



Field Experience Seminar: Healthcare Mission Antigua
The University of Toledo
College of Nursing
NURS 5220-002 (CRN 26197)

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Office Hours: By appointment

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Offered: Spring 2025

Course Website: [Blackboard Learn](#)

Clinical Day/Time: onsite Monday-Saturday 6a-10p

Clinical Location: Antigua, Guatemala

Lab Day/Time: Jan 2025

Credit Hours: 3

Contact Hours: 115 (volunteer service, travel preparation, direct care, research and presentation)

Course (Catalog) Description:

Program capstone experience that integrates nursing theory, research, and practice to fulfill the requirement of Master's of Nursing Program.

Student Learning Outcomes:

1. Synthesize theory and research based knowledge related to delivery of primary care
2. Utilize effective interprofessional healthcare team integration and communication during mission trip

Prerequisites:

GEM students: completion of NURS5008, NURS5009 and INDI6000

NP students: completion of NURS5690 and NURS5910. Enrolled in or completion of first NP theory and practicum course.

Enrollment by permission of course faculty. Course faculty reserves the right to require specific prerequisites per the course content.

Content Outline:

1. Integration of evidence based practice into patient care for nontraditional setting outside the US
3. Common health concerns and tropical diseases in host county
3. Fostering application of wellness strategies by remote village health promoters
4. Evaluating patient outcomes and student learning experience

Teaching/Learning Strategies:

Supervised patient services in Antigua

Interprofessional healthcare team collaboration and problem solving

Hands on preparation of medications and other supplies

Literature review on assigned tropical diseases

Discussion and critique of care delivery system

Evaluation Strategies

- | | |
|---|-----|
| 1. Contribution to logistics (supply preparation, packing, transport) | 15% |
| 2. Tropical medicine topic presentation on assigned topic | 5% |
| 3. Health promoter teaching on assigned topic and training during care delivery | 5% |
| 4. Contribution to ongoing research and presentation | 5% |
| 5. Professional engagement with patients, families, team and faculty | 70% |

Grading Policy:

1. Successful completion of the course requires overall grade of "Satisfactory"
2. Students and faculty will establish a mutually agreeable date for completion of activities.
3. All students will equally participate in research and presentations.

Grading Scale:

Satisfactory/Unsatisfactory

Required Reading:

To be determined in consultation with faculty, peers and interprofessional partners

Assessment of Student Outcomes

1. Students have opportunity to discuss patient care and interprofessional healthcare team interactions with faculty during and after the mission trip.
2. Students with less than satisfactory performance are provided written notice of performance and actions necessary to improve and pass the course. Referrals are made to SARP and GEM or APRN Program Director.

Professional conduct

1. Student must be enrolled at The University of Toledo College of Nursing during Spring 2025.
2. Student must abide by professional nursing standards of practice (ANA, NSNA, OBN) and UT CON Graduate Student Handbook policies.
3. Pre-licensure students who engage in interventions outside the scope of practice will earn a grade of unsatisfactory for the course.
4. Students who leave the hotel compound without talking with faculty before departure will earn a grade of unsatisfactory for the course.

Course Registration, Mission Application, and University Documentation Process

Before deciding to participate in mission trip:

1. Meet with course faculty to discuss and confirm interest.
2. Submit a resume that includes service activities and one page letter expressing why you want to participate in a medical mission. The Chief Medical Officer makes final team member selection based on the documents.
3. Create a student volunteer account at UT Community Care Clinic as a NP or GEM student.
4. Register and participate on CCC interprofessional teams at least eight times during fall semester ends. CedarCreek is offered on Thursday evening. Labre is a Southside and Eastside street clinic on Monday evening. Migrant Camp clinics are on Tuesday evenings in August.

Before registration in Banner:

1. Sign the Graduate Research Advisory (GRAD) Committee Approval & Assurances Form and return to faculty. Faculty generate the form once CMO makes decisions on participation.
2. Student submits completed Graduate Research Advisory (GRAD) Committee Approval & Assurances Form to the graduate advisor.
3. Graduate advisor creates a permit for course registration and notifies student that permit has been placed; then student registers via Banner.

Before fall semester starts:

1. Check CISP and COGS websites to determine scholarship and funding opportunities
2. Submit CISP and COGS applications for funding

During fall semester:

1. Continue volunteer IPE service with UT CCC at CedarCreek or Labre.
2. Complete CISP form; submit to CISP and provide a print copy to faculty the eighth week of semester.
3. Faculty obtains and submits a copy of your active nursing licenses as part of validation.

Before mission travel:

1. Obtain and document immunizations. Obtain prophylaxis medications.
2. Complete CISP online registration and tracking documentation prior to departure.
3. Complete Global Health documentation.
4. Purchase travel insurance (see team letter, CISP and Global Health websites).
5. Register travel online with US State Department.
6. Provide faculty with copy of emergency contact information

Student Expenses

The student is responsible for all personal travel expenses and documents required for the mission trip. Individual financial responsibility varies person-to-person, based on current immunization status, location of healthcare mission experience, transportation costs, and team housing and meal resources. Graduate students may apply for CISP scholarships; access <http://www.utoledo.edu/cisp/> for details, application and deadlines. This is a projection; actual expenses may be higher for travel and accommodations.

	Honduras
Immunizations (Hepatitis A, typhoid)	\$200
Prophylaxis (malaria, dysentery, scabies, lice)	\$75
Roundtrip airfare (Detroit: Guatemala)	\$1000
Local transportation, lodging, food (Antigua)	\$400
Supplies (scopes, tips, hand sanitizer, etc)	\$30
Passport	\$130
Scrub attire (five days)	\$100
Travel insurance that includes emergency medical transport	\$50-100

Required Immunizations and Medications

Specific pharmacotherapies vary with region of world and current status of your immunizations. Access current CDC recommendations for region of travel and consult the US Department of State website for additional information. Rabies and yellow fever immunization may not be required for this country.

IMMUNIZATIONS
Positive Hepatitis B surface antibody (after 0d-1m-5m immunization series)
Hepatitis A Vaccine 1ml adult dose (2 weeks before travel and booster at six months)
Oral Typhoid vaccine (Vivotif Berna) (one package as directed; good for five years) OR Typhim VI 0.5 ml adult dose (two weeks before travel; good for two years)
Inactivated polio vaccine /IPV 0.5 ml IM (One adult dose)
Tetanus-diphtheria booster. 0.5 ml IM adult dose
NOT REQUIRED FOR GUATEMALA
Rabies vaccine 0.1 ml intradermal (day 1,7, and 21 or 28) if high risk area or with animals
Meningococcal vaccine. 0.5 ml SC. if required by host country
Yellow fever vaccine. MUST have International certificate and stamp if required by host country
PROPHYLAXIS
chloroquine (Aralen) 500mg. (one PO, 1-2 weeks before trip, then same day for 4 weeks) OR atovoquine-proguanil (Malarone) (one PO, 1-2d before trip and daily during trip plus 7 days after) OR mefloquine (Larium) 250 mg. (one PO, start 2 weeks before trip, then same day 4 weeks) OR doxycycline 100 mg, (one PO daily, start 1-2 days prior to trip plus daily for 4 weeks after)
Azithromycin 500 mg once a day for 3 days, start on day 2 of any diarrhea not resolved with Imodium
permethrin (Elimite) 5% (topical for scabies) AND
piperonyl butoxide 4% (RID) (shampoo for head lice) OR
ivermectin (Stromectol) 200 mcg/kg (day of departure with a second dose 14 days later)
DEET (spray pump for insect repellent; aerosol cans prohibited by airlines)
Sunscreen

Technology Requirements

Ophthalmoscope and otoscope (may borrow from Hildebrand Skills Center); stethoscope and penlight

Safety Precautions

1. Register with US Department of State at least two weeks prior to trip. <http://www.state.gov/travel/>
2. File emergency contact information with CISP, CON and faculty member
3. Completion of all required immunizations prior to trip and personal supply of prophylaxis drugs
4. Other requirements as determined prior to trip

Individual Attributes

1. Students must demonstrate ability to walk significant distances, move containers weighing thirty to fifty pounds, stand for long periods of time, and tolerate weather extremes.
2. Skill in physical assessment and nursing interventions required.
3. Willingness to engage with patients and families of other cultures is expected.
4. Experience with other healthcare professionals is valued.

Student Experiences

1. Collecting needed supplies based on type of mission (primary care, surgical, health education, etc)
2. Assembling materials for transport (meet customs and safety standards; system for tracking loss)
3. Understanding importance of required immunizations and options to obtain vaccines
4. Developing and delivering a presentation to team on prevalent health needs in the service region
5. Transporting providers and materials to remote sites (logistics, financing costs, time management)
6. Setting up a clinic at remote sites (outside or in basic shelters, unsafe and limited water supply)
7. Managing patient surge and providing efficient service (interprofessional licensed with students)
8. Documenting care without sophisticated support systems (paper-pencil, very basic one page record)
9. Teaching patients and families how to use medications and do treatments (mediated by a translator)
10. Providing healthcare teaching on a focused topic to village health promoters
11. Recognizing the complexity of local health needs and illness associated with environment (that can and cannot be remediated)
12. Creating and maintaining support with all team members, regardless of status
13. Sharing expertise to increase knowledge and skills, and to enrich attitude about underserved populations and pathways of living

Travel Arrangements

1. Planned departure is Sunday, December 29, 2024. Planned return date is Sunday, January 5, 2025.
2. Team members carpool to airport (Detroit). Individuals residing near the airport usually go directly to the airport, then connect with the team to unload and move supply bags to the airlines service desk.
3. Airline tickets are purchased through Azteca Travel at aztecatol@yahoo.com. Maria Gonzalez (3831 Glendale Avenue, Toledo, OH 43614 or 419-215-4305) will need your birthdate, birth country, passport number and expiration date.
4. Wait for the Chief Medical Officer notification before contacting Ms. Gonzalez. If you are told to purchase tickets directly from the designated airline, flight information is provided by email. Do so immediately as there is often a tight timeline to avoid escalating fares.
5. It is extremely important that all members be together for arrival in Guatemala. There is only one bus for transport to the regional host location. Missing the bus means individual responsibility for cost of travel to the mission home base.
6. Accommodations at the host site are shared rooms. Breakfast and dinner are eaten at the hotel, peanut butter and cheese sandwiches are prepared and packed for lunch. If you have special dietary needs, bring what you need along with some snacks to eat while at the remote sites.
7. The Chief Medical Officer team letter will provide details about attire and other general information.

Emergency Procedure for Students

1. If a student becomes ill during a mission trip, the onsite medical team will provide immediate care. If medical needs warrant further assessment and intervention, the student is transferred to the nearest healthcare facility with emergency services. If the medical condition warrants transport to the US, faculty help facilitate transfer services.

2. Faculty notify the family and university in a timely manner without violating a student's HIPPA and FERPA rights. The student provides consent and contact information on the CISP form. A copy of the form is retained in the College of Nursing and is carried onsite by faculty.
3. The student is responsible for all medical expenses and is required to obtain travel insurance that includes medical evacuation coverage prior to departure.

Student Support Services

1. Student Health Services: <https://www.utoledo.edu/healthservices/hsc/> or 419-383-3777
2. Academic Enrichment Center: <https://www.utoledo.edu/med/depts/aec/> or 419-383-6118
3. Writing Center: <http://www.utoledo.edu/success/writingcenter/> or 419.530.4939
4. Counseling Center: <https://www.utoledo.edu/studentaffairs/counseling/> or 419.530.2426
5. CON Student Services: Heidi.shank@utoledo.edu

General Notice

Faculty reserve the right to change course requirements in exceptional circumstances with fair notice to all students.

UNIVERSITY POLICIES

Academic and Support Services

A comprehensive list of Student Academic and Support Services available is hosted at (<http://www.utoledo.edu/studentaffairs/departments.html>)

Academic Policies

[Undergraduate Policies: http://www.utoledo.edu/policies/academic/undergraduate/](http://www.utoledo.edu/policies/academic/undergraduate/)
[Graduate Policies: http://www.utoledo.edu/policies/academic/graduate/](http://www.utoledo.edu/policies/academic/graduate/)

Use of Artificial Intelligence Tools

There is no expectation for use of AI during this clinical experience other than assisting with point of care ultrasounds.

Policy Statement on Non-Discrimination on the Basis of Disability (ADA)

The University is an equal opportunity educational institution. Please read [The University's Policy Statement on Nondiscrimination on the Basis of Disability Americans with Disability Act Compliance](#). Students can find this policy along with other university policies listed by audience on the [University Policy webpage](#).

Academic Accommodations

The University of Toledo embraces the inclusion of students with disabilities. We are committed to ensuring equal opportunity and seamless access for full participation in all courses. For students who have an Accommodations Memo from the Office of Accessibility and Disability Resources, I invite you to correspond with me as soon as possible so that we can communicate confidentially about implementing accommodations in this course.

For students who have not established accommodations with the Office of Accessibility and Disability Resources and are experiencing disability access barriers or are interested in a referral to health care resources for a potential disability, please connect with the office by calling 419.530.4981 or sending an email to StudentDisability@utoledo.edu.

Inclusive Classroom Statement

In this class, we will work together to develop a learning community that is inclusive and respectful. Our diversity may be reflected by differences in race, culture, age, religion, sexual orientation, gender identity/expression, socioeconomic background, and a myriad of other social identities and life experiences. We will encourage and appreciate expressions of different ideas, opinions, and beliefs so that conversations and interactions that could potentially be divisive turn, instead, into opportunities for intellectual and personal development.

Institutional Classroom Attendance Policy

Please be aware that the university has implemented an attendance policy, which requires faculty to verify student participation in every class a student is registered at the start of each new semester/course. For this course, if you have not attended/participated in class (completed any course activities or assignments) within the first 14 days, I am required by federal law to report you as not attended. Unfortunately, not attending/participating in class impacts your eligibility to receive financial aid, so it is VERY important that you attend class and complete course work in these first two weeks. Please contact me as soon as possible to discuss options and/or possible accommodations if you have any difficulty completing assignments within the first two weeks.

Religious Accommodations

A student is permitted to be absent, *without penalty*, for up to three days each academic semester to take holidays for reasons of faith or religious or spiritual belief system or to participate in organized activities conducted under the auspices of a religious denomination church, or other religious or spiritual organization. [3364-71-30 Religious accommodations policy](#) and [3364-71-30.01 Religious accommodations procedure](#).

Grievance procedure

A student may notify the institution of any grievance regarding the policy's implementation using the [3364-71-05.1 Academic grievance procedure](#).

Academic and Support Services

Please use this link to explore the wide array of resources and services available to you as a student: <https://www.utoledo.edu/success/>

Safety and Health Services

Please use the following link to view a comprehensive list of [Campus Health and Safety Services](#) available to you as a student and click here for information on the [Office of Public Safety](#).

COVID-19 GUIDELINES (<https://www.utoledo.edu/coronavirus/#isolation-guidance>)

Special Course Expectations

Maintaining a safe campus during the ongoing COVID-19 pandemic remains a top priority. UToledo continues to follow the guidance of the U.S. Centers for Disease Control and Prevention and Ohio Department of Health to keep our campus safe.

Keeping Campus Safe

Since the beginning of the COVID-19 pandemic, The University of Toledo has relied on evidence-based guidance from the Ohio Department of Health and the [U.S. Centers for Disease Control and Prevention](#), as well as our own infectious disease experts, to promote a safe campus environment for our students, employees and guests. The University continues to offer on-demand testing for students and employees who are experiencing symptoms of the virus and support services for students who must miss class because of an illness. We continue to monitor and respond to changes in guidance from public health officials and state leaders.

Testing Availability

Faculty, staff and students who are experiencing symptoms of COVID-19 have access to on-demand testing through the [University Health Center](#) from 10 a.m. to noon Monday through Friday. Individuals should go to door 2 at the front of the building and call 419.530.3451 to notify staff they are there for a test. Individuals can ring the doorbell and a clinic employee will escort them to a specially designated waiting area to get a rapid antigen test and see a provider. No appointments are needed but individuals can call ahead to 419.530.3451 to reduce their wait time. Insurance will be charged for the test. Students needing financial assistance can receive help by contacting Student Affairs at

419.530.7963. The Toledo-Lucas County Health Department also maintains a list of [community testing sites](#).

Vaccine Information

The University does continue to strongly recommend COVID-19 vaccinations and boosters. Proof of vaccination can voluntarily be shared through the University's secure [vaccine registry portal](#). Students in the healthcare professions who are entering clinical rotations may be required by their clinical site to be vaccinated. Students, faculty and staff members can receive a COVID-19 vaccine on Main Campus at the Main Campus Pharmacy and on Health Science Campus at the outpatient pharmacy in the UTMC Medical Pavilion. For more information, call the Main Campus pharmacy at 419.530.3471 or the UTMC outpatient pharmacy at 419.383.3750.

Isolation Guidance

Individuals who have tested positive for COVID-19 should follow the recommended [CDC guidelines](#) for isolation. Students needing assistance with COVID-19 protocols can email coronavirus@utoledo.edu or call 419.383.6794

Employee Resources

The University established a Flexible Work policy, effective June 1, 2021. In accordance with this policy, employees and leaders have the option to create [flexible work arrangements](#) that balance the operational demands of the University with the preferred work arrangements of staff and leaders. The flexible work policy has no effect on workplace accommodations made under the Americans with Disabilities Act (ADA) and Rehabilitation Act. Employees in need of workplace accommodations due to a disability or medical condition should complete the [ADA Accommodations Request Form](#). Employees with questions specific to their individual circumstances should contact their supervisor or Human Resources consultant.

WHY PARTICIPATE IN A GLOBAL HEALTHCARE EXPERIENCE?

The Essentials: Core Competencies for Professional Nursing Education (AACN, 2021)

Domain 3: Population Health

Descriptor: Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes. (Kindig & Stoddart, 2003; Kindig, 2007; Swartout & Bishop, 2017; CDC, 2020).

Contextual Statement: A population is a discrete group that the nurse and others care for across settings at local, regional, national, and global levels. Population health spans the healthcare delivery continuum, including public health, acute care, ambulatory care, and longterm care. Population health also encompasses collaborative activities among stakeholders – all relevant individuals and organizations involved in care, including patients and communities themselves - for the improvement of a population's health status. The purpose of these collaborative activities, including development of interventions and policies, is to strive towards health equity and improved health for all. Diversity, equity, inclusion, and ethics must be emphasized and valued. Accountability for outcomes is shared by all, since outcomes arise from multiple factors that influence the health of a defined group. Population health includes population management through systems thinking, including health promotion and illness prevention, to achieve population health goals (Storfjell, Wehtle, Winslow, & Saunders, 2017). Nurses play a critical role in advocating for, developing, and implementing policies that impact population health globally and locally. In addition, nurses respond to crises and provide care during emergencies, disasters, epidemics, or pandemics. They play an essential role in system preparedness and ethical response initiatives. Although each type of public health emergency will likely require a unique set of competencies, preparedness for responding begins with a population health perspective and a particular focus on surveillance, prevention, and containment of factors contributing to the emergency.

Entry Level Nursing Education	Advanced Level Nursing Education
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3.1 Manage population Health	
3.1a Define a target population including its functional and problem-solving capabilities (anywhere in the continuum of care).	3.1j Assess the efficacy of a system's capability to serve a target sub-population's healthcare needs
3.1b Assess population health data.	3.1k Analyze primary and secondary population health data for multiple populations against relevant benchmarks.
3.1c Assess the priorities of the community and/or the affected clinical population.	3.1l Use established or evolving methods to determine population-focused priorities for care.
3.1d Compare and contrast local, regional, national, and global benchmarks to identify health patterns across populations.	3.1m Develop a collaborative approach with relevant stakeholders to address population healthcare needs, including evaluation methods.
3.1e Apply an understanding of the public health system and its interfaces with clinical health care in addressing population health needs.	3.1n Collaborate with appropriate stakeholders to implement a sociocultural and linguistically responsive intervention plan
3.1f Develop an action plan to meet an identified need(s), including evaluation methods.	
3.1g Participate in the implementation of sociocultural and linguistically responsive interventions.	
3.1h Describe general principles and practices for the clinical management of populations across the age continuum.	
3.1i Identify ethical principles to protect the health and safety of diverse populations.	
3.2 Engage in effective partnerships	
3.2a Engage with other health professionals to address population health issues.	3.2d Ascertain collaborative opportunities for individuals and organizations to improve population health.
3.2b Demonstrate effective collaboration and mutual accountability with relevant stakeholders.	3.2e Challenge biases and barriers that impact population health outcomes.
3.2c Use culturally and linguistically responsive communication strategies.	3.2f Evaluate the effectiveness of partnerships for achieving health equity.
	3.2g Lead partnerships to improve population health outcomes.
	3.2h Assess preparation and readiness of partners to organize during natural and manmade disasters
3.3 Consider the socioeconomic impact of the delivery of health care.	
3.3a Describe access and equity implications of proposed intervention(s).	3.3c Analyze cost-benefits of selected population based interventions.
3.3b Prioritize patient-focused and/or community action plans that are safe, effective, and efficient in the context of available resources.	3.3d Collaborate with partners to secure and leverage resources necessary for effective, sustainable interventions
	3.3e Advocate for interventions that maximize cost effective, accessible, and equitable resources for populations.
	3.3f Incorporate ethical principles in resource allocation in achieving equitable health.
3.4 Advance equitable population health policy.	
3.4a Describe policy development processes.	3.4f Identify opportunities to influence the policy process.
3.4b Describe the impact of policies on population outcomes, including social justice and health equity	3.4g Design comprehensive advocacy strategies to support the policy process.
3.4c Identify best evidence to support policy development	3.4h Engage in strategies to influence policy change.
3.4d Propose modifications to or development of policy based on population findings.	3.4i Contribute to policy development at the system, local, regional, or national levels.
3.4e Develop an awareness of the interconnectedness of population health across borders.	3.4j Assess the impact of policy changes.
	3.4k Evaluate the ability of policy to address disparities and inequities within segments of the population.
	3.4l Evaluate the risks to population health associated with globalization.

3.5 Demonstrate advocacy strategies.	
3.5a Articulate a need for change.	3.5f Appraise advocacy priorities for a population
3.5b Describe the intent of the proposed change	3.5g Strategize with an interdisciplinary group and others to develop effective advocacy approaches
3.5c Define stakeholders, including members of the community and/or clinical populations, and their level of influence.	3.5h Engage in relationship-building activities with stakeholders at any level of influence, including
3.5d Implement messaging strategies appropriate to audience and stakeholders	3.5i Demonstrate leadership skills to promote advocacy efforts that include principles of social justice, diversity, equity, and inclusion.
3.5e Evaluate the effectiveness of advocacy actions	
3.6 Advance preparedness to protect population health during disasters and public health emergencies.	
3.6a Identify changes in conditions that might indicate a disaster or public health emergency	3.6f Collaboratively initiate rapid response activities to protect population health.
3.6b Understand the impact of climate change on environmental and population health.	3.6g Participate in ethical decision making that includes diversity, equity, and inclusion in advanced preparedness to protect populations.
3.6c Describe the health and safety hazards of disasters and public health emergencies.	3.6h Collaborate with interdisciplinary teams to lead preparedness and mitigation efforts to protect population health with attention to the most vulnerable populations
3.6d Describe the overarching principles and methods regarding personal safety measures, including personal protective equipment (PPE).	3.6i Coordinate the implementation of evidence based infection control measures and proper use of personal protective equipment
3.6e Implement infection control measures and proper use of personal protective equipment.	3.6j Contribute to system-level planning, decision making, and evaluation for disasters and public health emergencies.

Domain 6: Interprofessional Partnerships

Descriptor: Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.

Contextual Statement: Professional partnerships that include interprofessional, intraprofessional, and paraprofessional partnerships, build on a consistent demonstration of core professional values (altruism, excellence, caring, ethics, respect, communication, and shared accountability) in the provision of team-based, person-centered care. Nursing knowledge and expertise uniquely contributes to the intentional work within teams and in concert with patient, family, and community preferences and goals. Interprofessional partnerships require a coordinated, integrated, and collaborative implementation of the unique knowledge, beliefs, and skills of the full team for the end purpose of optimized care delivery. Effective collaboration requires an understanding of team dynamics and an ability to work effectively in care-oriented teams. Leadership of the team varies depending on needs of the individual, community, population, and context of care.

Entry-Level Professional Nursing Education	Advanced-Level Nursing Education
6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery.	
6.1a Communicate the nurse's roles and responsibilities clearly.	6.1g Evaluate effectiveness of interprofessional communication tools and techniques to support and improve the efficacy of team-based interactions.
6.1b Use various communication tools and techniques effectively.	6.1h Facilitate improvements in interprofessional communications of individual information (e.g. EHR).
6.1c Elicit the perspectives of team members to inform person-centered care decision making.	6.1i Role model respect for diversity, equity, and inclusion in team-based communications
6.1d Articulate impact of diversity, equity, and inclusion on team-based communications.	6.1j Communicate nursing's unique disciplinary knowledge to strengthen interprofessional partnerships.
6.1e Communicate individual information in a professional, accurate, and timely manner.	6.1k Provide expert consultation for other members of the healthcare team in one's area of practice.
6.1f Communicate as informed by legal, regulatory, and policy guidelines.	6.1l Demonstrate capacity to resolve interprofessional conflict.
6.2 Perform effectively in different team roles, using principles and values of team dynamics.	
6.2a Apply principles of team dynamics, including team roles, to facilitate effective team functioning	6.2g Integrate evidence-based strategies and processes to improve team effectiveness and outcomes.
6.2b Delegate work to team members based on their	6.2h Evaluate the impact of team dynamics and

roles and competency.	performance on desired outcomes.
6.2c Engage in the work of the team as appropriate to one's scope of practice and competency.	6.2i Reflect on how one's role and expertise influences team performance
6.2d Recognize how one's uniqueness (as a person and a nurse) contributes to effective interprofessional working relationships.	6.2j Foster positive team dynamics to strengthen desired outcomes.
6.2e Apply principles of team leadership and management. performance to improve quality and assure safety.	
6.2f Evaluate performance of individual and team to improve quality and promote safety.	
6.3 Use knowledge of nursing and other professions to address healthcare needs.	
6.3a Integrate the roles and responsibilities of healthcare professionals through interprofessional collaborative practice.	6.3d Direct interprofessional activities and initiatives.
6.3b Leverage roles and abilities of team members to optimize care.	
6.3c Communicate with team members to clarify responsibilities in executing plan of care.	
6.4 Work with other professions to maintain a climate of mutual learning, respect, and shared values.	
6.4a Demonstrate an awareness of one's biases and how they may affect mutual respect and communication with team members.	6.4e Practice self-assessment to mitigate conscious and implicit biases toward other team members
6.4b Demonstrate respect for the perspectives and experiences of other professions.	6.4f Foster an environment that supports the constructive sharing of multiple perspectives and enhances interprofessional learning
6.4c Engage in constructive communication to facilitate conflict management	6.4g Integrate diversity, equity, and inclusion into team practices
6.4d Collaborate with interprofessional team members to establish mutual healthcare goals for individuals, communities, or populations.	6.4h Manage disagreements, conflicts, and challenging conversations among team members
	6.4i Promote an environment that advances interprofessional learning.

Domain 9: Professionalism

Descriptor: Formation and cultivation of a sustainable professional identity, including accountability, perspective, collaborative disposition, and comportment, that reflects nursing's characteristics and values.

Contextual Statement: Professionalism encompasses the development of a nursing identity embracing the values of integrity, altruism, inclusivity, compassion, courage, humility, advocacy, caring, autonomy, humanity, and social justice. Professional identity formation necessitates the development of emotional intelligence to promote social good, engage in social justice, and demonstrate ethical comportment, moral courage, and assertiveness in decision making and actions. Nursing professionalism is a continuous process of socialization that requires the nurse to give back to the profession through the mentorship and development of others. Professional identity, influenced by one's personal identity and unique background, is formed throughout one's education and career. Nursing identity flourishes through engagement and reflection in multiple experiences that is defined by differing perspectives and voices. As a result, nurses embrace the history, characteristics, and values of the discipline and think, act, and feel like a nurse. Professional identity formation is not a linear process but rather one that responds to challenges and matures through professional experiences as one develops confidence as a nurse.

Entry-Level Professional Nursing Education	Advanced-Level Nursing Education
9.6 Integrate diversity, equity, and inclusion as core to one's professional identity.	
9.6a Demonstrate respect for diverse individual differences and diverse communities and populations	9.6d Model respect for diversity, equity, and inclusion for all team members.
9.6b Demonstrate awareness of personal and professional values and conscious and unconscious biases	9.6e Critique one's personal and professional practices in the context of nursing's core values.
9.6c Integrate core principles of social justice and human rights into practice.	9.6f Analyze the impact of structural and cultural influences on nursing's professional identity.
	9.6g Ensure that care provided by self and others is

	reflective of nursing's core values.
	9.6h Structure the practice environment to facilitate care that is culturally and linguistically appropriate.
	9.6i Ensure self and others are accountable in upholding moral, legal, and humanistic principles related to health.

Determinants of health: The range of personal, social, economic, and environmental factors that interrelate to determine individual and population health. These factors include policymaking, social factors, health services, individual behaviors, and biology and genetics. Determinants of health reach beyond the boundaries of traditional health care and public health sectors. Sectors such as education, housing, transportation, agriculture, and environment can be important allies in improving population health (*Healthy People 2020*).

Healthcare team: The collective of individuals who contribute to the care and treatment of an individual, family, group, or population.

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