



## Recommendations for planning short-term nursing student mission trips

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### ABSTRACT

**Background:** Cultural immersion and service learning are effective pedagogical tools to support the development of cultural competence among nursing students. An international mission trip incorporates these concepts and provides an opportunity for students to broaden their understanding and skills.

**Problem:** A review of the literature demonstrates a significant gap surrounding the process used to successfully plan such a trip.

**Approach:** Within the context of a small private college, data from an exemplar project help to identify protocols for planning a successful short-term international mission trip.

**Conclusions:** An appropriately planned short-term cultural immersion mission trip allows nurse educators and participants to achieve their personal and educational goals for the trip, while providing much-needed health-care aid to residents and staff in impoverished and underserved areas.

### Introduction

The modern healthcare environment is increasingly global and nurses need to have the knowledge and skills to effectively care for a culturally diverse patient population. The results of a 2012 survey of nursing faculty in the United States, Canada, Latin America, and the Caribbean largely support a set of global health competencies for undergraduate nursing students that include understanding the global burden of disease, globalization of health and health care, and health care in low-resource settings (Wilson et al., 2012). The American Association of Colleges of Nursing (AACN) Curriculum Guidelines also promote the inclusion of cultural competence educational development of baccalaureate nursing students, so that they are better equipped to meet this challenge. The Guidelines specifically recommend participation in a cultural immersion experience as an effective learning strategy (American Association of Colleges of Nursing, 2008). It is also well established that service learning and international immersion experiences effectively support the development of cultural competence among students (Amerson, 2014; Edmonds, 2012; Foronda & Belknap, 2012; Johns & Thompson, 2010; Kulbok, Mitchell, Glick, & Greiner, 2012; Wright, 2010). Although there is ongoing discussion about both the ethical and practical (global health, individual patient outcomes, policy, etc.) implications of short-term medical missions, careful planning and collaboration with established local teams can provide continuity of care while maximizing the benefits and mitigating the risks to

populations served (Caldron, Impens, Pavlova, & Groot, 2015; Malay, 2017; Murray, 2016). While there is ample literature touting the benefits of short-term international mission trips for nursing students, information on planning and organizing such trips is scarce in nursing literature.

A private, single-purpose nursing college has organized and planned thirteen successful short-term international mission trips. These trips provide students the opportunity to develop the nursing and cultural communication skills they will need to be successful in their careers while serving communities in need. In order to be effective and beneficial to both students and the target community, a mission trip requires careful consideration and detailed advance planning. A literature review, combined with experiential observations and student surveys, suggests a recommended process for planning a short-term international mission trip for nursing students.

### Literature review

A review of the literature in the Cumulative Index of Nursing and Allied Health Literature (CINAHL) was conducted, with a focus on mission trips or study abroad programs in nursing education. Items published since 2010 were included and reviewed. This review identified numerous articles exploring the personal and educational impacts and outcomes for nursing students who participate in study abroad and mission programs, but very few providing detailed practical advice on

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how to plan such trips.

Three articles describe particular study abroad programs and offer brief overviews of planning or lists of aspects to consider without going into detail about the process (Foronda & Belknap, 2012; Johns & Thompson, 2010; Norwood, Striebig, & Jeannot, 2010). An additional two offer concise narrative lists of their top recommendations, based on experience in planning mission trips, but do not cover the entire process (Kostovich & Bermele, 2011; Shannon, 2013). The review identified only two articles that offer full and detailed descriptions of the planning process for international mission trips for nursing students, as is our intent here. In their 2016 article, Cone and Haley discuss the process they used to plan and implement a trip to Haiti during which students participated in a mobile clinic service. While they offer a very detailed and useful explanation of their planning process, the authors work in an institution that has a dedicated study abroad office with pre-existing policies and procedures, and aimed to establish a long-term relationship with collaborators in the host country for regular repeat visits in the future. These conditions limit the applicability of their process to faculty planning discrete short-term trips without the support of such a department. Wright (2010) also offers a detailed description of the planning process for a nursing student international mission as well as case example of a trip to Botswana. In this case, the author was also endeavoring to establish an ongoing program in which students would stay and work at a local college of nursing and associated hospital in order to receive clinical credit. Finally, three review articles were identified, only one of which addresses trip planning or includes items that explicitly do so, demonstrating a gap in the existing literature on study abroad programs and mission trips for nursing students (Amerson, 2014; Edmonds, 2012; Kulbok et al., 2012).

Despite the paucity of available literature, several common elements of planning are apparent, including the importance of collaborating with local agencies in the destination country, conducting pre-trip orientations, planning for student health and safety, and providing education on cultural customs and norms. In describing the process used to plan a number of successful short-term international mission trips for nursing students at a small college without a dedicated study abroad office, the authors hope to help close the existing gap and provide guidance for other nursing educators in similar situations by sharing the strategies that have led to success.

### Selecting a mission

Although semester-long study abroad programs may be ideal in terms of student learning, they are rarely feasible in nursing programs due to financial constraints and demanding required curricula. The reality is that due to the demands of nursing school and employment obligations, most students only have about one week – often over a planned college break – to serve on a mission, which limits the available opportunities. Longer trips over the summer may be plausible in some institutions, but often fail to draw nursing students as many of them continue to take classes through the summer or work full-time at local hospitals. Thus, short-term trips, which have also been shown to be beneficial for student development, are frequently offered instead (Amerson, 2014; Edmonds, 2012). Such trips are also more feasible for small colleges and universities without dedicated study abroad offices, where individual faculty take on full responsibility for planning.

Organizing such a trip, that fits in the busy work schedules and curriculum for undergraduate nursing students at a small college, requires extensive planning that starts long before the plane departs. Based on experience, a time frame of approximately nine months to research and plan a mission trip is recommended; this time frame also allows for better advance pricing on group airfares.

The process begins with the faculty leader researching potential destinations and mission organizations. There are multiple resources that may be employed in this process. Many missions advertise on the Internet and maintain websites with pertinent information. As with

much of the information found online, however, it is important to approach these with a healthy dose of skepticism and look for well-known agencies and non-affiliated reviews and recommendations. The Student Travel Association is the world's largest student and youth travel company and is an excellent resource for mission placement organizations ([www.statravel.com](http://www.statravel.com)). International Volunteers HQ (<https://www.volunteerhq.org/>), the mission organizing group used in the example below, is recommended by the Student Travel Association. Mission placement organizations such as International Volunteers HQ can then further assist with identifying and contacting local mission organizers in the destination country, such as Maximo Nivel, with whom we worked on our trip to Costa Rica ([www.maximonivel.org](http://www.maximonivel.org)). Educational and religious institutions also often post information about mission experiences on their websites, and it is generally easy to contact trip leaders and ask about their experience with particular missions. Many mission organizations also list the institutions that have visited them, including the approximate dates of their trips, on their websites; planning faculty can use this information to contact colleges and universities who have worked with these organizations in the past and inquire about their experiences.

There are several important factors to consider when selecting a mission destination. The safety of the destination country should be assessed, taking into consideration the current political landscape, travel advisories, and environmental threats (Cone & Haley, 2016; Wright, 2010). A number of safety assessment and planning resources are available, free and online, from the federal government. The US Department of State maintains a website dedicated to travel, including safety information for every country and up to date travel advisories (<https://travel.state.gov/content/travel/en/international-travel.html>). The Central Intelligence Agency's online World Factbook also contains individual country profiles that include information on military and security and transnational issues, as well as other topics of potential interest such as economy, transportation, and communication (<https://www.cia.gov/library/publications/resources/the-world-factbook/>). Prior to leading an international trip, it is also advisable to register with the Smart Traveler Enrollment Program (<https://step.state.gov/step/>). This free service offered by the US Department of State allows citizens to register their trips with the US consulate or embassy nearest to the destination, enabling the receipt of updates on safety conditions, as well as providing a direct channel of contact with both the embassy and contacts at home in the case of an emergency. If past missionaries are contacted directly, it is also important to ask questions about any safety incidents or concerns that they may have encountered.

Of paramount importance for a successful short-term international mission trip, and integral to the mission selection process, is the availability of direct health care contact opportunities provided by potential missions. Various healthcare service opportunities may be advertised, but these may not be available on the dates requested. Working with an established mission that offers local services year round is advisable, as it means that healthcare contact is more likely to be available regardless of the timing of the trip. Such collaboration can also promote continuity of care for the population served. Regardless, direct contact and confirmation of specific opportunities is essential. A video-conference or phone call with on-site mission leaders is an excellent opportunity to discuss the specific ways in which the students can serve and assist the local team during the trip.

Cost and accommodations also need to be carefully evaluated. The price of some missions is comparable to many high-end vacations, yet they do not offer basic conveniences. Nursing students work hard and pay a good deal of money to participate in these short-term mission trips and it is reasonable to expect that beds, bathrooms, and food offered should appropriately match the price asked by the mission. The cost of missions varies rather widely due to accommodations, length of trip, donations required, and local health system costs. In 2008, Priest and Priest found the average cost of short-term missions (not necessarily medically focused) completed by students at Christian colleges and

universities to be \$1001 to \$1450 USD per participant (Priest & Priest, 2008). In 2017, Colduvell reported the approximate costs of mission trips with several different organizations, all falling between \$500 and \$2500 USD per person, for trips lasting from one to four weeks (Colduvell, 2017). In 2017, the cost of the nursing student trip to Costa Rica was \$1700 USD per student for a weeklong health care mission. This included group-rate airfare, lodging in the host home, meals, within country travel, and travel/health insurance. While prices do vary, this information may serve as a general guide, alongside consideration of the type and extent of accommodations offered. For example, one would expect a lower cost for camping-type accommodations (tents/cots), than for host-home or permanent facility housing.

It is widely agreed that trips abroad should both align with defined curricular learning objectives and offer students the opportunity to experience the local culture and environment informally (Amerson, 2014; Cone & Haley, 2016; Foronda & Belknap, 2012; Kostovich & Bermele, 2011; Kulbok et al., 2012; Shannon, 2013; Wright, 2010). The mission trip discussed here was approved by the college for seminar credit, requiring the delineation of specific course objectives approved by the curriculum committee and faculty. When communicating with potential missions, it is important to explore the specific ways in which course objectives can be met by the opportunities available and to discuss this directly with on-site leaders once a mission has been selected. For example, one of the objectives for the trip described below was for participants to be able describe the role of the professional nurse in a rural impoverished community in another country; the selected mission was able to offer a local hospital tour guided by a government physician who discussed Costa Rican the health care system in detail with the students as they observed the operations of the hospital in person.

### Working out the details

Once a destination has been selected based on these parameters, communication with the on-site director of the chosen mission becomes vital. The majority of the articles included in the literature review highlight the importance of collaborating with contacts or agencies in the destination country well prior to trip departure. The leader needs to research and plan for the travel, accommodations, insurance, required immunizations and documentation, and overall cost of the trip. There are several travel agencies that offer competitive pricing for group airline travel, including AAA (<https://www.aaa.com>), Student Travel Association (<http://www.statravel.com>), and EDU Trips (<https://www.edutrips.com/>). The needs of the mission should also be explored and discussed with the on-site director. In the spirit of service, it can be helpful to provide in-demand supplies to support the work of the mission. The items to bring should be determined based on needs identified by the local organization (Cone & Haley, 2016; Kostovich & Bermele, 2011). Because such supplies can be costly and increase the overall price of trip, this is an area in which donations can be sought. Local pharmacies and medical or dental offices are often willing to donate basic supplies such as blood glucose meters, vitamins, toothbrushes, and blood pressure cuffs. Grants may provide support to purchase needed items and campus fundraising initiatives can be used to supplement as needed. Re-usable student or college owned equipment, such as stethoscopes, may also be used to support care during the mission, but not left behind.

Additionally, government confidentiality, documentation, and liability requirements for non-citizens to participate in healthcare volunteerism in the destination country need to be explored and adequately prepared for (Cone & Haley, 2016). This may include the provision of background checks and other documentation in advance of the trip. Reasonable requests for such documentation should be accommodated as early as possible to avoid any issues or denial of participation in planned experiences following arrival. Required or recommended vaccinations for the destination country or region should

also be explored. The US Department of State (<https://www.state.gov/travel/>) and World Health Organization (<http://www.who.int/ith/en/>) are good sources for this information.

### Selecting student participants

Once the mission destination has been determined, planning should focus on selecting students for participation. In the literature reviewed, this topic is only briefly addressed by Wright (2010), but the choice of participants using a defined process of application and selection is vital to a successful trip. An announcement of the mission and clearly stated application guidelines should be made available to students well in advance of the trip. A minimum timeframe of four months, from announcement to completion of the selection process, is recommended. The number of student participants that will be accepted also needs to be determined in advance. A ratio of six students to one faculty member is generally manageable and recommended, although experienced faculty leaders may be comfortable with a larger number of students. If the students will earn clinical credit for participation, required state and/or institutional student to faculty ratios must also be met (Wright, 2010). It is also important to have a clearly identified mission leader and unity among all faculty participants so that decisions and directives are clear and consistent.

As part of the application process, interested students need to demonstrate clearly why they want to be a part of the mission experience. This can be accomplished through interviews, narrative explanation, and references. In our experience, essays are a good forum for students to declare their intent and explain their reasons for interest along with their personal understanding of what the mission experience will entail. It is important that students fully understand the nature of the trip and the amount of work that will be required. The student applicants also need to clearly explain why they would be assets to the mission team and worthy of a scholarship if desired. Useful essay questions might include: Why are you interested in participating? How can you contribute to the success of the trip? What qualities or attitudes do you believe are most important for trip participants to possess? How will this trip contribute to your learning and development as a nursing student? At our institution, a group of volunteer faculty independently rate essays using a simple number system. Faculty references and overall student standing are also checked as part of the selection process.

Prior to announcing the mission, leaders should also explore opportunities for funding assistance and define selection criteria for any available scholarships. Financial assistance can contribute significantly to the success of the trip by allowing the most qualified students to participate despite financial constraints. Potential sources of scholarship funding will vary by institution and faculty planners should investigate these to the extent possible. Internal foundations that are associated either directly with the educational institution or an affiliated health system can be an excellent source of grant funding. More widely available funding sources include general fundraising (for example a faculty-developed cookbook and raffle including gift cards donated by local businesses) with proceeds donated to student mission trips. Individual students have also had success in obtaining support from churches and other organizations of which they are members. Regardless of the methods available and employed, fundraising must begin early and potential participants made aware of the full cost of the trip should support not become available.

### Preparing to leave

After the participants have been chosen, students and parents alike need to understand the logistical details of the trip. Student and parent fears about travel abroad may be allayed by the provision of complete and detailed information. An in-person meeting has been a helpful part of this process and is, in fact, recommended in most of the literature

reviewed (Foronda & Belknap, 2012; Johns & Thompson, 2010; Norwood et al., 2010; Wright, 2010). Such a meeting is an excellent opportunity to gather passports and visas (if required), check their expiration dates and signatures, and make copies for the leader to bring on the trip. All participants must have passports that are valid for at least six months after the end of the trip (Wright, 2010). Additional documentation such as immunization records, college waivers, and emergency contact information should also be collected. An emergency plan should be instituted and clearly communicated to participants and parents. Specific student health needs can be clarified and dietary needs and preferences discussed. Reliable methods of long-distance communication during the trip, which will vary depending on the destination, can also be explained.

Students need to be encouraged to pack lightly and bring all medications and other important items in a carry-on. The carry-on should be clearly labeled and marked with a group or school color tape or ribbon. Checked luggage is occasionally lost and carry-ons can be picked up inadvertently by travelers in a hurry; depending on the destination and airline travelers may also be necessarily separated from their luggage for periods of time during the trip. Students should also be advised about appropriate dress to meet the cultural expectations of the destination location. Some missions may recommend or require scrubs for health care contact, while others may be more casual or prefer non-institutional attire. Regardless of the formal requirements, students need clear rules about appropriate dress to meet cultural and religious expectations during clinical and general touring experiences (Shannon, 2013; Wright, 2010). Supportive footwear should also be emphasized and flip flops or open toe shoes discouraged or banned outright.

An integral part of participating in a mission trip is the cultural immersion that student participants will experience. In order for them to get the most out of their trip, planning for basic communication in the language of the destination country and understanding of the culture is vital to a successful outcome. Practicing select phrases in the primary language to be spoken at the mission is very helpful. Information about other cultural elements, such as students bringing a housewarming gift to host families, negotiating for prices with local vendors, and knowing tipping procedures in advance, can contribute greatly to the success of a mission trip in another country. Emphasis on equipping students with cultural awareness and at least a basic understanding of social customs in the destination country is also evident in all of the literature reviewed. In order to promote personal reflection and critical thinking about the cultural immersion experience, student journaling during the trip is widely used and strongly recommended (Amerson, 2014; Cone & Haley, 2016; Foronda & Belknap, 2012; Norwood et al., 2010; Shannon, 2013).

### **An example of success**

The following example demonstrates how, with detailed planning and preparation, a mission trip can serve to meet the personal and professional goals of student nurses while assisting with needed health services in an underserved community. Twenty student nurses from Columbus, Ohio experienced a medical mission trip to San Jose, Costa Rica, led by the first author. The leader, finding that several countries visited on previous trips now had government safety warnings, hurricane damage, and significant criminal threats, began a search for a new mission organization in a safer location. After researching opportunities in a number of countries, the leader chose Costa Rica, which was not under any US government travel advisories and is known to be welcoming to American volunteers, as the destination country. Using the techniques described in the above sections, the leader then explored several missions operating in Costa Rica and researched the experiences of other colleges who had worked with them. It was determined that the best fit for the group was with International Volunteers HQ, which is recommended by the Student Travel Association. It was also determined that International Volunteers HQ works with the local

Maximo Nivel group in Costa Rica in order to provide healthcare volunteer experiences, so that organization was also vetted by the faculty leader. The faculty leader then began communicating directly with the mission director to confirm the volunteer opportunities available on the planned dates and to organize the details of the trip.

Once the initial arrangements had been made, an announcement of the mission including price, availability of scholarships, dates of departure/return, location, and application requirements was sent out to the student population. The application required a brief essay addressing why the student desired to go on a mission trip, what qualities the student could bring to the team, and why they thought it important to follow college policy and maintain a positive attitude during the mission. Faculty references were obtained when questions arose after reading applicant essays. A total of 50 students applied for this mission, which had a capacity of 20 student participants. A waitlist was also employed since students occasionally have conflicts arise and/or withdraw when payments are due. In addition to the trip leader and selected student participants, the medical director for the college and outreach system (a medical doctor), as well as several licensed nurse practitioners on the college faculty frequently accompany student mission trips on a volunteer basis. If possible, it is useful to bring a medical doctor or nurse practitioner even if the host country or mission assigns a local physician, as was the case in Costa Rica. The accompanying provider is an asset for the group in terms of providing clinical care as well as a ready resource to assist if mission participants become ill.

The selected student participants and their parents were invited to a planning meeting during which ample time was allowed for questions and clarifications of concerns. Health and safety were stressed, including the recommendations for advance vaccines and the assignment of safety buddies who were mutually double checked as the group boarded the daily bus transportation and flights in both directions. The importance of insect repellent and hand-washing was reemphasized and hand sanitizer and insect repellent were distributed, along with travel waist packs for carrying valuables securely. The students were educated to notify the leader immediately at any signs of illness, as it is easier to seek medical care the earlier the leader is informed, especially in a foreign country.

In order to ensure that the extensive Costa Rican and International Volunteer HQ volunteerism requirements were met, background checks and transcripts of all selected mission participants were sent for approval electronically well in advance of the trip. Documentation requirements vary by country and mission organization; in this case, the mission requested proof of participant certifications and educational backgrounds in order to be allowed in patient care situations. The leader also explored the needs of the selected mission, and arranged to provide the requested primary care medications, vitamins, blood pressure cuffs, AccuCheck machines, and toothbrushes. Students were given links for online study materials and medical Spanish phrases to practice. They were each given a topic to study during the mission trip and incorporate into a required presentation to the college following the trip.

Upon arrival, the group, including the student nurses, medical doctor, and faculty nurse practitioner, met with a Costa Rican government physician for medical Spanish language and health assessment instruction and practice. Working in collaboration with the local physician, the students then assisted with supervised physical assessments, screenings, and health promotion for over six hundred children in an impoverished elementary school. They also toured a local hospital and learned about the differences in medical education and healthcare delivery between Central America and the United States. The students and faculty stayed with a host family learning local customs, language, and salsa dancing.

Nightly group debriefing sessions and the completion of reflection journals helped the students to process and record their experiences and reactions. Debriefing is a vital part of the student experience that is

specifically recommended in five of articles included in the literature review. It helps participants work through their often ambivalent feelings about the things they see and can make the difference between integration of their experience leading to increased cultural competency and rejection or avoidance of other cultures due to shock and misunderstanding (Amerson, 2014; Cone & Haley, 2016; Edmonds, 2012; Foronda & Belknap, 2012; Johns & Thompson, 2010).

Upon return to the United States, the leader assisted the students with preparation for presentations on their assigned research focus topics: health care comparison; infant mortality; immunization rates; prenatal care; nursing education; travel; medical tourism; culture. Each student shared a learning moment as well as their fondest memory of the trip. In addition to faculty, parents, and fellow student nurses, the organizational leaders who provided scholarship funding for the trip were invited to the lunch presentation.

Formal and informal student feedback on the mission experience was overwhelmingly positive and spoke to the success of the trip and the transformative experience of short-term international service learning. Formal feedback was collected using an online survey. The survey was sent to all 20 participants and was completed by 15. The results of the survey questions regarding trip planning, safety, and overall experience, shared under exemption by the office of the Institutional Review Board, are indicated in Fig. 1.

Narrative comments were also solicited in the survey; participants were asked about their most memorable experience and desire to participate again given the opportunity, and given space to provide any additional comments about the experience. Fourteen of the 15 respondents provided multiple comments each, from which several themes are readily apparent, demonstrating the impact of such a trip on the participating nursing students. The most commonly identified theme was the effect of the trip on personal and professional growth:

The mission trip...truly changed my life. It opened my eyes to a bigger world and how to serve people by working alongside of them and not just by doing what I think is best.

It was overall a life-changing and humbling experience that carries with you for years after the trip. I recall this experience solidified my calling to the nursing profession.

The hands-on experience and knowledge gained from this trip has helped me in nursing school and also in life. It was an eye-opening experience that every aspiring nurse should have the chance to have.

The transformative cultural experience was the next most commonly noted theme:

[The leaders] helped process what we were feeling and experiencing while there and upon our return. Being in a different culture and country can be frightening if you have never done it before so having them helped set the stage for a successful trip.

I loved experiencing a new culture and being able to help in ways that I have never done before.

I enjoyed being exposed to the different culture and enjoyed being able to take the skills I learned in nursing school and to apply [them].

Finally, several responses related to the theme of personal calling, contributing to a greater cause, and/or supporting the mission of the college, which is a religiously-affiliated institution:

My faith has been deepened each visit back and that has put a lot of reason and patience behind my career as a nurse.

I felt safe, directed and like I was helping a greater cause. I believe that I served [the college's] mission while providing medical care on this mission trip.

**Conclusions**

Thorough and systematic planning and preparation promote success in any project. In this respect, short-term international mission trips follow a predictable pattern. However, the particular demands of planning and preparation for such projects in nursing education are unique. Reflection on prior trips and an exemplar mission suggest insights that help fill the gaps in literature. An appropriately planned short-term mission trip allows nurse educators and participants to achieve their personal and educational goals for the trip, while providing much-needed healthcare aid to residents and staff in improvised and underserved areas.

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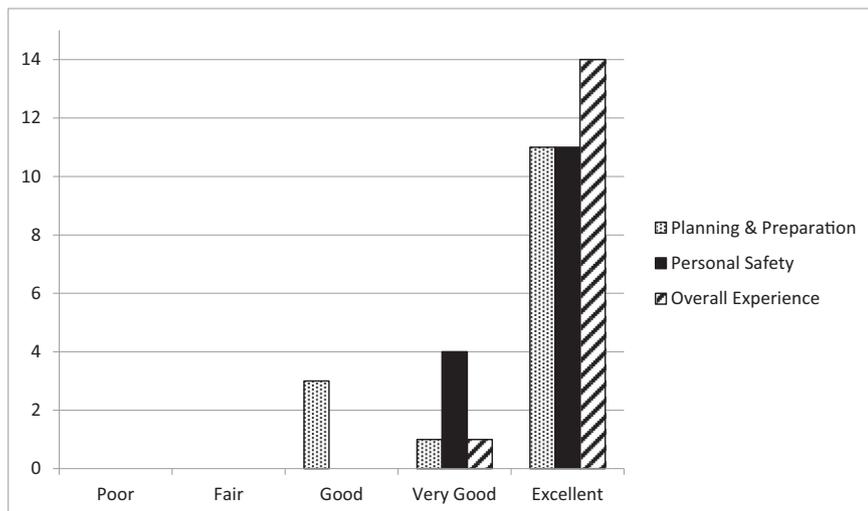


Fig. 1. Ratings of Planning, Safety, and Overall Experience, represents the answers to the following questions: 1) How would you rate the organizers' planning and preparation prior to leaving on the mission trip? 2) How would you rate your level of personal safety while participating in the mission trip? 3) Overall, how would you rate the College mission experience?

## Declarations of interest

None.

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