Developing Cultural Competency in Life and Simulation: A Year in Qatar as an Exemplar

Colette Foisy-Doll

Abstract

Globalization is creating rich opportunities for nurse educators to interact in teaching and learning environments with people from all over the world. When Colette Foisy-Doll accepted a job in the Middle East for the University of Calgary, Qatar (UCQ) as Clinical Assessment and Simulation Manager, she fully expected an amazing experience. What ensued was a profound learning and valuing of the importance of culture and cultural competence in education and simulation learning. Adaptations for the delivery of simulation learning experiences in the nursing curriculum at UCQ are highlighted in this non research-based, personal account as seen through the eyes of an experienced simulation educator. The author recounts the most salient experiences of 2009-2011, describing how working and living among the Qatari people has left an indelible mark on her both personally and professionally.

A Simulation Nurse Educator's Journey to Qatar

Globalization is creating increasing culturally diverse populations worldwide, profoundly changing the landscape of nursing care contexts and the profile of both the patient and student population nurses serve (Wehbe-Alamah, 2008). Consequently there is a growing awareness in health care of the need to educate nurses in the provision of culturally competent, culturally congruent and culturally safe care of these diverse populations (Barker, 2009; De & Richardson, 2008; McFarland & Eipperle, 2008). It was within this dynamic global reality that I was presented an opportunity in 2009 to work for the University of Calgary, Qatar (UCQ).

I had no idea before my arrival in Doha, the capital city of Qatar, that I would be leaving the country after only one year feeling like I did when I left Canada; feeling as though I was leaving home. I fully anticipated an amazing international experience but what unfolded for my family and me was a transformational experience that is now directly influencing the path of my future as a nurse educator. My year in Qatar was nothing short of amazing: I found myself fully immersed in a foreign land where I quickly came to realize that cultural competence in education was going to be key to successfully implementing a new simulation program. What follows is my personal account of the year and how it has changed my heart forever.

My Background in Nursing and Simulation

I have been a registered nurse for twenty-six plus years, and it has been my privilege to devote twenty-three of those years to nursing education. It was in my role as Professional Resource Faculty in the Clinical Simulation Centre at MacEwan University in Edmonton, Canada that I first embraced and championed the use of simulation in

nursing education over 13 years ago. In the past ten years, I have had the privilege of consulting and collaborating on the design and development of more than a dozen simulation centers, related spaces and programs. I was confident that I possessed a solid background in simulation learning in nursing education and was excited to accept the challenge of bringing simulation to a very different context. I was especially curious to explore how simulation could effectively be implemented with Qatari students.

Photo one

UCQ Prior to my Arrival

The University of Calgary, Qatar (UCQ) campus was founded in 2007 and currently offers two undergraduate Bachelor degrees in nursing with plans to expand into the delivery of post-graduate programs. Total enrollment at the time was seventy-six female and 2 male students of whom the vast majority were locals from Qatar of Arabic decent with only 5 students hailing form a variety of other international countries.

UCQ was actively recruiting a simulation specialist to create low to hi-fidelity laboratory learning facilities and the opportunity to work in the Middle East was one I had always dreamed of. I was hired in early November of 2008 and generously granted a one-year leave of absence from MacEwan University. Preparation time was fast and furious, involving 8 weeks of intensive paperwork and emails. I must have filled out 50 forms between applications for residency to Qatar, overseas travel forms, UCQ forms, school applications, criminal record checks and the likes. I had minimal prior knowledge of either Islam or the Arab culture so I immediately set out to read and learn as much as I could to prepare both my children and me.

Prior to my arrival in Doha, pioneer-nursing faculty at UCQ set out to teach the first groups of laboratory student in 2008. They faced large empty rooms with little more than a broken bed, one blood pressure cuff, a few borrowed supplies from local hospitals and a shaky wheelchair. These inspiring faculty members had to rely on their creative prowess to build simulated learning by crafting homemade devices for skills acquisition and by employing their negotiating skills to borrow functional equipment from local hospitals and existing healthcare programs. Does this sound remotely familiar? Needless to say, they eagerly embraced the addition of the first faculty lab manager midway through 2008 and the addition of my position in early 2009! It was most helpful that the existing lab manager had done a substantial amount of planning for the new lab prior to my arrival.

My position at UCQ involved taking the lead on developing a strategic plan for the integration of low to hi-fidelity simulation for two undergraduate programs, creating a plan for and converting eight existing classrooms to labs, assembling a Faculty Laboratory Working Group, in addition to teaching three sections of health assessment labs. This was no small task but with the unwavering support of UCQ administrators, Acting Dean and CEO, Dr. Sheila Evans and Acting Associate Dean, Dr. Marlene Smadu, I was up for the challenge!

First Impressions

Photo Two

After the exhausting 36-hour journey from Edmonton to Doha, my teenage sons Justin (17 years) and Patrick (15 years) and I wove our way in a taxi from the airport at one a.m. My husband Greg would be joining us in Qatar periodically throughout the

year. I was absolutely awe-struck by the multi-colored, architecturally stunning towers that painted the night skyline, thinking to myself that I had landed on another planet. My children were very quiet with eyes wide-open and suddenly my older son, Justin exclaimed, “Wow, isn’t this amazing Mom?” I concurred with him as I gazed upon the spectacular cityscape answering, “Yes, Justy, it is beautiful”. He retorted, “No Mom, not the buildings, I have not seen one ugly car since we arrived!” So it was with a big chuckle at the sharp contrast in our perspectives that we headed into this foreign land with unharnessed zeal.

I will never forget the bewilderment I experienced the first morning as I was awoken by the traditional call to prayer. This chanted prayer is sung five times daily heard echoing from the local minarets at sunrise between 4:30 and 5:00 a.m. (minarets are tall towers attached to mosques). Who would have thought that the daily call to prayer would become a very comforting and reverent part of the fabric of my life in Qatar?

Building a Simulation Center

As the Clinical Simulation and Assessment Manager, my first task was to create functional lab spaces equipped for health assessment courses slated to begin within a week of my arrival. In the absence of developed and furnished labs spaces, I scoured the premises for anything that could help build an interim clinical environment. Used office furniture, yoga mats and old blankets were assembled and the first official lab space was put into use in the third week in January 2009.

Photo Three, Four, Five

The pace was fast as I had only eleven months to accomplish the planning, design and build, and most of the outfitting of the new clinical laboratory spaces. It was crucial to

meeting project timelines that I become well acquainted with local business people and practices. I grew to admire the eastern collectivist business culture; one that involves high context communication and intense socializing with family, good friends, and colleagues by getting to know each other first, then doing business. Western individualist business cultures tend to go right for the bulls-eye with a handshake, a hello, and let's get down to business approach. It is interesting to think about how this western transactional approach to doing business might also influence our actions in other professional realms, such as in patient care settings.

Photos Six, Seven, Eight

Once completed, the new rooms were bright and spacious including three five-bed acute care labs one mannequin-based simulation suite with two simulation rooms; two fully equipped conference rooms and a common monitoring space; one faculty resource and supply room; several office and work spaces; a utility area; additional conference spaces and one media rich classroom space.

Photo Nine: {Photo caption (pictured in upper row left: Nursing Faculty, Ms. Isabelle Kelly, Ms. Colette Foisy-Doll, Ms. Chontelle Frost, Ms. Behi Nikaiin, and lower row left: Admin Assistant, Ms. Marisol Rainer, and Nursing Faculty, Ms. Lois Thornton, and Ms. Kimberly Jarvis and Dr. Marlene Smadu, the acting Associate Dean as an ad hoc member (not pictured in photo)} Personal photo, C. Foisy-Doll

By the spring of 2009, the Clinical Simulation Centre (CSC) Laboratory Working Group was formed and comprised of the following nursing UCQ faculty and staff. Through the late spring and fall, this working group provided input into all facets of simulation initiatives, including: formalizing policies and procedures for the center, the hiring of student employees, writing of job descriptions, as well as in reviewing comprehensive plans for equipment purchases and space development. Chontelle Frost

took the lead on collaborating with students and faculty to develop culturally sensitive scrub uniforms (as seen in photos 11 & 13). Nurses in clinical practice in Qatar wear an *all white uniform* consisting of an abaya, that fully covers arms and body and a shayla, covering the head. The new scrub uniforms had sleeves to just past the elbow and a longer, knee-length, side-slit tunic style bodice and pants. Long-sleeved shirts worn under scrubs could be pushed up during patient care, and slid down for modesty when students were in public areas. This is a great example of a win-win, culturally sensitive compromise!

Simultaneously, as simulation manager I was implementing faculty and student development programs and forging partnerships with local simulation users and stakeholders in preparation for the introduction of simulation andragogy at UCQ.

A *team approach* to this project was imperative and involved every department and every single one of forty-five UCQ staff members. I extend a heartfelt thank you for the tireless efforts of all those who worked so hard to make this project a reality.

About Qatar

Ruled by the current Emir - Sheik Hamid bin Khalifa Al Thani, this previously impoverished British protectorate was not long ago renowned for pearl diving and the trading of spices, horses and camels. Qatar is a tiny independent state with a population of about 1.5 million is situated in the southern Arabian (sometimes called Persian) Gulf, on the northern tip of Saudi Arabia and encircled by other Arab countries such as Bahrain, Kuwait, the United Arab Emirates, Iran and Iraq. The population consists of roughly twenty-five percent Qatari people and seventy-five percent expatriates from every corner of the globe making it a microcosm of the world. Arabic is the official

language with English commonly spoken as a second language. Islam is the official religion of the State, with Sunni Muslims making up the majority. This thriving nation has the second highest gross domestic product revenues in the world, primarily generated from rich gas and oil reserves. Today, Doha is a city undergoing major development and is a thriving, dynamic hub of activity offering world-class healthcare and education. There is an impressive array of post-secondary learning institutions in Qatar, where, in addition to Qatar University, you will find more than ten major universities and colleges from all over the world. Winters in Qatar are pleasant with temperatures hovering around mid-twenty Celsius and summer months are hot and humid with temperatures in the high thirty to low fifty degree Celsius range (Qatar, 2011).

The Qatari People

I so distinctly recall all of my senses being engaged when I met the Qatari people for the first time. Both the men and women were elegantly dressed in their traditional garments: men wearing the white thobe (full gown) and guthra (cloth head cover) and the women draped in the abaya (full black dress) and shayla (black head cover) that are often elaborately decorated with studs, jewels and intricately embroidered designs. The distinct aroma of new and unfamiliar perfumes lingered in the air as the Qatari people appeared to float by me. Their lack of hurriedness struck me. I observed that they were graceful and poised and in fact I learned this to be true of my students as well. I loved that fact that when greeting each other, without fail, they bless one another with Allah's blessing, "Asalam Alaykum" (Allah's peace be upon you). The familiar male greeting is the bumping of noses three times followed by a hug and the women kiss and hug each other, first kissing on one cheek and then as many times as is appropriate to their expression of

affection on the other! Gender opposites do not greet each other with touch, but instead, a head nod in acknowledgement and a smile.

I was able to participate in a three-day orientation to the Arab culture shortly after arriving. This provided me with practical and interesting information about the local culture. In retrospect, I believe that my cultural adaptation was a smooth one, however there were daily occurrences that caused me to stop and marvel at our differences. I coined this phenomenon my moments of *cultural dissonance.* These moments came to represent opportunities for me to stop and learn about that which I did not understand. This process unfolded minute-to-minute and day-to-day, and before too long, I was feeling very much at home in the once very unfamiliar surroundings.

Cultural Competence In Teaching

Dr. Madeleine Leininger's Culture Care Diversity and Universality theory (Leininger & McFarland, 2006) defines the construct of *culture care* as being primal to the nurse achieving cultural competence. Cultural competence that is evidenced by the nurse's ability to engage in an in-depth introspective process of cultural awareness, coupled with an authentic desire to honor clients' values, beliefs and life practices. The culturally competent nurse then bridges cultural differences through empowering clients with the goal of achieving culturally congruent care. As a nurse educator employing Leininger's theory to this new context, I simply adapted the theory for my use by replacing the terms *patient* and *culturally congruent care* with the *student and culturally congruent education*. With this in mind, I maintained an edict of respect as a teacher and sought to become knowledgeable about the worldviews of my Qatari students, their language (primary language was Arabic with English as a second language), traditions

and folk practices, societal values and beliefs, and their ways of living everyday life. I enrolled in a basic Arabic course over one semester at Stenden University. In the fall of 2009, when presenting at the International Nursing Conference in Sharjah, U.A.E, I was elated that the audience understood my conversational English-Arabic accent. I understood that being a culturally competent educator did not mean that I had to be an expert on Qatari culture, it simply meant I had to hold a profound respect and curiosity for our differences (Leininger, as cited in McFarland & Epperlie, 2008).

I further learned that adopting a *culturally proficient* approach involved more than seeking to understand and respect cultural similarities and differences, it involved *advocating for* and *being proactive* to integrate what you have learned into practice (Goode, 2004). As a nurse educator who has worked in many settings, I acknowledge the importance of this action of critical inquiry and maintain that it is the right of every human being to experience culturally safe encounters that uphold the dignity and respect of all individuals, regardless of the context.

Photo Ten

Simulation and Cultural Competence

In this global context of rapidly shifting demographics, it is becoming increasing incumbent upon educators to create learning experiences that effectively prepare culturally competent caregivers. Interestingly, fear and lack of skill on the part of teachers and students can be a key deterrent to broaching the topic (Meltzoff & Lenssen, 2000). Simulation learning provides a platform for integrating culture concepts, creating highly interactive encounters that can be further analyzed and reflected upon in debriefing. Essentially, educators replicate moments of *cultural dissonance* where

students confront differences and similarities in attitudes, beliefs, behaviors, cultural norms, traditions, religious practices and ways of being. Becoming culturally competent is a process that can effectively be learned using simulation education. Multiple simulation modalities have successfully been employed to teach cultural sensitivity, cultural awareness and cultural competence. These approaches have included the use of hi-fidelity simulators, standardized patients, virtual reality platforms and even role-play (Meltzoff & Lenssen, 2000; Rutledge, Barham, Wiles, Benjamin, Eaton & Palmer, 2008). For example, in an effort to build culturally sensitive environments at UCQ, current simulation specialists have placed the Holy Quran at each bedside in the CSC. Upon entering the sim room and interacting with the patient, the presence of this holy book serves as a cue for students to learn about how it should be handled and about its vital importance to the patient in their care. If the student should happen to mishandle the Holy Quran, the facilitator can capitalize on this valuable *teachable moment* and rich discussion about this and many related issues can ensue.

The presence of a well prepared facilitator in debriefing is essential to helping students bridge potentially emotionally charged experiences to theory, building new conceptual realities. Additionally, building cross-cultural scenarios that include elements from different cultures can provide students with rich opportunities to identify their knowledge or lack thereof, emotions, biases, prejudices, limitations and strengths (Meltzoff & Lenssen, 2000).

Learning About Contrasting Cultures

Part of my role at UCQ involved teaching three health assessment lab groups consisting of ten students each. It was in my first lab class as I greeted my veiled female

students, that I was immediately confronted with some glaring cultural differences that made me question the suitability of my approach to physical assessment. They were extremely tentative about unveiling any part of themselves for the purposes of peer – partnered physical examination. I understood that as a nurse educator, I was called to adopt an authentic stance of curiosity and to make an effort to create a culturally safe environment for my learners by becoming informed of the differences that existed between them and myself (Beckett, Gilbertson, & Greenwood, 2007). What seemed a natural solution to the challenge was to create an opportunity to better understand each other: to build respect, trust, and understanding with the goal of creating a culturally safe environment. And so began the thirty minute "culture coffee" at the start of each lab. It was interesting to note that I instinctively drew upon my knowledge of advocacy-inquiry and appreciative-inquiry approaches for all pre-briefing and debriefing activities. The students and I would engage in fascinating conversations, uncovering frames that pertained to every topic under the sun; topics ranged from explaining Ramadan to the Easter Bunny, from raising teenagers to understanding folk traditions and from lived experience of being one of more than one wife, to professional scopes of practice in our respective countries.

It fascinated me to learn about the five basic tenets of the Islamic faith. By drawing parallels that existed between the *Islamic Five Pillars of Faith* and the tenets of my *Roman Catholic* faith, I was better able to engage in informed encounters with the Qatari and other local Muslim people. Exploring faith commonalities and differences during my encounters with them proved to be fertile ground for learning about each other while gaining an appreciation for each other's traditions, customs and practices. For

example, Shahadah or the declaration of faith could be compared to the Catholic Profession of Faith recited at daily Mass, while Salat (prayer) as witnessed by the five-time daily call to prayer could be likened to the Catholic practice of praying of the daily Angelus or the Holy Rosary. Zakat (alms) is similar to tithing practices, and Sawm or fasting during religious feasts such as during Ramadan can be compared to Lenten fasting (Wehbe-Alamah, 2008; Religion Facts, 2011).

Unlike western cultures where distinct sectors exist, religion and State in Arabic countries are one-in-the-same: faith and related practices are woven through every part of the Muslim's daily life. It was necessary, therefore, that I develop a thorough knowledge of both practices and people. Another area where I gained insight was into how women value modesty as part of their faith and how they also value style and appearance as part of a long-standing tradition of proudly wearing their beautiful abaya (body dress) and shayla (head covering). Although great diversity in women's' rights exists in Arab countries, Qatari woman exercise freedom of speech, pursue post-secondary education, have driver's permits, travel abroad and hold prominent positions in society. My growing understanding of the culture allowed me a more holistic perspective of these women in context, resulting in dramatic shifts in my levels of knowledge and understanding.

Simulation Integration

Throughout the first few weeks of encounters with students, it became increasing apparent that a *needs analysis* was of vital importance. However, time was of the essence! Although UCQ is working towards conducting formal research in simulation learning, there was only time for informal data collection. In the absence of literature specifically related to implementing simulation in a Middle Eastern context, I forged

ahead with several assessment initiatives. A plan was set to gather information on students' needs, perceptions and cultural practices that would, in part, inform the simulation integration project. A brief series of simulation test runs would provide beginning information, as hi-fidelity, mannequin-based simulation had never before been utilized at UCQ. In May of 2009, using two newly arrived mid-fidelity simulators, six students participated in the first ever simulation scenarios. Three emergent care cases were run involving respiratory, cardiac and endocrine systems. We employed Jeffries' (2007; 2005) simulation learning process where preparation, active learning, and debriefing phases were underpinned by best practices in education. A sixty-minute debrief revealed that students' initial fears had vanished as they ignited on fire with a passion to do more!

Following the simulation test runs, the students requested an opportunity to continue our discussion as they felt they had much to share about ways simulation could be used to help them learn. Student consent was obtained to participate in a *video-recorded focus group* where several themes surfaced from the discussion: gender issues, end-of –life care, teamwork, advocacy, working with interpreters and lastly being photographed.

The students identified *gender issues* from real life clinical experiences that could be learned using simulation, such as refusal of a female caregiver by a Muslim male patient, facing feelings fear and discomfort when alone with the opposite gender, inquiring about bodily functions or having to expose a person's body. They also noted that it would be helpful to learn how to interact effectively with family members and to practice asking visitors to exit the patient's room for procedural care (in Qatar, there is a

very strong presence of family at the sick person's beside). They also expressed concern at the prospect of mixed-gender classes in lab settings and stated how this caused them heightened anxiety. For example, during written exams, it was noted that students would not remove their shayla to be more comfortable if males were present in the room.

The second theme was complex care situations such as the death of a Muslim patient; discussion ensued about developing an *end-of-life* scenario around the nursing care for this type of patient. I learned a great deal including the practice of seeking Fatwa for ethical care decisions from an Imam, an Islamic leader who often leads worship in the Muslim community. Fatwa is a religious directive issued through consultation with an authority on Islam for social, moral and religious questions (Islam and Islamic Law, 2011).

Thirdly, working *effectively in teams* was highlighted when several female students noted that they were uncomfortable advocating for patients in the presence of male physicians and would appreciate the opportunity to practice communication in light of gender and professional status differences.

A fourth area was that of dealing with a *bedside interpreter* as in Qatar the patient care population is extremely diverse; South and Southeast Asians, Egyptians, Palestinians, Jordanians, Lebanese, Syrians, Yemenis, and Iranians and people from other countries from all over the world account for 75% of the population (Qatar, 2010).

The fifth item dealt with the *photography and videography* of simulation learning events. Some Muslim females allow being photographed while others desired either no filming whatsoever or the immediate destruction of videotapes after use in debriefing

sessions. Culturally sensitive options for simulation that did not include taping were suggested and implemented.

It stuck me that the *issues they raised were not significantly different than those raised by my Western learners* and that minor but significant adaptions to our approach might effectively achieve culturally congruent simulation learning.

Photo Eleven

In an effort to glean additional information from the greater UCQ student and faculty, a CSC *Laboratory Instruction Evaluation* survey was developed. With the help of Dr. Diane Duff an experienced nursing faculty researcher, a voluntary, anonymous survey was administered electronically to faculty and students. Numeric scale and narrative responses provided information on whether or not adaptations made by faculty for students' had been effective in accommodating religious practices, cultural practices and gender issues in laboratory environments. Overall responses (response rate 39%) reflected that students were very satisfied with accommodations made for religious and cultural practices of prayer time, Ramadan and related family obligations. Two main areas of student concern surfaced from the survey responses: 1) discomfort with mixed gender classes and exams and 2) discretion when exposing the human body in learning settings. Faculty noted that they found themselves teaching familiar content in very unfamiliar surroundings and that they did not fully know the religious norms for students in this culture, as much of what they did know was learned was from second-hand anecdotal information. In addition they cited the concerns that male students there have limited or no access to female patient care.

Students expressed satisfaction for accommodations that had been made for *levelling the exposure of male and female body parts* by having them first exposed to task trainers. They stated that the use of low-fidelity simulators helped to build their confidence and comfort levels. The students also suggested using simulation scenarios that necessitated interaction with the opposite gender in professional practice would be helpful. An excellent example would be the use of the birthing simulator for male students who in Qatar, are not permitted access to obstetrical care settings. Several times, they highlighted our cultural differences and the need for faculty to develop a more in-depth understanding of their values and culture with a corresponding need on their part to do the same for us.

Based on themes that surfaced from the three sources: the simulation test runs, survey and focus group, *recommendations* were made to the Laboratory Working Group that served to, in part, inform our policy and simulation process development. We acknowledged that the information could not be generalizable beyond UCQ, specifically with adaptations made to filming and mixed-gender learning as norms in photography vary greatly among Arab countries. Recommendations for new policies were to included, 1) a continued heightened culturally sensitive approach to photography and videography where accommodations were made for those who desired not to be filmed in addition to permissions being required for extended storage and use of films, 2) efforts to avoid or limit gender mixing, such as during physical examination classes or during exams, to limit gender mixing as it increases anxiety and stress for most female learners; however, we agreed that we would use simulation as a powerful means of introducing the clinical reality of mixed-gender interactions, 3) and the use of simulation to level exposure to, and handling of body parts by using simulators to help students build confidence and comfort

with this experience. Furthermore, it was made explicit that students had the option of *not unveiling* in physical examination labs if they so chose.

The first hi-fidelity simulator arrived in December of 2009 so there was very little time for hands-on training before my departure. With minimal coaching on scenario building and a small amount of training, two faculty members forged ahead with the use of simulation learning in the winter of 2010.

Photo Twelve, Thirteen

Since my return to Canada in January 2009, I have been privileged to return to Qatar twice. I first returned in June of 2010 for the convocation of the first graduating class of Post Diploma Bachelor of Nursing students. My second trip in April of 2011 was to participate in the Grand Opening of the completed CSC and a one-day SIMposium on simulation for healthcare educators and professionals from the Gulf region. Both events generated excitement and anticipation of new and great things to come! It was gratifying to see that UCQ is committed to moving forward with the addition of two graduate level simulation specialists, Leanne Wyrostok and Jayne Smitten (pictured above), two student employees, and in addition, were in the process of hiring a new Simulation Technical Specialist. Over the past year, these educators have led the integration low to hi-fidelity in all *clinical nursing course*s. Plans to expand simulation capabilities are underway where a new Patient Simulation Suite and program will employ patient actors for teaching of higher level relational communication skills such as in family, mental health, and seniors studies. Together, they have worked toward an overall enhanced acceptance of the value of experiential simulations and learning activities within the baccalaureate-nursing curriculum. There has been a continued, deliberate focus on the development,

integration and research of culturally sensitive simulation activities throughout the curriculum to better equip nurses in the provision of culturally competent care to patients in Qatar.

Conclusion

Leaving Doha in April of 2011, I was overwhelmed by the profound impact this journey had on my life both professionally and personally. This experience nurtured in me a profound appreciation for the inextricable role the nurse educator plays in modeling excellence in cultural competence. I also developed a strengthened valuing of simulation as pedagogy and as a highly effective means of teaching culture, cultural awareness and sensitivity, and cultural competence. The challenge for nurse educators across the globe is to exemplify excellence in cultural competence within every learning event, with every student, and every patient, across all settings. I left Doha with tears rolling down my cheeks and with the fondest memories of the loving and sharing nature of the Arab people. Just this past week, I received three student visitors and one faculty member from UCQ to my cottage at the lake in northern Alberta, Canada. They had their first experiences of a bonfire and roasted marshmallows, canoeing, and of seeing beavers and eagles in the Great White North. It was magical!

I quietly smiled and thought to myself, “We did it!” I think that Dr. Leininger, the matriarch of cultural competence would be very proud of this initiative. Who better than nurses I thought, to bridge love, healing and understanding between the eastern and western people of this world?” There is nothing simulated about that!

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Photo one: UCQ Campus, Doha, Qatar, Personal Photo

Photo two: Doha Skyline, 2009

Personal Photo

Photo Three: Humble Lab Beginnings, UCQ, 2009

Photo Four: UCQ lab, office furniture conversion

Personal Photo

Photo Five: Large empty rooms. Personal Photo

Photo Six: Renovation underway, Summer 2009 Personal Photo

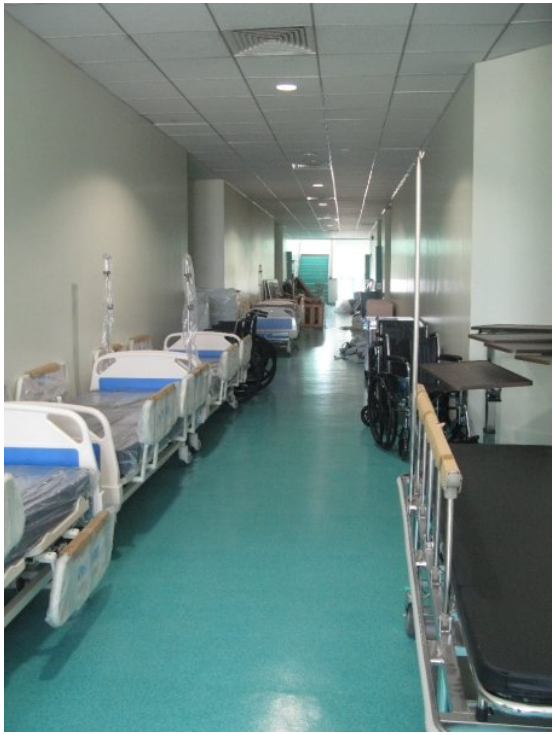

Photo Seven: New Equipment Arriving, Fall 2009

Personal Photo

Photo Eight: Unpacking, Fall, 2009

Personal Photo

Photo Nine: *{Photo caption (pictured in upper row left: Nursing Faculty, Ms. Isabelle Kelly, Ms. Colette Foisy-Doll, Ms. Chontelle Frost (Lab Manager), Ms. Behi Nikaiin, and lower row left: Admin Assistant, Ms. Marisol Rainer, and Nursing Faculty, Ms. Lois Thornton, and Ms. Kimberly Jarvis and Dr. Marlene Smadu, the acting Associate Dean as an ad hoc member (not in photo)} Personal Photo*

Photo Ten: Colette Foisy-Doll and Student, Samreen Pervez, December 2009

Personal Photo

Photo Eleven: UCQ Student Ambreen Saleh, Spring 2009

Photo credit: John Gulka, UCQ

Photo Twelve:

Grand Opening April, 2011 (left to right) Dr. Latifa Al-Houty, Director of the College of Nursing Project, Hessa Yousuf M. Al Aali, Associate Director, Executive Committee-CNAQ, UCQ, Supreme Education Council, Dr. Fouzia Al Naimi, Nursing Advisor for the National Health Authority, Dr. Carolyn Byrne, Dean and CEO UCQ, Leanne Wyrostok, Manager of the Clinical Simulation Centre (CSC) and Jayne Smitten, Clinical Lab Manager CSC.
Photo credit: John Gulka, UCQ

Photo Thirteen: Faculty members Kimberly Jarvis at computer, Lois Thornton and UCQ students in Hi-fidelity Lab.

Photo credit: John Gulka, UCQ