1-1-2018

Developing And Validating Learning Domains, Competencies, And Evaluation Items For Global Health Clinical Immersion Practicums For Graduate-Level Nursing Programs

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Submitted to the Faculty

Yale University School of Nursing

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Nursing Practice

Tracy Kelly

May 20, 2018

This DNP Project is accepted in partial fulfillment of the requirements for the degree Doctor of Nursing Practice.

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[Type name of advisor here, and have the advisor sign and return to you to include in your submission]

Date here March 23, 2018

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March 23, 2018

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Tracy Kelly, MSN and Mark Lazenby, PhD, FAAN

Abstract:

Aim: To identify and validate learning domains, competencies, and evaluation tool for experiential nursing global health programs at the graduate level.

Background: Standard competencies have not been synthesized and delineated nor have evaluation tools been developed for global health programs at the graduate level.

Design: An integrative review of the literature to identify evidence-based learning domains, competencies, and evaluation items and expert consensus panels to validate the results.

Method: Used the Whittemore and Knafl (2005) integrative literature review methodology to identify learning domains, competencies, and evaluation items. The NLM and CINAHL databases were searched for articles relevant to graduate-level global health nursing programs. We then used a three-step expert panel to refine and form a statistical representation of consensus on the learning domains, competencies, and evaluation items.

Results: Twenty-six relevant articles were included for the integrative review, 18 concerning learning domains of global health immersion programs and 8 concerning interdisciplinary global health competencies specific to nursing. These learning relationships were then formatted into a table subdivided between learning categories for expert panel consensus. After expert panel review, 7 learning domains, 24 competencies and 113 evaluation items - 38 for students, 36 for faculty, and 39 for host personnel - resulted.

Conclusion: The resulting learning domains, competencies and evaluation items can be used by students, faculty, and host country personnel for planning and bi-directional evaluation of graduate-level nursing global health clinical immersion programs.

Keywords: instrument development, advanced practice nursing, global health, clinical immersion practicums, competencies, literature review, program evaluation

Introduction

Motivated by a desire to reduce health care disparities and contribute to improving global health, nursing students have expanded their clinical practicums outside of the United States into hospitals and clinics in low resource countries, learning and sharing with global partners in real world settings. Recent papers have formed foundation theories on principles of global health programs, common definitions, and competency-based education identifying global competencies stretching across disciplines. These competencies recognized the understanding of burden of disease, determinants of health, cultural competencies, ethical understanding, and teamwork skills as essential for successful student learning. However, listing competencies alone is not sufficient to prepare students for immersion programs. Evaluation by all parties impacted by student presence is needed. Furthermore, competencies, largely written by academics from high income countries, have not been vetted by personnel most closely interacting with students involved in clinical immersion practicums in low resource countries. Adhering to guidelines and definitions, this study describes development of a tool designed to build academic standards and a comprehensive evaluation of graduate level nursing students having clinical immersion practicums in low resource settings from the perspective of students, faculty and host country.

Background

The 2010 Lancet Commission on Education of Health Professionals for the 21st Century, an independent commission of global professionals and academic leaders, developed a paradigm for present-day health care education with recommendations to shift from a disease- to a competency-focused approach that requires systematic, cross-disciplinary and global cooperation (Frenk, 2010). The commission sought commonality in education among all health care disciplines, both in knowledge and conduct, to meet expanding global demands. Since this report, international academic partnerships have formed to promote

competencies through shared learning experiences in global context. Many of these partnerships have involved students from high-resource countries (HRC) traveling to low-resource countries (LRC) for clinical practicums. The academic global health community, and the nursing discipline specifically, have identified competencies needed by these students for successful partnerships (Chavez, 2010; Wilson, 2012; Brown, 2014; Rowthorn & Olsen, 2014; Wilson, 2014; Melby, 2015; Clark, 2016; Wilson, 2016). However, heretofore the collection of these competencies has not been synthesized and delineated by educational level, such as undergraduate or graduate. Nor have evaluation tools been developed by which to assess achievement of these competencies, both at the student and the programmatic levels. Currently in the United States (US), there are 567 masters and 313 Doctor of Nursing Practice degree programs, many of which have global health studies that involve student travel to LRC for immersion practicums.

The Study

Aims

The ultimate goal of this study was to identify learning domains, competencies, and evaluation items for each competency at the programmatic level. We broke this goal down into two specific aims: (1) to identify learning domains and competencies for experiential nursing global health programs at the graduate level, and (2) to develop a tool by which to evaluate the achievement of these competencies.

Methodology

To achieve these aims, we first conducted a comprehensive integrative literature review following the methodology of Whittemore and Knafl (2005). The purpose of the review was to identify programmatic learning domains, competencies for each domain, and evaluation items for each competency from the perspective of the three separate parties involved in global health immersion practicums: students from the HRC sending institutions,

faculty from HRC sending institutions, and faculty/personnel from LRC host institutions. We then used a consensus approach with expert panels to gain agreement on importance, relevance, and clarity of the learning domains, competencies, and evaluation items.

The Integrative Review

The integrative literature review was conducted to identify learning domains and competencies for graduate nursing programs that include global health immersion practicums in LRCs. The OVID, SCOPUS, CINAHL, PubMed, and the Cochrane Library databases were searched August - December 2015 and again on May - September 2017, under the guidance of a medical librarian. Search terms used were: "advanced practice nursing education," "bidirectional learning," "capacity building," "communication," "cultural sensitivity," "ethical reasoning," "experiential learning," "global health competencies," "global health initiatives." "host country perspective," "interdisciplinary collaboration," and "teamwork." Grey literature from government reports, conference proceedings, and online social media were employed to widen the search. Articles were included if they addressed aspects of capacity building, common terminology, communication and teamwork, core global health competencies, cultural awareness, early partnership agreements, ethical challenges of global health, global health curriculum, graduate level competencies, host perspective of student learners, prerequisite training for learners, role of the advance practice nurse, successful global health initiatives, sustainability and tools for evaluation. Articles were included if they were published within the last ten years in English. Articles were excluded if they addressed global studies programs with immersion within the US, reports on non-university affiliated faith-based immersion programs, or programs for emigrating foreign nursing students.

Articles were organized using Garrard's matrix method (Garrard, 2011). The following variables were used to extract data: the article's source and date, purpose, study

design, student discipline, location of experience and learning tools and competencies. The authors iteratively reviewed the extracted data to identify patterns and then themes and subthemes for each matrix until agreement was reached. The primary author (TK) drafted programmatic learning domains from themes and competencies and corresponding evaluation items from subthemes. The second author (ML) independently compared learning domains with themes and competencies and evaluation items with subthemes and edited the wording of each for clarity. Any disagreements between the authors were settled.

Participants / Expert Panel Review

We then used a 3-step expert panel review to form a statistical representation of experts' consensus on the programmatic learning domains, competencies, and evaluation items that resulted from the integrative review. A positive percent agreement reference standard was set at > 0.78 for all stages of review.

Step 1. A 5-member expert panel evaluated the learning domains, competencies, and evaluation items for importance, relevance and clarity. Criteria for including panelists were that they were prominent in the literature on global health nursing or have taught, supervised, or directed global health immersion practicums programs for graduate nursing students at a North American university-based school of nursing. All five panelists were doctoral prepared, two were affiliated with a university school of nursing in the US, one was affiliated with a school of nursing in Canada, and two were senior educators in global health non-profit organizations. Panelists were provided an online survey with binary rating options (yes vs. no) for important, relevant, and clear for learning domain, competency, and evaluation item with space for comments to improve clarity. Responses of the expert panelists were compared and coded for percent agreement for importance, relevance, and clarity, and comments to improve clarity were analyzed. Any learning domain, competency, or

evaluation item that did not meet the reference standard was deleted, or the wording was altered to address clarity, as the case indicated.

Step 2. The resulting evaluation items were then sent to 3 international experts from LRCs who have hosted HRC university-based schools of nursing global health immersion practicums for graduate students. One was from South Asia, and two were from West Africa. In order to minimize the response burden to the international expert panel, learning domains and competencies validated by the first expert panel were omitted and only evaluation items were included. These experts reviewed the evaluation items for importance and clarity. Review for relevance was eliminated at this stage, as at the first expert panel review, there was only 2 discordant items between importance and relevance related to the concept of planetary health. Any evaluation item that did not reach the reference standard was deleted, or the wording was altered to address clarity, as the case indicated. Reworded items were sent back to the panelists to rate for agreement.

Step 3. All five experts from the Step 1 panel were then asked to verify their agreement with the results of Step 2, using the same reference standard. When learning domains, competencies, or evaluation items were not verified at the level of the reference standard, the panelist was contacted to determine the reasons and to remediate until agreement was reached.

Ethical Considerations.

This study was submitted to the Yale University Institutional Review Board Committee and was approved for exempt status by the internal review board.

Results

Integrative Review

The initial search yielded 64 unique articles. Thirty-eight articles were excluded because they addressed global-local studies within the United States (n=16), programs for emigrating foreign students (n=6), cultural competence programs for nurses interacting with foreign patients in US health care setting (n=9), or non-academic faith-based programs (n=7) (Figure 1). Twenty-six articles were included in the review. Eighteen articles discussed programmatic learning domains (Table 1). Eight articles discussed nursing-specific interdisciplinary global health competencies (Table 2). One-hundred forty-five statements were derived from the integrative review: 8 graduate-level learning domains, 25 competencies and 112 evaluation items (46 specific to students, 29 specific to faculty and 37 specific to host personnel) for global health learning practicums and were used in Step 1 of the expert panel review.

Expert Panel Review

Step 1. Importance and Relevance. Twenty-eight (19.3%) of the 145 statements derived from the integrative review did not meet the reference standard for importance or relevance. One (12.5%) of the 8 learning domains did not meet the reference standard for both importance and relevance and was deleted; it was related to program management. Three (12%) of 25 competencies did not meet the reference standard for importance and were deleted; they addressed student responsibility for sustainability of the program and expectation of student as mentor of host personnel in research and teaching. Seventeen (15%) of 112 evaluation items were identified as not importance, and 2 (1.8%) were deemed important but not relevant; all 19 were deleted. Thirteen were student evaluation items and 6 were host personnel evaluation items.

Clarity. Two (25%) of the 8 learning domains were reworded for clarity to reflect the student role in capacity strengthening and to define global health immersion practicums as involving students traveling from a HRC to a LRC, rather than global-local programs. Six

(24%) of the 25 competencies were reworded to reflect graduate-level skills and behaviors as distinct from undergraduate. Forty-four (39%) of 112 evaluation items were reworded for clarity: 27 were reworded to clarify the level of sophistication expected of graduate students; 7 to reflect faculty's role in clinical mentorship, sustainability and partnership in research, and ethical and cultural challenges; and 10 to be more sensitive to possible issues of ethnocentricity.

Seven learning domains, 22 competencies, and 93 evaluation items (33 for students, 29 for faculty, and 31 for host personnel) remained and were used in Step 2.

Step 2. All experts' ratings reached the reference standard for importance for all learning domain, competencies, and evaluation items. Eleven (11.8%) of the 93 evaluation items were reworded for clarity: 1 concerning legal scope of practice; 5 to reflect the host personnel as teachers and mentors to HRC students; and 5 to reflect the partnership between host country personnel and the HRC university-based faculty. All eleven reworded items met the reference standard for agreement upon second review by the international experts.

Step 3. The document was then compared against the initial review. Evaluation items that reached the reference standard but corresponding to the eliminated learning domain were reworded and categorized into other competencies: 5 were moved to capacity strengthening; 3 were moved to ethical reasoning; 2 were moved to professional global clinical practice. The resulting 7 learning domains, 24 competencies and 113 evaluation items (38 for students, 36 for faculty, and 39 for host personnel) were resent to the original expert panel. Three members validated the document without changes. Two members suggested rewording of competencies related to capacity strengthening, professional global clinical practice and ethical reasoning. The wording of corresponding evaluation items was altered to reflect the role of faculty in guiding, rather than providing resources to students; collaborating with, rather than mentoring students and host personnel; and educating students on how to

communicate in ways that are not ethnocentric. With these changes, every member of the expert panelist involved in step 3 considered the final product valid meeting the reference standard for agreement. They are displayed in Table 3.

Discussion

The aim of this study was to develop learning domains, competencies, and a tool by which to evaluate the achievement of these competencies at the programmatic level for graduate student nurses. To accomplish this, we conducted an integrative review of the literature to identify evidence-based learning domains, competencies, and evaluation items and then subjected these to expert consensus panels, one composed of experts from HRCs and the other from LRCs. Seven learning domains, 24 competencies, and 113 evaluation items resulted. These evaluation items form a tripartite tool by which to evaluate graduate-level global health immersion programs: part 1 is the student's, part 2 the HRC university-based faculty's, and part 3 the LRC-based host personnel's evaluation of the program. The value of coupling the learning domains and competencies with this tool is to provide both academic standards for, and comprehensive evaluation of, advanced practice global health immersion practicums from the perspective of all stakeholders, ensuring mutually beneficial outcomes for the student, faculty and host-country personnel.

Students

Learning domains and competencies are critical to the student experience. Without guidance and supervision, student learners who are not sufficiently prepared for global health immersion practicums may find themselves frustrated and disappointed, expecting more of the clinical experience than is possible. Without a basic understanding of global burden of disease or determinants of health in the country in which they are studying, students may misinterpret barriers to accessing health care or the impact of social conditions on population health. Students may unknowingly overstep cultural and ethical boundaries disregarding

principles of authority or norms of behavior distinct to the country they are studying within; this may set students up for avoidable conflicts with host country personnel. Practicing clinical care without supervision may inadvertently cause harm to those whom students aimed to help. Graduate-level nursing students with many years of basic nursing experience may be unclear on their role as observer, clinician, or mentor confusing host-country team members. A perplexing issue for graduate-level nursing students is the lack of an equivalent role in the global setting. While advanced practice nurses, which many of the graduate students may be studying to be, may practice in an independent role in the United States with prescriptive authority and diagnostic capability, this is not always transferable to the global setting. Understanding limitations in scope of practice in the country in which graduate student nurses study may reduce role confusion while still allowing the highest level of accountability during the global health immersion practicum. Being prepared for these obstacles prior to the practicum may allow for adaptation of skills and behaviors that will enhance the overall experience. With a deep appreciation of teamwork and self-awareness of the objective of their learning, graduate nursing students may enhance capacity strengthening and bi-directional learning between themselves and their host-country colleagues.

Faculty

The role of HRC university faculty in a global setting is distinct from that of a clinical supervisor in clinical practicum settings in HRCs. Reaching beyond student outcomes, faculty can widen their expectations of the practicum to include bi-directional learning between students and faculty from HRCs and host personnel in LRCs as well as capacity strengthening. These wider expectations are necessary for the global health immersion practicums to be mutually beneficial. Otherwise, the LRC setting becomes used as a means to achieve the purposes of the HRC university students, which would, by most standards, be unethical.

The learning domains and competencies developed by this study offer faculty a guide for constructing the curricular and practical aspects of global health learning programs to meet mutually beneficial goals. Providing a clear role for faculty at the outset of global program initiatives delineates expectations and objectives for all parties. While clinical practicums for students in the US have strict legal requirements, similar requirements may be difficult to follow when practicums move to a LRC setting and resources and personnel are limited. This often adds administrative duties to faculty's usual responsibilities. Validating the knowledge and skills of the faculty involved in global health clinical practicums should occur before going to the LRC. Having learning domains and competencies prepares the faculty for expected responsibilities early in the programs planning. Essential skills of the faculty include global clinical expertise, experience in guiding student learning, mentorship skills in collaborative research and publication, in addition to sensitivity towards cultural, language, political and economic conditions in the host setting.

Host Country Personnel

The intention of global health immersion programs should not be unidirectional. Rather, encouraging early bi-directional partnerships and host country ownership of global health immersion programs drives sustainability and long-term commitment. For example, expecting graduate nursing students to come prepared with global health concepts and knowledge specific to the LRC setting allows the host personnel to be equal to HRC faculty in helping students to achieve competencies and evaluate their skills commensurate with their academic level. In addition, developing clinical, research, and publishing initiatives jointly between HRC university faculty and host-country personnel provides a forum for capacity building on both ends of the partnership. Having host personnel actively involved in program planning and evaluation creates an atmosphere of mutual respect, which helps to avoid hegemony.

Study Limitations

The literature was an integrative, not a systematic, review; however, using an integrative review methodology provided the forum for more diverse analysis of program evaluation and is more applicable to this study. This study elicited the expert opinion of a small panel and it is possible that a wider group of experts would have offered further input that would have enhanced the outcomes. Communication with experts in LRCs was electronic, and response was limited. A face-to-face conversation may have improved response rate. Unfortunately, limited funding did not allow for in-country dialogue. However, that experts from LRCs were included in the consensus aspect of the study strengthens it. A major strength of our study is that, with a rigorous integrative review and with two expert consensus panels, the comprehensive tool—of cross-walked learning domains, competencies, and evaluation items—emphasizes the mutual nature of global health.

Future Direction

Studies on global health immersion programs are an emerging science, and appropriate theories and methodologies, as well as definition of terms, are still being explored. For example, Lasker and colleagues (2018) pooled existing guidelines on short-term global health activities to develop core principles across disciplines that emphasize the host perspective, thus ensuring maximal value while minimizing harm. Wilson (2016) and colleagues from the Global Advisory Panel on the Future of Nursing proposed a definition of "global nursing" to provide direction to educators, nurse leaders, and practitioners working in the global setting. Clarifying terminology and incorporating content into the academic curricula is pivotal to expanding the role of nursing global. This effort is just beginning through the Nursing Now campaign launched in February 2018 by the World Health Organization and International Council of Nursing, a drive to raise the status and profile of nursing worldwide through investment in education and advocacy. Supporting these

initiatives our study begins a process whereby global health immersion programs can be evaluated using agreed upon global health principles and competencies. Our next step is to study the response process and the internal consistency of the evaluation items in a pre/post-test study among graduate nursing students, faculty, and host personnel who participate in global health clinical immersion practicums.

Conclusion

Challenges in global health clinical immersion practicums can be mitigated by using a validated comprehensive tool such as ours at the program development, implementation, and evaluation stages. The tool we developed in this study is designed to set standards for academic preparation for, and individual comportment during, global health clinical immersion practicums. Use of the tool will help to ensure that students meet essential competencies, and that evaluation of global health immersion programs are planned and evaluated collaboratively by HRC university faculty and host country personnel. Through the use of expert panels, we have generated evidence that the content of the comprehensive planning and evaluation tool we have developed is valid.

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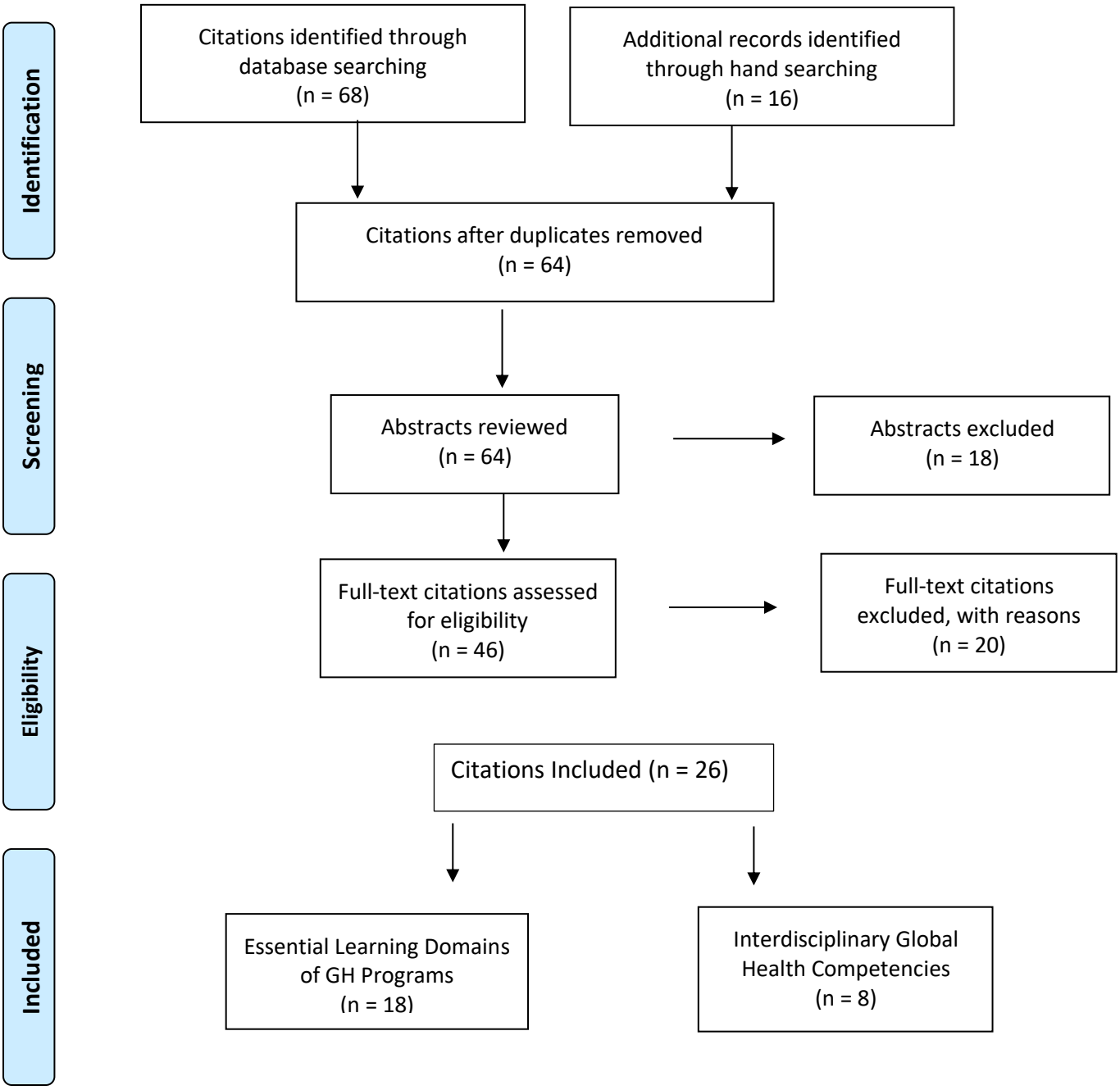
Figure 1. Flow Diagram of Results of Literature Search and Articles Excluded and Included for Review



Adapted From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *P*referred *R*eporting *I*tems for *S*ystematic Reviews and *M*eta-*A*nalyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

Table 1. Essential Learning Domains of Global Health Immersion Programs.

Citation	Purpose	Method	Principles Identified	Curricula or learning tools	Student Discipline	Location of Experience
Campbell et al., 2008	Describe innovative interventions to improve the quality of care for children in hospitals with limited resources	Written report of strategies shared at a WHO global meeting on improving care of children in LRC through generic tools and resources	Early involvement of senior level government and MOH staff & teaching quality improvement strategies as a competency for better care delivery	5 examples of tools used in LRC that reduced morbidity and mortality in children or produced policy change or new guidelines	Pediatric Medicine	Africa and SE Asia Malawi, Solomon Islands, Niger, South Africa, Papua New Guinea
Crump & Sugarman, 2008	Analyze the pros and cons of student experiential learning for the host and sending stakeholders	Author commentary on the ethical consideration of short term experiences in global health	Principles of justice and the moral obligation to help improve care	Led to the WEIGHT guidelines (Crump & Sugarman, 2010)	Authors both physicians allude to medical students but could be applicable to all disciplines	Experience includes KCMC Moshi, Tanzania
Koplan et al., 2009	Aim to communicate one common term for those working in international health delivery	CUGH executive board compared definition of global health, international health, and public health	Adoption of a common definition of global health (p. 1995)	Define terms and depth of global health. Mutuality of partnerships	All who work in global health	Committee members from the US, India, Mexico, and Uganda representing the CUGH
WHO, 2009	Identify the positive effect of global health initiatives (GHI) on service delivery	Meta-analysis of original studies, peer reviewed and non-peer reports of the interplay between disease specific initiatives and country health systems	Detailed action plan for international partners, governments, and other stakeholders	Five recommendations for action	Multidiscipline GAVI, PEPFAR, Global Fund, World Bank	Studies from all LRC represented, WHO maximizing positive synergies collaborative group
Leffers & Mitchell, 2010	Verify that engagement and partnership must precede planning and intervention in order to	Grounded theory methodology utilizing a literature review and convenience sample of 13 nurse experts in	Identified components of partnership and sustainability	Themes of engagement and sustainability were categorized into specific strategies and program components	Nursing	All experts from US with a collective 186 years of GH

Citation	Purpose	Method	Principles Identified	Curricula or learning tools	Student Discipline	Location of Experience
	ensure a sustainable program	global health interviewed				experience in multiple LRC
Chavez et al., 2010	Evaluate a GH baccalaureate nursing practicum course in order to support the integration of GH and clinical experiences at the undergraduate level	Qualitative formative & summative evaluation of 16 students through interview and document review	Faculty support by distance was underscored and reunions (re-evaluation) one-year post experience	Changes included evaluation tools, timing of evaluation, reflective summary assignments, and one year post gathering	Nursing	India, Cambodia, Ethiopia, Namibia and Northern Canada (aboriginal)
Powell et al., 2010	Explore a framework, the community engagement model, for transformative and sustainable international program design	Single case study model b/w US academic institution and UWI countries	Commitment to ethical principles of engagement, inclusiveness, capacity building, and mutual empowerment	Model of Inform, Consult, Involve, Collaborate, Empower	Nursing	Single US school of nursing, PAHO, Central American and several Caribbean Island countries
Frenk et al., 2010	Develop a shared vision and common strategy for postsecondary education in medicine, nursing and public health	Review of published work by an independent Lancet Commission (Education of Health Professional for the 21st Century) to propose educational reform	Competency based curricula, patient centered care, interdisciplinary teams, EBP, QI, informatics, integration of public health and globalization	Proposed ten instructional reforms for a new era of professional education	Medicine, nursing and public health both professionals and academics	20 countries represented including South Africa, UK, Peru, China, Canada, Pakistan
Hunter et al., 2013	Define the concept of global health diplomacy offering implications for nursing practice, education & research	Integrative review of the literature on the concept of global health diplomacy and its implication to nursing	Skills in negotiation, collaboration, economic development, epidemiology, research, and conflict-resolution	Academic and experiential skills needed in basic and advanced nursing education	Nursing	Authors are members of the task force on Global Health Diplomacy of the AAN EPGNH

Citation	Purpose	Method	Principles Identified	Curricula or learning tools	Student Discipline	Location of Experience
Middleton et al., 2014	Describe the Nursing Education Partnership Initiative (NEPI) and its mission to strengthen capacity and preservice education in sub-Saharan Africa	By building on existing country leadership from the MOH, utilized advisory groups for faculty workforce capacity building and proven educational methods	Aim to improve competencies of host country nurses, capacity building, faculty strengthening	Call for greater investment in preservice and specialty training	Nursing	Sub-Saharan Africa Malawi, Ethiopia, DRC, Lesotho, Zambia
Sun & Larson, 2015	Intention was to impact the use of evidence in the nursing practice, but the research conclusion identify major gaps	Scoping review of existing clinical nursing research conducted by nurses in Africa, published in peer review journals over 10 years	Conduct of research, use of evidence based research to drive nursing care, emphasis on country specific clinical research	Urges mentorship to African nurses on use and conduct of clinical nursing research	Nursing	All 54 African countries
Cancedda et al., 2015	Develop a new framework for training initiatives in LRC	Utilized success of four GHI to redesign traditional framework of international initiatives to more ownership and distribution of funding by the host country	Alignment to local priorities, country ownership, competency-based training, capacity building and partnership with international stakeholders	Best practice strategies for teaching capacity building	Multidiscipline, 2 programs NEPI – nursing MEPI – medicine	Mostly sub-Saharan Africa, but other LRC involved with MEPI, NEPI, and Global Health Service Partnership
Melby et al., 2015	Development of ethical guidelines for STEGH in order to mitigate harm and optimize benefit	No study design is identified other than the authors expertise and GH experiences	Cross cultural skills, bidirectional collaboration, local capacity building, measurable sustainability goals	Propose four core principles to guide ethical development of educational STEGH	Medicine	Authors all from HIC specialist in medicine
Lasker, 2016	Gain an understanding of the impact of short term volunteering from the perspective of all	Qualitative findings from 119 interviews and field observations and quantitative data	Essential practices to improve global health volunteering (chapter 8 – 10)	List of nine essential practices for effective health care volunteer programs	Health volunteers - medicine,	US based institutions, African countries, Latin America,

Citation	Purpose	Method	Principles Identified	Curricula or learning tools	Student Discipline	Location of Experience
	stakeholders and to identify essential characteristics of effective programs	from a survey of 177 US based sending organizations			nursing, all other volunteers	and Caribbean, volunteers, host personnel, global experts
Harrison et al., 2016	Identify a theory of ethical issues that faculty can use to train students prior to experiential learning in LMIC	Qualitative study involving GH expert faculty focus groups and participant interviews	Four categories of ethical dilemma subdivided into external and internal issues	Case vignettes used for ethics training in GH	Medicine, Nursing. Pharmacy	USCF
Loiseau et al., 2016	Evaluate the actual impact of volunteer groups through assessment by stakeholders of perception of the purpose, outcomes, structure, and relationship	Qualitative analysis through semi-structured interviews of host stakeholders and short-term volunteers	Application of a Theory of Change to identify goals with measurable lasting outcomes	Utilizes best practice principles of international partnership	Medical and non-medical volunteers	Dominican Republic
Gimbel et al., 2017	Expand nurse's engagement in global health research, education and policy development	Review of the literature and personal communication with personnel from top-tier SON who engage in global health programs	Supportive of discipline specific and inter-discipline competencies published in the literature	Four critical components to expand nursing engagement in GH-research, education, policy and partnership	Nursing	Top ten US schools of nursing with masters, authors from U of Washington
Cherniak et al., 2017	Gain insight from the perspective of host country partners receiving students from HIC of needed competencies and learning objectives	Web based survey instrument from a global convenience and snowballing sample with descriptive statistical analysis and logistic regression	Emphasis on cultural awareness and respectful conduct rather than clinical competency and independent practice	Perspective from host country on pre-departure, intra-experience and post experience learning	Students of medicine, nursing, public health, midwifery, & dentistry	Both HIC (70%) and LMIC (30%) represented in survey spanning the globe

Table 2. Interdisciplinary Global Health Competencies Specific to Nursing

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

Table 3. Learning Domains, Competencies, and Evaluation Items for Graduate-Level Nursing Global Health Immersion Programs

Learning Domain	Competency	Evaluation Items		
		Students	Faculty	Host Personnel
1. Global Burden of Disease: 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.	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.	
	1c. Promote major public health efforts to reduce disparities in global health.	I promoted major public health efforts aimed at reducing health disparities in the host setting.	The faculty guided students in identifying ways to promote major public health efforts to	The student(s) promoted public health efforts within my setting to reduce health disparities.

Learning Domain	Competency	Evaluation Items		
		Students	Faculty	Host Personnel
			reduce disparities in the host setting.	
	1d. Validate the health status of populations using available data.	I researched available data to assess the health status of different populations in the setting.	The faculty guided students in identifying teaching tools and available data specific to the health status of different populations within the host setting.	The student(s) used data to assess the health status of populations for whom he/she/they/they provided care in my setting.
2. Determinants of Health: Focuses on an understanding that social, economic, political and environmental factors are important determinants of health, and that health is more than the absence of disease.	2a. 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.	I analyzed the major determinants of health in the host setting.	The faculty guided students to resources on the various determinants of health and their impact on access to health services within the host setting and worldwide.	The student(s) demonstrated knowledge of the major determinants of health that impact care delivery in my setting.
		I analyzed barriers and facilitators to accessing health services in the host setting.		The student(s) demonstrated knowledge of the common barriers and facilitators to accessing health services in my setting.
	2b. Analyze the relationship between access to and quality of water, sanitation, food, and air on individual and population health.	Based on assessment of access to and quality of water, sanitation, food, and air, I developed a plan for a multidisciplinary approach to address individual and population health problems in the host setting.	The faculty provided opportunity for the students to assess the access to and quality of water, sanitation, food, and air on the health individuals and populations in the host setting.	The student(s) demonstrated knowledge of access to and quality of water, sanitation, food, and air on individuals and populations in my setting.
		I analyzed the implication of food insecurity and lack of clean water on the health of	The faculty guided students in identifying material on water and sanitation hygiene and its	The student(s) interacted with individuals or populations in my setting who have suffered poor

Learning Domain	Competency	Evaluation Items		
		Students	**Faculty**	**Host Personnel**
		individuals and populations in the host setting.	impact on the health of individuals and populations in the host setting.	health outcomes as a result of food insecurity, lack of clean water, air pollution, or poor sanitation.
	2c. Describe how the government structure and social conditions, such as poverty, education, and migration, impact health and access to health care.	I examined how the social conditions (such as poverty, education and migration patterns) of the people in the host setting impacted their health.	The faculty guided students in researching how social conditions (such as poverty, education, and migration) impact health and access to health care services globally and in the host setting.	The student(s) demonstrated knowledge of how poverty, educational system, and issues related to migration impact health in my setting.
		I critically analyzed the government's role in the provision of health care in the host setting.	The faculty guided the students in evaluating the government's role in the provision of health care in the host setting.	The student(s) asked me and my colleagues pertinent questions about the government's role in individual's access to health care services.
3. Capacity Strengthening: Strengthening health worker capacity though sharing information about the advanced practice nursing role and the actual or potential role in the host setting, and by providing evidence-based nursing care to promote individual and population health.	3a. Function in an advanced practice nursing student role within the scope of practice of the host setting.	I functioned in an advanced practice nurse student role within my area of expertise within the scope of practice in the host setting.	The faculty provided a forum for discussion on the regulations regarding the scope of practice of an advanced practice nurse in the students' home community, in the host setting, and worldwide.	The student(s) practiced within the scope of practice and regulations of the nursing roles while practicing in my setting.
		I articulated the regulations regarding the scope of practice of an advanced practice nurse in my home setting and in the host setting.		The student(s) communicated to me on the role of the advanced practice nurse as it is

Learning Domain	Competency	Evaluation Items		
		Students	**Faculty**	**Host Personnel**
				practiced in the student's home setting.
		I demonstrated the highest level of accountability for nursing practice within the student role in the host setting.	The students demonstrated the highest level of accountability for nursing practice within the student role in the host setting.	The student(s) demonstrated the highest level of accountability for nursing practice within the student role in my setting.
	3b. Promote bidirectional learning between the advanced practice nursing student and host setting personnel about evidence-based clinical practice.	I engaged in teaching and learning with personnel at the host institution about evidence-based clinical practice.	The faculty guided students in identifying setting-specific clinical evidence relevant to the host setting.	The student(s) engaged in teaching and learning about evidence-based clinical practice in my setting.
		I shared information and applied clinical evidence relevant to the practice setting in the immersion program.	The students shared information and applied clinical evidence relevant to the immersion-program practice setting.	The student(s) shared information and applied clinical evidence relevant to the immersion-program practice setting.
	3c. Articulate the actual or potential role of advanced practice role in improving health outcomes and recognize barriers (such as licensure and prescriptive authority) and policy and legal restrictions to the advanced practice role.	I adhered to the policies and legal scope of practice in the host setting.	The faculty guided students in identifying the actual role and scope of practice of advanced practice nurses in the host setting, including barriers and policy and legal constraints in the host setting.	The student(s) adhered to the policies and legal scope of practice in my setting.
		I discussed with host personnel the actual or potential role of advanced practice nursing in improving health outcomes in the host setting.		The student(s) and I discussed the actual or potential role of advanced practice nursing in improving health outcomes in my setting.

Learning Domain	Competency	Evaluation Items		
		Students	Faculty	Host Personnel
			Host-setting personnel and faculty explored mechanisms for maintaining or developing legal scope of practice and or policy regulation of advanced practice nursing in the host setting.	The faculty accompanying the student(s) and I discussed challenges that may restrict the role of advanced practice nursing yet explored options for developing a more advanced role for nurses in the health system in my setting.
	3d. Demonstrate mentorship skills in collaborative teaching, research, or publication opportunities.		The faculty collaborated with the host-setting personnel in the application of evidence-based nursing care while identifying areas of potential collaborative research and publishing.	The faculty from the student(s)' institution modeled leadership in clinical expertise and sought to collaborate on research and publication.
			The faculty collaborated with host personnel on teaching, research, or publishing opportunities.	My colleagues and I have a collaborative relationship with personnel from the academic institution with regard to teaching, research or publishing.
	3e. Personnel from the sending institution and host personnel show evidence of a joint partnership in program design.		The faculty elicited the perspective of the host setting on developing and strengthening the immersion program.	The faculty from the sending institution elicited our perspective on developing and strengthening the immersion program.

Learning Domain	Competency	Evaluation Items		
		Students	Faculty	Host Personnel
4. Professional Global Clinical Practice: Specific to the graduate nursing student who is preparing for a clinical, academic or leadership position using evidence-based nursing process with the aim of strengthening health systems and contributing to the achievement of global health goals.	4a. Demonstrate the ability to adapt clinical knowledge and skills to a resource-constrained practice setting.	I was able to recognize and adapt clinical knowledge and skills to clinical practice in the host setting.	The faculty provided guidance to the student(s) in adapting clinical knowledge and skills to clinical practice in the host setting.	The student(s) was able to adapt his/her/their clinical knowledge and skills to the clinical practice in my setting.
		I sought clinical supervision when approaching unfamiliar skills or equipment.	The student(s) sought supervision from appropriate faculty or host personnel when approaching new tasks or unfamiliar equipment.	The student(s) sought supervision from appropriate faculty or host personnel when approaching new tasks or unfamiliar equipment.
5. Ethical Reasoning: Encompasses the application of basic principles of ethics to global health issues and settings.	5a. Analyze issues related to health equity that arise during global clinical practicums.	I analyzed health care inequities within the host setting.	The student(s) sought supervision from my colleagues or me when they encountered instances of health inequities in the host setting.	The student(s) sought supervision from my colleagues or me when they encountered instances of health inequities in my setting.
			The faculty modeled the integration of ethical principles in response to ethical challenges during the students' immersion in the host setting.	The faculty modeled the integration of ethical principles in response to ethical challenges during the students' immersion in my setting.

Learning Domain	Competency	Evaluation Items		
		Students	Faculty	Host Personnel
			The faculty developed the student immersion program such that students and host-setting stakeholders mutually benefitted.	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.
	5b. Integrate ethical principles in responses to public health emergencies, disasters, population migration, and humanitarian crises that threaten the health, safety, or well-being of an ethnic group or a population.	I integrated ethical principles when analyzing the burden to the host setting and the impact on vulnerable populations by large-scale responses to public health emergencies, disasters, population migration, and humanitarian crises.		I discussed with the student(s) challenges of response to public health emergencies, disasters, population migration, or humanitarian crises in my setting.
	5c. Apply the fundamental principles of international standards for the protection of human subjects (research) in diverse cultural settings.	I utilized the fundamental principles of international standards for the protection of human subjects when involved in research projects in the host setting.	The faculty modeled fundamental principles of international standards for the protection of human subjects in diverse cultural settings when involved with research in the host setting.	The student(s) adhered to the fundamental principles of international standards for the protection of human subjects when involved in research in my setting.
	5d. Verbalize one's moral obligation to improve care to host setting individuals while minimizing harm.	I was aware that the presence of a student in the host setting has the potential to cause harm.	The faculty provided a forum for discussion of unanticipated harm to patients in the host setting by student learners, and approaches to reducing	I discussed with the student(s) potential adverse outcomes to individuals in the clinical setting by student learners.

Learning Domain	Competency	Evaluation Items		
		Students	Faculty	Host Personnel
			harm while providing clinical care.	
6. Communication through Effective Teamwork: Encompasses all levels of verbal and nonverbal communication, sharing of knowledge, use of technology, and aspects of teamwork to meet shared goals.	6a. Communicating professional expertise respectfully and confidently, providing and receiving feedback respectfully, and listening without judging others.	I communicated my professional expertise respectfully and confidently.	The faculty modeled interprofessional communication and effective teamwork to the students and host personnel.	The student(s) communicated professional expertise in a respectful and confident manner to me and my colleagues and to the patients with whom the student(s) interacted.
		I provided and received feedback respectfully.		When I provided feedback to the student(s), the students listened respectfully.
		I listened to other team members to learn from them about their roles, responsibilities, and shared goals for the immersion program.		The student(s) listened to all team members in the clinical setting to learn about their roles, responsibilities and shared goals for the immersion program.
	6b. Demonstrate diplomacy and build trust with colleagues and host setting partners.	I interacted with my counterparts in the host setting in a respectful manner.	The faculty modeled skills in diplomacy while interacting with students and host-setting colleagues.	The student(s) showed respect towards me and my colleagues.
		I demonstrated sensitivity when encountering cultural differences between my setting and the host setting.		The student(s) demonstrated cultural sensitivity when encountering differences between our countries.
	6c. Apply leadership practices that support collaborative practice and team effectiveness.	I implemented leadership skills using critical and reflective thinking to support collaborative practice.	The faculty sought the host-setting colleagues' perspective and priorities when accompanying	The student(s) demonstrated leadership skills in effective team-building while

Learning Domain	Competency	Evaluation Items		
		Students	**Faculty**	**Host Personnel**
			students to clinical practicums during the immersion program.	collaborating with me and my colleagues.
		I reflected on how my personal leadership style impacts team effectiveness.	The faculty modeled leadership behaviors while interacting with students and host-setting colleagues to build effective teams.	
	6d. Use technology for effective exchange of information and collaboration with colleagues to meet shared public health and health care goals.	I used a variety of technologies to exchange information with host colleagues to meet shared public health and health care goals.	The faculty encouraged students to use a variety of technologies to exchange information with host colleagues to meet shared public health and health care goals.	The student(s) demonstrated examples of use of technology to effectively communicate with colleagues in my setting to meet shared public health and health care goals.
7. Self-Awareness and Cultural Humility: Encompasses personal awareness of cultural divides, globalization, sensitivity, self-reflection and humility.	7a. Acknowledge one's limitations in skills, knowledge, emotional responses, and abilities when seeking to assimilate into the culture of the host setting.	I sought resources to help meet my limitations in knowledge or skills while in the host setting.	The faculty acknowledged difficulties students may face and had a plan for supporting limitations in students' knowledge, skills or emotional responses to assimilation to the host setting.	The student(s) shared challenges and difficulties faced while in my setting in an appropriate manner.

Learning Domain	Competency	Evaluation Items		
		Students	**Faculty**	**Host Personnel**
		I had a plan for responding to emotional difficulties while in the host setting.	The faculty took steps to prevent and identify early signs of students' struggle with plans for positive intervention.	
		The faculty provided a forum for reflection prior to, during, and after the immersion program.	The faculty provided a forum for reflection prior to, during, and after the immersion program.	
	7b. Prepare for intentional reciprocity (the act of mindfully committing to selfless gratitude for host-setting hospitality).	Prior to leaving for the host setting, I prepared a plan for gratitude for the hospitality shown to me by people in the host facility.	The faculty guided students on options to demonstrate gratitude to people in the host facility for their hospitality.	The student(s) showed gratitude in an appropriate manner to people in the host facility.
	7c. The immersion program prioritizes the health needs of the host setting against the learning needs of the student.	I was aware that the health needs of individuals within the host setting took priority over my own learning needs.	The faculty demonstrated an understanding that the health needs of the host setting took priority over student learning.	The student(s) and faculty demonstrated that the health needs of individuals and populations in my setting took priority over student learning.