

RUNNING HEAD: Do No Harm

Do No Harm:  
Best Practices and Tools to Develop Global Health Experiences for Nursing Students

Leslie Ann MacKeen, MA

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The University of North Carolina at Chapel Hill  
School of Nursing  
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Advisor: Rhonda Lanning, RN MSN CNM LCCE IBCLC

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### **Abstract**

Nurses are strong social justice advocates who often serve the most marginalized communities. Nursing has responded to social changes and globalization by developing into a multifaceted profession that integrates cultural competency, education, empathy, advocacy, and interdisciplinary collaboration. However, throughout its growth as a profession, the guiding principles of nursing have remained consistent, foremost among them being nonmaleficence – or do no harm. Nursing schools across the United States are responding to the need to develop cultural competency and are offering innovative ways for students to build their skills and experiences through international nursing experiences. This is a positive trend, as research demonstrates that international experiences benefit nursing students' personal and professional development. However, ethical challenges exist, primarily regarding the positive or negative impact a student experience has on the host community. Poorly planned and executed international experiences for nursing students have been shown to destabilize local health systems, undermine local providers, and displace local economies. Therefore nurse educators should balance the academic needs of their students against the health and development needs of host communities. Nurse education does not include substantial experience in program design for international efforts. However, the fields of international development and public health share the principle of nonmaleficence and have established best practices for program design to mitigate and prevent unintended adverse consequences on host communities. By incorporating best practices from international development and public health, nurse educators can better develop ethically sound international experiences for their students, develop nurses with greater cultural competency, and best support the development of host communities.

## **Do No Harm:**

### **Best Practices and Tools to Develop Global Health Experiences for Nursing Students**

Traditionally the profession of nursing has been a strong advocate for social justice with a focus on serving society. To address issues related to social justice, nurses often serve the most marginalized communities in our society and around the world. Nursing has responded to social changes and globalization by developing into a multifaceted profession that integrates cultural competency, education, empathy, advocacy, and interdisciplinary collaboration. However, throughout its growth as a profession, the principles of nursing have not changed. Modern nursing has always been guided by professional principles and ethics, foremost among these being nonmaleficence – do no harm (Afriyie Asenso, Reimer-Kirkham, & Astle, 2013; American Nurses Association, 2016; Crigger & Holcomb, 2007; Silva & Ludwick, 1999; Smith-Miller, Leak, Harlan, Dieckmann, & Sherwood, 2010; World Health Organization, 2016). Today, to produce culturally competent nurses, nursing schools are increasingly utilizing programs such as international experiences. However, these programs face moral and ethical challenges, since poorly designed programs can result in unintended adverse consequences at the host community level (Crigger & Holcomb, 2007; DeCamp, 2011). Nurse educators must balance the academic needs of their students against the health and developmental needs of host communities to mitigate and prevent unintended adverse effects on these communities. To design international programs that achieve this balance, nurse educators can seek guidance from other disciplines with the shared principle of nonmaleficence, such as the fields of international development and global health. In this way, international experiences for nursing students can benefit student personal and professional development, support the development needs of host communities,

and, most importantly, ensure programs adhere to nursing's guiding principle of do no harm.

To foster culturally competent care and respond to increased globalization and immigration, the Joint Commission supported the U.S. Department of Health and Human Services to develop the National Standards for Culturally and Linguistically Appropriate Services (CLAS) initiative (Afriyie Asenso et al., 2013; Smith-Miller et al., 2010). CLAS is “intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services” (U.S. Department of Health and Human Services, 2015, p. 1). Cultural competence has been shown to improve patient safety and outcomes, therefore nurses are now expected to understand cultural diversity and cultural relativity and apply this lens to their care and the issues influencing health and healthcare (Afriyie Asenso et al., 2013; Smith-Miller et al., 2010). In 2008, the American Association of the Colleges of Nursing mandated that cultural diversity training be included in nursing education (Long, 2014).

In support of this mandate, nursing schools are now including cultural competence training in their curriculums to educate students how to provide equitable care to all individuals regardless of sociocultural background (Afriyie Asenso et al., 2013; Egenes, 2012; Watt, Butler, Exner-Pirot, & Wright, 2015). Developing cultural competence is a continual process and is not achieved through the methods by which nursing schools teach clinical skills and critical thinking (Smith-Miller et al., 2010). Therefore, many nursing schools offer international experiences in order to prepare nurses to be global citizens capable of providing culturally competent care. Through international experiences and confronting challenges faced abroad, students can cultivate cultural competence to become more effective nurses both at home and abroad (Crump,

Sugarman, & Working Group on Ethics Guidelines for Global Health Training (WEIGHT), 2010; Egenes, 2012; Long, 2014; Watt et al., 2015).

Research in support of international experiences for nursing students indicates that such experiences enhance personal growth and increase understanding of global issues and different cultures, thus improving the nursing care delivered by participants. These experiences can result in improved care for individuals from different sociocultural backgrounds and, in general, more effective nursing care. In recognition of this, nurse leaders are prioritizing international experiences for nursing students in order to prepare students and the nursing profession to participate effectively in the field of global health. As a result, more and more nursing schools in the United States are developing international experiences to meet accreditation standards and prepare their students to work effectively in an increasingly globalized landscape (Ailinger, Molloy, & Sacasa, 2009; Critchley et al., 2009; DeDee & Stewart, 2003; Jenkins, Balneaves, & Lust, 2011; Lee, 2004; Long, 2014; Main, Garrett-Wright, & Kerby, 2013; Sloan, Bower, & Groves, 2008; Smith & Curry, 2011; Tuckett & Crompton, 2014; Wros & Archer, 2010; Zorn, 1996).

These programs are popular with students for the opportunity to work and travel abroad and there are intrinsic benefits of an international experience. Research indicates that benefits include: intellectual, personal, and professional development; self-confidence; cultural competence; international understanding; communication skills; adaptability; leadership skills; and self-awareness (Ailinger et al., 2009; Critchley et al., 2009; DeDee & Stewart, 2003; Egenes, 2012; Jenkins et al., 2011; Lee, 2004; Long, 2014; Main et al., 2013; Sloan et al., 2008; Smith & Curry, 2011; Smith-Miller et al., 2010; Tuckett & Crompton, 2014; Wros & Archer, 2010; Zorn, 1996). Specifically, research indicates that students who participate in international

experiences demonstrate significantly higher cognitive development than students who do not (Jenkins et al., 2011). Immersion experiences improve students' sensitivity to and understanding of individuals from different sociocultural backgrounds (Smith-Miller et al., 2010; Wros & Archer, 2010). International experiences offers students the ability to learn about themselves, other cultures, and, through self-reflection, identify and evaluate the positive and negative attributes of different cultures, as well as their own (Egenes, 2012). However, while research demonstrates that international experiences contribute to personal growth, this personal growth does not always translate into professional growth. The first major study on this topic, still heavily cited in all current literature, concluded that although international experiences can enhance personal growth and global understanding, simply participating in an international experience is insufficient to impact students' professional development over the long term (Zorn, 1996).

The quality of the program is critical to the effectiveness of the experience for students' development. Program design can be an obstacle that prevents some international experiences from endowing students with all the possible personal and professional benefits. Length of time, location, degree of cultural immersion, and the scope of the experience are all critical program design elements to be considered in the development of an international experience for nursing students and research into these factors conclusively demonstrates their relevance to professional development and cultural competence. For example, students who spent three to four months abroad report a greater impact than students who only traveled for a few weeks (Zorn, 1996), and students who work in developing countries report greater gain in their personal and professional development than those who worked in developed countries (Wros & Archer, 2010) . Furthermore, students who participate in an immersion program abroad report greater cultural

competence when compared with students who receive their cultural training through lectures or classroom experiences (Long, 2014). In general, international travel, multilingualism, and training are key to the development of cultural competence; therefore, an international experience can be an effective process for nursing students to develop cultural competence, but effectiveness depends on the program design (Smith-Miller et al., 2010; Wros & Archer, 2010).

The studies referenced above demonstrate that personal and professional development that leads to improvements in cultural competence is best gained through an ongoing educational process reflective of individual commitment and an honest desire to develop the skills necessary to provide culturally sensitive and appropriate nursing care. Nursing schools can apply this information toward the design of their international programs, so that programs produce significant improvement in student attitudes and beliefs and support an overall educational process that develops culturally competent nurses.

It is important to note that there is some inconsistency in the research as to the impact of international experiences on nursing students and their professional development. Although it has been shown that students acquire significant transformations and personal development from international experiences, there is indication that the short- and long-term effects on students are overstated and, in actuality, gains are much more modest (Harrowing, Gregory, O'Sullivan, Lee, & Doolittle, 2012). While these inconsistencies may appear counterintuitive, a potential explanation is that many of these programs are neither conceptually grounded, integrated into the curriculum, nor systematically evaluated, and, unfortunately, are incongruous with best practices for public health programming. Ironically, even though international nursing experiences are focused on improving the understanding and quality of global health, global health best practices are rarely considered in the development of these programs (Watt et al., 2015).



Despite the benefits of a well-designed international experience for nursing students, there are unintended consequences and adverse effects that require consideration. For example, if international experiences are not substantially integrated into the nursing curriculum, students are often ill prepared to work in a new sociocultural environment – especially one with limited resources. Challenges such as culture shock and the associated frustrations of working in a resource-constrained environment adversely affect the unprepared student's experience. Furthermore, discrepancies between U.S. nursing practices and those used in developing countries require nursing students to adjust their practice while acting ethically in a foreign environment. However, most university programs do not adequately prepare their students to maneuver and address the challenges they will face when abroad. This adversely affects the quality of their experience and the nursing care these students provide (DeCamp, Rodriguez, Hecht, Barry, & Sugarman, 2013; Jenkins et al., 2011).

While lack of integration with curricula diminishes the quality of the experience for the student, the lack of conceptual grounding, evaluation, and utilization of global health best practices has negative consequences beyond that of student's education and personal and professional development. The stated program objectives of international experiences are the student's personal and professional growth and application of nursing knowledge (Smith & Curry, 2011). However, these program objectives do not consider the impact on the host community. While research clearly demonstrates the importance and significance of an international experience to nursing education, there is a dearth of research on how or even whether these programs benefit or, even worse, adversely affect the host community (DeDee & Stewart, 2003; Levine & Perpetua, 2006). A possible explanation is that program design often omits the perspective and needs of the host community. For example, the goals of one such

program out of the University of Wisconsin Oshkosh are:

- (1) Observe and experience host countries, gaining appreciation for diversity of thought, health values, and life practices.
- (2) Describe historical, economic, social, geographic, and political influences on host country health and health care.
- (3) Compare and contrast current nursing education, the nurse's role, and the overall system of health care delivery in a host country with that of the United States.
- (4) Identify health issues of a host country (DeDee & Stewart, 2003).

These goals, which are representative of most programs in the literature, are designed to solely benefit student personal and professional growth, with no mention of the host community to be impacted by nursing students working abroad.

Unfortunately, there is limited research into whether international program experiences benefit or unintentionally harm host communities. The research that is available on this topic raises moral and ethical concerns as to whether short term volunteer work provided by nursing students and other allied health professionals does more harm than good (Crump et al., 2010; DeCamp, 2011; Green, Green, Scandlyn, & Kestler, 2009; Iseron, Biros, & James Holliman, 2012; Melby et al., 2016). From a moral and ethical perspective, there is agreement that “global health training that benefits the trainee at the cost of the host is clearly unacceptable; mutual and reciprocal benefit, geared to achieving the program goals of all parties and aiming for equity, should be the goal. Exploitation of one partner for the benefit of another must be avoided” (Crump et al., 2010, p. 1178). Since “mutual and reciprocal benefit” (Crump et al., 2010, p. 1178) should be the programmatic goal of international experiences, volunteer experiences ought to be designed so that they are not self-serving and avoid benefitting students at the expense of

the host community (DeCamp, 2011). Student volunteer programs have been shown to adversely affect the host community's health system, displace local healthcare providers, and engender mistrust between host communities and students volunteers that further limits impact (Iserson et al., 2012; Maki, Qualls, White, Kleefield, & Crone, 2008; Melby et al., 2016). Volunteers can burden the host community and health system and cause unintended harm. Moreover, the issue of the sustainability of their efforts is key and the lack of sustainability among most programs raises additional moral and ethical concerns (Crump et al., 2010; Melby et al., 2016).

Once abroad, volunteers address health issues in resource constrained environments and often believe that doing something is better than nothing, which can unintentionally cause harm. Volunteers often misunderstand their role and act without careful consideration of the local context and local health system (McCall & Iltis, 2014). With limited to no supervision, volunteers frequently act outside of their scope of practice and provide suboptimal care, often without accountability (Green et al., 2009; Melby et al., 2016). This type of care is inappropriate and fails to follow “current standards of healthcare delivery (continuity, access) or public health programs (equity, sustainability)” (Iserson et al., 2012, p. 689). This care is also ineffective because it only provides temporary solutions and does not sustainably address the true causes of health disparities (Iserson et al., 2012). Without adequate preparation and a solid understanding of local healthcare needs, volunteers' efforts are often misguided (Green et al., 2009). This is compounded when volunteers are unable to provide adequate follow-up for patients due to the short-term nature of their trips – this is especially true for patients with chronic health conditions who require continual care (DeCamp, 2011; Iserson et al., 2012).

One of the stated goals and desired results of international experiences is for nursing students to improve their communication skills and develop cultural competency. However,

when volunteers embark on an international experience without appropriate preparation in communication and cultural competency, this can cause harm and lead to ineffective communication between student volunteers, their hosts, and their patients. Specifically, cultural barriers adversely affect the quality of communication between student volunteers and patients and this miscommunication can offend local counterparts, lead to mistrust between the volunteer and the host community, and even result in misdiagnoses and inappropriate treatment (Egenes, 2012; Green et al., 2009; McCall & Iltis, 2014).

Student volunteers also impose costs on the host community and can displace host community resources and undermine local healthcare providers (DeCamp, 2011). In fact, some communities develop a belief that foreigners provide better care and community members stop seeking treatment from local providers after hosting volunteers. This belief, combined with the intermittent presence of volunteer provided services, has the adverse effect of permanently displacing local providers and healthcare services. This effectively undermines local healthcare providers and reduces access to care in the absence of volunteers (Green et al., 2009; Iseron et al., 2012; McCall & Iltis, 2014; Melby et al., 2016). Over time, communities become dependent on intermittent and incomplete healthcare provided by foreigners and become at risk for adverse consequences from hosting volunteers – between volunteer visits in the short-term and over the long-term after a volunteer program concludes.

Negative consequences to the host community extend beyond the displacement of local healthcare providers and the risks associated with episodic service delivery. Because volunteers are providing services, governments often consider themselves absolved from their responsibility because they are under reduced or no pressure to offer services or long-term solutions to healthcare issues. The presence of volunteers stymies the development of locally sustained or

government supported health care infrastructure (Green et al., 2009; Melby et al., 2016). This is because volunteer programs are rarely integrated into the host community or country's health system and, absent integration, volunteers "can potentially undermine long-term community health outcomes by shifting responsibility from local governments to [volunteer] providers, which in turn may lead to some patients waiting for subsequent [volunteers] to receive care while their conditions worsen" (Melby et al., 2016, p. 2).

Programs supporting international experiences that are poorly planned, not integrated into the local health system, and do not consider the needs and realities on the ground in host communities can cause long-term harm and unintended negative consequences. Therefore, they need to be designed and implemented with a plan for sustainability and integration into the local healthcare system. Furthermore, program design for international experiences should involve host communities and local providers in the planning and implementation as part of a process to train and build local capacity (Melby et al., 2016).

As a service to society, nursing is inherently an ethical profession, with a code of conduct that requires nurses to make ethical decisions based on their knowledge, understanding, and training. Global health is also a field that relies heavily on the ethical consideration of international practices and nonmaleficence (DeCamp, 2011). As a result, the ethics of international nursing experiences includes the ethics guiding the personal interactions between individuals seeking care and the students providing care, as well as the ethical concerns regarding how students can cause adverse effects in a local community. The ethics of international experiences further extends to the degree to which the needs and wants of the host community have been solicited and whether the care provided is appropriate, culturally relevant, sustainable, and within the students' scope of practice. Students should have an understanding of

the ethical dilemmas faced in global health because the efforts of nursing students do not occur in isolation. By participating in an international experience, student nurses are practicing in the sphere of global health and should possess a minimum understanding of the field – especially an understanding of its successes, failures, and best practices. Furthermore, global health is part of the larger field of international development. International development is a heavily debated and unique discipline with its own guidelines and best practices that should be considered in the design of international experiences for nursing students (DeCamp, 2011; Iserson et al., 2012; Melby et al., 2016; Simpson, 2004).

International development refers to economic and social development and includes foreign aid; poverty eradication; democracy, law, and governance; water, hygiene, and sanitation; food security; capacity building, public health; education; gender; infrastructure; and sustainability (Greiman, 2011). Unfortunately, countries and communities that receive large amounts of aid often become dependent and lose the ability or desire to do for themselves. Moreover, governments in low-income countries are not responsive to their citizens' needs because outside organizations come and provide services to meet community developmental needs. Even if these programs are poorly planned and executed they can still act as temporary fixes to larger systemic issues and absolve local governments from their responsibility to their citizens. International development programs aim to be sustainable and sustainability is an overarching goal of a well designed international development and global health program. Global health is a foundational piece of international development: global health is an element of national security, economic growth, and educational attainment (Merson, 2014). For example, unhealthy adults cannot work, children of sick parents are often kept home from school to help care for family members, and, overall, issues of inadequate access and the high costs of

unexpected healthcare expenditures often push at-risk families below the poverty line. According to the World Health Organization, in 2010, 100 million people fell below the poverty line because of healthcare expenditures (World Health Organization, 2013). Synchronizing international health programs (to include nursing school study abroad programs) with each other, and across the development spectrum, is an integral part of responsible development because of these programs' key role in international development.

International development efforts should be horizontally integrated across various sectors because low-income countries are weak in multiple sectors: economic, agriculture, infrastructure, governance, health, and education. As a result, coordination between projects, to include international nursing experiences, is necessary to ensure that assistance across and within sectors is mutually supporting and efficiently leverages limited resources. Student efforts should be embedded within a program incorporating both a long-term vision and a partnership on the ground in order to ensure sustainability of efforts. Additionally, programs that effectively address needs should include a sustainable, long-term commitment to reforms and capacity building. Capacity building is an important piece of overall development because it addresses the limited resource of human capital, and universities can play a role in this effort. Universities exist to generate knowledge, conduct research, and educate students to address complex challenges. They are therefore considered strategic partners to achieve transformative change in global health and international development (Powell, Gilliss, Hewitt, & Flint, 2010). In recognizing their role, and ensuring that international programs reflect universities' responsibilities as agents of change, universities should consider the host community, nonmaleficence, sustainability, and local capacity building as integral to the program design of international nursing experiences. Additionally, in the program design of an international nursing experience, universities should be

aware of two adverse consequences of international development and aid: dependency and economic displacement.

Dependency occurs when an individual, household, community, or country cannot meet its needs without outside assistance. Dependency can be summed up by the following quote from a missionary who provided health services in low-income countries: “when he gave something the first time, there was gratitude; and when he gave something a second time to the same community, there was anticipation; the third time, there was expectation; the fourth time, there was entitlement; and the fifth time, there was dependency” (Ahmad, 2014, p. 1). Dependency can be positive or negative. Positive dependency is providing assistance to a household without an adult who is able to work and is designed to improve the welfare of a household that, without assistance, would be destitute. However, positive dependency is the exception, and beyond the scope of most international nursing experiences. Negative dependency is more common and should be avoided when offering assistance to any community. This type of dependency reduces the individual, household, or community’s ability to be self-sufficient and inhibits capacity growth and thus creates communities unable to provide for themselves. For example, students who offer free episodic healthcare services in a community could create a dependency in the host community. As a result, the host community could become dependent on free and irregular services offered by volunteers and stop paying for services from local providers (Ahmad, 2014; Barrett, 2006).

Poorly designed programs can also result in economic displacement. For example, after the earthquake in Haiti many Haitian entrepreneurs lost their source of income due to the abundance of free food, clothing, and water. The Haitian economy, like those of most low-income countries, consists of a network of small-scale entrepreneurs. Many of these



entrepreneurs sold water, food, and other basic items in the streets and local markets. But when the aid community started pouring assistance into Haiti, it was of such a large volume that this assistance persisted beyond the immediate aftermath of the earthquake. Planners and donors did not take into account the local entrepreneurs who relied on the informal market for these goods and these small businessmen were subsequently placed out of business (Jobe, 2011). Donations offset local economies, regardless of type of donated good. For example is the donation of used clothing has been proven to flood the textile markets in low-income countries and damage the overall economy of these countries. Similarly, medical supplies donated from abroad by well-intentioned volunteers displace local pharmacies and merchants who sell these products in country (Bigsten & Wicks, 1996; Jobe, 2011; Melby et al., 2016) .

International nursing experiences are also unsustainable, unless embedded within long-term partnerships with a long-term vision. Short-term volunteers are not merely providing charity but are operating as part of the larger field of global health and should therefore account for the following: host community collaboration and healthcare needs; empowerment and capacity building; and long term impact on the host community (DeCamp, 2011). Furthermore, sustainability should be the goal of all international health efforts and international experiences because, when implemented responsibly, these programs offer an opportunity to effect positive long-term changes. An example benchmark for a sustainable program is: “local health care professionals can continue to develop any system changes and improvements introduced using local resources” (Iseron et al., 2012, p. 684). The focus of programs such as international nursing experiences should be on teaching and building capacity of local providers rather than direct service provision. Program design should ensure that volunteers understand that their role is to support local communities to identify their own, sustainable solutions because outside

efforts that lack sustainability adversely affect host community healthcare systems, development, and providers – therefore violating the principle of nonmaleficence (Iserson et al., 2012).

Despite facing considerable challenges with respect to meeting ethical and sustainability objectives, international nursing experiences can be designed and implemented to benefit student personal and professional development while fully supporting the development needs of host communities. As such, the two major considerations when designing a program for international nursing experience are the education of the student and concern for the host community.

Students are the backbone of any international exchange program, and thus require adequate pre-departure training that should be embedded within the university curricula. Best practices indicate that students should engage in at least a one-semester course prior to participation in an international experience to ensure that they possess the necessary clinical skills, academic background, and understanding of their role in the program. Pre-departure courses should draw from multiple disciplines, to include public health, international health, anthropology, ethics, and international development. Existing curricula includes many of these disciplines, however international development is not regularly mentioned and should be a critical component of a student's learning experience (E. J. Brown, 2015; Langowski & Iltis, 2011; Melby et al., 2016). While university faculty should take a lead role in curriculum design, international development standards and stakeholders should also play key roles in informing the development of the curricula (McCall & Iltis, 2014). Because of the risks involved with sending unprepared volunteers abroad, candidates for these programs should be carefully selected and trained. Pre-departure training should emphasize the importance of nonmaleficence and the role and responsibility of the student as part of a larger program – and screening should ensure that student ego and personal goals are secondary to the larger mission of the university and the needs

of the host community (McCall & Iltis, 2014).

As demonstrated in the literature, with sufficient preparation in cross-cultural communication and diversity, students' efforts are more likely to meaningfully contribute to the host community (Melby et al., 2016). Duration and degree of cultural immersion are critical program design elements to ensure that students gain the maximum benefit from an international experience. According to the published literature, three to four month immersion experiences are ideal and statistically demonstrate greater long-term professional and personal developmental gains, especially with respect to cultural competence. These benefits are dramatically more significant when compared to international experiences of limited duration, i.e. one to two weeks (Long, 2014; Wros & Archer, 2010; Zorn, 1996).

The selection of a location for an international experience is also important. For example, programs in low-income countries yield greater gains towards students' development and cultural competency because of the wider contrast between the host community culture and the student's background. The selection of a location should ensure that students are not replacing local providers and that the program is designed to ensure that students act within their scope of practice and follow standards of care. Ideally, students will support local providers and build capacity and the clinical immersion experience will not solely provide services and replace local capacity (Green et al., 2009; Iserson et al., 2012; Melby et al., 2016).

Selection of an appropriate location also yields benefits to the students' experiences. If the host community is not open to receiving students and unwilling to work in partnership with a program from a foreign university, then any attempts at developing a program will be unsuccessful. Key components of designing sustainable programs, to include university led programs, consist of: participatory development, sustainability, capacity building, collaborative

partnerships, monitoring and evaluation, and ethics. Best practices for incorporating these components, in addition to consideration for student education, are detailed in the Annex I – Toolkit: Development of Global Health Experiences for Nursing Students.

In order to be both effective and beneficial, international experiences should be embedded within long-term programs (DeCamp et al., 2013; Green et al., 2009). Universities bring an expertise in interdisciplinary collaboration that is becoming increasingly important to achieving success in the field of global health (Merson, 2014). Unfortunately, to date most universities have not emphasized long-term partnerships aimed to support host community development. Their efforts have focused on research and short-term volunteer experiences that prioritize students' learning goals over the impact on host communities (Powell et al., 2010). Nursing is a service-oriented field, and international nursing experiences should be considered as service learning opportunities. Sustainable service initiatives can achieve lasting and transformative changes when developed from collaborative partnerships between leaders in low-income and high-income countries (Powell et al., 2010). The American Academy of Nurses (AAN) also supports collaborative efforts over short-term disjointed programming. In 2007 the AAN recommended that international experiences for nursing students be replaced by global health initiatives (Watt et al., 2015). Universities, as global health actors, have an ethical obligation of nonmaleficence and should develop sustainable programs that support long-term development of host communities and that, most importantly, do not harm host communities (Crigger & Holcomb, 2007; Langowski & Iltis, 2011).

To accomplish this objective, programs supporting international experiences for nursing students must take into consideration the host community and aim to improve health inequities and health outcomes. These programs should be built on international health and development

principles and focus on collaboration, capacity building, and establishing and maintaining strong partnerships. International experiences should be based on mutual respect and relationships where both partners set goals and outline expectations of teamwork. These programs should include capacity building and mutual learning and knowledge sharing between the participants from low-income and high-income countries (Watt et al., 2015). While the role of the student in these programs should be to support the goals of a larger partnership, this does not need to come at the cost of the students' educational and personal development – however, the student should no longer be the only focus of the program design. By default, in a well-designed program embedded in a long-term partnership, students will continue to experience personal development but will do so while contributing to the development of the host community. International experiences that focus on clinical skills and the learning needs of the participant without a focus on capacity building limit the program's ability to contribute to the broader goals of health improvement and international development (Melby et al., 2016).

When designing programs that are embedded within long-term partnerships, the core principles of international development should guide the development of university global health programs that send students abroad. At the forefront of these principles is participatory development and nonmaleficence – do no harm. Failure to apply these core principles comes at a cost to the university, the student, and the host community. International experiences that are not clearly defined or monitored for impact and adverse effects are not an optimal use of time and resources and instead can harm the host community and preserve inequities in global health (Melby et al., 2016). Participatory development requires that host communities are stakeholders who exercise control over the global health and development programs implemented in their community. The host community plays the key role of decision maker while universities support

the program implementation and capacity building to meet objectives identified by the host community. Transitioning to participatory development principles requires that universities focus on the host community during program design (Melby et al., 2016; Powell et al., 2010).

Universities are uniquely positioned to work cross culturally with partner universities in low-income countries. Universities can establish long-term partnerships to ensure program sustainability and facilitate participatory development programs that can be supported by both universities (high-income and low-income) while simultaneously supporting community development. International experiences can also include capacity building of the university in the low-income country to improve their ability to respond to their country's development needs, contribute to sustainability, and ensure appropriateness of resource allocation and programming decisions. The low-income university can serve as both a compass and aperture to help guide and channel the high-income university efforts so that they contribute to global health in a responsible, ethical, and sustainable manner. Furthermore, university led programs must incorporate monitoring and evaluation. Program design should include selecting outcome indicators, as opposed to process indicators, in order to effectively demonstrate impact and to facilitate reevaluation and redesign of areas of programmatic ineffectiveness (Melby et al., 2016; Watt et al., 2015).

The principle of nonmaleficence guides the professions of nursing, global health, and international development. This paper presents research that details how adhering to this shared principle, nonmaleficence, and incorporating best practices from global health and international development can support the development of international experiences for nursing students. A practical guide to support program development is detailed in Annex I – Toolkit: Development of Global Health Experiences for Nursing Students. Despite the challenges outlined in this paper

regarding ethical and sustainability objectives, international nursing experiences can benefit student personal and professional development while fully supporting the development needs of host communities. Both the education of the student and concern for the host community are the two major considerations when designing an international experience for nursing students. Program design also requires incorporating global health and international development best practices to minimize the burden on host communities and prevent unintended negative consequences. It is also best practice to integrate preparation for international experiences into the nursing curriculum to improve the quality of these experiences and maximize the benefit to the nursing student. Finally, strategic partnerships between universities, host communities, or between universities in a low-income and high-income country, contribute to the sustainability and capacity building components of these programs. The ultimate goal of international experiences for nursing students is to support their personal and professional development and prepare them to be nurses in our globalized society. The educational goals for nursing students can be achieved without negative effects on the host community. Therefore, it is imperative that programs consider the needs of both the student and the host community; adhere to the guiding principles of the nursing profession; support the best possible outcomes for all involved parties; and do no harm.

# ANNEX I: Toolkit: Development of Global Health Experiences for Nursing Students

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## II. Introduction

The term global health broadly refers to the general health needs of the world's population, rather than the needs of specific countries (T. M. Brown, Cueto, & Fee, 2006). American universities participate in international health efforts and today there are over two hundred and fifty universities in North America teaching global health, many of which are members of the Consortium of Universities for Global Health, established in 2008. Between 2001 and 2011, the number of comprehensive global health programs in North American universities increased from six to seventy-eight (Merson, 2014). This toolkit, "Development of Global Health Experiences for Nursing Students", focuses on programs and exchanges between high-income and low to middle-income countries.

University led efforts are part of the international health landscape and have the potential to contribute to global health successes such as reducing maternal and child mortality and expanding treatment for HIV/AIDS. Universities also bring an expertise in interdisciplinary collaboration that is becoming increasingly important to achieving success in the fields of international development and global health. Interdisciplinary collaboration is essential for the transition from a disease-specific approach to tackling global health issues and is essential to effective prevention and treatment programs for noncommunicable diseases (Merson, 2014).

Despite the growing interest in university led global health initiatives, there are limited theoretical and practical guidelines for the development of international experiences. From available research, Leffers and Mitchell proposed a "Conceptual Model for Partnership and Sustainability in Global Health" that concludes that long-term partnerships and on the ground engagement with the host community is essential to program effectiveness and long term sustainability.

- See this article for details: Leffers, J., & Mitchell, E. (2010). Conceptual model for partnership and sustainability in Global Health. *Public Health Nursing*, 28(1), 91-102. doi:10.1111/j.1525-1446.2010.00892.x

The National League for Nursing (NLN) has developed a toolkit for nurse educators, "Faculty Preparation for Global Experiences Toolkit©," that includes information for nurse educators to consider when planning global health experiences. While the NLN toolkit highlights the importance of ethics, partnerships, and sustainability, it does not detail how nurse educators can incorporate global health and international development best practices into the development of a sustainable and ethical global health program (National League for Nursing, 2012). The NLN Toolkit adequately details the logistics of preparing students for international travel so this will not be covered in this "Toolkit: Development of Global Health Experiences for Nursing Students."

International experiences for nursing students require a strong foundation within a well-designed program to ensure that programs are culturally appropriate and do not burden the local community or cause adverse effects. Programs must engage with the host community,

incorporate their perspective, and be embedded in a long-term partnership between the university and stakeholders on the ground (Leffers & Mitchell, 2010).

The “Development of Global Health Experiences for Nursing Students” toolkit is based on existing evidence based research combined with the author’s own experience working in international development and public health. It outlines key points for consideration for nurse educators and universities who endeavor to develop a global nursing program for their students that is sustainable, based on strong partnerships, empowers local communities, and builds local capacity. It is not meant to replace existing toolkits, but instead offers guidelines for nurse educators as to how to become involved in global health and develop a program that will benefit their nursing students and the host community.

### III. Sustainability

Sustainable development was first defined in 1987 in a report by the World Commission on Environment and Development as: “development which meets the needs of the present without compromising the ability of future generations to meet their own needs” (Drexhage & Murphy, 2010). The World Health Organization’s definition of sustainability further emphasizes the ability of a program to operate into the future without losing scale while remaining relevant and integrated into the local community. Sustainability fosters community ownership and is supported by local or government resources – human and financial. Sustainability is the ultimate goal of international development and global health programs.

The American Nurses Association defines nursing as the “protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations” (American Nurses Association, 2016). As nurses, it is important to adhere to our ethics and commitment to the profession regardless of whether we are working in our own country or in an international context. The principles of nonmaleficence, unconditional positive regard, and commitment to social justice remain regardless of where a nurse or nursing student practices their profession (Ahmad, 2014; Crigger & Holcomb, 2007).

Ethical programs consider both the benefit to the nursing student and effect and potential benefit to the host community. Furthermore, there will be a greater benefit to students if they participate in a well-designed and executed program that is valued by the host community. Intuitively, student efforts within such a program would demonstrate to students that individual efforts over the long-term can have a sustainable impact when part of a strategic and well planned approach. This ultimately parallels the fundamental aspect of nursing as a critical piece of sustainable health promotion – for example, acute care should be embedded within a comprehensive healthcare delivery system focused on prevention and treatment.

Achieving sustainability is not simple and requires multiple factors, including strong partnerships, community assessment, community participatory development, and capacity building. Sustainable program design, further detailed below, is critical for the development of

sustainable programs, and should be incorporated into all phases of program design (Leffers & Mitchell, 2010).

## **IV. Sustainable Program Design**

This section presents steps and considerations for the design of programs that balance university education objectives with the principles of sustainable development. Furthermore, these steps address considerations that are fundamental to both the educational goals of nursing students and the developmental needs of communities. For a practical example, see Annex II: Case Study: Designing an International Experience for Nursing Students in Haiti.

### **Step 1: Strategic Planning**

Universities and schools of nursing involved in global health efforts should develop a global health strategy to guide programming. The strategy should consider the following: diversity; mutually beneficial relationships; health equity; potential partners and host communities; and long-term goals and impact (Watt et al., 2015). A university level global health strategy can serve as a guide for faculty to align their programming with the vision of the university, making it easier to acquire funding as well as ensure university support for their initiatives. Strategies can also detail the importance of sustainability, beneficence, capacity building, and reciprocity to ensure that host communities as well as students benefit from the programs.

### **Step 2: Resources**

Program sustainability also depends on adequate resources – financial, material, and human. Before launching an initiative the program should ensure that adequate funding is available facilitate programmatic success and sustainability. Human capital is equally important, and nursing faculty require institutional support in order to dedicate the time necessary to plan, organize, implement, and evaluate their programs. Universities should be prepared to invest the adequate resources to ensure the sustainability of its international programs and students can also contribute through fundraisers (Leffers & Mitchell, 2010).

### **Step 3: Partnerships**

The most important relationship to ensure both the success of global health programs and international experiences for nursing students is the relationship between partners. Initiating a partnership and engaging with partners are key steps to ensuring a sustainable program that is responsive to host community needs and fully considers the sociocultural context in the host community. These relationships should be collaborative, equitable, long-term, bidirectional and have a shared mission. This is because partnerships that meet these requirements are more likely to yield sustainable, effective, and ethical programs (Crump et al., 2010; DeCamp, 2011; Leffers & Mitchell, 2010; Melby et al., 2016) .

The first step to establishing a long-term partnership is identification of an appropriate partner, for example, an organization with a history of working in a potential host community or a university in the host country. Each partner should be interested in developing the partnership

and have an equal voice in the design of a program. Universities in high-income countries must be cognizant of the inherent power dynamics between low-income and high-income countries to ensure the host community has a voice and the partnership remains equitable (Leffers & Mitchell, 2010). At each level the partnership should be based off principles of transparency as well as mutual collaboration, goal setting, and maleficence while considering each partners' strengths, perspectives, and limitations (DeCamp, 2011; Leffers & Mitchell, 2010).

The following articles offer excellent guidance and examples to support the development of effective partnerships:

- Ailinger, R. L., Molloy, S. B., & Sacasa, E. R. (2009). Community health nursing student experience in nicaragua. *Journal of Community Health Nursing*, 26(2), 47-53. doi:10.1080/07370010902805072 [doi]
- Crigger, N. J., & Holcomb, L. (2007). Practical strategies for providing culturally sensitive, ethical care in developing nations. *Journal of Transcultural Nursing*, 18(1), 70-76. doi:10.1177/1043659606294198
- Langowski, M. K., & Iltis, A. S. (2011). Global health needs and the short-term medical volunteer: Ethical considerations. *HEC Forum: An Interdisciplinary Journal on Hospitals' Ethical and Legal Issues*, 23(2), 71-78. doi:10.1007/s10730-011-9158-5 [doi]
- Leffers, J., & Mitchell, E. (2010). Conceptual model for partnership and sustainability in GlobalHealth. *Public Health Nursing*, 28(1), 91-102. doi:10.1111/j.1525-1446.2010.00892.x
- Rana, G. K. (2014). Information empowerment: Predeparture resource training for students in global health. *Journal of the Medical Library Association: JMLA*, 102(2), 101-104. doi:10.3163/1536-5050.102.2.008 [doi]

### Engagement Process

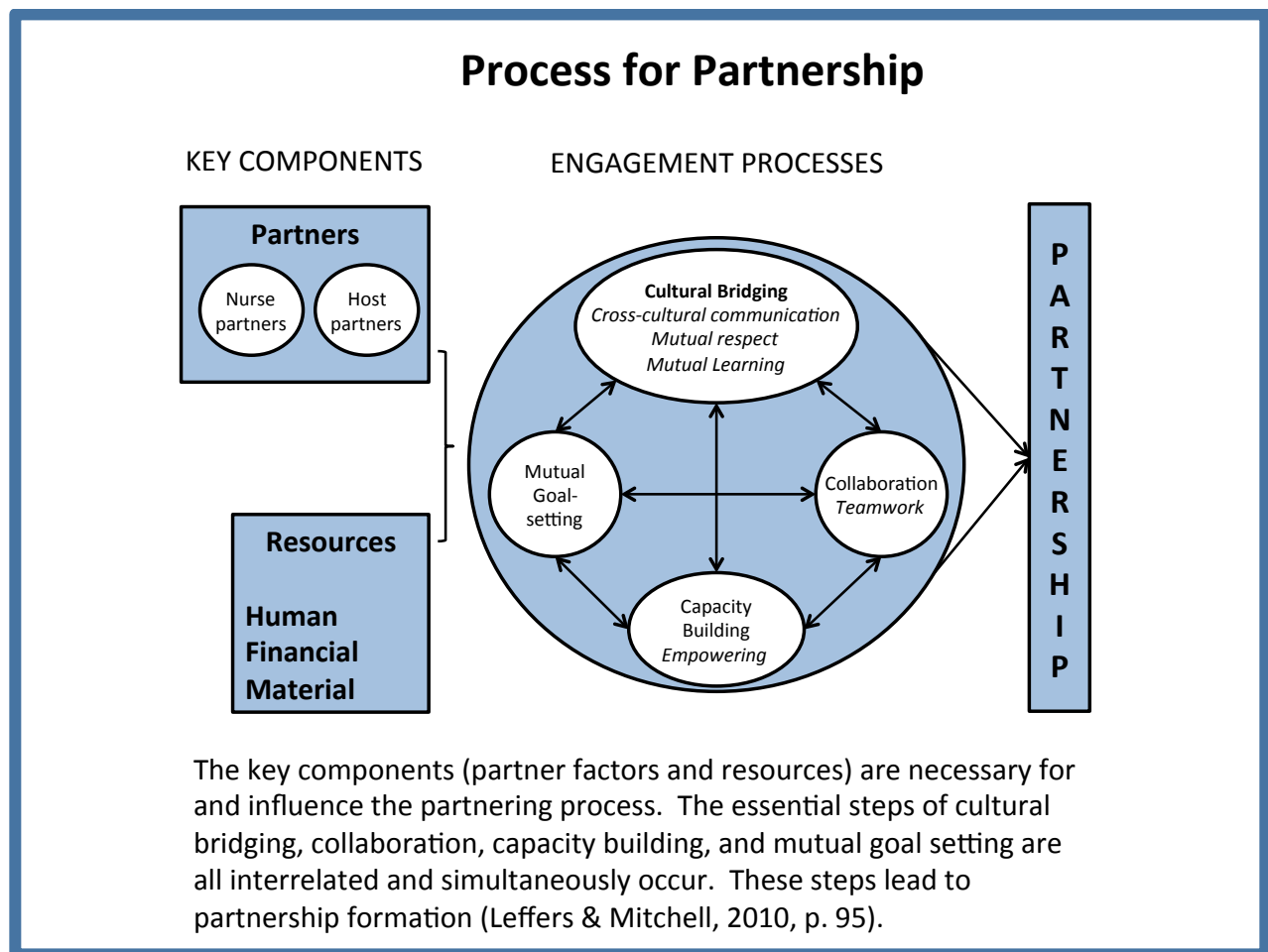
The second step of developing a partnership is the engagement process. This process consists of direct communication and engagement with the host community and other potential partners. The dialogue should be bidirectional with equal decision-making and participation. After each partner agrees to move forward with the relationship and future programming, roles should be clearly understood and agreed upon in a memorandum of understanding (MOU). The MOU should include a timeline, sustainability considerations, financial responsibility, resource allocation, and tools to resolve conflict. It is important to remember that in a collaborative partnership, each partner brings value and offers expertise and resources. The lines of communication and learning go in both directions and are not unilaterally directed from the high-income to the low-income partner (Leffers & Mitchell, 2010; Melby et al., 2016).

The ultimate beneficiary, the host community, plays an integral role in the partnership. If the initial engagement is with a university in the host country, the partnership must also extend to the host community that is the beneficiary of the program. The host community can identify their priorities that can inform the development of programmatic interventions while building upon the community's strengths (Leffers & Mitchell, 2010). Identifying community needs and priorities can be accomplished through field research such as focus group discussions, key informant interviews, and community meetings. In this way programs are designed that consider the educational needs of the nursing students while addressing developmental needs of the host

community. Effective collaboration requires negotiation and shared decision-making. For example, for a partnership to be collaborative it should ensure the host community is empowered in the partnership and not simply dependent on receiving support without a voice in how the support is provided (DeCamp, 2011).

Capacity building and cross-cultural bridging are also key components of an effective program and partnership and are covered in greater detail in the following sections on capacity building and pre-departure training, respectively.

In the article “Conceptual Model for Partnership and Sustainability in Global Health” the authors offer an examples of partnership process that nurse educators could consider when developing partnerships in support of global health programming (Leffers & Mitchell, 2010). See below table:



## Step 4: Stakeholder/Host Community

When engaging with stakeholders, partners, and host communities, key considerations for engagement outlined in this section include: ethics; maleficence; mutual and reciprocal benefit; participatory development; and capacity building.

The intent of sustainable program design, like that of nursing, is maleficence – do no harm. Though, the reality is that programs – no matter how well planned or resourced – can result in unintended adverse consequences (Ahmad, 2014; Bigsten & Wicks, 1996; DeCamp, 2011; Green et al., 2009; Melby et al., 2016). Ideally, well-designed programs based on equitable partnership with stakeholders and consideration of host communities can build the capacity to address health needs of the community and mitigate any unintended consequences of assistance. This can be accomplished by ensuring that the principles of ethics and beneficence are applied, that benefit is both mutual and reciprocal, and that programs are designed through a process of participatory development (Melby et al., 2016).

### Ethics

Nursing is a profession strongly based on ethics and historically nurses have served as strong advocates for social justice. As such, nurses often work with the most marginalized individuals and communities. Similarly, nurses who work in low-income and resource poor countries face ethical and moral dilemmas related to maleficence, practice differences, and cultural differences (Crigger & Holcomb, 2007). International experiences for nursing students are service-learning opportunities and students need to be fully aware of their role. Students are participating to gain knowledge and experience and it is essential that they form reciprocal relationships to benefit each partner equally (Powell et al., 2010). Each partner should be equally recognized and rewarded for their efforts. It is not reasonable to expect partners from the low-income country to work for free without compensation and/or recognition. For example, the university faculty from the low-income country should be recognized and co-author any publications. A second example, nursing students from the low-income country should receive course credit and recognition within their university for participation in extracurricular activities in support of international programs. Furthermore, all involved parties need to respect local customs and laws and adhere to ethical standards that should be set by their university or sponsoring institution (Melby et al., 2016).

### Maleficence

Maleficence, or “do no harm” is a critical design component. The program should ensure that the community is the ultimate beneficiary and that student efforts do not displace providers or create economic disparities, for example, donating medical supplies available in the local market and displacing a local pharmacist. Programs that meet needs identified by the host community are more likely to be supported by the community and provide a tangible and sustainable benefit. The host community needs to be encouraged and feel empowered to provide feedback on the program and indicate whether the program is offering a direct and tangible benefit. In cases where the goals of the nursing students or university do not align with the host community, the students or university should defer to the community or find another location for their program.

Most international experiences will inherently be of benefit to the nursing students, but whether it can provide a benefit to the community relies on the community's participation in the development of the program and their ongoing feedback (DeCamp, 2011; Green et al., 2009; Melby et al., 2016).

### **Mutual and Reciprocal Benefit**

The ultimate goal of global health programs is to benefit the host community while ensuring a positive educational experience for the nursing student. A global health program focused solely on the nursing student's learning process is inherently unethical, as it does not consider the host community. The host community is not a classroom and the goal of all programs should be mutual and reciprocal benefit for the student as well as the host community. Goals should be identified and agreed upon by each partner and continuously evaluated to ensure programs meet their objectives (Iserson et al., 2012; Leffers & Mitchell, 2010). Programs should meet community identified needs, be based upon community led efforts, and demonstrate measureable health gains. Long-term partnerships should offer long-term solutions that work to strengthen the host community and host partners that can include supporting the development of human resource capacity and community independence (Melby et al., 2016; Powell et al., 2010).

### **Participatory Development**

International development and the design of public health programs rely heavily on the participatory development model, also known as participatory research, community based participatory development, or community engagement. This model emphasizes the importance of the community in identifying their own strengths, weaknesses, and needs; furthermore, it facilitates a community's ability to identify solutions. It also enhances the sustainability of programs, such as international experiences for nursing students, by encouraging host community ownership and support for program objectives and outcomes (Powell et al., 2010; Whiteford & Vindrola-Padros, 2015).

When following a participatory development model, host communities and partners are actively involved in the development of the program from the beginning. Powell, et al. propose five phases of community engagement based upon principles of participatory development and offer an ethical approach to designing global health programs for nursing students: (1) Inform – (2) Consult – (3) Involve – (4) Collaborate – (5) Empower (Powell et al., 2010). While the phases are presented linearly, they should be revisited throughout program design and implementation in order to encourage collaboration and program adjustments as appropriate (Whiteford & Vindrola-Padros, 2015).

#### ***1. Inform***

The inform phase encompasses the period of time during which the partnership is established (as discussed under the section: Partnerships), as well as the presentation of a potential program to the partners and host community. At this point the details of the program are yet to be determined, but the host community and each partner is equipped with the knowledge about the intended programs and efforts (Powell et al., 2010; Whiteford & Vindrola-Padros, 2015).



## *2. Consult*

During the consult phase, the host community and partners on the ground offer their ideas and insights into community needs that could be filled by nursing students. This phase includes identifying the following: existing health care infrastructure and accessibility of services, community leaders, cultural practices, and perceived health needs (Leffers & Mitchell, 2010). This can be accomplished through a literature review, key informant interviews, and focus group discussions (FGDs). The information gathered should be analyzed and evaluated to determine whether a long-term partnership is feasible and how the SON can be of service to the host community (Powell et al., 2010).

## *3. Involve*

The involve phase of the program is operational and the point at which partners establish their working relationship and execute their roles and responsibilities – outlined in a memorandum of understanding. At this time, the host community is involved in supporting the student volunteers and providing ongoing feedback to the efficacy of their efforts. The implementation of the program should be done through a collaborative process with the goal of empowering the host community to lead the change and ensure ownership of the program (Powell et al., 2010).

## *4. Collaborate*

Collaboration is an ongoing effort to ensure support for the program; each partner should continue to be engaged in the program as well as evaluating the efforts and making changes as appropriate. Collaboration can be further supported through co-hosting conferences, professional exchanges, and training for the host community.

## *5. Empower*

Knowledge, capacity building, sustainability, resources, collaboration, and support all promote empowerment (Hennink, Kiiti, Pillinger, & Jayakaran, 2012). Empowerment is aimed at both students and host communities – through the programmatic process each stakeholder should be empowered in their ability to contribute positively to the outcomes of the program and understand their role and the ultimate programmatic goals (Powell et al., 2010).

## **Capacity Building**

Long-term partnerships that utilize student volunteers should support sustainable local capacity building and strengthen the local health system. Capacity building means that the beneficiary is able to achieve their objectives in absence of outside support. The ultimate goal of all international development and global health programs is capacity building – however the means to achieving this end are still not well defined. Building local capacity is not easy and it is not reasonable that a student is going to build the capacity of a community or individual over a short period of time spent volunteering. Nonetheless, global health programs should endeavor to promote capacity building while capitalizing on the host community's strengths and supporting the community to achieve their goals (Melby et al., 2016).

“Capacity building includes appropriate structures, leadership and champions, expertise, resources, administration policies, and procedures and is the critical beginning point to develop interventions” (Leffers & Mitchell, 2010). A focus on capacity building will require programs and volunteers to focus their efforts not on direct service provision but, for example, supporting host community’s efforts to improve the provision of services. This requires students to be leaders and teachers and not merely interim service providers. For example, nurses in the host community could be the target population and volunteers can work to empower local nurses to be leaders (Leffers & Mitchell, 2010; Melby et al., 2016).

### **Step 5: Monitoring and Evaluation**

University led global health programs should be monitored with the same level of rigor as any international development and public health program. Programs should be assessed using long-term outcome indicators that measure improved health, for example improved access to health care services or more births attended by skilled healthcare personnel. Process indicators such as number of people trained or number of household education sessions, can demonstrate program achievements, but they do not tell a story of what, if anything, is actually achieved. Continuous monitoring and evaluation can ensure program impact and identify program weakness that can be modified during the implementation process (DeCamp, 2011; Melby et al., 2016).

### **Step 6: Student Exchanges and Education**

Education is key to fostering long-term change. In student volunteer programs the education of the individuals involved should be bidirectional with the students from a high-income country learning from individuals from the low-income country and vice versa. Research indicates that the most valuable aspects of student volunteer programs are the relationships formed on the ground (Afriyie Asenso et al., 2013; DeCamp, 2011). These types of student exchanges enhance learning, the development of cultural competence, and improve skills in collaboration (Critchley et al., 2009).

#### **Faculty and Student Selection**

The sustainability of any student exchange and education program depends on the support of the university as well as the faculty. Supporting an international partnership and the associated program for students is a year round commitment, and the involvement and support from multiple faculty members is essential to ensure program sustainability and functionality (Memcott et al., 2010).

Students should be carefully selected due to their role as representatives of the university and the school of nursing. The overall success and sustainability of the program relies heavily on the quality of the individuals involved and their efforts while in country. Ideally, at least half of the students should be able to speak the language of the placement site – if this is not feasible the program should budget for an interpreter. Students should possess characteristics of humility, commitment to social issues, interest in learning rather than doing, and a collaborative spirit. Selection can occur via an application process with or without an interview component (Memcott et al., 2010).

## V. Pre-Departure Training

### Curriculum

Universities that sponsor international experiences for nursing students should require students to enroll in a one-semester pre-departure training course prior to their departure. Embedding this course into the university curricula contributes to the sustainability of the program. At present, nursing curricula is crowded with little room for electives and international experiences so experiences may need to be shorter than is recommended. However, shorter experiences must still be embedded in a long-term sustainable program based on a strong partnership. Ideally students should travel for no less than four weeks, since shorter experiences have been shown to yield less positive results over the long-term (Afriyie Asenso et al., 2013; Melby et al., 2016; Memmott et al., 2010).

Pre-departure curricula should cover a range of topics: public health, international development, anthropology, ethics, cross-cultural communication, cultural humility, and the history and culture of the region to be visited by the students. Students should be educated as global citizens and encouraged to embrace the complexities of working in global health and international development. Curricula development should be a collaborative process and draw from the expertise of university faculty across different disciplines, experts in the field, as well as the community stakeholders who will host the students (Afriyie Asenso et al., 2013; McCall & Iltis, 2014).

Curricula should emphasize cultural humility and cultural competence. While recognizing that one is never fully competent in another's culture, programs can still aim to build these skills among students. Developing cultural competence is a dynamic process and an outsider will grow to understand elements of another culture, but there will always be aspects that are unknown or confusing. Therefore, teaching about cultural humility and respect for others is critical. It is important that students understand they are signing up for a learning experience not an opportunity to practice skills in a new environment. Students should be taught to observe and learn instead of question another culture (Crigger & Holcomb, 2007; McCall & Iltis, 2014). Sustainability, health disparities, economic displacement, waste, costs to the community, participatory development, and potential for adverse consequences are all important topics that students should understand prior to departure (McCall & Iltis, 2014; Melby et al., 2016).

The depth of material that needs to be covered in order to adequately prepare students would take much more than one semester to teach. Therefore, faculty will need to carefully select readings and course materials to ensure that enough topics are covered. It is not realistic for the student to become a master on each subject but they should have a general understand of global health, public health, and international development – since students will effectively be participating in all of these disciplines as part of their international experience.

### Other Relevant Educational Considerations

It should be noted that part of the learning process extends past the pre-departure curricula and includes reflection and written assignments to be completed both during and after the

international experience. Academic best practices indicate that the student learning experience should be supported by experienced professors throughout the entire experience and not be simply limited to pre-departure curricula. Pre-departure curricula are highlighted in this toolkit because they are often not substantially considered in the development of international experiences for nursing students (DeCamp, 2011; DeCamp et al., 2013; Smith-Miller et al., 2010).

## Online Resources

The following resources are available online and are recommended as part of the curricula for pre-departure training (DeCamp et al., 2013):

### Free Resources

Ethics in Short-Term Global Health Training, Johns Hopkins: Berman Institute of Bioethics and Stanford Center for Innovation in Global Health:  
<http://ethicsandglobalhealth.org/curriculum.shtml>

Global Health Education Modules, Consortium of Universities for Global Health:  
<https://www.cugh.org/resources/educational-modules#Global%20Health>

*Ethics of International Engagement and Service-Learning Project, University of British Columbia:* <http://ethicsofisl.ubc.ca/>

### For Fee Resources

Volunteer Ethics and Professionalism Online Course, Unite for Sight:  
<http://www.uniteforsight.org/international-volunteering/>

## Recommended Readings

Rather than representing an exhaustive list, the recommended articles, books, and textbooks are an illustrative list to promote dialogue and critical thinking among faculty and students in preparation for international experiences. Students and faculty should have a general understanding of the benefits of international programs, the potential for adverse consequences, and a solid understanding of ethics, plus an introduction to international development and global health. School of Nursing faculty without extensive global health or international health experience should consult the resources for faculty in addition to the recommended readings for students.

### For Faculty

Afriyie Asenso, B., Reimer-Kirkham, S., & Astle, B. (2013). In real time: Exploring nursing students' learning during an international experience. *International Journal of Nursing Education Scholarship*, 10, 10.1515/ijnes-2012-0045. doi:10.1515/ijnes-2012-0045 [doi]

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- Leffers, J., & Mitchell, E. (2010). Conceptual model for partnership and sustainability in GlobalHealth. *Public Health Nursing*, 28(1), 91-102. doi:10.1111/j.1525-1446.2010.00892.x
- Memmott, R. J., Coverston, C. R., Heise, B. A., Williams, M., Maughan, E. D., Kohl, J., & Palmer, S. (2010). Practical considerations in establishing sustainable international nursing experiences. *Nursing Education Perspectives*, 31(5), 298-302.
- National League for Nursing. (2012). *Faculty preparation for global experiences toolkit*©
- Rana, G. K. (2014). Information empowerment: Predeparture resource training for students in global health. *Journal of the Medical Library Association : JMLA*, 102(2), 101-104. doi:10.3163/1536-5050.102.2.008 [doi]

Zorn, C. R. (1996). The long-term impact on nursing students of participating in international education. *Journal of Professional Nursing : Official Journal of the American Association of Colleges of Nursing*, 12(2), 106-110. doi:S8755-7223(96)80056-1 [pii]

### For Students

Ahmad, A. A. (2014). The unintended consequences of foreign aid. Retrieved from <https://iddgblog-wordpress-com.libproxy.lib.unc.edu/2014/03/03/the-unintended-consequences-of-foreign-aid/>

Bigsten, A., & Wicks, R. (1996). Used-clothes exports to the third world: Economic considerations. *Development Policy Review*, 14(4), 379-390. doi:10.1111/j.1467-7679.1996.tb00114.x

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Brown, E. J. (2015). Understanding and engaging with development through international volunteering. *Journal of International Development*, , n/a-n/a. doi:10.1002/jid.3145

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## ANNEX II:

# Case Study: Designing an International Experience for Nursing Students

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## Introduction:

This case study outlines the steps taken by a Professor Rhonda Lanning and the author, Leslie MacKeen, a nursing student, both from the University of North Carolina at Chapel Hill's School of Nursing. It outlines their work to date towards the development of a new course and new international experience for nursing students in Haiti. It describes steps taken in line with the "Toolkit: Development of Global Health Experiences for Nursing Students" and adhering to recommendations from the Ms. MacKeen's honors thesis, "Do No Harm: Best Practices and Tools to Develop Global Health Experiences for Nursing Students." It should be noted that the design of a new course and international experience is ongoing; therefore all steps are not detailed but instead will include recommendations for future steps.

## Sustainable Program Design:

### Step 1: Strategic Planning

The new international experience for nursing students will be nested within the mission and vision of the University of North Carolina at Chapel Hill's School of Nursing (UNC SON), which currently is:

**Educating** future generations of nurses to be bridges across language and culture.

**Discovering** new knowledge and strategies to improve the health of people globally.

**Innovating** opportunities for faculty, staff and students to strengthen nursing practice and research worldwide. **Serving** local, national and global communities through cross-cultural partnerships for health (UNC School of Nursing, 2015).

The development of a new international experience for nursing student will support the school's ongoing efforts to serve global communities through cross-cultural partnerships and educate future nurses to be cultural bridges. It will also offer an opportunity to strengthen nursing practice worldwide, through strategic international partnerships, and support new programs to benefit host communities globally.

### Step 2: Resources

Program sustainability also depends on adequate resources – financial, material, and human. Prior to conducting the research contained in this case study, adequate resources were made available for program success and sustainability. Prof. Lanning secured funding and committed herself to the course development process. She secured a Global Health award from UNC SON and a matching grant from the Center for Global Initiatives at UNC Chapel Hill. She also received a Course Development Grant from the Carolina Center for Public Service towards her future work developing this new course offering.

### Step 3: Partnerships

Partnerships are key to ensuring a program is sustainable and responsive to host community needs while fully considering the sociocultural context in the host community. There are many methods to developing partnerships in support of program development and such relationships should be collaborative, equitable, bidirectional and have a shared mission and long-term vision in order to yield sustainable programs (Crump et al., 2010; DeCamp, 2011; Leffers & Mitchell, 2010; Melby et al., 2016).

The first step to establishing a long-term partnership is identification of an appropriate partner. Ideally this would be organization with a history of working in the potential host community and/or a university in the host country. For sustainability purposes, it is crucial that international experiences for nursing students are embedded within a program with a long-term vision through an experienced partner organization (DeCamp, 2011; Leffers & Mitchell, 2010).

UNC SON supported Prof. Lanning and Ms. MacKeen to attend the 2015 Triangle Global Health Annual Conference: Sustainable Development and Global Health, held in Raleigh, NC in November 2015. At this conference, they met Kathy Walmer, the Executive Director of Family Health Ministries (FHM). FHM is an organization with twenty years experience working in Haiti, specifically the communities of Léogâne and Tom Gato. FHM's mission is to improve the health of families and develop lasting relationships with partners on the ground (Family Health Ministries, 2015). For sustainability purposes, it is crucial that international experiences for nursing students are embedded within a program with a long-term vision through an experienced partner organization. FHM represents an ideal partner with which UNC SON could develop a new program because of their long-term vision and extensive experience in Haiti (Powell et al., 2010).

Each potential partner should be interested in pursuing a partnership and have an equal voice in the design of a program and subsequent meetings and email communication developed the partnership accordingly (DeCamp, 2011; Leffers & Mitchell, 2010). Ms. Walmer is a graduate of UNC SON and is very interested in developing a partnership between FHM and her Alma Mater. She committed to travel to Haiti with Prof. Lanning and Ms. MacKeen for the engagement process, even using her own funds to support her travel. Ms. Walmer also organized the focus group discussions and meetings in Léogâne and Tom Gato, Haiti, to support participatory research for program development.

Partnerships should also be based on mutual collaboration, goal setting, and consideration of each partners' strengths, perspectives, and limitations – as such conditions proved to be excellent for this partnership to move forward (DeCamp, 2011; Leffers & Mitchell, 2010). For example, FHM was in the process of opening a new women's health clinic to address maternal and child health concerns in Tom Gato, Haiti in early 2016 and Prof. Lanning's expertise as a practitioner focuses on maternal health. Moving forward, Prof. Lanning can contribute her knowledge and expertise to a new program focused on women's health in Haiti, enabling the success of FHM's new clinic. The expertise of each partner and the needs of FHM aligned to set the stage for a successful partnership.

## Engagement Process

The second step of developing a partnership is the engagement process, which should consist of direct communication and engagement with the host community and other potential partners in a bidirectional manner with equal decision-making and participation. It is important to note that an MOU is often recommended before moving forward with a formal partnership, and this element is still under development.

The direct engagement process between UNC SON (Prof. Lanning and Ms. MacKeen) and FHM (Kathy Walmer) and potential Haitian partners followed these recommendations and occurred over the period of March 14-19, 2016. UNC SON representatives traveled to Port Au Prince and, from there, FHM organized transport to Léogâne and accommodation in support of the engagement process and field research.

Since Prof. Lanning and Ms. MacKeen would be conducting research in support of program development in Haiti, Prof. Lanning submitted a proposal to the UNC Institutional Review Board (IRB). The proposal was reviewed by the Office of Human Research Ethics and it was determined that this research would not constitute human subjects research as defined under federal regulations [45 CFR 46.102 (d or f) and 21 CFR 56.102(c)(e)(1)] and therefore did not require IRB approval.

Based on her understanding of UNC SON objectives and calling on her extensive experience and relationships in Haiti, Ms. Walmer suggested UNC SON representatives meet with the Ms. Hilda Alcindor, the Dean of the only University level Bachelor of Science in Nursing Program in Haiti – the Faculté des Sciences Infirmières de l'Université Épisopale d'Haïti à Léogâne (FSIL). Ms. Walmer facilitated this meeting to broaden the potential partnership to include collaboration between UNC SON, FHM, and FSIL. FSIL is the only four-year Bachelor of Science in nursing program in Haiti and is therefore an excellent potential partner for further inter-university collaboration. This has the potential to be an important partnership, as research indicates that a university from the low-income country can serve as both a compass and aperture to help guide and channel the high-income university efforts so that they contribute to global health in a responsible, ethical, and sustainable manner (Melby et al., 2016; Watt et al., 2015).

FHM, through Ms. Walmer and FHM staff in Haiti, organized the meeting with Dean Alcindor as well as four focus group discussions with communities in Léogâne and Tom Gato. FHM also identified and hired a translator, fluent in English, French, and Haitian Creole. The translator was necessary and valuable in order to conduct the focus groups and interact with potential partners and beneficiaries on the ground. Without the partnership with FHM it would not have been feasible for UNC SON to complete this research in Haiti.

The first meeting was with FHM and FSIL. Dean Alcindor was welcoming and interested in developing a partnership with UNC SON. Her priorities are visiting professors (e.g. Prof. Lanning as a visiting lecturer) and exchanges between her nursing students and students from UNC SON. Since, best practices indicate that a successful partnership must also extend to the host community, in subsequent meeting the host community was actively involved in the

partnership through a participatory process, further detailed under Step 4: Stakeholder/Host Community (Leffers & Mitchell, 2010).

### **Step 4: Stakeholder/Host Community**

The key consideration when working with stakeholders/host community as outlined in the “Toolkit: Development of Global Health Experiences for Nursing Students” include: ethics, maleficence, mutual and reciprocal benefit, participatory development, and capacity building. As the development of this program is still in the nascent phases the steps outlined under this and subsequent sections are yet to be fully realized. Instead, these sections include suggestions to be incorporated in program development. It is important to note that the ultimate beneficiaries, in this case the communities in Léogâne and Tom Gato, Haiti, will undoubtedly play an integral role in the development of this program and eventual partnerships.

Haiti is an excellent location for a potential partnerships and program because it can provide an optimum learning environment for nursing students due to the significant socioeconomic and cultural differences between Haiti and the U.S. Best practices indicate that international experiences for nursing students in low-income countries yield greater gains towards students’ development and cultural competency because of the wider contrast between the host community culture and the student’s background (Green et al., 2009; Iserson et al., 2012; Melby et al., 2016).

#### **Ethics**

Nursing is an ethical profession and programs should apply the same ethical principles when nurses work internationally. For example, as a program is developed it will be important for UNC SON students to act within the scope of their practice. International experiences are service-learning opportunities – students are participating to gain knowledge and experience and it is essential that they form reciprocal relationships that benefit each partner equally (Powell et al., 2010) . The focus of programs should be on teaching and building capacity of local providers rather than direct service provision (Iserson et al., 2012).

#### **Maleficence**

The program should ensure that the community is the ultimate beneficiary and that student efforts do not displace providers or create economic disparities – ultimately they need to do no harm. Programs that meet needs identified by the host community are more likely to be supported by the community and provide a tangible and sustainable benefit. Therefore, the development of a program should consider the needs of Léogâne and Tom Gato as identified in the focus group discussions and outlined below under Illustrative Activities and Programmatic Directions.

#### **Mutual and Reciprocal Benefit**

A global health program focused on the nursing student’s learning process without consideration of the host community risks causing unintended adverse consequences. Therefore, by basing the program design on the issues identified by community members from Léogâne and Tom Gato

and working directly with the community and the FSIL, the program is more likely to offer a mutual and reciprocal benefit to the host community, nursing students, and all partners in Haiti.

### **Participatory Development**

Participatory development is a key tenet of global health and international development programs and includes incorporating data and feedback from local communities prior to the development of a program. Therefore, this aspect of design was accomplished through four focus groups discussions (FGDs); two groups with women of childbearing age, one with traditional birth attendants, and one with community leaders (Powell et al., 2010; Whiteford & Vindrola-Padros, 2015).

Ms. MacKeen identified potential groups for the FGDs and designed the discussion guides based on her extensive experience conducting qualitative research in East Africa. The FGDs served to provide insight to Prof. Lanning and Ms. MacKeen as to the unique needs of the community with regard to women's health and to solicit the opinion of the community as to how nursing students can best support development needs in their community. For details on the FGDs, see the section: Focus Group Discussion Guides and Notes.

In the “Toolkit: Development of Global Health Experiences for Nursing Students”, participatory development is further broken down into phases: (1) Inform – (2) Consult – (3) Involve – (4) Collaborate – (5) Empower (Powell et al., 2010). Some of these phases were addressed during the March field research in Haiti, and some will be executed at a later date (Whiteford & Vindrola-Padros, 2015).

#### ***1. Inform***

The inform phase encompasses the period of time during which the partnership is established (as discussed under the sections Partnerships and Engagement), as well as the point during which the potential program is presented to the partners and host community. Prof. Lanning and the author informed communities in Léogâne and Tom Gato and potential partners at FSIL of UNC SON's interest in developing a program in Haiti to address community needs and support nursing student personal and professional development through volunteer experiences and exchanges. This process of informing the stakeholders and host communities is in line with best practices for program development (Powell et al., 2010; Whiteford & Vindrola-Padros, 2015).

#### ***2. Consult***

The consult phase was accomplished on the ground through FGDs with host communities and meetings with Dean Alcindor at FSIL. The knowledge acquired on the ground was supplemented with research on Haiti, its health system, major health indicators, as well as research related to FHM programs (Leffers & Mitchell, 2010).

#### ***3. Involve***

Since “involve” is an operational phase, it will occur in the future. During this phase, if a program and partnership is developed, the roles and responsibilities of UNC SON, FHM, and

FSIL will be outlined in a memorandum of understanding to be written and agreed upon between the partners. Furthermore, during implementation there should be mechanisms through which the host community and partners can offer continual feedback through a collaborative process (Powell et al., 2010).

#### ***4. Collaborate***

Collaboration is ongoing throughout the operation of a program because collaboration is necessary to ensure that each partner remains engaged and commitment to the program's goals and objectives. In this case study, suggestions for collaboration include supporting bi-directional student exchanges between UNC SON and FSIL as well as sending visiting scholars to FSIL as guest lecturers on short-term assignments. Collaboration also extends to the host community and can be achieved by responding to needs identified by the community such as training for traditional birth attendants (TBAs) and community education on health topics.

#### ***5. Empower***

Knowledge, capacity building, sustainability, resources, collaboration, and support all promote empowerment and it will be important for each partner in this program to be actively engaged and feel empowered to fully participate. Realistically, the best option for empowerment within a program of this scope is for the program to empower FSIL nursing students to make a difference in their community. This can be achieved through supporting their educational development, empowering them to teach in their local communities, and offering exchanges to build their nursing practice (Hennink et al., 2012).

#### **Capacity Building**

Capacity building means that the beneficiary is able to achieve their objectives in absence of outside support, for example building the capacity of students at FSIL to offer training and education to their communities in the absence of UNC SON students. A second example is training and educating the community so community members and leaders can become health champions and support the ongoing acquisition of health related knowledge in their community. While the ultimate goal should be capacity building, this is a challenging process and requires long-term commitment. It is not reasonable that a student is going to build the capacity of a community or individual over a short period of time. Nonetheless, this program could realistically build the capacity of the students at FSIL through student exchanges, empowering them to educate their community, and the exchange of knowledge between UNC SON and FSIL students (Melby et al., 2016).

### **Step 5: Monitoring and Evaluation**

This program should be monitored with indicators developed by FHM, UNC SON, and FSIL together. It should focus on outcomes such as improved health status at the community level. This will be best determined once a program is developed but should be completed before the beginning of a program in Haiti (DeCamp, 2011; Melby et al., 2016).

## **Step 6: Student Exchanges and Education**

One of the most valuable aspects of international experiences for nursing students is the opportunity to develop relationships with students and healthcare providers in other countries. The opportunity to work closely with students at FSIL is one of the best avenues for personal and professional growth that a program in Haiti could provide and should be a key focus during program development. It is important to ensure that learning goes both ways, with the students from UNC SON learning from FSIL students and community individuals and vice versa (Afriyie Asenso et al., 2013; DeCamp, 2011).

## **Recommendations: Illustrative Activities and Programmatic Directions**

Presented here are some suggestions that are feasible for UNC SON to pursue in Haiti, adhere to best practices, and also consider the major ethical principle of nursing, global health, and international development – do no harm. These activities rely heavily on support from and a partnership with FSIL and FHM. Best practices indicate that the focus of international nursing experiences should be on teaching and building capacity rather than direct service provision (Iserson et al., 2012). UNC SON students' efforts should support ongoing programs and needs of FHM and FSIL while responding to needs of the local community.

### **Student Exchange Between FSIL and UNC SON:**

As most learning occurs during student exchanges, it is imperative that any program incorporates students from FSIL and allows opportunities for UNC SON students to work with FSIL. Illustrative activities include: clinical rotations, teaching health skills at the community level, and working together to design a program to support health needs in the local community.

### **Teaching Women's Health at FHM Clinic in Tom Gato:**

The communities clearly identified learning needs that are well within the scope of practice for a BSN nursing student. It is therefore recommended that UNC SON nursing students work together with FSIL students to offer teaching for the communities in Léogâne and Tom Gato that addresses community identified learning needs related to general health, family health, and vaginal infections and vaginal health. This type of training could be designed and overseen by FHM and Prof. Lanning. Ensuring that FSIL and UNC SON students work together will help mitigate the language barrier and ensure sustainability and continuity of the program, as FSIL students could offer teaching even when UNC SON students are not in Haiti.

### **Training Traditional Birth Attendants on Safe Birth Practices:**

Community TBAs identified a need for ongoing training and/or refresher training. Due to the high level of specialized knowledge required, this would be best implemented by a trained



professional such as Prof. Lanning and/or other qualified Professors or graduate students at UNC SON.

### Visiting Professors/Academic Exchanges:

Dean Alcindor indicated her interest in having UNC SON Professors come to FSIL to offer courses and teaching to her students. She also indicated an interest in her Professors having a similar opportunity in the U.S. Dean Alcindor will be a key partner in the development of any program and it is very important to respect her positions and requests in order to support the development of a mutually beneficial and supportive relationship.

### Focus Group Discussion Guides and Notes:

FGD guides adapted from the following resources:

- [https://www.k4health.org/sites/default/files/Tools\\_fgdguide.pdf](https://www.k4health.org/sites/default/files/Tools_fgdguide.pdf)
- <http://www.nrsweb.org/docs/Krueger-FocusGroupInterviews.pdf>
- [https://assessment.trinity.duke.edu/documents/How\\_to\\_Conduct\\_a\\_Focus\\_Group.pdf](https://assessment.trinity.duke.edu/documents/How_to_Conduct_a_Focus_Group.pdf)
- [https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=10&ved=0ahUKEwiP\\_Pf4gvXKAhWMOCYKHTMGBfEQFghdMAk&url=http%3A%2F%2Fwww.who.int%2Fpatientsafety%2Fimplementation%2Fchecklists%2Finstructions\\_focus\\_group.doc&usg=AFQjCNFUifT3gKxuEuiPu3HNGQVAgbSeWw&cad=rja](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=10&ved=0ahUKEwiP_Pf4gvXKAhWMOCYKHTMGBfEQFghdMAk&url=http%3A%2F%2Fwww.who.int%2Fpatientsafety%2Fimplementation%2Fchecklists%2Finstructions_focus_group.doc&usg=AFQjCNFUifT3gKxuEuiPu3HNGQVAgbSeWw&cad=rja)

### FGD Guide – Women of Child Bearing Age:

**Welcome** and thank you for volunteering to take part in this focus group. You have been asked to participate as your point of view is important. I realize you are busy and I appreciate your time. We are really happy to be here with you and to learn from each of you.

**Introduction:** This focus group discussion is designed to learn from each of you. Nursing students from the United States are interested in volunteering with Family Health Ministries in your community. We would like your perspective on how these students could serve in your community to improve women's health. The focus of our discussion will be on learning from your experiences with birth, women's health, and how nursing students could volunteer to serve your community. The focus group discussion will take no more than two hours. May I tape the discussion to facilitate its recollection? (if yes, switch on the recorder)

**Anonymity:** Despite being taped, I would like to assure you that the discussion will be anonymous. The tapes will be kept safely in a locked facility until they are transcribed word for word, then they will be destroyed. The transcribed notes of the focus group will contain no information that would allow individual subjects to be linked to specific statements. You should try to answer and comment as accurately and truthfully as possible. I and the other focus group participants would appreciate it if you would refrain from discussing the comments of other group members outside the focus group. If there are any questions or discussions that you do not

wish to answer or participate in, you do not have to do so; however please try to answer and be as involved as possible.

**Ground rules:**

- The most important rule is that only one person speaks at a time. There may be a temptation to jump in when someone is talking but please wait until they have finished.
- There are no right or wrong answers.
- You do not have to speak in any particular order.
- When you do have something to say, please do so. There are many of you in the group and it is important that I obtain the views of each of you.
- You do not have to agree with the views of other people in the group.
- Does anyone have any questions?
- OK, let's begin

**Warm up:**

- First, I'd like everyone to introduce themselves. Can you tell us your name? Moderator and researchers also introduce themselves.
  
- First we would like to hear from you on your experience with childbirth. Although we have read research from Family Health Ministries we would also like to know your experiences. Then we will allow time to discuss student volunteers.

**Questions/Discussion Guide:****Part I:**

1. Where do most women in your community give birth?
  - a. Why?
  - b. Who makes the decision as to where a woman delivers?
    - i. Or How is this decision made?
2. What is your opinion of the traditional birth attendants in your community?
  - a. Why do you like them? Why do you not like them?
3. What is your opinion of the healthcare workers in your community?
  - a. Nurses? Doctors? Etc.
  - b. Why do you like them? Why do you not like them?
4. Who (TBA v. healthcare provider) offers better care? Why?

**Part II:**

5. Who was with you during labor and delivery?
  - a. Did you feel supported during your labor and delivery?
  - b. Please describe what made you feel supported?
6. Are you familiar with the new FHM women's health center?
  - a. Do you plan to use its services? Recommend it to friends?
  - b. Why or why not?
7. Are you familiar with the term doula?
  - a. If yes, probe for their understanding.

- b. If no, explain/define for the group.
- c. Does this sound like something you would have liked to have during your labor and delivery?

### **Part III:**

8. Have you seen students from the U.S. come to volunteer in your community before?
  - a. Were they helpful? Why or why not?
9. What are the biggest needs of the women in your community?
10. How could students help you?
  - a. If students could only be here for a couple months – how could they assist and support your community?
  - b. How could they support women who are pregnant during birth and childbirth?

**Concluding question:** Of all the things we've discussed today, what would you say are the most important issues you would like emphasize before we end our discussion?

**Conclusion:** Thank you for participating. This has been a very successful discussion. Your opinions will be a valuable asset as we work with you to support women's health in your community. We hope you have found the discussion interesting, if there is anything you are unhappy with please see us immediately after and we can address your concerns. I would like to remind you that any comments featuring in this report will be anonymous. Thank you again for your participation, enthusiasm, and honesty.

### **FGD Guide – Traditional Birth Attendants:**

**Welcome** and thank you for volunteering to take part in this focus group. You have been asked to participate as your point of view is important. I realize you are busy and I appreciate your time. We are really happy to be here with you and to learn from each of you.

**Introduction:** This focus group discussion is designed to assess your thoughts and feelings about safe birth practices and the role of TBAs versus the health center. ALSO... Nursing students from the United States are interested in volunteering with Family Health Ministries in your community. We would like your perspective on how these students could serve in your community to improve women's health. The focus of our discussion will be on learning from your experiences with birth, women's health, and how nursing students could volunteer to serve your community. The focus group discussion will take no more than two hours. May I tape the discussion to facilitate its recollection? (if yes, switch on the recorder)

**Anonymity:** Despite being taped, I would like to assure you that the discussion will be anonymous. The tapes will be kept safely in a locked facility until they are transcribed word for word, then they will be destroyed. The transcribed notes of the focus group will contain no information that would allow individual subjects to be linked to specific statements. You should try to answer and comment as accurately and truthfully as possible. I and the other focus group participants would appreciate it if you would refrain from discussing the comments of other group members outside the focus group. If there are any questions or discussions that you do not

wish to answer or participate in, you do not have to do so; however please try to answer and be as involved as possible.

**Ground rules:**

- The most important rule is that only one person speaks at a time. There may be a temptation to jump in when someone is talking but please wait until they have finished.
- There are no right or wrong answers.
- You do not have to speak in any particular order.
- When you do have something to say, please do so. There are many of you in the group and it is important that I obtain the views of each of you.
- You do not have to agree with the views of other people in the group.
- Does anyone have any questions? (answers).
- OK, let's begin

**Warm up:**

- First, I'd like everyone to introduce themselves. Can you tell us your name? Moderator and researchers also introduce themselves.

**Questions/Discussion Guide:**

**Part I:**

1. What is the most rewarding part of being a TBA?
  - a. What is the hardest part of being a TBA?
2. Where did you learn your skills?
  - a. What services do you offer?
  - b. Probe for prenatal assessment and labor support.
  - c. How much do women pay for your services?
3. Please tell me more about why women like to choose to give birth at home with a TBA? Instead of at a healthcare center.
4. What is your opinion of the healthcare workers in your community?
  - a. Nurses? Doctors? Etc.
  - b. Why do you like them?
  - c. Why do you not like them?
5. What is your opinion on health centers in your area?
  - a. Do they know about the new FHM women's health center? If not tell them about it.
  - b. Do you think women will use this health center? Why or why not?

**Part II:**

6. When do you refer a woman to the health center?
7. Do you see a role for TBAs working with the new healthcare center?
8. Are you familiar with the term doula?
  - a. If yes, probe for their understanding.
  - b. If no, explain/define for the group.
9. Do those skills, doula skills; sound like something that would be beneficial for you as a TBA?
  - a. Why? Or why not?

- b. Would you be willing to work as a doula to support women in your community if they were delivering the FHM women's health center?

### **Part III:**

11. Have you seen students from the U.S. come to volunteer in your community before?
  - a. Were they helpful? Why or why not?
12. What are the biggest needs of the women in your community?
13. How could students help you?
  - a. If students could only be here for a couple months – how could they assist and support your community?
  - b. How could they support women who are pregnant during birth and childbirth?

**Concluding question:** Of all the things we've discussed today, what would you say are the most important issues you would like emphasize before we end our discussion?

**Conclusion:** Thank you for participating. This has been a very successful discussion. Your opinions will be a valuable asset as we work with you to support women's health in your community. We hope you have found the discussion interesting, if there is anything you are unhappy with please see us immediately after and we can address your concerns. I would like to remind you that any comments featuring in this report will be anonymous. Thank you again for your participation, enthusiasm, and honesty.

### **FGD Guide – General Group/Community Leaders:**

**Welcome** and thank you for volunteering to take part in this focus group. You have been asked to participate as your point of view is important. I realize you are busy and I appreciate your time. We are really happy to be here with you and to learn from each of you.

**Introduction:** This focus group discussion is designed to assess your thoughts and feelings about women's health, childbirth, and volunteer programs. We are here to learn from each of you. Nursing students from the United States are interested in volunteering with Family Health Ministries in your community. We would like your perspective on how these students could serve in your community to improve women's health and if you would be interested in working with our students. The focus of our discussion will be on learning from your experiences with birth, women's health, and how nursing students could volunteer to serve your community. The focus group discussion will take no more than two hours. May I tape the discussion to facilitate its recollection? (if yes, switch on the recorder)

**Anonymity:** Despite being taped, I would like to assure you that the discussion will be anonymous. The tapes will be kept safely in a locked facility until they are transcribed word for word, then they will be destroyed. The transcribed notes of the focus group will contain no information that would allow individual subjects to be linked to specific statements. You should try to answer and comment as accurately and truthfully as possible. I and the other focus group participants would appreciate it if you would refrain from discussing the comments of other group members outside the focus group. If there are any questions or discussions that you do not

wish to answer or participate in, you do not have to do so; however please try to answer and be as involved as possible.

**Ground rules:**

- The most important rule is that only one person speaks at a time. There may be a temptation to jump in when someone is talking but please wait until they have finished.
- There are no right or wrong answers.
- You do not have to speak in any particular order.
- When you do have something to say, please do so. There are many of you in the group and it is important that I obtain the views of each of you.
- You do not have to agree with the views of other people in the group.
- Does anyone have any questions?
- OK, let's begin

**Warm up:** First, I'd like everyone to introduce themselves. Can you tell us your name?  
Moderator and researchers also introduce themselves.

**Questions/Discussion Guide:****Part I:**

14. What are your biggest concerns about women's health in your community?
15. What influences where a woman decides to birth in your community?
  - a. Who makes the decision as to where a woman delivers?
  - b. Where do most women give birth?
  - c. Why?
  - d. Were you happy with the care provided for the women in your family when they gave birth.

**Part II:**

16. What are your opinions on the TBAs in your community?
  - a. Assess opinions and perspectives on TBAs and their role in the community.
17. What are your opinions on the healthcare workers at the clinics in your community?
18. Are you familiar with the new FHM women's health center?
  - a. Would you recommend someone use its services?
  - b. Why or why not?
  - c. How can FHM best support women to deliver in the health center instead of their homes?

**Part III:**

19. Have you seen students from the U.S. come to volunteer in your community before?
  - a. Were they helpful? Why or why not?
20. What are the biggest needs of the women in your community?
21. How could students help you?
  - a. If students could only be here for a couple months – how could they assist and support your community?
  - b. How could they support women who are pregnant during birth and childbirth?

22. What types of programs are NGOs and other organizations running in your community?
- What is working and what is not working?
  - What types of programs do you need?
  - How could students from the U.S. assist your community?

**Concluding question:** Of all the things we've discussed today, what would you say are the most important issues you would like emphasize before we end our discussion?

**Conclusion:** Thank you for participating. This has been a very successful discussion. Your opinions will be a valuable asset as we work with you to support women's health in your community. We hope you have found the discussion interesting, if there is anything you are unhappy with please see us immediately after and we can address your concerns. I would like to remind you that any comments featuring in this report will be anonymous. Thank you again for your participation, enthusiasm, and honesty.

## FGDs Notes:

### FGD 1 – Women of Childbearing Age

Family Health Ministries – Women's Health Clinic  
March 16, 2016

#### Group:

- 9 women in total – 2 delivered in the hospital – 7 delivered at home
- Cost to reach FHM ranges from 50-100 (3 women) and other women walked

#### Where deliver?

- Home/Hospital St. Criox
- Most deliver at home but “for the first child it's better to deliver in a health center”

#### Why deliver where they did?

- It's in God's hands and there is no time to go to the clinic
- Better care at home – not cared for well at the hospital
- More support at home, family around you, more supporters/they hold your hand
- No one talks to you at the hospital
- Barriers to delivering the hospital (aside from emotional issues) – money and transport

#### Misc.

- At the clinic/hospital you cannot bring someone with you into the room you only God/Jesus
- At home you are surrounded by support
- Women would prefer to have a family member with them at the clinic

#### What can students do?

- Classes taught by nursing students – would be very helpful according to the women
- Topics that would be helpful:
  - Everything

- Education on how to stay helpful
- Vaginal infections (UTIs and Vaginal discharge/infections)

## FGD 2 – Women of Childbearing Age

Family Health Ministries – Women’s Health Clinic  
March 16, 2016

### Group:

- 12 women; 7 delivered at home and 5 delivered in a hospital

### Family Planning:

- Women use FP after have a child to prevent more pregnancies or to space pregnancies
- 5 – Depo-Provera
- 1 – oral contraceptives
- 3 – no birth control (not sexually active; no husband; husband works in another place)
- 1 – condom
- 1 – counting

### Prenatal care:

- Most prefer to go to the hospital/clinic for prenatal care – 9 women
- No prenatal care – 3 women
- Most said if prenatal was offered at FHM clinic they would go there for services
- If getting prenatal care at the hospital or a clinic do not also receive care from a TBA in the community also – but some will only go to see a TBA for prenatal care if they don’t want to go to the hospital

### Delivery:

- At the hospital only doctors and nurses are with the mom during delivery, no family no other assistance
- At home you have your family
- Hosanna Hospital – allows family in the room with the doctors during delivery
- Need to keep a positive attitude and believe that God will be with you – be positive that everything will be okay

### Learning Needs:

- Women’s health – how to care for themselves
- How to stay healthy
- Vaginal infections
  - Think is caused by sex, unclean underwear, and heat (sitting on something hot)
  - Often have itching/itchy discharge
- Fibroids
- Family planning – most familiar with Depo-Provera and implants (Implanon)

### Birth Certificate:



- Requires National ID and BC of Mom & Dad to get a BC for child
- Hospital/clinic will give a record of birth to provide date, time and other information which helps the family remember but is not a requirement for a BC

### FGD 3 – Traditional Birth Attendants

Family Health Ministries – Women’s Health Clinic  
March 17, 2016

**Group:** 2 women and 2 men

#### **Rewarding part of being a TBA:**

- Represent mother and father during the birth – support for the mother in labor

#### **Skills:**

- Deliveries, prenatal care and even one offers general medical care and is a naturalist/offers natural remedies
- Know how to take blood pressure and identify preeclampsia and eclampsia
- PPH – massage and local herbs and teas, drink some herbs and bathe/shower in other herbs
  - If bleeding does not stop they take them to the hospital

#### **Challenges:**

- Transportation – cannot transfer women to the hospital
- Sometimes they have to carry the women to the hospital in a “wheelbarrow”
- They don’t always get paid

#### **Payment:**

- CMC/Hopital St. Croix paid them 2500 gourdes (USD5.00) a month for bringing women
- Family pays TBAs 2500 gourdes (USD5.00) for a birth when they can afford it, if birth is complicated they sometimes pay more, at times they cannot pay at all

#### **Motivation:**

- Training – such as that provided by Marni/Duke
- Birthing kits
- Because the community respects them as professionals (doctors) and they have an obligation to their community

#### **Deliveries:**

- Each delivers between 6-8 babies a month
- 1-2 women a month need to be transferred to the hospital for complications or needing help because cannot push anymore
- Don’t allow women to drink water during delivery but if women are feeling weak they kill and cook a chicken and feed her some broth
- When going to a delivery they carry:
  - You first have to prepare yourself, i.e. shower if have been working in the fields

- Pray
- Towel, gauze, gloves, soap, scissors/razor, clothes for baby, hat for baby, sewing kit, dental floss (tie umbilical cord)

**Misc.**

- TBAs upset they did not learn about the new FHM Women's Center until 15 days ago because when they worked with Marni/Duke many years ago they repeatedly asked for a clinic to be built
- Very interested in receiving training at the new FHM clinic

**Needs/Support Required:**

- Need review and refresher of all the materials they have learned – regular refresher sessions

**FGD 3 – Community Members/Community Leaders**

Family Health Ministries – Women's Health Clinic  
March 17, 2016

**Group:** 7 women and 5 men

**Issues/Concerns re: women's health in their community:**

- Access to care
- No money for care
- Transportation – if there is a complication with birth sometimes the sisters can help with transportation but if the woman is very far then there is no transportation to the hospital
- Women suffer during labor and some die on the way to the hospital because distance to hospital is far, sometimes the baby dies on the way
- Children are more expensive now so people are having less children

**Thoughts on TBAs:**

- Very good but would like for them to receive more training so they can do “everything”
- Need more TBAs for this community

**Thoughts on healthcare workers:**

- Clinic workers are very important and very helpful but not always close enough

**Needs/ Support Required:**

- Students could help with training and education
- Women's health education
- Training TBAs
- Also brought up soil conservation, water, and microfinance but we explained these are outside our purview and resources and we only able to support/work on women's health related issues at this time – e.g. need a cistern for each house, only have one for the community and people have to travel very far for water

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