Through their work with US partners, they learned about the benefits of establishing associations for strengthening nursing as a profession. For example, the nurses at Mustamae Hospital in Tallinn helped to establish a Society of Anesthesia Nurses in Estonia. The Estonian partners also supported the Estonian Nursing Association, which began publishing the journal *Estonian Nurse*, the first of its kind in the region. One of the Croatian partner nurses eventually became president of the Croatian Nursing Association. In Slovakia, partner nurses played a role in the creation of legislation which gives nursing a professional status. There is now a Slovak Chamber of Nurses. In Albania, national nursing conferences organized by AIHA partners led to the formation of an Albanian Nursing Association.

➤ **Changes in Nursing Practice and Roles**

AIHA partnerships worked to better define the role of nurses and helped create new nursing roles, having an impact on patient care, teamwork with physicians, and self-esteem for the nurses. Among the examples of changes in nursing roles and responsibilities was the creation of a nurse educator position in Tuzla, and the addition of new nurse assistants to two hospital departments in Zadar. Nurses in Tuzla and Tallinn are now able to take patient histories, perform patient assessments, and monitor vital signs. They also began to join physicians on rounds, at educational meetings and during evaluations. In Zagreb, the partners added new management and leadership functions to the role of nursing staff and at Mustamae Hospital in Tallinn specialized nursing positions, such as dressing change nurse, were replaced with modified primary nurse positions. In Kosovo, partners instituted nurse-only patient education visits for some patients with chronic diseases. And at the Women's Clinic in Tallinn, midwives were given a new job description that included independent prenatal care and treatment. Midwives were trained in observing and handling normal pregnancy cases and in counseling patients, which allowed them to take responsibility for their own patients.

In Vác, a new specialization was created for diabetes nurse (nurses now provide most of the care to patients on the Diabetes Unit), and a dedicated "social care nurse" assigned to work on discharge planning for stroke patients (prior to the partnership there had been only one social care nurse for the entire hospital.). Also in Hungary, nurses in Győr participated for the first time in conducting focus groups with community members to identify health needs of women.

Increased confidence and knowledge by partner nurses also resulted in nurses in Vác influencing the reorganization of the layout of wards; nurses in Zagreb participating with physicians as collaborators in a study of care of bed sores; the head at the occupational disease clinic in Cluj initiating the development of an outpatient respiratory diseases unit.

New nursing management structures were implemented at many partner institutions. The Zagreb partners introduced job descriptions, staff orientation, and performance evaluations for nurses. In Tallinn, the partners succeeded in eliminating the 24-hour nursing shift, replacing it with 10-14 hour shifts. Vác Municipal Hospital introduced a new system of nurse supervision nurses, including a new nursing supervisor role, which helps direct the professional activities of all nurses, helps them resolve any human resource and professional issues, and manages the training of new staff members, as well as conduct continuous training of nurses. Nurses at partner hospitals in Tallinn were given budgetary responsibilities for the first time, and in many partner hospitals such as in Vác, nurses are now members of the management team for patient care.

Partner nurses also established numerous **new protocols** for nursing care. A nursing committee established in Tuzla developed an IV therapy policy for pediatrics. In Zadar, partner nurses initiated the use of a dressing cart in the neurological unit to save time during dressing changes. At the same time, they established new treatment plans and protocols. Nurses in the post surgery department of gynecology in Kosice introduced new nursing protocols and a new nursing care check list for each particular operation, and in Tallinn, a partnership nurse developed and piloted a patient record that allows for continuous monitoring of the patient's condition and allows for nurses' notes and observations. Through the Zagreb partnership, among the protocols developed were those for care of decubitus ulcers, insertion and care of foley catheters, obtaining and handling blood cultures, bathing patients, and care of dying patients. The stroke team at Vác Municipal Hospital developed clinical pathways for stroke patients which became part of routine care protocols. In many partner hospitals, nurses took a leading role in improving infection control (IC) practices, serving on hospital infection control teams and helping to develop IC protocols and conducting training on proper infection control techniques.

Partners recognized the importance of **continuing education** for nurses and developed numerous in-service training programs for nurses designed to develop new or improve clinical competencies among the nurses. In Tuzla, nurses received training in cardiac and respiratory assessment, and demonstrated the ability to care for pre-cardiac and surgery patients. In Zadar, nurses participated in the train-the-trainers program to improve nursing care to patients with decubitus ulcers, and in Tallinn, regular monthly in-service programs were established for nurses at Mustamae and Tallinn Central Hospitals. Those programs focused on topics such as CPR, nurse assistant and anesthesia nurse training.

➤ ***Strengthened Nursing Education***

Many of AIHA's partnerships worked to improve access to and quality of nursing education. Some worked with universities to establish and improve higher-level nursing education. For example, a University-level nursing program was established at the University of Tuzla in Bosnia & Herzegovina. A curriculum was drafted and a task force convened to steer its development. Partnership nurses on both the Buffalo and Tuzla sides were instrumental in lobbying for such a program. In Estonia, with input from partnership nurses, Tartu University revised its nursing curriculum, and nurses now have the opportunity to participate in a part-time study program. And at Palacky University in the Czech Republic, the Institute for the Theory and Practice of Nursing gained official recognition as a separate institute. Although the nursing faculty had developed the Institute independently of the partnership, participation in the AIHA program helped validate the Institute when governmental approval had become stalled. In Martin, Slovakia, partners established new programs at the medical school to train nurses in "community public health" which includes social health and care for the dying.

Other partnerships focused on improving continuing education opportunities and clinical skills training for nurses. Every hospital partnership incorporated new or expanded in-service trainings for nurses. In Zagreb, a formal link was established between the School of Nursing and the partnership for purposes of education, research and leadership training. Latvian partners developed a program for teaching nursing systems theory and practice to nurses. They compiled a "how-to" guide, with a series of self-learning modules, including nurse/physician joint documentation, evidence-based nursing practice, developing quality improvement and re-engineering teams, and conducting in-service training.

➤ ***Greater Access to Information and Networking***

Partnership nurses spearheaded or participated in networking and information sharing at the country, regional CEE and Eurasia-wide levels through individual partnership-organized efforts as well as AIHA initiatives.

At the national level, the following are examples of national nursing conferences organized by partners to provide a forum for discussing the role of the nurse, to disseminate learning and information about various aspects of patient care and nursing, and to build stronger communities of nurses.

- Slovakia National Nursing Conference held in Bratislava for approximately 65 nurses. The conference focused on hospice and home care, community nursing and nursing agencies.
- "Nursing Partnerships in Action" conference held in Zagreb, Croatia, for approximately 100 nurses and physicians from hospitals throughout Croatia and eight nurses from Bosnia and Herzegovina.
- The Tirana/Grand Rapids partners organized two national nursing conferences for Albanian nurses, in 1998 and 1999. The conferences attracted over 70 and 100 nurses each from Tirana and other cities attended the conference, designed as a forum for nurses from throughout the country to learn about nursing practice theory, discuss nursing care, share ideas, build clinical skills, and strengthen the Albanian Nursing Association.

- Representatives of the three separate Bosnian nursing associations met in Sarajevo and, with AIHA facilitation, formed a unified Nursing Association of Bosnia & Herzegovina. This conference was the first opportunity for representatives from the three major ethnic groups to come together since the beginning of hostilities in the country.

Cross-partnership activities organized by AIHA, such as the International Nursing Leadership Institute, CEE Nursing Task Force, and Nursing Resource Center directors' meetings provided nurses with further opportunities to increase their knowledge and share ideas by networking with their colleagues from other cities and countries. After returning home from these meetings, the nurses were able to continue a professional dialogue through e-mail access provided at their partnership's NRC or Learning Resource Centers. The 2006 evaluation of AIHA's CEE program found that "the Nursing Task Force provided an important mechanism to support selected nurses to attend international conferences and training. It offered access to international nursing associations, moral support, and a sense of solidarity for a beleaguered profession."

The Nursing Task Force was, for many of the participating nurses, the first time they had had conversations with other nurses outside of their countries or even cities. As the US chairperson of the NTF commented, "How stunned they were that they had so much in common! Nursing is a remarkable unifying force... Nurses are nurses no matter where they practice... In spite of the language barriers, it worked! Anything was possible." Through the NTF meetings, nurses not only networked and found strength from each other, they learned specific skills

Of the nine Nursing Resource Centers established at CEE partnership institutions between 1997 and 1998, seven were still functioning and active as of 2003 when AIHA conducted an assessment of the NRCs, with two centers temporarily closed for hospital renovations. The NRCs house computers and other educational resources, which are available to nursing faculty and practitioners in the facilities and communities where they are located. In most instances, the NRC was the first place in the hospital where nurses could have access to the Internet. The 2006 USAID/RTI evaluation noted that "The significance of providing nurses their own computers at a time when computers in the hospital were scarce should not be underestimated."

The NRCs serve as a site where training and in-service programs for nurses were developed and continued to be organized. In Tuzla, nursing education is incorporated into weekly rounds and programs that are supported by the Center, including ongoing educational sessions held on the second Saturday of each month. The NRC at Kosice Faculty Hospital served as an information and technology resource and training site for all nurses in eastern Slovakia, with the Center holding monthly nursing meetings attended by nurses from around the region.

Often the NRCs served as a springboard for institutionalizing broader continuing education opportunities for nurses. In Cluj, Romania, the NRC's trainings are now conducted by the Romanian Nursing Association and all courses are accredited. The Vac NRC offers a number of accredited courses, including in advanced cardiac life support.

Main activities/services offered by NRCs

NRC	Computer-related training	Clinical skills training	Meetings	Advocacy for nursing	Library/resource center	Other trainings	M&E activities
Cluj	regularly***	quarterly		quarterly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kosice		monthly **	irregularly		<input type="checkbox"/>		<input type="checkbox"/>
Olomouc	2/year	6/year	regularly	irregularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riga	on request	1-5/month	1-4/month	daily	<input type="checkbox"/>		<input type="checkbox"/>

Trnava	annually*	annually **	irregularly	regularly	<input type="checkbox"/>		<input type="checkbox"/>
Tuzla	2/year	daily	irregularly	irregularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vac		monthly	2+/month		<input type="checkbox"/>		
Zagreb	annually	weekly	irregularly	2+/year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zadar	2/year	monthly	weekly	annually	<input type="checkbox"/>	<input type="checkbox"/>	

* One course in 1998 and one in 1999; ** Until 2000; *** Last year for 9 months.

Local partners have been responsible for the operations and continued funding facility renovations, staff salaries, and providing continuing financial support for the upkeep of the resources. While most of the financial support comes from the facilities that house the NRCs, or the Ministries of Health, some NRCs have sought out grant money to fund their operations. For example, after the end of their partnership, the Cluj nurses successfully applied for a grant from the Soros Foundation for supplemental support for the NRC.

External Collaboration/Communications

NRC	Other NRCs	AIHA partnership	Local Nursing Association	International Nursing Organization	University Overseas	Other Organization
Cluj		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Kosice	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
Olomouc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riga			<input type="checkbox"/>			<input type="checkbox"/>
Trnava		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tuzla		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Vac			<input type="checkbox"/>	<input type="checkbox"/>		
Zadar	<input type="checkbox"/>		<input type="checkbox"/>			
Zagreb	<input type="checkbox"/>		<input type="checkbox"/>			

AIHA invited all CEE and NIS NRC directors to a workshop in 2000 where they were able to share experiences and exchange best practices. Five of the nine CEE NRCs were represented. Nurses from the two regions also met and networked at other nursing-related events organized by AIHA such as...

AIHA also fostered regional cooperation among partners in nursing. For example, Bosnian nurses developed collaborative relationships with their Croatian counterparts, especially at the 1998 Croatian National Nursing Conference held in Zagreb. The Latvian nurses worked closely with their Estonian counterparts to sponsor a series of Baltic nursing workshops, where participants discussed the status of nursing in the two countries and recent changes brought about through the partnerships.

In addition to networking with their regional colleagues and US partners, several nurses also had the opportunity to join international nursing societies. Two CEE nurses were inducted as members of Sigma Theta Tau International Honor Society of Nursing, and several INLI graduates were able to participate in meetings of the International Council of Nurses. Through these international ties they were able to network and gather ideas for furthering nursing reforms in their own countries.

CHALLENGES

While notable strides were made in nursing in the CEE countries, particularly within the partnership institutions, numerous challenges were faced during the AIHA program and many remain to this day. The fundamental restructuring of the profession that is needed does not occur overnight, or even in a decade. Some of the main challenges faced by AIHA and its partners in the area of nursing were:

- Continued resistance from physicians to nurses having greater independence and an increased role;
- Resistance in some cases from “old-school” nurses feeling threatened and not wanting change;

- Language barriers (few of the nurses, compared to the physicians, had English language skills) which hampered their ability to access broader range of current, evidence-based information on the Internet. (Also the lack of availability of current nursing education materials in CEE languages);
- Language was also a challenge for regional activities given the lack of a single common language. However, as a testimony to the strong motivation of CEE nurses to interact and learn from each other, they successfully transcended language barriers. Through a combination of interpreters, English skills, common third languages and non-verbal communication, the NTF held productive and successful meetings.
- Fundamental changes in nursing profession required radical changes in basic nursing education; in entire nursing education system. Problem of nursing schools starting at high school level. Countries are still addressing how best to revise and standardize their system of nursing education.
- Some of the Nursing Resource Centers thrived more than others; those that were less successful cited among the challenges: physicians co-opting the use of the NRC computers and lack of human resources to consistently staff the centers.
- National regulations sometimes limited what nurses were allowed to do.

KEY ACTIVITIES AND EVENTS

1995

- First meeting of the US representatives of CEE Nursing Task Force, Washington, DC, September
- Meeting of US Steering Committee of CEE Nursing Task Force, Washington, DC, December

1996

- First meeting/workshop of CEE Nursing Task Force., Budapest, Hungary, April 30
- NTF US Steering Committee meeting, Washington, DC. August 11
- First meeting of the CEE Steering Committee , Zagreb, Croatia, September 15-16
- NTF US Steering Committee meeting, Washington, DC. December 9

1997

- CEE Steering Committee meeting, Bratislava, Slovakia., January 20-21
- US Steering Committee meeting, Washington, DC, February
- Second meeting of the CEE Nursing Task Force, Zagreb, Croatia, for approximately 45 nurses from throughout the CEE region, May 13-14
- Opening of the Nursing Resource Center in Riga at the office of the Latvian Nursing Association. September 9
- US Steering Committee meeting in Washington, DC, September 22
- CEE planning sub-committee meeting of the NTF, Bratislava, Slovakia, October 20-21
- First videoconference between US and CEE Steering Committee nurses in Washington, DC and Bratislava, Slovakia. December 9

1998

- Second videoconference meeting between US and CEE NTF Steering Committees, February 10
- NRCs opened at the University Clinical Center in Tuzla, Bosnia & Herzegovina, and at the Kosice Faculty Hospital in Kosice, Slovakia, March 5 and 8
- Nursing Leadership and Management workshop (25 nurses from Cluj, Romania and Moldova), Tihuta, Romania, March
- Third annual CEE Nursing Task Force meeting, Bucharest, Romania, May 4-5
- AIHA-organized Nursing Associations conference, Riga, Latvia. June 14-16
- NRC opened at Trnava University, Slovakia, July 2
- NRC opened in Olomouc, Czech Republic, at Palacky University, September 24

- NRC for the Zadar/Biograd – Franciscan partnership opened in Zadar, Croatia at Zadar General Hospital, September 28
- Opening ceremony for Nursing Resource Center at University Hospital of Infectious Diseases in Zagreb, Croatia, October 20

1999

- International Council of Nurses Meeting, and INLI-Session 1, London, June 18-25
- Sigma Theta Tau induction ceremony for 2 CEE nurses, July 1
- “Leaders for a Scholarly Profession” workshop, London, sponsored by AIHA and Sigma Theta Tau, July 1-2
- INLI-Session 2, Louisville, KY, November 4-13

2000

- NIS Nursing Conference (four CEE nurses attended), Tbilisi, Georgia, April 9-14
- NRC Directors’ Meeting, Yerevan, Armenia. June 29-July 1
- INLI-Session 3, St. Petersburg, Russia, July 7-16

2001

- Workshop on Technology and Health Education for Nursing (10 NRC directors and information coordinators from CEE), St. Petersburg, Russia, August 1-4

2002

- Primary care skills workshop for 25 Romanian nurses, Cluj, Romania, March 25-27