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## MEDICAL STUDENT PREPARATION FOR INTERNATIONAL SERVICE: HHA COURSE EVALUATION AND RECOMMENDATIONS

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## **Abstract**

This study is an evaluation of the University of North Carolina – Chapel Hill Honduran Health Alliance course for first year medical students. The course prepares students to participate in a summer clinical service and health education trip in rural Honduras. The evaluation relied primarily on a survey of the participating first year students after the service trip, from June 26 through July 22, and provided qualitative and quantitative feedback. Despite its limitations, this survey provided important feedback for curriculum development and course structure for the 2011 course. It also provided formal feedback for this course for the first time and will hopefully serve as a template for future evaluation of both the course and the trip as a whole.

## Table of Contents

Abstract.....	2
Introduction .....	4
Background Information.....	4
Literature Review.....	7
Methods.....	10
Results.....	12
Discussion.....	19
Recommendations .....	23
Limitations.....	25
Conclusion.....	26
Bibliography .....	27
Appendix.....	29

## Introduction

The purpose of this study is to evaluate the curriculum for the spring 2010 Honduran Health Alliance (HHA)

Course offered at the University of North

Carolina at Chapel Hill (UNC-CH). The course

provides preparation for the first year

medical student

participants in the

Honduran Health

Alliance and is a weekly course facilitated by the

Public Health Leader. Ideally this course prepares the

students for the clinical, health education, and Spanish immersion components of the course.

The desired outcomes of this study are (1) a summary of recommendations for the future of this course and (2) the syllabus for the spring 2011 course.



Figure 1. Map of Honduras and Choluteca province.

## Background Information

### HHA History adapted from HHA website ([www.med.unc.edu/hha](http://www.med.unc.edu/hha))

The Honduran Health Alliance (HHA) began subsequent to research by a medical student from the University of North Carolina at Chapel Hill (UNC-CH) in the southern Honduran provinces of El Corpus and Concepcion de Maria in 2004. HHA specifically serves six villages:

Guanacaste, Guasaule, Los Terreros, Potreritos, Papalon, and Espaveles. These six villages form the *Comunidades Unidas* (CU – United Communities) and work together for community improvement projects.

Before HHA became involved, the health care needs of these villages were served by lay health workers and nurses who, with minimal training, were able to distribute contraception and antibiotics. For more involved clinical care, villagers had to travel up to 50 miles to the nearby town of Choluteca, or rely on traditional or herbal methods.

Through individual interviews and focus groups designed to explore unmet needs, it became clear to the initial UNC-CH student researchers that community members desired more complete health information, especially about reproductive health issues. Access to cervical cancer screening was one of the main issues women were concerned with, as well as access to information about family planning options. Community women and the CU board members alike were drawn to the idea of a sustainable community-driven project that could bring much needed education and health care services to their communities.

Through collaborative work between the CU and UNC-CH students, HHA has evolved into an annual health intervention project. In July 2004, ten medical students and two physicians spent the month of July working to improve the reproductive health literacy, through health education, of these communities while also beginning clinical services. Every July from 2005 to 2010, students and physicians returned to the same communities to offer more educational workshops and preventive clinical services. These educational talks, called *charlas*, are interactive workshops designed for low literacy populations by HHA participants and leaders.

Unfortunately, the 2009 trip was interrupted by political unrest in Honduras and the group had to leave the country before clinic week. Fortunately, there were no such setbacks for the July 2010 trip, making it the seventh year of the intervention.

## HHA Leadership

The Honduran Health Alliance is a student-run organization. The leadership team is composed of a Public Health Leader and two Medical Student Leaders. The Public Health Leader is a Master of Public Health (MPH) student between his or her first and second year of school. Traditionally the Public Health Leader has been from either the Health Behavior and Health Education (HBHE) department or from the Maternal and Child Health (MCH) department. The Medical Student leaders are third-year medical students who participated in HHA in their first year.

## Course History

The Honduran Health Alliance (HHA) leaders hold an annual spring course to better prepare participants for the HHA summer clinical service. The course meets for an hour and a half per week and first-year medical students receive elective credit for the combined course and service component. The course is led primarily by the HHA Public Health Leader with the Medical Student Leaders. Each week the topic is covered by a guest speaker or one of the HHA leaders.

The goals of the course are to prepare the students for their time in Honduras, specifically their clinical skills, comfort with health education *charlas*, general comfort with Honduran culture, history, and politics, and Spanish language ability.

Students who take the HHA course and then participate in the clinical trip receive fourth year elective credit through the UNC-CH School of Medicine.

## 2010 HHA Course

The 2010 HHA spring course was planned by the PH Leader in the fall of 2009 and led by the incoming PH Leader in the spring of 2010. The students taking the course were all women and all first-year students in their second semester at the UNC School of Medicine. The course

was offered as an evening class for one and a half hours once a week. There were eleven weekly sessions.

December	January	February	March	April	May	June	July
Orientation	HHA Spring Course					Final trip planning	4 week trip

Table 1 HHA Course and Trip timeline.

## Literature Review

### General Background

Electives, such as the HHA trip, can be the most exciting part of medical preparation for students. (Banatvala N, 1998) When well planned and organized, international health education can increase student learning. (Federico SG, 2006) In the literature, a common term for programs similar to the Honduran Health Alliance (HHA) summer trip is International Health Electives (IHE). The literature on IHEs explains the benefits of IHEs for the participant and society as well as what is known about an integrated course component.

### Positive Impacts of International Health Electives for the Participants and Society

Thompson and others completed a literature review on medical and resident students participating in international health electives (IHE) and looked at the impact these electives had on the students. (Thompson MJ, 2003) One outcome observed was that participating in an IHE is associated with choosing a career in primary care. (Thompson MJ, 2003)

Another positive impact of IHE participation was on clinical diagnostic skills. (Thompson MJ, 2003) This may be due to practicing in a lower resource setting where a reliance on technology is not helpful and clinical diagnosis is imperative. Participation in IHE programs was also associated with changes in attitudes among medical students. This included increased

recognition of public health, challenges to health care provision in underserved areas, and improved cross cultural communication. (Thompson MJ, 2003) IHE, especially in the developing world, improve cultural competence and students' idealism about their own career as doctors. (Godkin, 2003)

IHE programs also expose medical students to diseases that they otherwise might not see. Predictably, medical students who participate in IHE programs are more knowledgeable about tropical diseases. (Thompson MJ, 2003) Even if they do not return to the developing world this knowledge could save a life of a traveler or immigrant in the United States.

Preclinical students had statistically significant increases in their interest in incorporating an international component in career, their interest in public health, and their cultural competence as evidenced by their need to know another language and their need to understand cultural differences. (Godkin, 2003) Ramsey found that even four to seven years after their IHE, participants were more likely to have an MPH and to be in primary care. (Ramsey, Haq, Gjerde, & Rothenberg, 2004) While a causative relationship between the IHE experience and these outcomes cannot be determined, most participants from the Ramsey study now work with the underserved. Nearly all participants stated that the IHE experience had a positive impact on their career. (Ramsey, Haq, Gjerde, & Rothenberg, 2004)

### **Ethical Considerations for Preparation**

Many people take part in international service trips without considering the ethical implications, leading to confusion later on. (DeCamp, 2007) Some ethical considerations for preparation include language barriers, cultural barriers, inexperienced or ill-equipped trainees holding responsibilities beyond their control. HHA's language requirements for participation and interview screening process prevent the language barriers and recruitment of students ill-equipped for service experience.



It is the responsibility of the HHA class to prepare students to navigate cultural barriers and to have skills not included in the normal first year of medical school. (Crump, 2008) Traditionally clinical service trips are framed as providing benefits solely for the patients but a more contemporary definition acknowledges reciprocal benefit. (Crump, 2008)

Potential harm to the patients is important to consider. (DeCamp, 2007; Crump, 2008) In research projects this is addressed by the IRB. In the case of IHEs, this must be considered by the participants and leaders. One of the most important ethical considerations for this type of trip is the threat of medical students practicing beyond their competence (DeCamp, 2007; Crump, 2008; Banatvala N, 1998; Edwards R, 2004)

### **Course Component of International Health Education (IHE) programs**

While some IHEs are stand alone trips, many incorporate a course component. Including a preparatory class for international health experiences has increased in popularity. This is both by the percent of schools offering these courses and the percent of students who participate in them. (Thompson MJ, 2003) The course component can help to prevent harm done by students and enhance the student experience. (Pinto, 2007) The course component also serves as a time for students to not only learn about ethical dilemmas inherent in international medical service work, but also to learn how to analyze this sort of situation and make decisions about how to act. (Pinto, 2007)

### **Specific recommendations**

Like the HHA model, a recommended approach for incorporating instruction into IHEs is to have a course followed by the service. (Edwards R, 2004) However, providing support both before and during the international experience is recommended, especially in avoiding student practice beyond their scope. (Edwards R, 2004) The involvement of medical school faculty in the

course and international experience improves the medical student experience (Federico SG, 2006)

Suchdev et al. identify seven principles necessary for the success of short term medical teams. These are mission, collaboration, education, service, teamwork, sustainability, and evaluation. (Suchdev P, 2007) The HHA course can include education, collaboration, and teamwork, ensuring that HHA as an organization includes these seven principles in its functioning. Suchdev et al. emphasizes the importance of both educating volunteers on the sociopolitical situation in the host community and on evidence-based practices for while in the host country.

### **Further research needed**

While courses for international service preparation are growing in popularity, the need for critical evaluation of their components and effectiveness is needed. This sort of evaluation should look at how prepared students are for their IHE and how this impacts the communities served. (Edwards R, 2004)

## **Methods**

### **Experience**

Starting in March 2010 the author served as the Public Health Leader for the Honduran Health Alliance. This involved facilitating the spring 2010 medical student course as planned by the previous leader. The author worked with other leaders to plan and lead the summer 2010 trip with two Medical Student Leaders. Following that trip she began the evaluation of the course.

## Research

Initial background research into international service electives for medical students was conducted. This is highlighted above in the literature review. This background research also involved discussions with past leaders, past participants, and students while on the trip in Honduras regarding their feelings about class structure. The findings helped guide the development of the survey and the literature review. Other background research involved a review of course evaluations from previous years.

## Survey

Participants for the e-survey were the seven first-year medical students from the 2010 summer trip and spring 2010 course, key informants including attending physicians who had participated, past participants, and past and current leaders. The survey was administered during the Fall 2010 semester after the students had participated in the summer trip.

Following preliminary research and IRB waiver the e-survey was created (see Appendix A). The e-survey design was based on past evaluations and information from informal interviews as well as the author's experience leading the course. The e-survey was piloted and a preliminary email was sent to all participants. The e-survey was then disseminated to the 2010 participants. After all responses were collected analysis of results began. During the e-survey information on ability and desire to participate in a focus group was gathered. Due to low desire to participate a formal focus group was not conducted.

The survey results were discussed with key informants and stakeholders and recommendations were developed. These recommendations were used to develop the 2011 course syllabus (see Appendix C).

## Results

### 2010 Course Evaluations

#### Preparation from Course:

As noted above, the course aims to prepare students to give *charlas* in Honduras, for their host stay while in Honduras, for clinical work in Honduras, and for speaking Spanish. Understanding how prepared students felt for all of these tasks is important in trying to understand the effectiveness of the course. Students rated a statement about each course on a 4-point Likert scale. The results for these questions are presented in Table 1. Most notably, no students answered “strongly disagree” for any of the statements. The students felt most positively about their preparation for clinical work and least positively about their preparation for *charlas*.

Students were given the opportunity to provide feedback in an open-ended format related specifically to their preparation from this course. Four out of seven respondents provided additional feedback. Comments included a desire to practice *charlas* simultaneously while learning the material. One student suggested,

“Preparing one *charla* per class (making the posters, preparing the activities) would have been a good use of our time. At the next class we could then present the *charla* we had prepared during the previous class. By doing this we could standardize the material we presented to the communities, and maybe even produce diagrams/posters that would last for more than one year! This would also cut down on our in-country prep time...obviously we would still need to fill in the third year students and prepare them to give the *charlas*, but that would take a lot less time...giving us an extra day to use for clinic.”

Another student agreed that this would save time training in country and allow the students to see more patients in-country. Further suggestions included receiving the *charla* materials earlier in the course. Comments on parts of the course that could be improved include receiving less information on domestic violence, especially considering the amount of preparation included in

the medical student general curriculum and incorporating more Spanish language experience into the course. Another student suggested that, “there could have been more focus on the healthcare system in Honduras so we would have a better understanding of their situation. I also think there could have been other topics about Honduras such as economics.”

Question	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean
The course adequately prepared me to give <i>charlas</i> in Honduras.	0	5	1	0	2.17
The course adequately prepared me for my host stay in Honduras.	1	5	0	0	1.83
The course adequately prepared me for clinical work in Honduras.	3	3	0	0	1.5
The course adequately prepared me for speaking Spanish in clinic.	2	3	1	0	1.83

Table 2. Student reports of preparation from 2010 course.

arriving in country.”

### Class by class evaluation

The students were asked to answer several questions specific to each class session. The first question was whether they recommended that this class be offered exactly as it was in 2010. There were four sessions that received zeroes for “no”, meaning that all respondents agreed that the course should be taught exactly as it was. These sessions were the international service preparation, the class on screen and treat, the Women’s Health Education Consultants (WHEC) training, and the family planning session. All of these fit under the sessions aimed to prepare for the clinical component of the trip.

All but one respondent answered that each of the three third-year medical student-led sessions should remain the same as in 2010. The courses on the database, on Honduran political

history, and on provider response to sexual violence were the classes that students felt should be modified.

### **Class Format**

The next session-specific question was about the format of the class, not the topic. Students were asked whether they would keep the topic but change the format to a discussion. The mean for all of the responses was greater than 1.5, with the minimum mean a value of 1.67. This indicates that nearly all respondents expressed satisfaction with the format of all sessions.

### **Class topic unnecessary**

Students were also asked to respond as to whether they thought each class was necessary. Class sessions considered necessary by all students were the family planning session, all third-year medical student sessions, the lecture on screen and treat, the course on interactive *charlas*, the *charla* practice, and the WHEC training. The class that received the least positive feedback was provider response when a woman discloses violence.

### **Open-ended feedback**

Open-ended feedback was solicited class by class. Feedback was provided for most sessions, and there was little overlap between comments per class. Many students suggested consolidating classes that covered similar information. All responses for the WHEC training were extremely positive. See Appendix I to view student comments in their entirety.

Open-ended feedback was also solicited from students for the classes in general. Four out of seven participants provided feedback. Students asked for time to be used more effectively. One student suggested that having past HHA students give Spanish lessons did not seem effective. A student also suggested combining some class sessions. She suggested substituting *charla* practice and time to work on individual and group HHA assignments for classes that are then eliminated. All other responses were consistent with the above messages.

## Functions of the course

Respondents were asked to rank the functions of the HHA course with 1 the most important and 8 least important. See Table 2 for the functions listed. The most important function was building a cohesive team among first-year students and the least important were learning and practicing Spanish vocabulary and understanding the HHA clinic flow.

What do you think are the most important functions of the HHA course: (drag options to rank)								
Statistic	Building a cohesive team among first year students	Learning about topics covered in <i>charlas</i>	Practicing <i>charlas</i>	Getting to know leaders	Understanding the Honduran context	Learning about the HHA trip logistics	Learning and practicing Spanish vocabulary	Understanding the HHA clinic flow
Min Value	1	2	1	3	2	2	4	3
Max Value	6	5	7	7	8	8	8	8
Mean	<b>1.83</b>	<b>3.5</b>	<b>3.5</b>	<b>4.67</b>	<b>5.5</b>	<b>5</b>	<b>6</b>	<b>6</b>

Table 3. Student rankings of functions of HHA course.

## Readings and Outside Work

The HHA course had both recommended and required readings for most class sessions. There were also books listed as recommended background reading for the course. Respondents were asked about their

Please mark the answer that best matches your behavior:	
I read all required readings	(2)33%
I read some required reading	(2)33%
I read no required readings	(2)33%
I read all recommended readings	(1)17%
I read some recommended readings	(1)17%
I read no recommended readings	(4)67%

Table 4. Student responses related to class readings.

behavior regarding the required and recommended readings. The results from both of these questions are presented in Table 3. These questions were asked separately on the survey. Two or fewer of the 6 students read any of the readings, recommended or required.

Respondents were also asked whether or not they had read any of the recommended books. None of the students had read any of these. One out of six students stated that it would be appropriate to require a book for background reading. Students were given five options and asked how much time outside of the weekly class it is reasonable to expect students to spend on HHA work. All students answered one hour, one hour or less, or no time, with the greatest response for less than one hour.

### Potential additions to the course

Students were asked about three potential additions to the course. All six students

marked

integrating

practice with

*charlas* as a

positive

Some potential additions to the course include: (please mark all that you feel would be positive additions to the course)	
The discussion of ethics as it relates to HHA (this could include screening ethics, ethics of international clinical teams, etc.)	(5)83%
An increase in time spent in discussion and a decrease in lecture time	(4)67%
Integrating practice with <i>charlas</i> into the course throughout as opposed to solely at the end. This could include learning about a topic one week and then practicing the <i>charla</i> the following week.	(6)100%

Table 5. Student responses on potential additions to the course.

addition to the course. Five respondents marked the discussion of ethics as it related to HHA, and four marked an increase in time spent in discussion compared to lecture as a positive addition to the course.

### Discussion of Ethics

Respondents were specifically asked about the integration of the discussion of ethics. As seen in Table 5, the majority of students feel that a discussion of ethics would be an interesting addition to the course. Three stated that this would be best incorporated as an individual class and two responded that it would be best incorporated throughout the course.

Do you feel that a discussion of the ethics of international clinical service would be interesting as a part of this course?	
Yes	(4)80%
No	(1)20%

Table 6. Incorporating ethics.



## Spanish Language Experience

Respondents were asked how much of the class they think should be spent in Spanish.

Half of

respondents

marked from

seventy to

eighty-five

percent of

How much of the class do you think should be in Spanish?	
100% - everyone – leaders, students, and presenters should speak Spanish all of the time	(1)17%
70-85% - most of the time, but some things (logistical details, important updates, etc.) can be done in English. Some speakers can come in and speak in English but most should speak Spanish	(3)50%
45-55% - about half and half	(2)33%
0% - none – the course would work better if it were all in English	(0)0%

Table 7. Student thoughts about Spanish component.

class time. Thirty-three percent said between forty-five and fifty-five percent of class time. Only one respondent said one hundred percent of the time.

Students were asked if they would be likely to attend Spanish conversation or tutoring sessions offered outside of class time (See Table 7).

Students were then asked about appropriate leaders for Spanish conversation or tutoring sessions. One of the HHA leaders, a

If there were Spanish conversation or tutoring sessions offered outside of class time would you be likely to attend?	
Yes	33%
No	67%

Table 8. Student feelings about Spanish tutoring sessions.

native speaker, and a graduate student in the Spanish department all received two responses and a past participant received one response.

Students were also asked to provide open-ended feedback related to the Spanish language component of the course. Suggestions included speaking more Spanish with each other during the course at UNC-CH so that students are more comfortable speaking Spanish with each other in Honduras. Other suggestions included less emphasis on specific vocabulary lessons and more on speaking to maintain Spanish level. A student also mentioned that because most students were also in Campos, an intermediate and advanced Spanish curriculum at the

School of Medicine, some of the lessons were redundant. Appreciation for interactive practice of Spanish versus lessons was also expressed.

### **Overall Feedback**

Two students responded with general feedback. Once again, one comment was made about integrating work on *charlas* into the class. The second comment was a suggestion to allow time in class to work on leadership roles.

### **Past Course Evaluations**

Evaluations from the Spring 2008 course were reviewed. These evaluations were distributed before the actual trip, whereas the Spring 2010 course was evaluated after the summer trip. Many of the comments from the 2008 trip covered similar points as the 2010 evaluations. The WHEC training, *charla* session, and Planned Parenthood speaker were the most common responses for the question “Which class or speaker did you gain the most from? Why?” There was little convergence over which course was rated most negatively. The most common recommendation for future courses was an increase in Spanish content and practice, which was recommended by five of eight respondents in the 2008 cohort.

### **Key Informant Interviews**

Informal interviews were conducted with current and past leaders as well as attending physicians. Attending physician comments about student preparation for the clinical component of the service project were positive. Students met and exceeded expectations for clinical service. Spanish ability was noted more as inherent to students in physician comments, but there were some students who were held back initially in clinical practice by their Spanish language ability. While this was not presented as a criticism of the course, it is something that HHA leaders can consider.

Discussions with past and current leaders included comments that mirrored those of the students. Increasing content in Spanish was a common theme. Additionally, decreasing the number of sessions and making the sessions that are given more efficient were suggested. Another suggestion was to increase the practical time spent with charlas.

## **Discussion**

### **Common Themes and Analysis**

There are benefits to students, the medical school, and society to having medical students participate in IHE electives like the Honduran Health Alliance. (Thompson MJ, 2003) Benefits include greater likelihood of students choosing careers in primary care; improved clinical diagnostic skills; increased appreciation of the importance of public health and challenges to health care in underserved areas; improved cross cultural communication; and reinforced idealism about the medical profession. (Thompson MJ, 2003; Godkin, 2003)

Despite these benefits there are also risks to both the students and the communities they are serving. These risks include students practicing beyond the scope of their training and experience and students feeling confused about the impact of their service after they return. (DeCamp, 2007; Banatvala N, 1998; Crump, 2008; Edwards R, 2004) Given both the benefits and the potential harms, it is important to both continue to offer opportunities such as HHA and to evaluate their implementation to offer effective programs both to the students and the communities they serve. The inclusion of a preparatory course is in line with recommendations in the literature. (Edwards R, 2004; Pinto, 2007) This course component prepares students clinically but also can present them with situations and ethical dilemmas faced in the field and ways to deal with them. (Pinto, 2007)

Specific recommendations include educating students on the sociopolitical situation in the host country, including medical school faculty in the course and service, providing support before and during the service, working as a team, and incorporating evidence based practices. (Suchdev P, 2007; Federico SG, 2006; Edwards R, 2004) Evaluation of intervention is also suggested for improving both IHEs and the courses associated with them. (Edwards R, 2004) Students found the general class format well designed. Suchdev also includes teamwork as a key element of successful IHE experiences. (Suchdev P, 2007) The number one function, per student rankings, was building a cohesive team among first year students. It is helpful to know that students consider this one of the goals of the course. Continuing to value this and to incorporate activities that further this goal will be important for future classes.

A common theme throughout the student feedback was the appreciation of what is considered practical experience or information and little patience for what is not seen as clinically relevant. Past evaluations confirmed that many of the issues students had this year have been brought up before. The classes focusing on clinical preparation were cited as most effective, and increase in Spanish content was recommended.

The WHEC training and the session led by an attending physician were two of the most highly valued courses, while the domestic violence and sociopolitical history classes were deemed unnecessary. This finding can also be mirrored in the lack of student interest in outside work or readings, as these are not tied directly to improving their clinical practice. Understanding how to reframe topics to help students see the relevance of the topics to their practice is an important way to further engage students in the course.

## **Readings and Outside Work**

Feedback on assigned readings aligns with the idea that students are participating in HHA to gain hands on experience and to serve women in rural Honduras. If this is their main

goal then doing outside reading may feel superfluous. HHA leaders can help students both to better connect the readings to classes and to explain the importance of any assigned readings either in class or in the syllabus. Making these connections can be as simple as incorporating reflection on readings into the discussion after speakers or bringing up examples from the reading while practicing class concepts.

### **Preparation from Course:**

From the quantitative feedback about preparation from the course it is clear that the course is fulfilling its objectives. The lack of strongly positive responses indicates that improvements could be made for all aspects of the course. The students felt most prepared for clinical work, which may also be because their entire medical school curriculum works to prepare them for clinical service.

The open-ended feedback provided highlighted the idea that an increase in integration for *charla* practice would better prepare students for this portion of the service. This would also increase the students' time practicing in Spanish, accomplishing another goal of the course. It may be that this portion of the class could be made more advanced and could focus more on domestic violence in Honduras and in Latino families. Incorporating practice that directly follows learning the information will allow students to have a short term as well as long term timeline for application of the information and to hopefully increase the perceived relevance of information on domestic violence and other *charla* topics. Improving the Spanish ability of students will also help them to have a more rich experience while in Honduras, learning more from patients and host families.

Another comment suggested including more information on the Honduran healthcare system and Honduran economics. Full preparation in this area aligns with recommendations in the research and points to a need for more general background information on Honduras,

particularly at the beginning of the course. This will provide students with not only an idea of the Honduran context but also how medical practice in Honduras necessarily differs from practice in the United States.

Finally, getting to know team members was cited by one student as the best aspect of the course. (Suchdev P, 2007) Maintaining success in this area is integral to continued success of the course and the intervention. As pointed out by Suchdev, teamwork is one of the most important components of a successful IHE. (Suchdev P, 2007)

### **Potential additions to the course**

Per previous comments, integrating *charlas* into the course is important to the students. All respondents stated that this would be a positive addition to the course. The majority also stated that ethics and further discussion would be positive additions. This can be done through coordination with guest speakers and through incorporation of ethical dilemmas by the Public Health Leader's facilitation of discussion following each speaker. The majority of respondents suggested that ethics would be best incorporated throughout the course. Issues in international clinical service could be teased out as they relate to each week's topic. Ideally ethical questions and debates would both increase student comfort with difficult situations and reinforce the relevance of the information both on sociopolitical context and other social and cultural components of the course.

### **Spanish Language Experience**

The majority of respondents recommended that 70% or more of the course should be held in Spanish. This will present some logistical challenges, especially concerning the acquisition of certain skills for students who have lower levels of Spanish competency. At the same time, this will better prepare students for much of the work in Honduras as they will be learning content with vocabulary that they will use in discussion in Honduras. The majority of

students said they would not attend tutoring sessions outside of class. It may be that the students who stated that they would not attend outside sessions are those that are of higher Spanish competency. Many of the students applying for the 2011 year said that they would be exploring individual tutoring as a means to improve their Spanish so it could be that this year this option would be important to include. As far as appropriate tutors, there was no consensus on the most appropriate person to lead sessions.

Feedback in this session echoed responses from previous sections, including further integration of Spanish into the course. Another suggestion included interactive practice rather than emphasis on lessons or specific vocabulary. Moving toward seventy percent or more of the course in Spanish would accomplish these goals. This means that students participating in the program and course would be required to meet a level of Spanish competency in line with these new expectations. Students interviewing for the 2011 trip were asked their comfort level with participating and learning from a course taught 70% in Spanish. Feedback from the 2011 course will provide more information on the success of this new expectation.

## Recommendations

### Content

The main components of the course are (1) clinical preparation, (2) *charla* preparation, and (3) general background on Honduras. There was general consensus that the classes aimed at clinical preparation were effective and should remain the same.

Topics of the *charlas* currently presented in Honduras are domestic violence, nutrition, family planning, sexually transmitted infections and HIV, and an introduction to the clinic and cervical cancer. Incorporating *charla* practice after the clinical course on family planning, cervical cancer, and the class session entitled clinic part 3 would allow students to process and practice

that information as soon as it is presented. This aligns with literature that students need to be prepared for situations in country in order to effectively face them.

There would need to be a separate class session on domestic violence and nutrition and potentially on HIV as this was not discussed in 2010. For all sessions *charla* practice could be incorporated the day of the content presentation or at a later session, depending on the guest speaker and time constraints. Hopefully have one session on domestic violence that is aimed at the skills that the medical students need for *charlas* and conversations with women in Honduras will capture both the attention of the medical students and the gravity of the topic.

As far as general background on Honduras, this would be best presented at the beginning of the course and referred to throughout. The speaker who has presented this information in the past has done it in English but could be asked to present in Spanish.

Ethics is an important component of any preparation for clinical service. As noted in the literature, there is a risk that students will practice outside of their scope of practice. (DeCamp, 2007; Banatvala N, 1998; Crump, 2008; Edwards R, 2004) Preparing students for potential ethical dilemmas in service is an important part of their preparation. This can include discussion about screening, scope of practice, and risks to women participating in the clinic.

## **Spanish Component**

The main recommendation with regard to Spanish practice and competency is to hold as much of the class in Spanish as possible. Also, presenting at least a percentage of the announcements in Spanish will increase the comfort of students in communicating with each other in Spanish. Finally, the *charla* practice will reinforce new Spanish vocabulary from content sessions.

As far as out-of-class practice this should be optional but may be useful. Interest can be assessed at the orientation meeting and accommodations made for interested students.



## Limitations

This evaluation had several limitations. These are important to explore, especially in planning for future evaluations. Limitations include a lack of formal evaluation from the course leader and the perspective of the attending physicians, no evaluation on the actual service component, no feedback from third-year medical students, and limited feedback from first year students.

Eliciting more extensive feedback, especially after this year's revised course, is important for continued revisions of the program. An e-survey could easily be sent to the leader and attending physicians. Participation in a focus group to provide feedback was requested from first year students but only one student indicated she would be willing to participate. This is likely due to time constraints as the request was made once the second year curriculum had started. Holding a focus group after the course but before the HHA summer trip could provide this qualitative interactive feedback as well as a picture of students' perceived preparation before actually participating in the trip. This could also be done as a required part of the course. Gathering data each year will also add to the richness of feedback, as well as keeping a record of syllabi that can be compared with that year's course evaluations.

The course is directly tied to the performance and satisfaction of the students and their perception of their performance and preparedness are important for evaluating both the course and the HHA intervention. The course also prepares the students for service in country and could be more effectively evaluated by including an evaluation of the intervention as a whole. An evaluation of the HHA intervention as a whole would serve the organization and likely lead to improvements in services for the women served in Honduras and the participating students. Ideally this evaluation can serve as a starting point for more rigorous evaluation of the HHA programs.

## Conclusion

Offering the HHA course is an important part of the HHA intervention. Not only does this provide important clinical and health education training for participating students, but it also allows time to build trust and relationships within the group before leaving for the summer trip. Incorporating student feedback into the course format is important for many reasons: improving the student's experience will increase their enjoyment of the project and increase their comfort with the material, increasing the quality of services they can provide for women in Honduras. Clinical service, health education *charlas*, and the students' ability to communicate with host families and patients in Spanish are all important skills necessary for the work they will do in Honduras. All of these skills should be built during the course.

A critical analysis of student feedback revealed a high affinity among students for practical, clinically relevant information and a feeling that other information is a waste of time. It is the role of the HHA leaders to both verify the importance of each scheduled class and to communicate the importance of each lesson. Making sure that students understand the motivation for including each topic will increase their commitment to learning the information and practicing it in class. By increasing appreciation for information on the sociopolitical context and contextual factors such as domestic violence on the healthcare provided by HHA the students will be more effective in their clinical service, strengthening one of the main goals of the HHA course.

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## Appendix

### E-Survey

[DRAFT – final version on Qualtrics]

Thank you for participating in the survey! You can leave the survey and come back to it if you want or you can complete it all at once.

The survey is broken into two sections:

1. Your evaluation of the course from 2010
2. Your recommendations for future courses

#### **This Past Course**

Please choose the response that best matches how you feel about the following statements:

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
The course adequately prepared me to give <i>charlas</i> in Honduras				
The course adequately prepared me for my host stay in Honduras				
The course adequately prepared me for clinical work in Honduras.				
The course adequately prepared me for speaking Spanish in clinic.				

Please add any additional comments: (open ended)

In order to gain an understanding of the most relevant aspects of the course the survey will ask you about each class that you participated in.

	Do you recommend that this class be offered exactly as it was in 2010?	Would you prefer to keep the topic but change the format to discussion?	Do you think this class was unnecessary?	Additional comments:
Traveling abroad; Intro to the course; job				

assignment review and work session				
data entry; Choloteca culture and community development				
family planning review				
medical history and political system of Honduras				
Clinic Part 1: what you will see and feel in clinic; how to do an interview in Spanish				
Clinic Part 2: cervical and breast cancer; pathology and abnormal results; ASHONPLAFA form				
Clinic Part 3: skills: wet lab, BV, Trich, UTIs; ethics involved in empirical treatment; logistics				
screen and treat; working globally; UVI				
Domestic Violence Overview				
WHEC Training				
how to create and execute an amazingly interactive and awesome <i>charla</i>				
provider response when a				

woman discloses violence				
<i>Charla Practice</i>				

Please add any additional comments about any of the specific classes, speakers, or the class format. (open-ended response)

**Future Courses**

What do you think are the most important functions of the HHA course? (drag options to rank)

1. Building a cohesive team among first year students
2. Getting to know leaders
3. Understanding the Honduran context (cultural, historical, political, religious, financial, etc.)
4. Learning about the HHA trip logistics (where we stay, costs, the trip calendar, etc.)
5. Understanding the HHA clinic flow (the services we provide, past student experiences, what you will do day to day, etc.)
6. Learning about topics covered in *charlas* (understanding Domestic violence, nutrition, family planning methods, STIs, and cervical cancer)
7. Practicing *charlas* (learning about health education, having in class time to practice alone or in groups, reading *charlas*, etc.)
8. Learning and Practicing Spanish Vocabulary
9. Other (please specify)

**Readings and Outside Work:**

There were some books listed on the Blackboard site for recommended reading.

Have you read any of these books or any other books on Honduras?

- Banana Cultures: Agriculture, Consumption and Environmental Change in Honduras and the United States* by John Soluri (2003)
- Cocaine Politics: Drugs, Armies and the CIA in Central America* by Peter Dale Scott & Jonathan Marshall (updated 1998).
- Don't Be Afraid Gringo: A Honduran Woman Speaks from the Heart* by Medea Benjamin (1987)
- Other (please specify)

Please mark the answer that best matches your behavior:

- I read all required readings
- I read some required readings
- I read no required readings

Please mark the answer that best matches your behavior:

- I read all recommended readings
- I read some recommended readings
- I read no recommended readings

Were there particular readings that stood out to you as being especially helpful or unhelpful? (If Yes) Please list readings that were especially helpful or unhelpful.

Do you think it would be appropriate to require a book for background reading for HHA?  
Yes/No

How much time outside of the weekly class is it reasonable to expect students to spend on HHA work (readings, practicing *charlas*, etc.)?

- None
- Less than 1 hour
- 1 hour
- 1 to 3 hours
- More than 3 hours

**Specific ideas for next year:**

Some potential additions to the course include: (please mark all that you feel would be positive additions to the course)

- The discussion of ethics as it relates to HHA (this could include screening ethics, ethics of international clinical teams, etc.)
- An increase in time spent in discussion and a decrease in lecture time.
- Integrating practice with *charlas* into the course throughout as opposed to solely at the end. This could include learning about a topic one week and then practicing the *charla* the following week.

How much of the class do you think should be in Spanish?

- 100% - everyone – leaders, students, and presenters should speak Spanish all of the time.
- 70-85% - most of the time, but some things (logistical details, important updates, etc.) can be done in English. Some speakers can come in English but some should speak Spanish.
- 45-55% - about half and half
- 0% - none – the course would work better if it were all in English.

If there were Spanish conversation or tutoring sessions offered outside of class time would you be likely to attend?

Yes/No

Please mark all potential leaders for Spanish conversation or tutoring sessions that you think would be appropriate.

- One of the HHA leaders
- A past participant
- A native speaker
- A graduate student in the Spanish department at UNC

Do you have any additional comments about the Spanish component of the HHA course?

**Ethics:**

Do you feel that a discussion of the ethics of international clinical service would be interesting as a part of this course?

Yes/No

Do you think this would be best incorporated as:



- One individual class
- Throughout the course
- Other

Is there anything else you would like to add or suggest to improve the HHA experience specifically related to the course? Please write as much as you want!

## Results Table

6. Additional comments – course-by-course evaluation				
<b>Course Introduction; working globally</b>				
<b>Danny Wilner</b>	Practice is the easiest way to do this	This class wasn't unnecessary but probably could've been easily combined with another class.		
<b>Family Planning Review</b>	This would be more efficient if she just focused on what is offered in Honduras by HHA	I would like to have a follow-up to this class, going into more details about the options of family planning offered at our clinic in Honduras. This class was helpful, but a bit overwhelming since we tried to cover every single method of birth control currently available to women in the US...	This was a good class for going over the different BC options.	
<b>Political background - Honduras</b>	This was interesting though not necessarily 'necessary'	This class wasn't unnecessary but probably could've been easily combined with another class.	I think it's good to explore all aspects of Honduran life, I would have liked more focus on healthcare.	
<b>Clinic Part 1</b>	This class wasn't unnecessary but probably could've been easily combined with another class.			
<b>Clinic Part 2</b>	I remember that this class was a little confusing...not sure how to improve it, but there's room for improvement.	This class wasn't unnecessary but probably could've been easily combined with another class.		
<b>Clinic Part 3</b>	I don't remember doing a wet lab...maybe we didn't have the supplies? I would've liked some practice with slides and a microscope, and spending focused time on the STIs that we most commonly see and treat in clinic.	This class wasn't unnecessary but probably could've been easily combined with another class.		
<b>Screen and treat</b>				
<b>Domestic Violence overview</b>	Provide info for resources for the women in Honduras	we had this exactly a week before in MS1	This was a good intro to the topic of DV. I found it very interesting and informative.	I enjoyed the domestic violence class, I just felt we could have had another class instead of domestic violence twice.
<b>WHEC training</b>	Fantastic way to learn the pelvic exam.	This was great! more practice in a second session in May would be great too.	This was the most helpful class.	

<b>Charla introduction</b>	I appreciated all of the ideas for <i>charla</i> activities...but I felt like for all the time we spent talking about how to plan <i>charlas</i> , once we got in-country we were so crunched for time all that went out the window. If this class stays as thorough as it was, we need to actually be thorough in preparing the <i>charlas</i> .	This class was not unhelpful, but it seemed condescending at times. I felt that we could have gone over <i>charla</i> activities over a couple of courses by specifically addressing each <i>charla</i> instead of using this format.		
<b>Provider response when a woman discloses violence</b>	At this time of year we had basically the same talks several times in ICM	Again, while interesting and very relevant, the topic of DV is extensively covered elsewhere.	I think DV is a VERY important topic but this aspect was not really applicable to HHA specifically.	
<b>Charla practice</b>	Combine with "Robyn and Lauren" - hard to plan <i>charlas</i> without 3rd years	This class could've been more structured, and more classes like this need to be incorporated throughout the course.	we need more of this	

## 2010 Syllabus

### Honduran Health Alliance Syllabus

FMME 225

Tuesday Evenings 6:30pm-8:00pm

Location: FedEx Global Education Center 3033

**Instructors:** Hannah Pollet      Pollet@email.unc.edu  
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 Amy Marietta                      amy\_marietta@med.unc.edu  
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The purpose of this course is to promote an understanding of the context and background which frame health and healthcare in Southern Honduras, as well as to develop skills necessary for a successful summer trip. Through discussions and seminars with multidisciplinary faculty, students will be introduced to the multiple forces that have shaped Honduras and its people. This course will also provide time for *charla* and Spanish practice. Students are expected to attend lecture and participate in discussions.

The course is divided into three sections: Contextual Overview, Medical Review, and Education and Advocacy. However, due to speaker schedules, some classes are not in the section that corresponds to their topic. Most classes will have 15-30 minutes of Spanish practice focused around a relevant discussion topic.

**Assignments:** Students are responsible for attending each class and keeping up with course readings. Each student will lead an ice-breaker in Spanish during the course. At the end of the course, each student will give a brief presentation on a theme pertinent to the *charlas* that they will lead over the summer. The presentations should be presented in Spanish and targeted to a low-literate group of rural women. Details on all assignments will be made available during the class.

NOTE – THIS SYLLABUS IS SUBJECT TO CHANGE.

Date	Location	Subject(s)	Presenter(s)	Objectives	Spanish Component
<b>Contextual Overview</b>					
<b>Jan 26th</b>	FedEx Global 3033 5:30 – 7:00	-traveling abroad - Intro to the Course - Job Assignment review and work session	Martha Carlough, HHA Leadership	SWBAT (the student will be able to) explain the religious, political, cultural, and historical context of Honduras (generally).	Intro <i>Charla</i> Vocab
<b>Feb 2nd</b>	FedEx Global 3033	- Data entry - Choluteca Culture & Community	Danny Wilner, HHA Leadership	SWBAT explain the cultural context of Honduras and explain t	Go over History Form

		Development		components of responsi community work.	
<b>Feb 9th</b>	FedEx Global 3033	Family Planning Review	Vanessa Roth from Planned Parenthood	SWBAT explain options in family planning, including pros and cons and efficacy.	Entire Lesson in Spanish (Family Planning Vocab)
<b>Feb 16th</b>	FedEx Global 3033	Medical History & Political System of Honduras	Doug Morgan	SWBAT understand the medical and political context in which they will be working.	STI and HIV <i>Charla</i> – Claire Larson
<b>Medical Overview</b>					
<b>Feb 23rd</b>	FedEx Global 3033	Clinic Part 1: • What you will see and feel in clinic • How to do an interview in Spanish	Kyle Lavin & Rachel Fesperman	SWBAT conduct an interview in Spanish and recognize common abnormalities on physical exam.	Cervical Cancer
<b>March 2nd</b>	FedEx Global 3033	Clinic Part 2: • Cervical and breast cancer • Pathology and abnormal results • ASHONPLAFA form	Rachel Fesperman	SWBAT explain the basics of cervical and breast cancer, as well as understand and interpret pap results as presented on the ASHONPLAFA form.	Nutrition – Aminah Cherry
<b>March 9th</b>	FedEx Global 3033	Clinic Part 3: • Skills: Wet Lab, BV, Trich, UTIs • Ethics involved with empirical treatment Logistics!	Jonas Swartz	SWBAT diagnose and treat common genitourinary infections and understand the benefits and ethical issues of empirical treatment for Gonorrhea and Chlamydia.	No Spanish Lesson
<b>March 16th</b>	<i>NO CLASS</i>	<i>Community Week NO CLASS</i>	<i>None</i>	<i>None</i>	<i>None</i>
<b>March 23rd</b>	<i>NO CLASS</i>	<i>MSI Spring break NO CLASS</i>	<i>None</i>	<i>None</i>	<i>None</i>
<b>March 30th</b>	FedEx Global 3033	• Screen and treat • Working globally	Martha Carlough	SWBAT describe new methods that can be used to conduct women’s exams in an international setting.	Common complaints and other useful words - Hannah
<b>Education and Advocacy</b>					
<b>April 6th</b>	FedEx Global 3033	• Why women stay • How to advocate for women in situations	Lauren Hart	SWBAT explain why women stay in abusive situations and be	Practice Active Listening -

		of IPV		prepared to act as an ally for women in situations of IPV.	Lauren
<b>April 13<sup>th</sup></b>	Hospital	WHEC training	Women of WHEC	SWBAT perform a pap exam.	None
<b>April 20<sup>th</sup></b>	FedEx Global 3033	How to create and execute an amazingly interactive and awesome <i>charla</i>	Robyn Dayton	SWBAT list the characteristics of an effective <i>charla</i> and explore the merits of various activities for popular education.	Some practice in Spanish throughout class
<b>April 27<sup>th</sup></b>	FedEx Global 3033	Provider response when a woman discloses violence	Margaret Barrett and Mary Cason	SWBAT examine potential responses to the disclosure of violence and determine appropriate and empowering responses you would feel comfortable using.	None
<b>May 4<sup>th</sup></b>	FedEx Global 3033	<i>Charla</i> Presentations	MS1s	SWBAT execute a <i>charla</i> and critique other <i>charla</i> presentations.	Entire Lesson in Spanish

## Appendix . 2011 Syllabus

**Honduran Health Alliance Syllabus: FMME 225**  
*Wednesday Evenings 6:30pm-8:00pm*  
*Location: FedEx Global Education Center 3033*

Instructors

Jenna Garrett      [jennajeane@gmail.com](mailto:jennajeane@gmail.com)  
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The purpose of this course is to promote an understanding of the context and background which frame health and healthcare in Southern Honduras, as well as to develop skills necessary for a successful summer trip. Through discussions and seminars with multidisciplinary faculty, students will be introduced to the multiple forces that have shaped Honduras and its people. This course will also provide time for *charla* and Spanish practice. Students are expected to attend lecture and participate in discussions.

The course is divided into three sections: Contextual Overview, Medical Review, and Education and Advocacy. However, due to speaker schedules, some classes are not in the section that corresponds to their topic. Most classes will have 15-30 minutes of Spanish practice focused around a relevant discussion topic.

**Assignments:** Students are responsible for attending each class and keeping up with course readings. Each student will lead an ice-breaker in Spanish during the course (see the following schedule). Students are responsible for presenting *charlas* throughout the class (see calendar below).

Key:	
	general
	clinical component
	<i>charla</i> component
SWBAT	students will be able to

NOTE – THIS SYLLABUS IS SUBJECT TO CHANGE.

January 3rd - MS1 CLASSES BEGIN				
January 5 <sup>th</sup> :	Introductory class	Martha Carlough, Brice, Jim, and Jenna	Intro to the Course/traveling abroad; Job Assignment review and work session; Data entry; Choluteca Culture & Community Development	SWBAT (the student will be able to) explain the religious, political, cultural, and historical context of Honduras (generally)
January 12 <sup>th</sup>	Honduras Background	Doung Morgan	political and economic history of Honduras;	SWBAT explain the cultural context of Honduras and explain the components of responsible community work.
January 19 <sup>th</sup>	Health Education Introduction	Robyn Dayton	How to create and execute an amazingly interactive and awesome <i>charla</i>	SWBAT list the characteristics of an effective <i>charla</i> and explore the merits of various activities for popular education

January 26 <sup>th</sup>	Family Planning presentation	Vanessa Roth	family planning review	SWBAT explain options in family planning, including pros and cons and efficacy
February 2 <sup>nd</sup>	Family Planning <i>charla</i> practice	Jenna		SWBAT explain family planning concepts, options, pros and cons, and efficacy through interactive <i>charla</i> .
February 9 <sup>th</sup>	Clinic 1	2nd/3rd year student	<ul style="list-style-type: none"> <li>• What you will see and feel in clinic</li> <li>How to do an interview in Spanish;</li> </ul>	SWBAT conduct an interview in Spanish and recognize common abnormalities on physical exam
February 16 <sup>th</sup>	Clinic 2	2nd/3rd year student	<ul style="list-style-type: none"> <li>• Cervical and breast cancer</li> <li>• Pathology and abnormal results</li> </ul> ASHONPLAFA form	SWBAT explain the basics of cervical and breast cancer, as well as understand and interpret pap results as presented on the ASHONPLAFA form
February 23 <sup>rd</sup>	Clinic 3	2nd/3rd year student	<ul style="list-style-type: none"> <li>• Skills: Wet Lab, BV, Trich, UTIs</li> <li>• Ethics involved with empirical treatment</li> </ul> Logistics	SWBAT diagnose and treat common genitourinary infections and understand the benefits and ethical issues of empirical treatment for Gonorrhea and Chlamydia
March 2 <sup>nd</sup>	Introductory <i>Charla</i> Practice	Jenna/Brice?Jim?Amy?Jonas?		SWBAT explain what happens in the HHA clinic as well as the basics of cervical cancer to women in Honduras.
March 9 <sup>th</sup>	Screen and Treat	Martha Carlough		SWBAT describe new methods that can be used to conduct women's exams in an international setting
<b>March 16th - COMMUNITY WEEK - NO CLASS</b>				
<b>March 23rd - MS1 SPRING BREAK - NO CLASS</b>				
March 30 <sup>th</sup>	HIV/STI Presentation	Jenna/ other HIV counselors		
April 6 <sup>th</sup>	HIV/STI Practice	Jenna		
April 13 <sup>th</sup>	WHEC Training	WHEC women		SWBAT perform a pap exam
April 20 <sup>th</sup>	Domestic Violence Presentation	FVPC?	<ul style="list-style-type: none"> <li>• Why women stay</li> <li>How to advocate for women in situations of IPV ;</li> </ul>	SWBAT explain why women stay in abusive situations and be prepared to act as an ally for women in situations of IPV. SWBAT examine potential responses to the disclosure of violence and determine appropriate and empowering responses



				you would feel comfortable using
April 27 <sup>th</sup>	DV Charla Practice	Jenna		SWBAT present information to women in Honduras about gender based violence and to be able to talk to clients about DV as needed.
May 4 <sup>th</sup>	Nutrition Presentation	Hannah Pollet?		SWBAT??
May 11 <sup>th</sup>	Nutrition Charla Practice	Jenna		SWBAT present nutrition <i>charla</i> to women in Honduras.
May 18 <sup>th</sup>	Final Class Session	Jenna/Jim/Brice		SWB ready for the HHA trip!
May 25th - NO CLASS				
May 2th - MS1 CLASSES END				

Icebreaker Schedule:

1. February 2<sup>nd</sup>: Family Planning *charla* practice (1) \_\_\_\_\_
2. February 9<sup>th</sup>: Clinic 1 (2) \_\_\_\_\_
3. February 16<sup>th</sup>: Clinic 2 (3) \_\_\_\_\_
4. February 23<sup>rd</sup>: Clinic 3 screen and treat/working globally (4) \_\_\_\_\_
5. March 2<sup>nd</sup>: introductory *charla* practice (5) \_\_\_\_\_
6. April 6<sup>th</sup>: HIV/STI practice (6) \_\_\_\_\_
7. April 27<sup>th</sup>: dv practice (7) \_\_\_\_\_
8. May 11<sup>th</sup>: nutrition practice (8) \_\_\_\_\_