A ToolKit:

Implementing Global Health Principles in Domestic and International Student Experiences

National Organization of Nurse Practitioner Faculties

Excellence in NP Education

Toolkit For Implementing Global Health Principles in Domestic and International Student Experiences

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The National Organization of Nurse Practitioner Faculties
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Toolkit For Implementing Global Health Principles in Domestic and International Student Experiences

This document is an informational resource for nurse practitioner educators and clinicians engaged in international and domestic global health student experiences. While the information contained herein may be applicable to other disciplines or undergraduate nursing programs, the authors of this document are nurse practitioner educators and have conceptualized this toolkit for use by nurse practitioners, nurse practitioner educators, and administrators.

Purpose

The NONPF Nurse practitioner role core competencies (National Organization of Nurse Practitioner Faculties [NONPF], 2022) and AACN Essentials (American Association of Colleges of Nursing [AACN], 2021) recommends that nurse practitioners be culturally competent and globally aware. This toolkit, developed by the NONPF Global Health Special Interest Group, provides guidance and resources to develop, implement, and evaluate domestic and international learning experiences focused on global health.

Mission

Global learning experiences for nurse practitioner students should be created to assist students to achieve the following goals:

- Learn about the culture and language of an international community (cultural awareness).
- Learn about and value the beliefs and practices of another culture (cultural humility).
- Develop cultural competence skills to work with cultures different from one's own.
- Provide a service to meet the needs of the community with whom one is visiting (service learning).
- Identify and implement ways to help empower nurses in other countries (cultural brokerage and leadership).
- Identify ways to address global health problems (cultural advocacy).
- Analyze social determinants of health/global determinants of health.
- Promote collaboration with health care teams in a geographical context.

Vision

Our vision regarding diversity, equity, and inclusion (DEI) means that patients shall always have access to the best quality healthcare with respect to their gender, race, ethnicity, culture, religion, political affiliation, sexual orientation, economic status, health status, or any

other identifying criteria. Global health experiences are a means to developing DEI competencies.

Ethical Considerations

Global health experiences should be based on ethical principles of mutual respect, solidarity, and social justice. Addressing ethics is critical to avoid harm to communities, volunteers and facilitate long-term collaborative partnerships. The host program and host country should establish a bidirectional partnership with a shared vision and mutually beneficial outcomes. Together, the host program and country identify the needs and activities upon which the student experience is developed.

Pre-departure student preparation must include reflection and discussion about the post-colonial economic, social and political power differences and the impact on resource poor settings. Host program representatives must support students in adopting a global view, versus a U.S. centric view, to promote mutuality of respect and cultural humility. Cultural humility will support students to understand and advocate for alternative methods for carrying out clinical care in resource poor settings. Students must learn to value and respect the expertise and experience of the host country/host community health professionals. Student work and responsibilities must be consistent with the expected level of learner and scope of practice in the United States.

Accountability for global health experiences should include goals of long-term health improvement of host communities. Partners should maintain relationships with the local community, available NGOs, and other medical and social resources in the host country for adequate follow-up. Global research should be developed and implemented in the context of a host program and country partnership, adhere to the accepted principles of research ethics in the United States, and avoid draining resources from local medical efforts. Ethical global health experiences are sustainable and capacity building. The overarching goal should be one of strengthening local health systems, rather than providing unsustainable alternatives. Ethical research teams will share findings, interventions, and recommendations with community leaders and government bodies. Post-implementation support is required to facilitate community leaders to support and maintain the adopted changes.

Global partners should be sensitive to the host country professional guidelines and digital sharing of information. Global health experiences, international or local, should address global

health disparities, social justice, and work to improve health outcomes while developing advanced professional nursing competencies.

Types of International & Domestic Learning Experiences

Study abroad/foreign exchange student

Student attends school in a college/university in an international community. The courses may or may not be transferable for credit in the student's degree program stateside. These opportunities are usually part of the university or college's International Programs Office and are experiences initiated by the student. Receiving course/clinical credit is a collaborative venture between the student's home university, school of nursing, APRN program, and the student themselves.

Short-term cultural immersion/clinical practice/Short-term experience in global health

Living and working with the people in an international community either in their homes, in a dormitory complex, hotel or any other structure for a 1 – 4-week experience. It includes eating local food and participating in various cultural activities. Short term practices, immersions and experiences should incorporate providing a service to the community that is sensitive to the culture of the community. Students take a cultural preparatory course (independent study or cultural sensitivity prep course) in which the cultural immersion experience becomes the clinical component and content related to understanding the culture and its people is the theoretical component. Clinical care provided can translate to required clinical hours for the program of study.

Student and faculty exchange programs

A school of nursing program stateside collaborates with a school of nursing in an international community. Formal arrangements are made between the two universities/colleges to allow students and faculty to visit one another's schools, health care facilities, and to participate in mutual teaching/learning activities. The universities/colleges would be responsible for acquiring, at a reasonable rate (not paying for), housing/ accommodations/food/travel for the visitors. Some of these ideas are reflected in the Fulbright Program for faculty. These programs may be days, weeks, or months in duration and are dependent on the purposes established by the collaborating institutions.

International observational programs

A collaborative program designed to engage with individuals in other countries to learn about healthcare delivery systems and health care outcomes. Students are given the opportunity to explore health care systems, analyze social determinants of health and health outcomes within individual and systems contexts. This program design provides an opportunity for students to learn about and explore global health, health systems and health outcomes, but provides only a surface exposure to and limited immersion in global health. This program would be appropriate as Doctor of Nursing Practice (DNP) general DNP hours but could not be counted as direct clinical hours.

Collaborative online/virtual international experiences

As an alternative to global travel, online collaborative experiences may provide many of the same benefits to cultural understanding as actual travel. Collaborative experiences require planning between the academic institution and the global partners to identify the goals of the experience and to develop specific activities and mediums to reach the goals and evaluate the experience. Platforms such as zoom, and other similar entities enable greater global connections and provide opportunities for social exchanges. Utilizing learning management systems such as Blackboard, Moodle, Edmodo, Sakai, or Canvas, organizes the course format as well as provides a means of potentially delivering a virtual international exchange (VIE) to a small group of students. Using Collaborative Online International Learning (COIL) to develop cross-cultural courses to facilitate learning among internationally dispersed students also provides opportunities for collaborative global experiences. Developing a short international learning experience with targeted goals and limited online meetings is another approach. The utilization of video aids, as well as synchronous and asynchronous discussion forums regarding social determinants of health, systems of care delivery, and case reviews are effective in generating cross-cultural discussions, exploring perspectives, and revisiting cultural humility. Participating in a cross-cultural systems' improvement activity is useful for students in a Doctor of Nursing Practice program. These programs may require some additional student fees in order to offset technology costs and faculty time.

Domestic Global Experiences

Domestic global experiences can occur in a variety of situations in which the student learner is involved with providing services for a particular population that may represent

different cultures. Clinics may be established in local communities who have a vested interest in the health of a marginalized population. Healthcare providers of all professions can provide care in churches, schools, and unused buildings with the support of community members. Clinicians can address cultural issues and help students appreciate the differences observed at the population level.

Process

International Experiences

Short Term Experiences. Administrative planning is the responsibility of the faculty leader for the short-term global health experience. Some institutions may have a designated staff member or an institutional global health or international office studies or outreach office to assist in the administrative planning that may need to be consulted in the planning process. Many short-term global health experiences are offered under the auspices of a Non- Governmental Organization (NGO) that may assume the administrative functions of the trip. Regardless, the faculty leader should actively engage in all planning stages of the trip, including trip planning meetings and global team building.

Considerations for working with religious organizations. Consider your university's position and policy on collaborating with religious organizations or faith-based groups. Policies of religious organizations should be reviewed to ensure an alignment of human-rights values and expectations between the host program and global partner.

Considerations for interprofessional teams. Nursing can partner with other health professionals for global health opportunities and students may have the opportunity to observe interprofessional teams in the country. Global health opportunities for interprofessional teams can have challenges especially around scope of practice. Faculty must be vigilant to assure team members practice with supervision in their professional capacities. For example, a pharmacy student should not be performing triage or patient care but could observe and learn from pharmacy colleagues. Interprofessional teams provide a diverse and highly formative educational opportunity to share knowledge especially when team members include health professionals from collaborating organizations. An example would be having a pharmacist from the local community participate in a primary care medical clinic with nurse practitioner students to provide cultural insight and offer options available within the local pharmacies. When planning

to lead an interprofessional team consider needs for student supervision- this may or may not be an additional health professions faculty. Consider community needs in planning. The addition of psychiatric mental health providers, physicians, pharmacists, physical therapists, and occupational therapists can expand services and enrich both the student and patient satisfaction with the study abroad experience.

Logistics. Begin planning the trip at least 6 months to 1 year in advance. Determine the type of trip: medical, educational, or observational and the types of projects that best meet team requirements. Work in partnership with the host country/ sponsoring organization in planning the itinerary and activities. Check with the U.S. Department of State and university global and travel office for any travel advisories or safety concerns in the host country. Develop an emergency action plan. Locate resources that will be helpful in your visit: Contact the Health Ministry, hospitals, clinics, healthcare providers, other health agencies or businesses, and local pharmacies. Determine whether visas are required to visit the host country or if the trip includes a non-US citizen student; visa application may take up to six months to obtain.

Budget. Budget planning will consider sources of funding and expenditures. Sources of funding may include available scholarships, grants, university contributions, and financial aid allowances. Furthermore, source of funding for participating host faculty must be identified as university provided, student provided, or a blend of these resources. Specific budgets must be developed detailing university financial commitment and student costs; additionally, a payment process for students must be established. Line items on the budget should consider the cost of pre-departure vaccinations, flights, local transportation, housing, supplies, travel insurance, medical insurance, tour guides or local cultural activities, included and independent meals, and translators, as needed.

Team Payments. Determine who will be responsible for accepting payments from team members who participate in the trip and dispensing those funds to pay trip expenditures. If working with an NGO, it may be easier to route payments and dispensing of funds through their organization. Otherwise, an institutional office or team member will need to assume the responsibility. For a very small team, an option of each person paying individual costs is feasible, but for larger teams this becomes unwieldy and can create undue stress on the Faculty Leader.

Developing an informative budget leaflet to go with the application for faculty and students will provide transparency and avoid future confusion or conflicts.

Flights. Check with your university for group travel arrangement options or requirements. In some instances, the host organization may be able to arrange cheaper rates for team members. Determine who will book flights; what penalties exist for cancelations; what is the penalty if those on trip get sick (such as with COVID-19) or if a country changes rules for travel due to infectious disease. Having a university staff to assist with flights and planning early with arranging can ensure all members of the team are on the same flight to the final destination. For international trips that originate during off-school hours, plan to have all students at the main airport prior to the main flight overseas. It is good practice to "shop around" and compare airlines, routes, and dates of travel for best pricing. Also consider trip cancelation insurance, medevac policies, etc., depending upon team needs and university requirements. Having everyone on the same flight is highly recommended in order that everyone arrives at the destination at the same time for ease of arranging ground transport and ensuring student safety. Flight insurance is highly recommended to cover expenses of delayed or canceled flights or additional days in the country.

Housing. Reserve a block of rooms for all team members or contact an organization that can provide home stays for a more intensive cultural experience. Housing must be in a safe area; consider security issues; how and where food will be prepared; transportation to and from housing; and other considerations. Obtain local maps and determine safe dining options within walking distance. Develop "house rules" i.e., curfews, sign in/sign out or other methods to monitor team members safety. Determine access to laundry services, potable water or need to arrange bottled water, gathering place in case of an emergency, and potentially a team safety officer as a point of contact.

Other. Local Transportation may include trains, planes, ferries, buses, etc. for all activities and airport transfers. Supplies for activities may be needed for teaching, medical supplies for clinic engagement, and community engagement supplies. Insurance considerations include travel, medical, and liability as needed. Obtain international travel insurance for the participants. Learn the limitations of travel insurance and develop a back-up plan in case of an emergency. Consider Cancel for Any Reason policies if these are feasible for the team and determine what is included specifically, including communicable diseases and disease testing.

Local cultural activity fees may include tour guides, entrance fees, fees to enter or exit the country. If translators are needed, consider the cost or providing experts or partnering with the university language department to co-host the trip. Identify which and how many meals will be included in the price of the trip and those for which the individual traveler will need to purchase. Discuss with the collaborating institution or host if there is an expected fee or donation to their organization.

Team Profile. Determine the total number of team members appropriate for the location of your travel and activities. Develop an application process for students interested in the experience. Consider using a rubric scoring system to determine best fit for students. Open the application at least 4- 6 months prior to travel. Determine who will be on the team at least 2 months in advance in order to secure travel arrangements and provide students time to plan accordingly.

The ratio for faculty to students should be based upon multiple factors. These factors can include the planned clinical activities for the students to participate in, the oversight provided by other healthcare providers on sight, the clinical activities that will be executed while there, the type of projects being planned, the number and types of patients to be seen, etc. If more than one physical clinical location is to be utilized simultaneously during the trip, then that number of faculty should be used to oversee student activity. For faculty overseeing NP student direct patient care, the ratio should be smaller. If other providers will be used on-site, then the ratio of faculty to students may be higher.

Licensure. Determine licensure requirements for clinical practice in the country. Work with the host to ensure all team members are appropriately licensed for the planned experiences. This may vary as not all countries recognize the role of the APRN. In some instances having an approved team physician to serve as preceptor for the students and allowing the APRN faculty to mentor and support may suffice.

Communication and Language Support. There are many open-sourced resources and apps to support language development and communication. Additionally, consider partnering with your university language department to recruit student translators. A sampling of available apps include (see Appendix A for additional resources):

- ***Whatsapp*** is a free messaging and video calling app that can run with Wi-Fi or data.
- ***Translate app*** is a free translation app for all languages.

- ***Translator app*** is a free voice chat translator available for all languages.
- ***7-1 Offline Translator*** and dictionary is an app that can be downloaded and used offline with no internet connection. This app supports English, French, German, Spanish, Italian, Bulgarian, and Turkish languages.
- ***iTranslate app*** offers text translations, including from screen shots, and voice translation in all languages. Offline voice translation is available in the most common languages. Auto translation is also supported for keyboard messenger apps. Free and paid pro versions are available for any device platform.
- ***Google Translate app*** is a free, internet dependent app, offering speech and voice to text translations in 108 languages.

Pre-Departure Meeting. Gather the faculty and student travels to prepare for travelers for the cultural immersion. First, define the parameters and provide exemplars of culturally appropriate conduct for the students and others traveling with you (dress, social activities, communications, etc.). Second, review the international destination's health requirements for travel, including local vaccination requirements and recommendations. Different countries will have different requirements, thus consider all countries you will be traveling through or have a layover. Support the travelers in meeting these requirements by identifying local travel clinics or any access through the university health center, if available.

Third, review the healthcare system in the community you will be practicing in. Review the scope of practice allowed in the other countries. Some locations recognize APRNs and some recognize them at the BSN level. Contact the Ministry of Health to learn any country requirements for health professionals. While studying the healthcare community, it is important to review community resources and the healthcare culture. Identify ways to empower the nurses in that country, with the understanding that the culture and hierarchy of healthcare in other countries may be different from what is in the United States. Consider the possibility of establishing an ongoing, collaborative relationship with the community if there is not one already established.

Fourth, discuss ways to integrate cultural practices into their health plan of care or, if appropriate, into their social activities. Identify ways to collaborate with the health professionals, local businesses, community leaders in the community. Determine the process of

inviting the people in the community to work with you and the need for a training program, if not already established, for community members to serve as health care assistants. This practice will encourage local members to continue to teach and support the community after your departure.

Fifth, support the travelers in completing required forms for customs, visas, and school or university required faculty or student preparation (Title IX, travel abroad ethical and behavior standards). Sixth, communicate the plan for any safety or illness emergency. Finally, review clothing needs and appropriate supplies, items, acceptable for packing.

Key Points.

- Learn about the host country culture.
- Research, plan for, and prevent illness with resource preparation: CDC, travel clinic, first aid kit, and medical insurance.
- Consider risk management, including political and medical safety, safe food and water practices, and insect and animal safety.
- Review university and country requirements, including memorandum of agreements, license, and permissions.

Domestic Experiences

Opportunities to promote Global Health in local communities arise from discovery of a population with significant healthcare needs or unique learning opportunities. This can include marginalized populations with limited access to healthcare resources or an unmet need within a population. These opportunities can address needs that are not duplicative of active community services. Sources of global health student experiences within the local community may include, but are not limited to, partnerships with:

- immigrant and refugee services;
- immigrant community centers;
- local chamber of commerce;
- grant-funded and free clinics;
- organizations that work with border communities;
- migrant communities/farmer organizations and clinics;
- international schools;
- school-based clinics with large international populations;
- clinics in Head Start programs;
- women's organizations or centers;
- religious affiliations and/or churches that serve international communities;

- indigenous health centers;
- and/or, migrant health clinics within the federal Migrant Health Program.

Sources for augmenting existing services may exist within:

- mobile health clinics;
- healthcare services for the homeless population;
- farming clinics;
- current healthcare facilities outside of normal business hours.

Planning. Administrative planning of domestic global health student experiences will need to include a dedicated administrative member to oversee duties required at the administrative area. The administration may be a faculty member who is supported by the university or a community member who has skills in overseeing clinical operations. Depending on the needs of the host community or the completion of a needs assessment, the administration will need to address clinical operations and workflow, hours per week for partnership, target population, and identify unmet community needs.

Collaboration Considerations. Global health experiences are an opportunity for interprofessional collaborations and training and intentionally integrating services across physical, behavioral, and social health needs. Consider collaborations with area community social service organizations, university faculty practice, other allied health professionals and training programs, hospitals, and translator experts or students pursuing a language program of study.

Budget. ***Sources of Funding.*** Consider grants, donations (churches/religious organizations, private donors, businesses, student fundraisers), University budgeting, etc. Fundraising within a university or for projects associated with the university need to be approved by appropriate university administration. ***Expenditures.*** Clinic space, treatment provided, pharmaceutical access, screening options, management options all need to be planned for and tracked.

Other. Licensure and necessary certificates for operation, patient supplies/donations, community health courses, and quality improvement activities must be considered and coordinated.

Education Preparation for Students and Faculty

Guiding Standards

Education for nursing programs should address issues related to the clinical experiences students will be exposed to at the clinical site. Established curriculum can be enhanced to ensure appropriate preparation for the clinical environment. NONPF Role Core Competencies and AACN Essentials can inform curricular recommendations in the areas of culture & cultural humility, ethics, health delivery systems, DEI, Interprofessional collaboration, leadership and service, planetary health, health policy, population focused health practices, population and community public health, quality improvement, and social justice.

Competency Frameworks

Foundational nursing guidelines must inform student education/opportunities to ensure needed abilities are being addressed for nursing students. These may include National Organization of Nurse Practitioner Faculties (NONPF); American Association of Nurse Practitioners (AANP); American Association of Colleges of Nurses (AACN) Essentials; and Consortium of Universities for Global Health (CUGH).

Student and Faculty Preparation

Educational preparation for students and faculty can enrich the experience for all travelers and result in long term global partnerships. Recommendations for pre-departure education for all travelers include:

- Establish the purpose of the trip and the service-learning to be completed.
- Develop the course necessary to prepare students to be culturally aware of the community in which they will live and work.
- Identify content, credit hours, and faculty responsible for the educational preparation.
- Review faculty competencies: Faculty should work within identified scope of practice, education, and professional experience. Faculty with previous experience in the location being considered should be the lead faculty or heavily involved in the discussions about the trip. Faculty who does not have experience could be involved at a participant and mentor level, with the intent of providing additional leadership in the future.
- Review student competencies such as coping with moral distress, debriefing, problem-solving skills, and minimizing harm. Consider if an activity is not something allowed in our country, then it should not be allowed in our work in other countries. Though not a

part of other countries, HIPAA provisions should be considered for all shared information, including patient information and photographs that may be shared on social media. Policies should be established by the schools prior to departure regarding what is and isn't allowed for posting on social media sites.

- Identifying potential academic partners/relationships.
- Be knowledgeable about the culture, its beliefs, traditions, language (if possible), and nursing practice in that country in order to teach the students and faculty participating in the international program.
- When possible, have country residents speak with students about their country and customs before departure or upon arrival.
- Establish eligibility requirement for participants (mature, good critical thinkers, flexible, can go with the flow, good people person, altruistic individuals, in good academic standing).
- Letters of reference, completion of application form presenting their reason for going and what they can contribute.
- Limit the number of travelers to 20 (no more than 30). A larger group can be overwhelming for an international community.
- Determine the appropriate faculty: student ratio. The number that can attend depends upon the number of faculty that can serve as preceptors, transportation of both people and luggage, housing capacity, etc.
- Identify funding sources to help support student and faculty travel. Organizing the global health experience as a course allows for financial aid money to support students to cover the cost of the learning activity. Other activities include university grants, fundraising activities, educational loans, petitions to family/friends/local community members to help support the trip, or philanthropic organizations that may be willing to offer support.
- Educate faculty and students on the status of nursing in host country, including APRN status.

Pedagogy/Assessments Before and During Global & Domestic Global Health Experiences

Establish a mechanism by which students can "talk about" their international experiences and what they have learned (daily journaling, post conferences, debriefing sessions, chat room

discussions). Supporting preparation and ongoing processing and learning from daily encounters during the immersion are best supported by blending

- didactic learning and knowledge assessments prior to travel;
- case studies, simulations & clinical experiences;
- clinical evaluations;
- self-reflections, implicit bias evaluations, group discussions, journaling, and essays;
- capacity building activities, evaluation of outcomes, dissemination;
- teaching & curriculum development;
- daily debriefs;
- population studies & quality improvement initiatives;
- and, case-based learning activities.

Post Immersion Evaluation of International & Domestic Global Health Experiences

Evaluation of global health nurse practitioner student experience depends on the type of experience, whether it is study abroad, short-term cultural immersion, student exchange, collaborative online international experiences, or domestic global experiences. As always, it is important that the goals of any experience be evaluated to determine the success of the program. Without such evidence, the opportunity for future global health experiences for faculty or students may not be available. Measuring success may be through qualitative (participant observation, journaling, focus group discussions, etc.) or quantitative methods (instruments that measure culture sensitivity or cultural self-efficacy).

The end of the immersion is not the end of the learning opportunity. Supporting travelers in substantive reflection about their experience can promote ongoing and deeper learning. First, Debrief! Debrief before leaving the country to allow all team members to share thoughts and feelings regarding the trip. Debrief again once students have returned home and have had time to assimilate all that occurred during their international experience. Be prepared to offer counseling should there be a need.

Second, disseminate information about the international experiences (study abroad, faculty-student exchanges, or cultural immersion service-learning experiences) upon your return. This may be done among student groups within nursing, other healthcare fields that may also be considered in future trips or for interprofessional collaboration, faculty among the university,

administration, and community members. Consider poster presentations at local, state national or even an international conference or through local nurse practitioner associations. Also, provide a forum, consider course presentations or university seminar opportunities, for returning volunteers to share their experience with fellow students.

Third, establish a plan and accountability to follow through on any promises made to the community to ensure trusting partnerships are maintained. Demonstrating follow through will continue to develop the international program. Stay connected to the host community, when possible, through technology (social media) and volunteering to be part of committees of volunteer organizations. Finally, evaluate the experience with the host community and the sponsoring organization in a structured process. Use the knowledge learned in the debrief and evaluation to refine the process for the next visit. Appendix A provides a list of resources to assist faculty and trip organizers in preparing targeted evaluations. These evaluations can be reviewed and modified based on the type of experience.

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Appendix A: Resources for Global and International Experiences

- National Organization of Nurse Practitioner Faculties (NONPF)
  - https://www.nonpf.org/default.aspx
  - NONPF provides the NP Core Competencies necessary for entry into practice upon graduation go provide guidance in development and implementation of clinical activities.

- American Association of Colleges of Nurses (AACN) Essentials
  - https://www.aacnnursing.org/AACN-Essentials
  - AACN *Essentials* outlines the necessary curriculum content for curriculum development, with an emphasis on competency-based evaluation.

- Consortium of Universities for Global Health (CUGH)
  - https://www.cugh.org/
  - CUGH provides links to Competency-Based Best Practices in Teaching and Learning.

- Association of Schools & Programs of Public Health (ASPPH)
  - https://aspph.org/

- Council of Education for Public Health (CEPH)
  - https://ceph.org/

- International Council of Nurses (ICN)
  - https://www.icn.ch/
  - The International Council of Nurses is a federation comprised of national nurses associations. The ICN works to ensure quality nursing care worldwide and to advance nursing knowledge.

- United Nations Millennium Development Goals
  - https://www.un.org/millenniumgoals/
  - The Millennium Development Goals provide a blueprint developed by world leaders to guide efforts in meeting the needs of marginalized and poorest populations.

- Harvard "Project Implicit"
  - https://implicit.harvard.edu/implicit/takeatest.html

  - Project Implicit is a non-profit organization and international collaborative of researcher whose aim is to educate the public about bias and collect data through surveys on the internet.

- Human Resources for Health Action Framework
  - https://www.capacityproject.org/framework/
  - Developed as an initiative of the Global Health Workforce Alliance (GHWA) and represents a collaborative effort between the U.S. Agency for International Development (USAID) and the World Health Organization (WHO).

- Global Health eLearning Center
  - https://www.globalhealthlearning.org/
  - Developed for USAID field staff who repeatedly requested access to additional technical and public health support, these online learning modules provide access to current global health topics, training, and continuing education in nearly 12 different topic areas.

- Passport: U. S. Department of State
  - www.travel.state.gov/passport/

- Expediting a passport
  - www.americanpassport.com

- Country information
  - www.state.gov

- Center for Disease Control Travel information
  - www.cdc.gov/travel/
  - This CDC link provides information about international travel and vaccinations, disease outbreaks, and updates on traveling advice domestic and international.

- Embassy Notification
  - www.EmbassyWorld.com
  - This link provides connection to all links and consulates around the world to notify of travel intent, renewing passports, seeking consulate assistance, or finding information about the country you plan to travel to.

- US Embassies
  - https://www.usembassy.gov/

- Foreign Embassies
  - https://www.usembassy.org/

- Student Travel
  - www.studentuniverse.com/
  - Commercial travel website devoted to discounted student travel and hotels. May be considered with travel arranged by programs and universities.

- WHO/Nursing Midwifery Global Community of Practice
  - https://nursingandmidwiferyglobal.org/

- Sigma Theta Tau
  - https://www.sigmanursing.org

- Unite For Sight
  - http://www.uniteforsight.org/conference/
  - This link is to a non-profit organization that provides support for eye care clinics worldwide and provides health care delivery for eye care.

- The International Council of Nurses (ICN) Nurse Practitioner/Advanced Practice Nurse Network (NP/APNN)
  - https://www.icn.ch/who-we-are/icn-nurse-practitioneradvanced-practice-network-npapn-network
  - The ICN NP/APNN was established to provide an international resource for nurses practicing in the Nurse Practitioner or APRN roles as well as interested others such as policymakers, educators, regulators, and/or health planners. These roles apply to individual nurses who have been prepared beyond the basic education of a generalist nurse and who have the relevant experience and additional education and/or training that allows them to practice in an advanced role. The titles and credentials for these individuals vary around the globe but additional advanced education and/or training remains consistent.

- International Society of Psychiatric-Mental Health Nurses (ISPN)
  - https://www.ispn-psych.org/
  - ISPN's mission is "to support advanced-practice psychiatric-mental health nurses in promoting mental health care, literacy, and policy worldwide".

- CDC-Global Health
  - http://www.cdc.gov/globalhealth/index.html

    - The CDC Global Health Center leads the global health approach in planning, managing, and evaluating efforts to improve health, eradicate and target emerging and chronic diseases, generate new knowledge, and strengthen health systems and their impact.

- USAID
    - https://www.usaid.gov/who-we-are
    - USAID is an international development agency that works to save lives, reduce poverty, build communities, advance democracy, and move recipients toward some self-reliance and resilience.

- PAHO
    - http://www.paho.org/hq/
    - This is the link for the Pan American Health Organization which is an international health agency for the Americas.

- Health Volunteers Overseas
    - https://hvousa.org/
    - Health Volunteers Overseas is a Washington, DC-based nonprofit dedicated to improving the availability and quality of health care in resource-scarce countries through the training, mentorship, and education of local health professionals.

- Yale Institute for Global Health
    - https://medicine.yale.edu/yigh/
    - This is an institution website that addresses interprofessional collaboration and engagement at the local, state, national, and international levels to address the health of individuals and populations using evidence-based practice. Resources included cover grant writing, international travel resources, and global health innovations.

- U.S. Department of State Study abroad
    - https://studyabroad.state.gov/study-abroad-resources/resources-study-abroad
    - Site provides resources and opportunities offered in partnership with the U.S. government, as well as reviewing offerings by foreign governments internationally which includes training for faculty to review best practices for study abroad.

- Institute of International Education
    - https://www.iie.org/Why-IIE/Our-Vision
    - Focuses on international education, educational and cultural exchange, helping governments develop international workforce and promotes teaching and learning across cultures.

- The Center for Global Education
    - http://globaled.us/index.asp

  - An international research and resource cite for providing support for higher education learning for domestic and international studies.

- Kent State University Faculty - Led Study Abroad Manual
  - https://www-s3-live.kent.edu/s3fs-root/s3fs-public/file/OGE%20Faculty-Led%20Study%20Abroad%20Manual%206.20_0.pdf
  - Manual to guide faculty in initiating and developing an education venture overseas.

- Assist America
  - https://www.assistamerica.com/
  - Provides 24-hour emergency service.
  - Multilingual help is furnished in the event of medical assistance, monitoring, and transportation, as well as tracing luggage, replacing lost/stolen airline tickets, and documents.

- U.S. Embassy Information & STEP Program
  - https://travel.state.gov/content/travel/en/international-travel.html
  - STEP Program: All US citizens should register with the State Department Enrollment Program (www.step.gov) which informs the local U.S. Embassy/Consulate of your presence in the country. This service provides you with important information about safety conditions in your destination country, and helps you make informed decisions about your travel plans. It also helps the U.S. Embassy contact you in an emergency, whether natural disaster, civil unrest, or family emergency.

- US State Dept. Office of American Citizen Services and Crisis Management (ACS)
  - https://travel.state.gov/content/passports/en/emergencies.html
  - ACS works with U.S. embassies/consulates to provide emergency services. They can send money overseas, assist crime victims and arrested U.S. citizens. They operate a 24-hour duty officer program (202-501-4444 from outside the U.S.).

- University of Michigan Inclusive Teaching
  - https://sites.lsa.umich.edu/inclusive-teaching/
  - Teaching strategies that include implicit bias, examining power/privilege, and more to help students deepen their inner awareness.

Additional Resources for Global Health Experiences

Faculty can assign specific chapters from the following books for discussion groups/reflective writing exercises.

Global Health

- Pathologies of Power (2003) by Farmer

- Reimagining Global Health (2013) by Farmer
- Fevers, Feuds & Diamonds (2020) by Farmer

Global Health History/Colonialism

- The Wretched of the Earth (1961) by Fannon
- Pedagogy of the Oppressed (1968) by Freire
- A History of Global Health (2016) by Packard
- Colonialism in Global Perspective (2020) by Manjpara

Inner Bias, Inner Work, Equity & Justice

- Teaching Community (2003) by Hooks
- Waking Up White (2014) by Irving
- My Grandmother's Hands (2017) by Menakem
- Inner Work of Racial Justice (2019) by Magee

Appendix B: Assessments & Evaluations for Global & Domestic Global Health Experiences

Appendix B contains information and survey instruments obtained from a review of the pertinent literature related to Global Medical Mission trips. Many NGOs have developed instruments to evaluate the effectiveness of trips. The committee recommends that you use what best fits your program.

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2. Compton, B., Lasker, J. N., & Rozier, M. (2014). Short-term medical mission trips: phase I research findings. *Health Progress (Saint Louis, Mo.), 95*(6), 72-77.

3. Lasker, J. N., Aldrink, M., Balasubramaniam, R., Caldron, P., Compton, B., Evert, J., Loh, L. C., Prasad, S., & Siegel, S. (2018). Guidelines for responsible short-term global health activities: developing common principles. *Globalization and Health, 14*(1), 18-18. https://doi.org/10.1186/s12992-018-0330-4

4. Maki, J., Qualls, M., White, B., Kleefield, S., & Crone, R. (2008). Health impact assessment and short-term medical missions: a methods study to evaluate quality of care. *BMC Health Services Research, 8*(1), 121-121. https://doi.org/10.1186/1472-6963-8-121 *Contains: Host/local provider survey, Mission Director Survey, Patient Survey, Personnel Survey, Administrative/General Information Survey.*

5. *Post-Trip evaluation*. (2022). Leap Global Missions. Retrieved February 23, 2023, from https://www.leapmissions.org/post-trip-evaluation/

6. Sykes, K. J. (2014). Short-term medical service trips: a systematic review of the evidence. *American Journal of Public Health, 104*(7), e38-e48. https://doi.org/10.2105/AJPH.2014.301983

7. Wright, P. & Fairview Medical Missions. (2010). Trip evaluation form: Worldwide-medical missions program. Retrieved February 23, 2023, from https://www.fairview.org/~/media/Fairview/PDFs/About/Medical-Missions-Trip-Evaluation-Form.ashx?la=en

Appendix C: Exemplars of Domestic and International Experiences

Implementing Community Care to Improve the Health of the People of Mexican-American Heritage and Uninsured.

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Background: In the state of Oklahoma, approximately 85,000 immigrants from Central America lacked health insurance and faced barriers to accessing health care due to limited opportunities for health care. With a high number of patients who were uninsured, homeless, and limited in health care resources, the Lighthouse Medical Clinic was opened to serve a marginalized population.

Clinic provisions and population focus: Most patients seen at the clinic (95%) are Hispanic and working in one of the larger metropolitan areas. The majority of patients seen are adults with multiple health disparities, along with a few children with acute illnesses. The clinic uses volunteer health care providers that include physicians, nurse practitioners, medical students, pharmacists, and special clinicians to address specialty areas of ophthalmology, gastroenterology, women's health, and physical therapy. Chronic problems primarily seen include uncontrolled diabetes type 2, hypertension, hyperlipidemia, women's health issues and poor dental health. An onsite pharmacy supplies medications at a reduced cost or for free. Education and counseling are provided to assist patients in managing their chronic problems and encourage healthy lifestyle management with a focus on evidence-based practice and the patient's culture.

Education opportunities: FNP students prepare for clinical by reviewing resources and articles focusing on marginalized populations, uninsured healthcare, and culture assessments. Students also review population statistics related to the patients they will see in order to appreciate the gravity of the care needed. Nurse Practitioner students are then brought onsite to work with a healthcare team that includes a FNP, translator, nutritionist, and pharmacist on most nights. Learning to work as part of an interprofessional team, students explore a patient's health

problems and culture, addressing problems with limited resources in managing acute and chronic illnesses. Students participate in post-clinical discussions to reflect and process observations and patients from the day. They review cultural learnings, cultural influence on patient education, and discuss the increased awareness of cultural differences and values.

Education competencies: Through the provision of care and clinical hours obtained at the Lighthouse Medical Clinic, students can address NONPF competencies of Leadership, Quality Improvement, Policy, Ethics and Health Delivery Systems. Students learn to care for multiple types of patient populations while gaining an opportunity to utilize cultural humility in an interprofessional collaboration setting. With limited time restraints for the evening, students can review health of a single family vs. a single person. Students also learn firsthand about social determinants of health and the roles an individual patient plays within their own community.

Cultural Immersions: Promoting Growth in the Nursing Profession

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Background: It has become an integral part of many academic institutions to incorporate immersions of students in diverse settings in other countries, as part of their educational activities. A truly global health educational program should be one that allows students to expand their views to include health issues and social determinants that are culture and country specific, and the practical and local solutions that can address those issues. A team of faculty and students from a U.S. based School of Nursing traveled to a College of Nursing in the Philippines. This trip was the culmination of years of collaborative work between the two institutions. Undergraduate students were "like-paired" in shared clinical activities and the APRN students worked with physicians, and other providers from the region to provide health care to medically underserved patients and communities. The purpose of this global health excursion was to explore opportunities for faculty and student growth in developing the nursing role across cultures, and share cross cultural perspectives on the impact of global health experiences on faculty and students engaging in this novel learning opportunity.

Developing the Cultural Experience
Pre-Trip Activities
• Obtained MoU between the institutions. • Partnered with NGO. • Travel Logistics (flights/hotels/meals). • Individualized course credit. • Developed online modules for student preparation: Country/ Culture/Language/ Program expectations/ Professional behaviors/ Safety and security/Travel preparation.
In-Country Activities

- Students from each university were like- paired to engage in clinical experiences.
- Public Health experiences included the health department, hospitals, Barangay clinics, and community assessments.
- Lecture & Workshop on Complementary Alternative Medicine.
- Community Activities: health fairs/ water testing/needs assessment.
- Students and faculty shared expertise and standards of care for infection control, communication, nursing ethics, advocacy, community health assessment, and public health goals.
- Cultural excursions with faculty & students from both institutions.

Post-Trip Activities

- Reintegration education
- Debriefing
- Evaluation

Outcomes:

- Students and faculty from both universities engaged in a rich dialogue of sharing, patient-centered problem solving, and sharing of the value of each profession's role and expertise.
- A great strength of this program was in the multi-layered approach of sharing knowledge faculty to student, student to student, and faculty to faculty.
- Importance of seeing other perspectives of global health- to share and learn- promotion of global health.
- Student debriefing indicated a high degree of satisfaction describing it as a “highlight and culmination of my education as a Nurse Practitioner and as a Nurse.”

Opportunities for growth:

- Professional and personal growth as team members apply experience to personal practice.
- Explore potential role for APRN in the Philippine health care system.
- Share knowledge and skills between interprofessional team members.
- Increase awareness of poverty, health, health inequities, and vulnerabilities.
- Recognition of differing cultural perspectives and use of that knowledge to improve health care in underserved communities globally.

Online Global Health Course Exemplar

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When travel abroad is not possible due to travel restrictions, funding, lack of resources, or time constraints, online global experiences might be considered. Collaborative online experiences may provide many of the same benefits to fostering cultural understanding as actual travel abroad. In the winter of 2021, travel was still not allowed by many universities and there were travel restrictions in place domestically and internationally due to the COVID-19 pandemic. Faculty at the University of Minnesota elected to deliver an online global experience with community partners in Antigua, Guatemala. School of Nursing (SON) faculty had been working with Guatemalan partners for five years prior to the pandemic so the partnership was well established. The first step in any partnership is to identify shared program goals and working principles. In this case both parties were committed to endorsing principles of cultural humility in the development of the global program. Faculty met with representatives of the Guatemalan nonprofit with whom they had worked in country to develop and refine goals for the global experience over zoom in four planning meetings, beginning in the summer of 2020. The Guatemalan experience had been revamped one year earlier to accommodate changing policies at the university regarding international direct care experiences, therefore the revamped program was utilized to build the online program. The focus of the online program was on developing skills commiserate with the professional Doctor of Nursing Practice (DNP) Nurse Practitioner (NP) role. Specific objectives of the program emphasized: (a) fostering cultural understanding, (b) appreciating socio-cultural determinants of health, (c) exploring the delivery of health care in a low resource country and (d) applying principles of system improvement to unique public health problems experienced by Guatemalan rural villagers.

A hybrid course including online course work utilizing the Canvas online platform and four 4-hour zoom sessions with partners in Guatemala was designed. The course design was submitted to the School of Nursing Global program and administration for approval and to the Guatemalan partner's Board of Directors for approval. A budget was developed to defray course costs of filmed interviews in Guatemala, travel and video documentaries of the Guatemalan health system and unique public health concerns and to provide stipends to featured Guatemalan

speakers and communities. Faculty recruited students through a flyer that was sent out to second and third or fourth-year students in their respective programs as well as through informational zoom sessions that were publicized. Because the program did not involve the delivery of direct care, the program was offered to students in five ambulatory NP specialties: Family Nurse Practitioner (FNP), Pediatric Nurse Practitioner (PNP), Adult Gerontology Nurse Practitioner (AGNP). Women's Health Nurse Practitioner (WHNP), and Psychiatric-Mental Health Nurse Practitioner (PMHNP). Students completed an application for the program that required specialty coordinator (director) permission to participate. Students who elected to enroll were required to pay a small fee to participate. The hours were designed to meet some of the DNP leadership hours focusing on inclusivity, diversity, systems improvement and interprofessional practice but were not counted as direct care hours.

Once approved, SON faculty developed the Canvas website with input from Guatemalan colleagues. There was an existing course website available that students in previous trips had been required to review which included background information on Guatemala, and its people, readings, activities as well as pre-and post-assessments on global health and bias/attitudes that students completed. These course content areas were expanded to address four content areas delivered over four weeks: (a) Overview, (b) Community and Public Health, (c) Clinical Health Needs and (d) Leadership and Professionalism. Students were to complete the online readings and activities prior to participating in the weekly zoom session. Activities included discussions, research assignments on Guatemala and its people, health concerns, government, agriculture, education etc. Students worked in small groups online with a Guatemalan nurse, pharmacist, interpreter to review public health cases, health and environmental issues and concerns and to problem solve. A simulated telehealth OSCE was developed to highlight common health concerns experienced by Guatemalans in rural Guatemala. Students participated in interpreted conversations with Guatemalan individuals in a home visit, a medical clinic, with a former government expert, and with a reproductive health group spokesperson. Twelve students participated in the program. A debrief was held at the end of each session with participants and a faculty-partner debrief was held following that. Pre- and post- assessment scores on global health knowledge and bias/attitudes showed improvement. The overall evaluation of the course was positive for students, faculty, and community partners.

One New England University's Global Initiatives

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The following exemplar is a brief description of one university's college of nursing's experience into the global arena for student service and learning opportunities. The initiative began when a college of nursing staff member (delayed in Antigua, Guatemala for an extended period due to personal reasons) was contacted by a parish church ministry expressing the desire to facilitate healthcare mission teams through their parish in order to bring gravely needed healthcare to their Guatemalan people. The CON Dean promptly authorized a needs assessment trip, resulting in approval for this learning and service opportunity, and ultimately resulted in biannual faculty-led clinical immersion experiences within this program. Sustainability and bi-directionality to the service-learning and clinical immersion experiences is optimized by returning to the same three villages originally identified as most in need, and who have a leader who follows healthcare recommendations.

Following an application process, accepted students (first professional degree, family nurse practitioner, MSN, DNP, and physician assistant students) attend pre and post experience meetings as well as daily reflection and review meetings while on site. Graduate students complete notes and approved projects as well. Originally including the physical therapy and occupational therapy students, due to the need to contain student numbers most conducive for housing, transportation, and meeting the goals, objectives, and curriculum coordination, groups have evolved, with the OT and PT groups continuing outreach, but traveling at different times.

A typical day during this immersion would see those in Antigua traveling to the villages, setting up and dismantling walk-in clinics, and providing basic screening, healthcare, and education. Additionally, community outreach is provided through installation of water filters, education regarding maintaining the filters, and routine and preventative home healthcare. While each clinic is unique and dependent on the available resources and the curriculum focus, a daily clinic overview may consist of patient registration (by a volunteer), vital signs taken and triaged by FPD students before being accompanied to a separate clinical pod area, staffed by a translator

and healthcare provider (MD, NP, PA). When assessment and diagnosis/es are completed, the patient (and family) are accompanied to the discharge area for education in oral health and handwashing, given donated hygiene supplies, and to a pharmacy area where prescribed medication, such as parasitic and over-the-counter medications are dispensed. Medications prescribed by the provider not available on site are purchased that evening at a pharmacy in Antigua and delivered to the patient or to the village leader, who would deliver it to the patient.

This same university also joins with an established physician organization to provide clinical immersion experiences for students in Jamaica and has also coordinated with another university's global outreach program to provide FNP experiences in the Dominican Republic for cervical and cardiac screening, 2-week clinical immersion experiences for NP and PA students in Kampala, Uganda, and immersions within the US as well. The Ugandan experience in Kampala resides at Makerere University affiliated hospitals and community clinics. Through all these experiences students hone their clinical skills, and important social justice and cultural perspectives.

Farm Worker Family Health Program, United States

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Global health practice does not always require a passport. The United States is a remarkably diverse nation, where over 300 languages are spoken. It is essential that health care workers be prepared to work with diverse cultures. This case study describes a "domestic as global" academic–community partnership that has been in existence for over 20 years. Clients of this partnership are largely migrant workers and their family members from Mexico.

The Farm Worker Family Health Program (FWFHP) has evolved to encompass over 100 students and faculty members from five different universities and a variety of community partners. The number of community partners has expanded to include not only the initiating migrant clinic, but also a summer school program, day care centers, two area health education centers, businesses, faith communities, and, of course, the farmers and growers. Dental hygiene (DH), nursing, pharmacy, psychology, and physical therapy (PT) students, volunteers, and faculty travel to a rural area of a southeastern state as part of a 2-week Service-Learning cultural immersion experience, each adding to the overall scope of services. The program provides a strong, unique interprofessional education (IPE) and learning platform.

Program Overview: The FWFHP is a collaboration of a federally funded clinic and various universities based in Georgia and is coordinated by the Lillian Carter Center for Global Health and Social Responsibility in the nursing school at Emory University. Students and faculty in the health professions provide preventive and episodic care over a 2-week period each summer in an intensive outreach setting that also serves as part of the clinical training programs of the universities. Each participating university pays the salaries of its faculty and arranges for students, faculty and staff regarding housing. Prior to arrival, NP students complete learning modules on IPE, dermatology, working with an interpreter and heat related illnesses. On site, the team provides care for farmworker families where they live, work, and go to school. In the mornings the team sees children enrolled in a migrant summer school. In the evenings the team

caravans to various locations, including packing sheds, farmworker camps, and local neighborhoods.

The mornings are structured around comprehensive physical examinations of children and adolescents. Pre-licensure nursing students complete screenings and nurse practitioner (NP) students do full physical examinations. PT and psychology students do developmental assessments. DH students provide dental services, including application of sealants and fluoride. PharmD students provide health education in the classrooms. NP students rotate to other stations to better understand the roles of the different professional students. If health-related problems are detected, children referred to the clinic for follow-up. Meanwhile, a small team of students and faculty work at the partnering clinic seeing patients and preparing the pharmacy. Health status letters in both Spanish and English are sent home to the parents of each child seen, whether a referral is necessary or not. Clinic outreach workers handle emergent problems on an as-needed basis.

In the evenings, nursing students complete screenings and staff a foot care station. DH, NP, PharmD and PT students have separate stations for their respective practices but students move between stations with patients thus fostering IPE. The evening focus of care is on acute complaints rather than comprehensive examinations. Most common diagnoses are related to dermatologic, musculoskeletal, gastric and mental health and heat related conditions. NPs prescribe with collaborative practice protocols, and PharmD students operate a pharmacy dispensary on site. Patients with chronic conditions are referred to the clinic for follow-up, with on-site clinic outreach workers arranging appointments and transportation. The clinic staff has provided interpretation services at the evening clinics. The need for more interpreters has led to inclusion of an additional team partner, the Emory Volunteer Medical Interpretation Services. This is a student-run organization made up of bilingual students formally trained as medical interpreters. The team starts seeing patients in the evening clinics before sunset, often staying out past midnight. All members wait until the last patient and provider are done, then caravan home together, repeating the process daily with a different set of patients..

Reflection: Health care is rarely neutral or innocent.

An ongoing conflict exists in the broader context of the program. We ask ourselves whether a program that provides care for migrant farmworkers perpetuates the inequities and conditions that put them at risk. Health care is rarely neutral or innocent. Placing care in its full context is an important consideration for all health care providers. In caring for farmworkers with health problems exacerbated by the working conditions, are we doing all we can to solve the problem? This question is put to students and faculty and discussed in reflection groups promoting self-reflection and ethical discussion about social determinants of health and systemic conditions that can obviate change.

Adapted from Upvall, M.J., & Leffers, J. (2014). Global Health Nursing: Building and Sustaining Partnerships. Springer Publishing

Quijotes of San Antonio

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Over the past 30 years, the Quijotes of San Antonio have delivered health and healing to tens of thousands of individuals through medical mission trips to impoverished areas of Mexico like Jalapa (near Mexico City) and communities near the city of Oaxaca (Quijotes of San Antonio, 2020). In 2015, the University of the Incarnate Word (UIW) forged a partnership with the Quijotes of San Antonio where students and faculty can assist in the efforts to provide this important care. The mission trip offers a variety of healthcare services and specialties to the people of Oaxaca including internal medicine, pediatrics, family practice, obstetrics/gynecology, nursing, dentistry, psychologists, physical therapy, optometry, pharmacy, and nutrition.

The UIW School of Nursing and Health Professions has two advance practice registered nurse (APRN) tracks. Currently, only students enrolled in the family nurse practitioner (FNP) track are eligible to participate in the medical mission trip. Because there are a limited number of spaces available for FNP students, there is a competitive application process. Students must be in good academic standing, entering their final clinical rotation, and fluency in the Spanish language is preferred but not required. Once selected, students are required to attend all UIW pre-travel meetings and the Quijotes of San Antonio induction ceremony. The induction ceremony provides important travel information, clinic planning, and socialization between both university and community members who will be traveling.

The mission trip is consistently scheduled to depart on the Saturday before the Labor Day holiday with a return the following Sunday. Travel days both to and from Oaxaca, Mexico are quite laborious with layovers lasting 8-10 hours for the most cost-effective flight pricing. Upon arrival, a series of individual clinic team meetings as well as overall group trainings are conducted with participants. Clinic is held Monday through Friday with the first patient visits beginning at 8am. While every attempt is made to take the last patient at 5pm, clinic routinely runs into the early evening because of the large number of patients who register for the event.

Over the course of 5 days, approximately 3,000 individual patients are evaluated and treated at the Quijotes mission clinic. While individual university departments pay for faculty travel, student travel is paid for via specific scholarship funding offered through the university's

study abroad office. All student travel arrangements including flight, hotel, airport transfers, and travel to the clinical site are covered by the scholarship with the exception of evening meals. Students are also encouraged to bring extra money to pay for shopping, snacks, and incidentals that average about $250 for the entire trip.

Depending on clinic space, 1-2 APRN-prepared faculty members participate in the mission trip. Faculty members serve as the clinical preceptors for the FNP students and work alongside them in the family practice clinic. Students benefit from the one-on-one instruction and develop a close working relationship with the individual faculty member. From an academic standpoint, students learn to navigate the difficult task of how to best treat a patient's medical condition with limited resources. They learn how to care for people who struggle to attain the basic essentials to live including water, food, clothing, or housing much less health care.

Another benefit to the mission trip for students is the experience of interprofessional collaboration in action where the shared goal is to provide the best possible care for the patient. During clinic days, every student is assigned a 2-hour rotation with a different health profession. For example, a FNP student will complete a rotation in the pharmacy one day and with physical therapy the next. These rotations are keeping with the Interprofessional Education Collaborative (IPEC) Competencies (2016) where students learn about, from, and with each other.

Given the overwhelming success and high praise from students who have participated in the past, the APRN faculty members continue to support the Oaxaca mission trip as a unique service-learning opportunity. In an effort to sustain future trip offerings, upon return to the United States, faculty members meet to debrief, review student-learning outcomes, and plan for the upcoming year.

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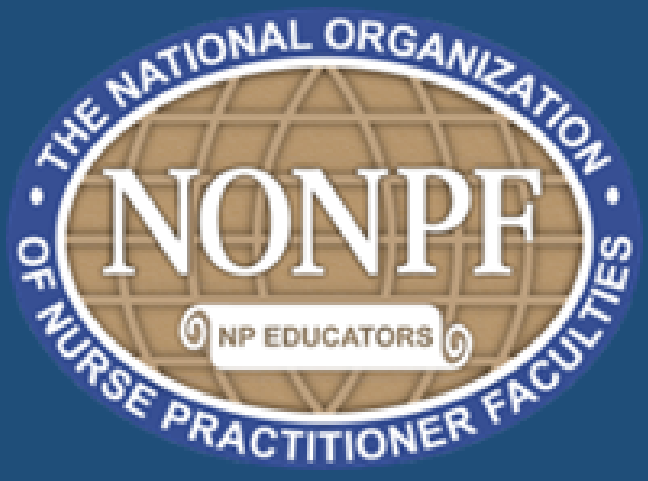

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