

Report on the Postdoctoral Mentoring Experience Sponsored by the Cardiovascular Nursing
Councils of the ESC And AHA

October 7, 2008

I have spent this summer at UCSF for the postdoctoral mentoring experience. I want to start by expressing my thanks and gratitude for the Cardiovascular Council of Nursing and Allied Professionals of the European Society of Cardiology and the Cardiovascular Nursing Council of the American Heart Association. This has been a very enriching experience and may translate into a turning point in my career. I also want to thank Dr. Kathleen Dracup, my mentor, for her guidance and precious advice. Finally I want to thank my Director, Dr. Huda Abu Saad Huijjer, for supporting my research leave.

My main aim as stated in my fellowship proposal was to develop a research program culminating into an intervention study to reduce delay in seeking care in patients with acute coronary syndromes. As I discussed my plan with Dr. Dracup, we decided to revisit the literature on intervention work in this area, as well as to analyze findings from my work on delay in Lebanon. We soon realized that there is a need to do more descriptive work before planning an intervention study. Part of the reason for the decision was the lack of enough data about targets/outcomes for such an intervention in Lebanon and the Arab countries for that matter, and the other part was that so far intervention studies done in the West failed to achieve their main outcome, namely reducing delay. Researchers are reviewing their strategies and outcomes. Thus I developed a proposal for a mixed methods (qualitative quantitative) study to examine the decision making processes Lebanese patients with myocardial infarction (MI) go through in seeking care for signs of an MI as well as their related knowledge and sense of control over their cardiac illness. The data will be collected from patients and their significant others who accompanied them during the cardiac event to the hospital; this will provide us with a complete picture; capturing any contextual or cultural factors relevant to our population so may have been missed in my previous quantitative work. For example Lebanese families are close knit and family members do influence illness management decisions; thus their perceptions ought to be sought. Knowledge about and control over cardiac illness are also documented to influence people's coping with cardiac events.

Dr. Dracup and myself also examined theoretical frameworks and it seems that Leventhal's common sense model of illness is the most appropriate for this work or developing interventions in the future. In fact, upon reviewing qualitative studies on delay, I realized that the data did support this model.

We also reviewed instruments to measure knowledge and control over cardiac illness and identified psychometrically sound tools that I will be testing in our population as part of the proposed study.

We explored possible intervention strategies and alternate outcome measures that might be attempted for the intervention study. Motivational interviewing is being considered in heart failure patients so we are pursuing it. We discussed study designs, methods of data collection and the like for the intervention trial. Once the proposed mixed study is complete, the data will be used as a basis for developing the intervention, with feedback obtained from health professionals who are experts in cardiovascular care.

In all of the above, the library and computing facilities at UCSF provided a great support for my work. Moreover, we discussed various issues from developing a research career to graduate education and mentoring graduate students, especially in research.

In addition to the proposal preparation, Dr. Dracup reviewed a manuscript that I prepared for publication. The manuscript is titled 'Patterns of Responses to Cardiac Events over Time' and was submitted to the Journal of Nursing Scholarship.

I also had the chance to meet with some faculty members at UCSF to discuss intervention studies and symptom management, an area in which I am interested and where a number of faculty members there have done remarkable work. I also attended a dissertation defense that was chaired by Dr. Dracup.

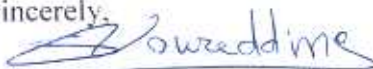
Dr. Dracup also introduced me to a number of cardiovascular nurse researchers in the US and Europe. I met a few of them in San Francisco and at the ESC congress in Munich. We discussed possibilities for research collaboration and there is certainly a prospect in doing multi-site multi-country research since cardiovascular illness is so prevalent worldwide and the issues are quite similar across continents. This is a great opportunity since in Lebanon funding for research is rather limited, especially for well controlled randomized trials; thus collaboration with other investigators can be very helpful in this regard and data obtained in various cultures can expand nursing knowledge in this area, especially considering the dearth of intervention studies in the Middle East.

Now that I am back in Lebanon, I do not feel that this mentoring experience is over, since I am continuing my consultation with Dr. Dracup through email. I have submitted my proposal this week for funding at the Lebanese National Council for Scientific research and wrapping up another manuscript that I started working on at UCSF for submission for publication.

Overall, this experience was very positive and I feel that I did achieve what I planned for. The only disadvantage I faced was the lack of seminars or academic events since my travel was during summer time. However, I take responsibility for this since I cannot leave my teaching responsibilities in Lebanon during regular semesters.

I want to end by reiterating my thanks to all those who made this experience possible. Thank you

Sincerely,



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