Sustainable Global Health Outreach in Haiti: Service Learning for Primary Care Nurse Practitioner Students

Sharon K. Byrne, DrNP, APN, Shonta D. Collins, MSN, FNP-C, and Melissa Martelly, MA, RN

ABSTRACT
Sustainable academic partnerships that focus on capacity building can improve health outcomes of patients in resource-challenged international settings. The involvement of primary care nurse practitioner students and faculty in service learning can also foster cultural competency and cultural humility. This article describes program development, roles, and outcomes of 3 outreach ventures between the College of Nursing and Health Professions and a United States–based nongovernment organization at 5 different sites in Haiti. Lessons learned in conducting global health field work at the advanced practice nursing student level both inclusively and as part of an interprofessional team are shared.

Keywords: cultural competency, cultural humility, global health, Haiti, nurse practitioner service learning, sustainability

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Medicine strategies for integrating quality care and experiences into nursing education such as providing patient-centered care, working in interprofessional teams, and using evidence-based practice. Thus, the manuscript may assist other NP faculty and program directors in meeting these competencies through similar global health service learning experiences.

**LITERATURE REVIEW**

Kohlbry and Daugherty defined service learning as “an experience that engages students in meeting community needs in an international setting so as to offer a different perspective into community health practices and promote students’ development of cultural competency.” Service learning is an “active teaching learning” strategy that provides students with a “hands-on approach” to providing health care and meeting education needs. In 2008, the American Association of College of Nursing recognized the importance of using service learning and the immersion of students in diverse communities to improve nursing education in the area of cultural competency. Two years later, Provision 8 of the Guide to the Code of Ethics for Nurses: Interpretation and Application stated that nursing should collaborate with other health professionals to address health needs both nationally and internationally. Specific to master’s and doctoral level education, while not focusing on global health efforts or service learning, the American Association of College of Nursing noted interprofessional collaboration and evidence-based practice as premises for improving patient and population health.

There are many examples and discussions in the literature that focus on undergraduate nursing and medical education service learning programs in the literature. NP programs promoting international health service learning opportunities to their students either as an inclusive advanced practice nursing initiative or as part of an interprofessional team have been less prominent. Green et al reported the results of their study of the cultural competence of a small group of NP, baccalaureate nursing, and medical students resulting from an international experience in Honduras. The mixed methods research revealed an increase in all participants’ ability to provide culturally congruent care and identified common themes such as “stepping outside my world, connecting with culturally different people, awe of community, and learning innovation.”

The importance of preplanning for the experience was emphasized. Preplanning fosters the understanding of students from each of the academic programs related to the health care needs of the patients they were to serve. Preplanning also involves briefing students on the beliefs and values of the host community and allows for predeparture team building. The benefits of service learning also have been noted by Withers et al in a diverse group of health professionals and students involved in sustained volunteerism in global health. Through the use of semistructured interviews and observation of the volunteers, they noted that a dedicated facilitator and clear roles and responsibilities for all levels of volunteers were essential for a successful health outreach in an underserved area.

The involvement of NP students in international service learning is a way to enhance clinical education, foster cultural competency and humility, and increase their exposure and knowledge of global health issues affecting populations in today’s world. This type of opportunity is supported by the culturally congruent care model developed by Schim et al based on the theory of Leininger. The model explains the interconnectedness of cultural diversity, awareness, sensitivity, and competence on the provider level and its interaction at the patient level to form desirable outcomes. The sustainability aspect of NP service-learning is based on the conceptual model for partnership and sustainability in global health proposed by Leffers and Mitchell. The authors of this model also highlight the importance of “cultural perspectives” as 1 of 4 related nurse “partner factors” in their model.

Gaining cultural competency has been an important component of health care education and role development. In respect to global health, providers need to be aware of the beliefs, values, and language of the host community and show respect for cultural differences. Training in cultural competency assists in sensitizing global health NP faculty and student volunteers to the needs and vulnerabilities of the low-resource communities they serve. The leadership of the primary care NP learning experience recognizes
that developing cultural competency is not enough for successful sustainable outreach in the host country of Haiti. As such, they also want to develop and promote cultural humility in participants. Tervalon and Murray-Garcia define cultural humility as “a lifelong commitment to self-evaluation and critique, to addressing the power imbalances in the physician–patient dynamic, and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations.”

Upvall notes that cultural humility is 1 of several theoretical constructs that motivates a nurse to serve and commit to global health partnerships. “Global health is fashionable” in the sense that it has generated a lot of interest from government and non-government agencies, academia, and individuals seeking to improve health and achieve equity in health for all people.

Although many health outreach programs have been implemented over the past decade, unfortunately some have been noted to do more harm than good for patients and global communities. These harms or ethical issues are numerous and range from putting a strain on the communities’ limited resources to delivering inappropriate short-term care. In order to make a long-term positive impact on the health of underserved populations, one needs to develop and continue a program of sustenance. Sustainability is a “best practice principle” that can guide successful global service-learning programs. The concept of sustainability was introduced by the World Health Organization (WHO) in 2002. The WHO defined a sustainable program or project as one that has components of community and government ownership that would enable it to function into the future. In the model proposed by Leffers and Mitchell, global outreach conducted through a partnership with a host country needs to use program input interventions and processes that lead to “improved health outcomes, continued innovation, program activity continuance, and host country ownership” to build sustainability. This can be achieved through the implementation and evaluation of specific health education and maintenance interventions in the community.

The core principle of capacity building discussed by McKinnon and Fealy is also a means for ensuring sustainability, and the terms are often used together in global health literature. The building of capacity was first introduced by Morgan in 1999 as a way in which a group in 1 country assists those in another to improve or achieve certain outcomes. Ogilvie et al discussed the foundations of capacity building as important components of international nursing educational partnerships. The NGO that is part of the academic-NGO partnership that facilitates the NP service learning experience discussed within this article has been going to Haiti since 2010 and thus far has made over 30 global health outreach trips to the area. Plans are underway for NP faculty and students to join the NGO for additional joint ventures. One of the NP’s whom was previously a faculty participant has become a member of the NGO and is being trained to be a team leader for follow-up health outreach in Haiti.

Student NP Service Learning Experience

In the winter of 2012, short-term study abroad service learning opportunities were developed between a United States urban-based NP program director in partnership with the president of an NGO with 501(c3) designation. The NGO had an established relationship with the Ministry of Health and community health advocates in the Port-au-Prince area of Haiti. Over the 4 years after the earthquake, the NGO has conducted trips every 3 months to deliver much needed primary care health services to patients with limited resources living in the country with a predominately pay-for-service system.

Using the culturally congruent care model and the conceptual model for partnership and sustainability in Global Health as a framework, a program was proposed for interested cohorts of NP students and their faculty to join the NGO as a part of service learning experience. The program gained the support of the administration and study abroad office. The goal of the first academic NGO service learning trip was to support the sustainable primary care efforts of the NGO to Haitian communes suffering from health disparities. The disparities include those related to disease prevalence, lack of access, and health care system issues. Aims and objectives related to the student NP service learning opportunity were developed in the early stages of planning and shared with all stakeholders. They included, but were not
limited to, becoming immersed within the culture and living within the community served, increasing diagnostic reasoning skills, developing treatment plans addressing acute and chronic illnesses in a limited-resource environment, educating patients and the community regarding decreased transmission of parasitic disease, and gaining a perspective on the role of an advanced practice health care provider in global health. The initial goal and objectives of the program still hold true for subsequent outreach opportunities.

An evaluation process was established for evaluating the applications of student team members. Applications for participation are reviewed by experienced global health volunteers with diverse cultural backgrounds who support the NGO’s mission. Each applicant is required to complete a detailed application that includes biographical information and travel history, a criminal background check and child abuse history clearance, proof of an active RN and/or advanced practice license, and a professional reference. NP student groups have ranged from five to eight in number during the three trips to date. The students are accompanied and precepted by 2 NP faculty members; 1 of the faculty members had been on all 3 service learning trips to provide some semblance of continuity for the host community.

The logistics of the service learning activity are coordinated by the study abroad office of the academic institution and the NGO. The logistics include, but are not limited to, consents, vaccinations as outlined by the Centers for Disease Control, travelers insurance for evacuation and repatriation, a payment plan for students to finance the optional week-long program that is offered during spring and summer break, and registration with the Embassy/Consulate in Port-au-Prince. To date, faculty costs have been supported by the College of Nursing and Health Professions. The cost of the trip includes air and on-ground travel within Haiti, lodging, meals, and interpreter services. Once accepted, all students and faculty are required to attend a mandatory pre-departure cultural and safety awareness orientation and team building event provided by representatives of the NGO, which spans 6 to 8 hours. During the orientation, evidence-based information is presented in verbal and written form on tropical and parasitic diseases common to Haiti such as malaria. They also receive an evidenced-based pre- and postdeparture survey that is reviewed by the NGO’s director of mental health and wellness, a licensed doctor of psychology. The survey assists NP faculty and the NGO outreach coordinator to plan and provide daily briefing/debriefing activities and support team building during the service learning experience. One week before departure for Haiti, a “packing party” is held, and all participants get together to organize and pack all resources and materials that will be used at the mobile clinic sites.

It was determined by course faculty that the NP student would receive 60 clinical practicum hours for participating in the week-long service learning program. Clinical supervision and preceptorship are provided by nationally certified NP faculty accompanying the students on the trip. Consultations with Haitian physicians, the NGO health mission coordinator, an independent US infectious disease physician visiting the area, and a public health intern at 1 of the sites of the clinic also serve as resources for the students. Each student is introduced to a trained medical interpreter who works with them and their respective patients during the service learning program. The interpreter’s activities are coordinated by a Haitian registered nurse who works year round for the NGO doing outreach. They are well-known to the community and speak both Creole and French in addition to English.

Since the initial service learning trip, participation has expanded to NP students from primary care foci area of family, pediatric, and psychiatric-mental health as well as physician assistant students and their faculty members. Groups of students and faculty have continued to travel to Haiti twice yearly in partnership with the NGO to support sustainable health outreach at mobile clinics in tent cities in Port-Au-Prince, the Haitian-American Caucus in Croix-des-Bouquets, and the rural mountain area of Petit Goave.

The roles of NP students and faculty related to experiential service learning are multifaceted. Kohlbry and Daugherty stated that students can take on the roles of health educator and promoter. Because the NP students in this service learning environment were precepted by and at times worked directly with faculty as part of a team, they are able to diagnose and establish
treatment plans for patients seen. The students are held to the standards of care and use of advanced practice guidelines/best practices outlined in their respective course syllabi and required reference lists. Because the student NPs participate in the service learning experience as an optional part of their last clinical course work, they have already been successful in meeting the majority of their clinical objectives and practicum hours. Involvement in service learning opportunity further develops students’ responsibility as future advanced practice nurses to think critically, prioritize, engage in cost-effective resource utilization, and act in a culturally sensitive manner. These actions and abilities are important to the delivery of care to patients with diverse cultural backgrounds during international experiences. Upon returning to the academic setting, the NP student engages in case study construction and discussion, peer education, and self-reflection. The latter is a critical part of them developing cultural humility.

Nursing faculty involved in the service learning experience assume 4 key roles as described by Kohlbry and Daugherty in addition to that of being preceptor for students. They facilitate learning for not only the student but also at times for the Haitian public health advocates and patients. The NP faculty members serve as volunteer providers, collaborators to the Haitian physicians and public health interns, and advocates to patients and community members who need follow-up care within the fragmented Haitian health care system.

Historically, NPs have not had a role in the Haitian health care system because there has been no graduate-level education program for nursing in the country. As a result, some question the role of NP involvement in the delivery of health services. We share with them the previously listed roles of the NP as part of the NGO team and also exciting news that the first classes began in September 2013 for the Promoting Health in Haiti’s 30-month family NP program in Leogane, Haiti. It is also important for volunteer NP faculty and students to work with the interpreters to educate Haitian physicians, other health care providers in the country, and community members about our role in the US and ensure that no one delivers care outside their scope of practice.

**OUTCOMES**

To date, 17 students and 4 faculty members from the NP program have participated in the global health

Skyline view from general wellness clinic site at Camp Cineous, Port-au-Prince.
experience in partnership with the US-based NGO and Haitian on-ground organizations. One faculty member facilitated the service learning venture 3 times and is planning to return to Haiti as an NGO volunteer provider. Approximately 3,000 patients with a wide variety of acute episodic and chronic conditions including endemic tropical and parasitic diseases have been seen. The most common conditions diagnosed and treated have been anxiety, depression, anemia, diabetes, hypertension, malnutrition, tinea corpus and capitis, and women’s health issues including pregnancy. Diseases recognized and treated specific to the subtropical environment of Haiti include soil-transmitted helminthes, lymphatic filariasis, and typhoid fever. The team has provided sustainable education, support, and various treatments to patients and families in this resource-limited environment. One such example of a sustainable intervention has been the diagnosis, management, and follow-up of a 6-year old child with lymphatic filariasis. Since his initial diagnosis by an NP student-faculty dyad in early 2012, a Haitian health outreach worker, NP with the NGO, and the diagnostician faculty member have had at least monthly contact with the child and his mother to evaluate his ongoing treatment and response. Resources have also been secured by the NGO for members of his commune who did not receive mass drug administration as part of the WHO efforts because of the poor infrastructure of the area after earthquake.

Based on qualitative evaluation of the program through postexperience debriefing and focus groups, students have reported that they gained confidence in their advanced practice and culturally competency skills. They verbalized a “cultural connection” with the communities they served and a deep appreciation of how proud and resilient the people of Haiti are regardless of the challenges they face in daily living or with their health.

Lessons Learned
The service learning experiences involving NP students and faculty members not only shaped their respective personal and professional development but also taught participants many lessons about the Haitian people, their health beliefs, and their high regard for health care providers. Just as in the US, students have learned that it is important to provide for privacy and ensure confidentiality for patients. This is often challenging in settings in which one has to triage
multiple patients in an outdoor area and multiple providers share a 1- to 2-room open-air schoolhouse to examine patients. Creativity is needed to construct walls out of sheets, use desks or benches as examining tables, and discuss sensitive topics in a small corridor or lavatory space. Teams cannot be too large or they will not function effectively in the clinic area.

Organization is crucial to successful service learning clinics. This organization needs to occur in the pre-planning phase as well as daily throughout the service learning experience. Faculty need to use events that happen during the program, particularly conditions not commonly seen in their own countries as teachable moments. A small reference library available at host sites for student and faculty use is also a valuable resource and easy to assemble through donations from US colleagues.

The current service learning program will improve with the development of a solid fundraising campaign to assist in the financial sustainability of future joint ventures between students and the NGO. Faculty need to develop and implement a formal evaluation tool of global health competencies that the student NP should successfully achieve. The competencies proposed by Wilson et al. for nurses may serve as a springboard for this project. Finally, the collaborative research with students, the NGO, and the host organizations in Haiti needs to be proposed to formally measure outcomes related to health and patient satisfaction.

CONCLUSION
The involvement of student NPs in global service learning is a way to provide much needed health services to culturally diverse populations in resource-challenged environments. Meeting the needs of all stakeholders involved in such a program must be ensured for such experiences to be capacity building and sustainable. Nurse practitioner programs should embrace the opportunity to partner with nonprofit NGOs that have long-term experience in global health outreach. Faculty with interest in service learning projects can network with interprofessional peers and at the annual National Organization of Nurse Practitioner Facilities meeting to exchange ideas for future collaborative programs. Through an opportunity to participate in service learning on the international level, NP students and faculty can be at the forefront of shaping nursing leadership in global health care, developing pathways for patient advocacy, and supporting the Institute of Medicine’s call for commitment to global health.

References


Sharon K. Byrne, DrNP, APN, is an assistant professor and nurse practitioner at The College of New Jersey in Ewing, NJ, and was a participant in the 2014 NLN Scholarly Writing Retreat, sponsored by the NLN Foundation for Nursing Education and Pocket Nurse. She can be reached at byrnes@tcnj.edu.

Shonta D. Collins, MSN, FNP-C, is a nurse practitioner at Explorers Sans Frontieres in Philadelphia, PA.

Melissa Martelly, MA, RN, is a registered nurse at Explorers Sans Frontieres. In compliance with national ethical guidelines, the authors report no relationships with business or industry that would pose a conflict of interest.