

Section 1: Summary

The first goal initially stated prior to this experience was to demonstrate advanced clinical decision-making skills including clinical reasoning and reflective practice. I was able to achieve this goal through participation in all work related and clinical assignments, which included equipment modification, trial and error production of an AFO and tone reducing footplate, and other physical therapy related services to this population. I was able to advance my clinical decision-making skills in this environment as a large amount of creativity was required in this setting and with limited resources. Another goal set prior to this experience was to develop an understanding of the impact of gender, race, ethnicity, religious/spiritual views, and SES on health, health care, and the practice of physical therapy. Through working at this facility run by the Sisters I was able to learn first-hand the importance of religious and cultural awareness. For instance, therapy was missed for mid-morning mass and as guests in their facility we were required to participate in all of their fiestas and group celebrations regardless of work time or time of day. In addition to the language barrier, there were also cultural barriers to some of our interventions and recommendations. Overall, I don't think I would be as culturally aware and competent if I hadn't participated in this experience. The last goal was to provide primary care to patients with neuromusculoskeletal disorders within the scope of PT practice through collaboration with other members of the primary health care team. I was able to provide education and therapy treatment to several individuals utilizing a co-treatment session with the occupational therapy student in our group. Together we learned from one another and were able to collaborate on several successful ideas to assist the patient in self-care activities and the tech on safe transfer techniques.

Global health topic: sustainability related to physical therapy international service learning

Sustainability continues to be an issue for both development of a clinic in an impoverished region of the world as well as carry-over of skills and techniques into an existing clinic or facility. At the facility in Merida the group was able to educate the staff and leave equipment to allow for appropriate use of gait belt and solid seat inserts to improve seated wheelchair posture and positioning to prevent pressure sores.

International service learning programs, such as the one utilized for the trip to Merida, Mexico have benefits for both sustainability as well as progression of student skills and promotion of international health care awareness. A study by Pechak and Thompson¹ investigated the growing involvement in the physical therapy profession in global health activities as well as the structure of service learning and its reflective component to optimize student learning. This study also aims to examine how global health training should be carried out in physical therapist education by investigating existing international service learning programs. From their data, Pechak and Thompson were able to describe the five phases of establishing the optimal international service learning program while also identifying the underlying primary themes or “underpinnings” of a solid service learning program. One of these underlying themes was sustainability, and was utilized not only to describe the service learning program, but also the efforts at the international site to produce lasting changes in the students as well as the international community. The nature of a good international service learning program should allow for sustainability not only of the program itself but also service to the community and changes in the practice and idea of physical therapy services within the international community.

Utsey and Graham² investigated the international and interdisciplinary learning of a group of physical therapy students following a seven day mission trip to Mexico. They found that the international service learning experience facilitated student problem solving skills as a result of limited resources, enhanced critical thinking and decision making, while also improving cultural awareness. Theoretically, these skills would then carry-over into their practice in the states, and the knowledge gained by the students

would validate the importance of a sustainable international service learning program for the reciprocal benefit of both the students and the community.

An additional framework has been investigated for both physical and occupational therapy in the context of international service learning by Lattanzi and Pechak³. In addition to developing a framework for programs looking to develop an international service learning program, they also discussed ethical considerations of sending students to international locations, and the risk of harm to all stakeholders. Their investigation and discussion into the ethical concerns also addressed the potential negative impact of short-term involvement (lack of sustainability with short-term visits), as well as insufficient focus on sustainability while emphasizing student needs over needs of the community. Overall this study addresses multiple concerns that should be considered prior to initiate of an international service learning program involving physical and occupational therapy students in order to optimize reciprocity and sustainability for all involved parties.

Advocates for the advancement of physical therapy and its practice guidelines have attempted to integrate clinical practice guidelines to improve international collaboration⁴. This would allow for the improvement of quality healthcare; however, international collaboration in the field of physical therapy has been limited to date. Improvements in access to online databases and improve international collaboration on all topics related to the advancement of physical therapy, including education, clinical practice guidelines, as well as improved techniques and recent research would help improve sustainability in the international community. Currently, as service learning trips make visits to international communities, giving them ideas and current techniques without stepping over cultural boundaries has limitations for sustainability. If we were able to direct international therapy practitioners to a validated database where they could find the latest evidence as applicable to their level of education, sustainability would be greatly improved.

Physical therapy in itself is a sustainable profession, in that it empowers people to be advocates for their own health care⁵. However, in international practice culture plays a huge factor in the success of physical therapy intervention. Therefore, optimizing cultural awareness to improve the quality of service learning programs and delivery of physical

therapy care in the international setting is crucial to sustainability for both the community as well as the organization.

References:

1. Pechak CM, Thompson M. A conceptual model of optimal international service learning and its application to global health initiatives in rehabilitation. *J Phys Ther.* 2009; 89(11): 1192-1204.
2. Utsey C, Graham C. Investigation of interdisciplinary learning by physical therapist students during a community-based medical mission trip. *J Phys Ther Educ.* 2001; 15(1): 53–59.
3. Lattanzi JB, Pechak C. A conceptual framework for international service learning course planning: Promoting a foundation for ethical practice in the physical therapy and occupational therapy professions. *Journal of Allied Health.* 2011; 40(2): 103-109.
4. Van der Wees PJ, Moore AP, Powers CM, Stewart A, Nijhuis-van der Sanden MWG, de Bie RA. Development of clinical guidelines in physical therapy: Perspective for international collaboration. *J Phys Ther.* 2011; 91(10): 1552-1563.
5. Lazaro RT, Umphred DA. Improving cultural diversity awareness of physical therapy educators. *Journal of Cultural Diversity.* 2007; 14(3): 121-125.

...

Section 2: Student IP responsibilities, feedback, and other advice

Overall I have to say that this was an amazing experience that I would participate in every year if I could. The trip started on a Tuesday (travel day), and we started working on Wednesday. We worked each day at our respective facilities from approx 8am to 2pm. Our group included an instructor, 3 students as well as a translator. At my site there was a therapy tech and a 3x/week volunteer currently providing physical therapy services. This site was overall a residential shelter run by nuns for residents whose families couldn't afford to care for them, and with their approval we were able to provide physical therapy services, equipment modification, and patient/staff instruction. As a student, my responsibility was to set 3 goals for myself and daily discuss my progress toward these goals with my instructor. Personally, I set goals involving interdisciplinary care with Occupational Therapy, staff instruction on shoe wearing and foot checks to prevent wounds, as well as instructing staff of safe transfer techniques for more dependent residents. I was able to meet all of these goals with direction from my instructor (Alex Borstad) for occasional guidance. While on-site I was able to independently treat several patients and develop sort of a modified case load of my own; however, things were occasional different due to cultural and religious factors (frequent fiestas and mass in mid morning). We were able to work with the translator and teach the current therapy tech several treatment ideas and techniques to assist her in her work and make her job easier. She was very receptive to our recommendations and frequently sought us out with questions. We were able to also upgrade several wheelchairs, fix legs rests and breaks, add seat belts to wheelchairs, as well as put together solid seat inserts for 4 different patients. The sisters at this site were so welcoming and we so appreciative of our work; these women know that they have limited resources and they really cherish the time we spend with them (just as we cherished that time as well). I wouldn't say there are negatives to the site necessarily; however, you really have to be creative and make use of what limited resources are available. I feel that this experience really will make me a better clinician as I work in the US.

So here's a little tid-bit on food and travel in Merida; public transportation is a little crazy. You can bargain your taxi fare, so don't say okay when the cabbie says \$80 pesos! And the bus fare is generally only \$6 pesos, but sit down fast and hold on, it's a

little bit of a wild ride! Driving in Merida is also a little crazy, there are roundabouts everywhere, no one stays in their lane, and people will cut you off all over the place. Overall the food was fantastic, but just be careful that it's a place that uses bottled water for everything (which almost all downtown are safe, and delicious!). The primary language is Spanish; however, some residents do speak broken English and most of them will try to sell you items on the street (scarves, bracelets etc) so be careful not to get sucked in. The residents are all very friendly, and welcoming to Americans for the most part.

Section 3: Visual story of clinics, patient services, housing, and local culture.



Therapy gym at Ciudad Vicentina (with Fanny the Rehab Tech and other classmate)



Garden and entrance to Vicentina



Me and Instructor with patient at Vicentina



Front Entrance to Casa de Millsaps (place we stayed)



First floor lobby at Casa de Millsaps



Mayan Ruins (Dzibuchichen)



Instructor Dale (preceptor) at ruins.



OHIO on the ruins!



Mayan ruins at Chichen itza



Group shot with the tour guide Israel at the city Chichen itza.



More of the ruins at Chichen itza