



Planning and executing a global health experience for undergraduate nursing students: A comprehensive guide to creating global citizens



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SUMMARY

The preparation of future baccalaureate-prepared nurses will require undergraduate students to have both cultural awareness and global or international health competencies in order to meet the increasingly complex health care needs of a diverse community. Additionally, the nursing accrediting bodies have identified global healthcare as an area of core knowledge for clinical nurses. In order to meet the workforce needs, and provide global education of the undergraduate student body, we designed an international clinical experience within the undergraduate Community/Population Health course. The purpose of this article is to provide a guide for faculty in the planning, infrastructure needs, and implementation of a global clinical experience for undergraduate nursing students, in the context of the United States with addressing university concerns for student safety and security while abroad.

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1. Introduction

As our society becomes increasingly global, and the healthcare needs of the communities we serve change with globalization, there is an increasing need for nurses to be able to deliver safe, effective, and culturally appropriate care. Societal globalization has a direct effect on nursing practice and care delivery systems (Carlton et al., 2007). Baccalaureate nursing education must include clinical experiences that go beyond traditional hospital and outpatient settings and include opportunities to participate in clinical experiences that have an international or global health focus to better prepare them for caring for diverse patients from around the world (Edwards, 2015). For more than two decades international health experiences have formed the basis for globalization of nursing curricula, and broadening the perspectives of students (Zorn, 1996). The American Association of Colleges of Nursing (AACN) document Essentials of Baccalaureate Education for Professional Nursing Practice identified global health care as an area of core knowledge for nursing practice Baccalaureate education (AACN, 2008). However, to date in the United States, nursing education is primarily focused on preparation for practice within the cultural boundaries of the states. The skill set required for international nursing practice remains in its infancy (Read, 2011). Knowledge of the epidemiologic basis for specific global health concerns, the state of medical and self-management practices in the country, and the ability to provide a culturally-appropriate response are skills needed to deliver safe and

effective nursing care in the global arena (Veenema, 2001). Creating well-educated global citizens is a strategic priority for at the University of South Florida, College of Nursing, where advancing the global education of its undergraduate student body occurs through various mechanisms including an international clinical experiences in the Community/Population Health course. The purpose of this article is to provide a guide for faculty in the planning, infrastructure needs, and implementation of a global clinical experience for undergraduate nursing students, in the context of the United States with addressing university concerns for student safety and security while abroad.

Designing global student experiences in nursing requires designing content and clinical practice that meet the course objectives and outcomes for the curriculum, and thus, will differ by course requirements, and should be tailored to meet specific student outcome expectations. However, there are certain commonalities in university infrastructure and resources that should be considered carefully in the planning of global clinical experiences for students that are addressed here.

2. Planning global student experiences

2.1. Global partnerships

The planning and execution of a globally-based clinical experience for undergraduate nursing students require consideration of available resources (Mill et al., 2010). One of the priority infrastructure needs for engaging in a global experience of nursing care delivery is well established partnerships with institutions in other countries (Mill et al., 2010). While it is fairly common to sign a memorandum of

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understanding (MOU) among international academic partners, the establishment of a true partnership with a shared vision and goals extends beyond achieving curricular objectives and problem-solving issues that inevitably arise. To achieve this level of understanding and congruity among global partners, relationships must be built and maintained. In the planning phase, the university partners should establish a preferred means of communication, whether that be by phone, email or virtual in-person meetings. The facilitation of face-to-face meetings held in person or by web conferencing is crucial to forming and maintaining relationships among the partner institutions. For our institution, the faculty members responsible for the clinical component of the course have regularly scheduled web conferences for the purpose of planning and executing each global experience for nursing students. The first meeting is used to introduce the course content, objectives, timeline and clinical experiences necessary to meet the course objectives. During this time, available local clinical resources and experiences are also discussed. Web conferences are then held as needed over the course of the coming months to ensure all confirmed clinical arrangements will meet course objectives. Working cooperatively and maintaining relationships among key faculty from the partnering universities is critical for program success (Smit and Tremethick, 2013).

2.2. Coordination of the global experience

Another aspect of university infrastructure key to the success of global initiatives is the establishment of an official office for handling aspects of fiscal responsibilities, procedures, and policies related to university requirements, safety considerations, and other aspects of executing global experiences for both faculty and students (World Health Organization (WHO), 2009; Johanson, 2006). Clear lines of responsibility need to be drawn for developing the budget, making travel plans, ground transportation, accommodations, and meal arrangements. In our university, a separate finance office accepts payment from students for the cost of flights, accommodation, and meals. We also utilized a university-associated travel agent for making the airline arrangements that allow all faculty and students to travel together. The lead faculty coordinated accommodation and meal planning for the duration of the global experience.

2.3. Risk assessment and mitigation

Procedures for anticipating, handling and reporting of issues related to student or faculty conduct, illness or safety also need to be formalized so they are easily accessible while in another country (Veenema, 2001).

Many universities may already have a Risk Assessment Office for the registration of students and faculty traveling abroad. The risk assessment would also include a determination of safety in specific areas of the globe where disease or conflict arises and evacuation of the area may be needed. Ideally, the risk officer would utilize a database for managing global student experiences. This database can contain the names and contact information of faculty and students while abroad, emergency contact information for all travelers, passport information, and pertinent documents related to university safety and security protocols. At our university, we use an electronic program that creates a travelers profile based upon the global course or activity the student is registered for. This secured system stores all the details regarding the global experience for both students and faculty.

Handling of private student data such as information concerning medical conditions is a valid concern, and may be the responsibility of the lead faculty for the global experience. While having a medical or emotional condition, chronic illness or physical disability may not disqualify a student from participating in a global experience, sharing important information with the faculty allows for advance planning to manage illness exacerbations or medication needs in advance. Safeguarding the storage and access to health information requires

adherence to university policy while ensuring the health and safety of the individual student.

3. Implementing global student experiences

3.1. Faculty and student health and safety

One of the most important aspects of beginning any type of global experience or study abroad program is the training of faculty who will be responsible for students while they are abroad (WHO, 2009). In our undergraduate program, faculty accompany our undergraduate students abroad. Other institutions may provide proxy faculty from the international site, or in some cases, students may be without direct faculty supervision. An in-depth faculty and student orientation covering aspects of student safety, potential physical and emotional health risks, immunization and travel or evacuation insurance requirements, discipline issues, and policies and procedures is needed to minimize risk to students (WHO, 2009). Incidents of disease outbreak, such as the recent Ebola threat in Liberia, or civil unrest, may be reasons for student evacuation. Additionally, aspects of global travel that pertain to certain social behaviors for the county or region visited should be included in the orientation (Riner, 2011). For example, some countries may have regulations against taking photographs of certain areas, people or buildings.

3.2. Safety abroad

Another crucial part of faculty and student orientation is the plans for ensuring student and faculty safety (Johanson, 2006). Consideration must be given to the location of the global experience overall as a safe zone for university students and personnel. A thorough investigation of student/faculty housing plans, meals, safe drinking water, and transportation needs require advance planning (Riner, 2011). Access and information regarding embassy or consulate services should be provided as part of this orientation in the event a passport ID is lost or stolen. Specific guidelines for replacing lost or stolen passports can be found at the consulate website at <http://travel.state.gov/content/travel/english.html>.

With the current emphasis on campus violence in the United States, faculty should obtain Federal and State-mandated Violence Against Women Act (VAWA) and the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (the Clery Act) training (Department of Education, 2014) (Cleary Center, 2012). It is important for both faculty and students to understand that, according to the Clery Act, wherever students are located for an academic experience becomes a de facto campus. Thus, students in global settings that are victims of violent crimes (homicide, sexual offenses, robbery, aggravated assault, hate crimes, dating or domestic violence, stalking, alcohol or drug violations), now become reportable incidents under the Clery Act (Cleary Center, 2012). Ideally, students should travel with a companion (buddy system) or in a group to promote personal safety. Faculty and students should designate a meeting place in the event the group becomes separated. An international phone or calling plan should be part of the faculty supervisor's standard equipment when taking students abroad. Similarly, students traveling alone for academic global experiences should have means for international calling in the event of an emergency. In our global program, the faculty and students exchange cell phone numbers for individual or group contact by text message or phone if needed. Students are required to check in and out with faculty if they leave for any reason during "off" class time. For our undergraduate nursing students abroad, a curfew is set for expected return to the accommodations to ensure accounting for the presence of all students.

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