

# SETTING ACADEMIC STANDARDS FOR GRADUATE-LEVEL GLOBAL HEALTH CLINICAL PRACTICUMS

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## **GROWING INTEREST IN GLOBAL HEALTH**

- Attention to global health inequities and burden of disease
- Global understanding of migrant and refugee health concerns
- Recognition of the impact of globalization in health and disease spread
- OnLine learning platforms allowing for teaching remotely
- Collaborative inter-professional learning
- Global health as a nursing specialty area

## SCOPE OF THE PROBLEM

- No consensus on academic preparation for global health experiential learning
- Inattention to the impact of students in the host country
- Difficult to extract data on student studies in LMIC
- No delineation of competencies by educational level
- No evaluation tools for faculty and host preceptors
- Unclear expectations for students
- Omission of host country input in learning objectives and evaluation

# EVOLUTION OF GLOBAL HEALTH EXPERIENTIAL LEARNING

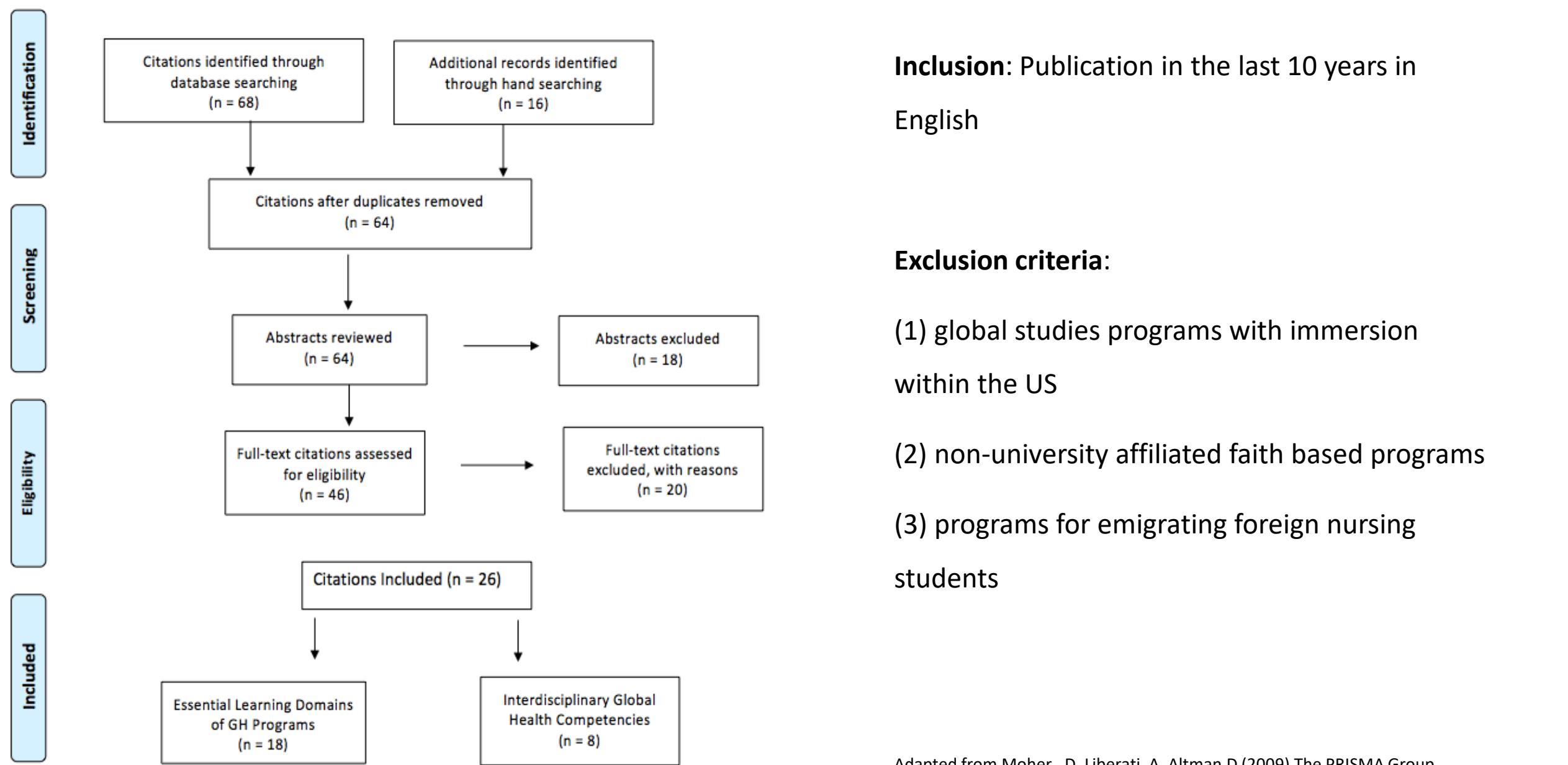
- Movement towards evidence-based practice, quality improvement, and competency-driven education (Frenk, 2010)
- Development of global health nursing competencies (Wilson, 2012, Wilson, 2014)
- Consortium of Universities for Global Health (CUGH) interdisciplinary global health competencies in specific domains

## GOAL OF THE STUDY

***To develop a tool to evaluate global health experiential practicums for advanced practice nursing students from three perspectives - student, faculty, and host.***

Steps:

1. Identify learning domains and competencies through an integrative review of the literature
2. Identify items for evaluation from three parties perspective
3. Use two separate expert panels to validate items – one from HIC, one from LIC host country
4. Develop a tool for use by students, faculty and host for evaluation of student experiential learning in the LMIC – secondary pilot study



Adapted from Moher,, D. Liberati, A, Altman,D (2009) The PRISMA Group

## **PRINCIPLES OF GLOBAL HEALTH INITIATIVES**

- Early partnership agreement
- Host country ownership
- Mutually beneficial outcomes
- Faculty involvement with host country and student learning
- Competency driven student preparation

# LEARNING DOMAINS

- Global Burden of Disease
- Determinants of Health
- Capacity Strengthening
- Professional Global Clinical Practice
- Ethical Reasoning:
- Communication through Effective Teamwork
- Self-Awareness and Cultural Humility
- Principles of Program Management

Jogerst, K., Callender, B., Adams, V., Evert, J., Fields, E., Hall, T., Olsen, J., Rowthorn, V., Rudy, S., Shen, J., Simon, L., Torres, H., Velji, A., Wilson, L. (2015). Identifying interprofessional global health competencies for 21st-century health professionals Annals of Global Health, 81(2), 239.

# EXAMPLE OF DOMAINS AND ITEMS

## **Global Burden of Disease**

- Health statistics
- Common pathologies
- Risk of infectious diseases
- Obstacles to health care delivery

## **Capacity Strengthening**

- Student role delineation
- Understanding of mentorship
- Communication techniques

## **Collaboration, Partnering and Communication**

- Collaboration in program objectives
- Research and publication initiatives
- Defining roles
- Listening skills
- Language barriers

## **Ethics**

- Impact of death d/t limited resources
- Research on vulnerable populations

## **Social & Environmental Determinant of Health**

- Burden of students on host country
- Understanding of time orientation

Citation	Purpose	Method and Location	Competencies Identified	Endorsing Organization / Discipline
Crump, 2010	Develop a set of guidelines for institutions, trainees and sponsors of field-based global health training on ethics and best practice	Informed by published literature and the experience of WEIGHT members	Ethical Competencies related to partnership, financial accountability, mutual and reciprocal benefits, suitability of trainees, supervision and mentorship	Working Group on Ethics Guidelines for Global Health Training (WEIGHT) / Interdisciplinary and Multidisciplinary
Wilson et al., 2012	Elicit feedback by international nursing faculty on GH competencies needed by undergraduate nursing students to generate guidelines for curricula development	Exploratory descriptive study, taken from a nonprobability voluntary convenience sampling with respondents represented from US, Canada, Caribbean, Latin America	Six categories of GH competencies and sublevels, findings support inclusion of more global health content in both undergraduate and graduate level nursing curricula	A partnership with World Health Organization (WHO) and Pan American Health Organization (PAHO) / Nursing
Ablah et al., 2014	Development of a standardized GH competency model for master-level public health students	Multistage modified-Delphi process implemented in 3 rounds led by both practitioners and academic GH experts	The Global Health Competency Model 1.1 including 7 domains and 36 competencies	Association of Schools & Programs of Public Health (ASPPH) / Public Health
Brown, 2014	Utilize a competency framework for curriculum development on interprofessional global health competencies	Survey of 187 undergraduates and 97 graduate students from UWM with field settings in Uganda, Kenya, Ethiopia, Ghana, SL, SA, Ecuador, Mexico, Thailand, Nepal, Sri Lanka, China, Germany to develop interprofessional GH competencies for an interprofessional roundtable	Recommended core set of interprofessional competencies requested common curricula, master teachers and learning networks	University of Wisconsin-Madison Global Health Institute / Inter-disciplinary education including medicine, pharmacy, nursing, public health, veterinary
Rowthorn & Olsen, 2014	Create team competencies necessary for collaborative GH practice and incorporate skills into interprofessional graduate GH curricula	Invitational roundtable of 42 GH and interprofessional education experts from a partnership program b/w Malawi & University of Maryland to identify team competencies	Team skills competencies for graduate level students as well as for faculty development	Experts included representatives from Institute of Medicine, WHO, PAHO, CUGH, NIH Fogarty International, ASPPH / Interprofessional: nursing, pharmacy, dentistry, social work, law, medicine
Wilson et al., 2014	Review the process by which interprofessional GH competencies were identified and categorized into levels of engagement	Literature review followed by listing of competencies and domains for students of GH by levels of involvement	12 domains with 74 competencies divided into four levels of engagement	Competency subcommittee of the Education Committee of the Consortium of Universities for Global Health (CUGH) / Interprofessional Nursing, Medicine, and Public Health
Jogerst et al., 2015	Develop a broad unifying set of competencies for interdisciplinary trainees of global health	CUGH competency subcommittee work in 4 phases: (1) literature review (2) proposed list with sources (3) division of levels across disciplines (4) allocation of competencies to levels	13 competencies across 8 domains with two levels completed: global citizen level & basic operational program-oriented level	Intended for all trainees and professionals of global health
Clark et al., 2016	Better inform schools of nursing to include global health content into their curricula	Systematic review of the literature on core nursing competencies of public & community health and global health performed at the McGill Ingram SON	14 core competencies intended as a means for SONs to integrate global health into their curricula	McGill Ingram School of Nursing/ Nursing: public health nursing, community health nursing, global health nursing

# **EXAMPLE OF DOMAINS AND COMPETENCIES**

## **Global Burden of Disease**

1. Assess the major causes of morbidity and mortality around the world, and how the risk for disease varies by regions (such as, by the World Health Organization's 6 regions).
2. Recognize the discordance between health care delivery in resource rich settings/countries from resource limited settings/countries.
3. Promote major public health efforts to reduce disparities in global health.
4. Validate the health status of populations using available data.

## **Determinants of Health**

1. Analyze major determinants of health and their effects on the access to and quality of health services and on differences in morbidity and mortality within settings and worldwide.
2. Analyze the relationship between access to and quality of water, sanitation, food, and air on individual and population health.
3. Describe how the government structure and social conditions, such as poverty, education, and migration, impact health and access to health care.

## **Capacity Strengthening**

1. Function in an advanced practice nursing student role within the scope of practice of the host setting.
2. Promote bidirectional learning between the advanced practice nursing student and host setting personnel about evidence-based clinical practice.
3. Articulate the actual or potential role of advanced practice role in improving health outcomes and recognize basic (such as licensure and prescriptive authority) and policy and legal restrictions to the advanced practice role.

## VALIDATE CONTENT

- Selection of two 3-5 member expert panel
- Rate items for relevance, importance and clarity
- Calculating for 78% agreement

Lazenby, M., Dixon, J., Coviello, J., & McCorkle R. (2014). *Instructions on using expert panels to rate evidence-based content*. New Haven, CT: Yale University.

# SURVEY FORMAT: DOMAINS, COMPETENCIES, EVALUATION ITEMS

Learning Domain	Competency	Evaluation Item for Students	Evaluation Item for Faculty at Students' Academic Institution	Evaluation Item for Personnel at Host Institution
1. <b>Global Burden of Disease:</b> Encompasses basic understandings of major causes of morbidity and mortality and their variations between high-, middle- and low-income regions, and with major public health efforts to reduce health disparities globally (1.0)	1a. Describe the major causes of morbidity and mortality around the world, and how the risk for disease varies with regions (1.0)	I am able to identify the major causes of morbidity and mortality in the host country in which I studied (1.0)  I can verbalize how the risk for disease varies within regions of the country in which I studied (1.0)	The faculty provided students with resources to identify the major causes of morbidity and mortality in the host country in which the student studied (1.0)	The student was aware of the major causes of morbidity and mortality in my country (1.0)  The student understood that risk for disease varies within regions of my country (1.0)
	1b. Describe major public health efforts to reduce disparities in global health (1.0)	I can identify major public health efforts in the host country aimed at reducing health disparities in the host country in which I studied (1.0)	The faculty provided students with information on major public health efforts in the host country aimed at reducing health disparities (1.0)	The student knew specific public health efforts within my country to reduce health disparities (1.0)

# EXAMPLE OF RATING GUIDE

Item		Importance and Relevance by Party												Clarity		
Category	Sub-category	US University-Based School of Nursing				US University-Based APN student				Host Country Institution				Clarity (1=Yes, 0=No)		Rewording suggestions
		Importance (1=Yes, 0=No)		Relevance (1=Yes, 0=No)		Importance (1=Yes, 0=No)		Relevance (1=Yes, 0=No)		Importance (1=Yes, 0=No)		Relevance (1=Yes, 0=No)				
		1	0	1	0	1	0	1	0	1	0	1	0	1	0	
		1	0	1	0	1	0	1	0	1	0	1	0	1	0	
		1	0	1	0	1	0	1	0	1	0	1	0	1	0	
		1	0	1	0	1	0	1	0	1	0	1	0	1	0	
		1	0	1	0	1	0	1	0	1	0	1	0	1	0	

Learning Domain	Competency	Evaluation Items		
		Students	Faculty	Host Personnel
<b>1. Global Burden of Disease:</b> <b>Encompasses basic understandings of major causes of morbidity and mortality and their variations between high-, middle- and low-income regions, and with major public health efforts to reduce health disparities globally.</b>	1a. Assess the major causes of morbidity and mortality around the world, and how the risk for disease varies by regions (such as, by the World Health Organization's 6 regions).	I assessed the major causes of morbidity and mortality in the host setting.	The faculty guided students in identifying resources to compare major causes of morbidity and mortality in the setting where the immersion program occurred and in each of the 6 World Health Organization's regions.	The student(s) knew the major causes of morbidity and mortality in my setting.
		I compared major causes of morbidity and mortality in the setting where the immersion program occurred and in each of the 6 World Health Organization's regions.		The student(s) understood that risk for disease varies within regions of my setting/country.
	1b. Recognize the discordance between health care delivery in resource rich settings/countries from resource limited settings/countries.	I compared health care attributes and deficits in the delivery of care between resource rich and resource limited settings/countries.	The faculty guided students in identifying positive attributes and deficits in health care delivery of resource rich- and resource-limited settings/countries.	
		I evaluated the impact of globalization on the development of health policy worldwide.	The faculty guided students in evaluating the impact of globalization on the development of health policy worldwide.	

## **EXAMPLE OF STUDENT EVALUATION ITEMS**

1. I assessed the major causes of morbidity and mortality in the host country in which I studied
2. I compared health care attributes and deficits in the delivery of care between resource rich and resource limited countries
3. I evaluated the impact of globalization on health policy development world-wide
4. I examined how the social conditions (such as poverty, education and migration patterns) of the people in the host setting impact their health
5. I critically analyzed the government's role in provision of health care in the country in the host setting
6. I adhered to the policies and legal scope of practice in the host setting
7. I shared information and applied clinical evidence relevant to the practice setting of the program.
8. I sought clinical supervision when approaching unfamiliar skills or equipment.
9. I had a plan for responding to emotional difficulties while in the host setting

# EVALUATION OF FACULTY EVALUATION ITEMS

1. The faculty guided students in identifying resources to compare major causes of morbidity and mortality in the setting where the immersion program occurred and in each of the six World Health Organizations regions
2. The faculty guided students in evaluating the impact of globalization on the development of health policy worldwide
3. The faculty guided the student to evaluating the government's role in provision of health care in the country in which the student was studying
4. The faculty provided a forum for discussion of the regulations regarding the scope of practice of an advanced practice nursing in the student's home community and in various countries of the world including the host country
5. The faculty **collaborated with the host** setting personnel in the application of evidence based nursing care while identifying areas of potential collaborative research and publication
6. The faculty **collaborated with host** personnel on teaching, publication and or research opportunities
7. The faculty **elicited the perspective of the host country personnel** on developing and strengthening the immersion program

## **EXAMPLE OF HOST COUNTRY EVALUATION ITEMS**

1. The student understood that risk for disease varies within regions of my setting/country.
2. The student used data to assess the health status of populations for whom they provided care in my setting.
3. The student demonstrated knowledge of access to and quality of water, sanitation, food, and air on individuals and populations in my setting.
4. The student practiced within the scope of practice and regulations of the nursing roles while practicing in my setting.
5. The student sought supervision from appropriate faculty or host personnel when approaching new tasks or unfamiliar equipment.
6. The student demonstrated cultural sensitivity when encountering differences between our countries.
7. The student shared challenges and difficulties faced while in my setting in an appropriate manner.
8. The faculty and host personnel planned the immersion program, including the placement and supervision of students and the assignment of local mentors, such that students and host-setting stakeholders mutually benefitted.

## **NEXT PHASE: QUALTRICS PILOT STUDY**

Feasibility and Acceptability of a Survey to Evaluate  
Global Health Experiential Learning Practicums for  
Graduate Level Nursing Students

## OUTCOMES

- Formal academic clinical program standards clarifies the roles of the student, faculty and host country personnel in planning and evaluation.
- A tool sets academic standards, including prerequisites education for practicums in LRC.
- Adhering to established principles of global health practicums assures program sustainability, builds capacity and reduces potential for harm.
- Proper pre-deployment education will increase the global work force of nurses trained for global/local capacity
- Identifying competencies at the graduate level more clearly delineate the expectation of graduate level work

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