

## **Sigma's 30th International Nursing Research Congress**

### **Identification of Best Practices for Short Term Medical Mission Trips and Development of Practice Guidelines**

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Over the past decade, there has been an increased focus on global health and participation by healthcare providers (HCP) in short-term medical mission trips (STMMT), defined as two weeks or less. Healthcare team members may face language and cultural barriers, difficult environmental conditions, and often lack the appropriate resources to provide quality care. With an increasing number of medical and non-medical providers participating in STMMT, a focus on current practices for caring for patients in medical clinics during these short-term humanitarian trips is warranted. This presentation will discuss the development, implementation, and results of a survey which assessed best practices as identified by HCP who participate in STMMT. Implications for nursing practice and next steps to develop recommendations and practice guidelines will be highlighted.

#### **BACKGROUND**

A review of existing literature to examine the use of clinical guidelines in the provision of care for STMMT revealed multiple challenges of providing effective medical care in these environments due to language barriers, health literacy levels, and cultural influences regarding medical care (Dainton, Chu, Lin, and Loh, 2016). As the number and influence of STMMTs continue to grow, the development of guidelines to meet local and cultural needs will be needed. The World Health Organization (WHO) has developed guidelines for the treatment of acute and chronic health conditions; however, a gap in the literature remains providing sufficient evidence to the quality and best practices for STMMTs in global health (Dainton, et al., 2016). This is supported in the literature which identifies a lack of practice recommendations for STMMTs (Caldron et al., 2015). Roche, Ketheeswaran, and Wirtz (2017) identified that while the Working Group on Ethics Guidelines for Global Health (WEIGHT) had established guidelines, the focus was on trainees sent to work in global health and are not specific to STMMTs. For surgical missions, guidelines do exist as well as reported outcomes however, no global standards for STMMT work exist (Boston & Horlbeck, 2015; Roche, et al., 2017). Studies show the importance of the cultural competence of team members on the success and sustainability of the STMMT (Steinke, Riner, & Shieh, 2015). Language barriers, the use of interpreters, and literacy levels impact the quality of care given (Murray, 2016). Melby et al. (2016) identified that without standardization STMMTs may exacerbate health disparities within a region causing more harm than good. The purpose of this project was to survey healthcare providers who participate in STMMT to identify the current practices utilized by healthcare teams and subsequently to develop recommendations that can be used by interdisciplinary teams conducting medical mission trips.

#### **PROJECT IMPLEMENTATION**

As a first step in the development of practice recommendations, an assessment survey based on a comprehensive review of the literature was developed to gather data related to current practices of STMMT. The survey was distributed electronically to HCP and mission organizations. Demographic data on gender, age, education level, and primary role relevant to the purpose of the project were collected. Questions related to the areas of preparation of the mission trip, clinic operations, patients seen, healthcare provided, and outcomes measurement were also assessed. Completed surveys were collected and analyzed for demographic data of key stakeholders and common themes in practice.

#### **RESULTS**

Of the 116 surveys received 88 were selected for inclusion in the statistical analysis (n=88). Surveys were excluded if they did not meet the inclusion criteria or were greater than 50% incomplete. The primary role of the survey respondents was distributed between Nurse Practitioner (23%), Pharmacist (11%), Physician (20%), Physician Assistant (2%), Registered Nurse (21%), and Other (23%). Sixty-eight percent of the respondents had participated in 2 or more STMMT over the past 5 years with South America (37%) being the most frequently visited continent, followed by Central America then Africa. Orientation was provided to 83% of the providers however, 17% reported they did not receive any specific training. Assessment of the provider's ability to speak the language revealed that 53% reported basic or conversational ability to speak the language and 40% did not speak or understand the local language. A majority of health care providers used an interpreter (81%); local interpreters were used most frequently (93%). Of significance, 50% of the respondents reported little or no knowledge of local culture before the mission trip. Patient preregistration was required prior to seeing a provider (90%) and level of care was determined (55%) by the HCP during registration. The most frequent range of patients seen per day during the medical clinic was 51-150 (46%) and 89% of the clinics provided medications. The flow of patients through the clinic and HCP roles within the clinic were also assessed.

## **IMPLICATIONS FOR PRACTICE**

The results demonstrated the lack of specific recommendations to guide STMMT. Most commonly, HCP reported they did not receive any orientation before they traveled for the STMMT. Basic training in language and culture was identified as an additional need for HCP. Recommendations for the setup and operation of medical clinics during STMMT that operate within the cultural context of an area, with a focus on sustainability and capacity building are needed. The development of recommendations or guidelines for conducting STMMT could serve to improve the organizational effectiveness and the quality of care provided during medical missions. Additionally, structured recommendations for STMMT could provide a blueprint for future research and outcomes measurement of STMMT.

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### **Title:**

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### **Keywords:**

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### **References:**

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### **Abstract Summary:**

Over the past decade, there has been an increased focus on participation by healthcare providers in short-term medical mission trips (STMMT). This presentation will discuss the results of an assessment of best practices as identified by participants in STMMT, implications for nursing practice, and next steps to develop practice guidelines.

### **Content Outline:**

I. Introduction A. Overview of the problem B. Purpose of the Project II. Body A. Identification of the Problem B. Theoretical Framework 1. ACE Star Model 2. Model of Cultural Competency C. Review of the Literature/Background 1. Lack of Documentation of Outcome Data 2. Lack of Standards of Practice and Recommendations 3. Ethical and Cultural Considerations D. Methodology 1. Survey Development 2. Inclusion/Exclusion Criteria E. Results F. Implications for Nursing Practice and Future Research

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**Author Summary:** Dr. Andrews joined the Vanderbilt Nursing faculty in 2010, coming from a diverse background in clinical practice, nursing leadership and education. For the past 4 years, Susan has traveled as a provider and leader with a team to San Eduardo, Ecuador to run a 3 -day medical and preventive care clinic. Susan has mentored a VUSN student each year on this trip.