Name of Program: IU School of Dentistry International Service Learning Dental Program in Port Margot and Vaudreuil, Haiti

Dates of Program: May 29-June 13, 2015

Location of Program: Port Margot and Vaudreuil, Haiti

Director of Trip: Timothy J. Carlson DDS MSD

Participants from IU

Selection Process:
Registered students at IUSD are invited early each fall semester to apply for a position on a dental International Dental Service Learning team using the IU iAbroad service. The students do not apply for only one program, they apply for the integrated course, which includes all IUSD ISL experiences, and they are requested to rank up to 5 country experience in descending order of preference. The country directors evaluate the applications, and attempt to place as many students as possible into their first choice of program. The date of their application (first come-first served) and their grade level (year in school, not class rank) largely determine which program they will be placed into. Certain programs are developed for certain grade levels of student, so all can have an opportunity. In our experience we have been able to place every student who has applied, and the majority get their first choice. Those who apply late may get a second or third choice of program if their first choice is already full.

Number: Week One: four senior dental students, one 2015 Dental Hygiene graduate, one 2015 dental graduate, one IUSD dental assistant, one IUSD staff dental equipment technician/EMT, two IUSD faculty members (Restorative Dentistry)

Week Two: four senior dental students, one junior dental student, two IUSD faculty members (Restorative Dentistry).

Majors represented: Dental

Class standing: 3rd and 4th Year Dental

Campuses/ Institutions represented: IUPUI/IU School of Dentistry

Community Partner Individuals:
Week One: one dental hygienist (2015 graduate), one IUSD dentist (2015 graduate), one nurse/spouse of faculty member, all from Indiana
Week Two: one IUSD alumni dentist from Indiana
Both weeks: two Haitian translators, a driver and an American translator who all work in Vaudreuil assisted our teams.
First and last day: one Haitian dentist resident of Port Margot, Haiti
First day, four individuals from St. Malachy parish, Brownsburg were in Port Margot on a medical project and assisted us.
Pre-Departure Orientation Provided to Participants:
Drs. Martinez-Mier, Carlson and Garetto directed orientation through a minimum of eight classes required of all participants. Four large group classes were required for participants from all programs. Five additional Haiti-specific classes included student presentations of topics to prepare for the trip, such as Haiti history, politics, geography, culture, economics, health care, and working in a clinic environment in a developing country. There was no prerequisite language requirement, although a working understanding of French or Haitian Creole would have been helpful. Dental Haitian Creole language instruction was part of the orientation sessions so the students could say a number of greetings and dental instructions.

Academic Program:

Description of course offered:
This course consisted of the required four hours of large group didactic preparation described above, an additional eight hours specifically related to Haiti, and a one-week international experience for students of IUSD providing clinical dental treatment for underserved patients in Haiti. Students can track their service/volunteer hours by enrolling in the Community Based Education I, II or III elective courses. The Haiti Service Learning experience can earn 3 Credit Hours in the summer before the second, third or forth dental school years in the courses T572, T672 or T772 respectively. The community volunteer hours earned in this experience also count toward the required 1 credit hour IUSD Intramural Elective module for senior dental students. This elective course is "International Dental Service-Learning" and is a module in the required 19 credit hour clinical course T850 "Clinical Sciences IV Part II". All students who participate in this experience are enrolled in this elective course and receive credit for 80 clock hours of experience in community dentistry. A maximum of 24 hours is allowed from any one experience. Students from the Indiana University School of Dentistry were involved in providing direct and supportive dental health care to underserved patients in Northern Haiti. Both weeks logistics and housing were provided by One Mission Society in Vaudreuil, Haiti, and mobile clinics were performed in churches and schools in the north plain of Haiti. The first day of the first week and the last day of the second week the team worked with an existing dental clinic that is a cooperative outreach of the St. Marguerite Parish in Port Margot, Haiti and the St. Malachy parish in Brownsburg Indiana. The team utilized three mobile dental units and an air compressor owned by St. Malachy that are kept at the St. Marguerite clinic, and one additional portable unit brought with the team from IUSD. The clinic schedule was set so we could pick up the dental units and work in Port Margot at the beginning of the first week and return the units after the clinic.
day at the end of the second week. The intervening eight mobile clinics were held in facilities related to One Mission Society around North Haiti. For the first week, the team consisted of four senior dental students, one IUSD dental assistant, one IUSD dental equipment repair technician/EMT, the IUSD faculty mentor and his wife who is a nurse and an IUSD alumni dentist who obtained adjunct faculty status for this trip. A 2015 graduate dental hygienist and a 2015 graduate dentist accompanied the team.

The second week, the team consisted of four senior dental students, one junior dental student, the faculty dentist mentor and the alumni adjunct faculty dentist. A second IUSD Alumni dentist joined the team for the second week. During the two clinic days in Port Margot, we were joined by the Haitian Port Margot staff dentist. Local nationals were hired by the in country host to act as translators, and they were invaluable in patient organization, education and to facilitate patient treatment.

**Any distinctive features:**
This program is unique in that it offers the opportunity to provide dental services for underserved patients in a developing country. This experience allows IUSD students to observe and treat dental conditions that they would not see in this great concentration in the US, and allows them to understand living conditions and oral health conditions in remote areas of a developing country. The founding faculty mentor for the Port Margot experience (Dr. Garetto) has had extensive experience in Haiti, having traveled there nearly annually since 2001 to work with the infrastructure of the clinic and parish area, although he was not able to travel with the team this year. The faculty mentor dentist (Dr. Carlson) and his wife have extensive experience in Haiti, having lived in Vaudreuil, Haiti for two years from 1978-1980, and have directed ten previous IUSD ISL student groups in Haiti. In addition they have made other non-ISL service trips to Haiti including providing post-operative care to victims immediately after the 2010 earthquake. They both speak Haitian Creole. Dr. John Brewster was the IUSD alumni dentist who obtained adjunct faculty status, and he precepted the students during both weeks along with the director, Dr. Carlson. Dr. Brewster was a student member of the second and third Haiti ISL teams in 2002 and 2003. He has also served as a community partner dentist for two IUSD ISL experiences with Dr. Carlson in Ecuador. The second week we were joined by a second IUSD alumni community partner dentist, Dr. Patricia New. Both Dr. Brewster and Dr. New were invaluable members of the teams.
There are a small number of dentists in northern Haiti, and our teams are well received and work closely in support of their efforts. On the first Saturday evening of the first week, Dr. Carlson, Dr. Brewster and the students provided an evening CE course for the North Haiti Dental Association. Several Haitian dentists and the entire ISL team shared the evening, including dinner at a local restaurant in Cap Haitien provided by the president of the dental association. This year was the eighth in a series, the last six have occurred annually since the 2010 earthquake. An asset at the two Port Margot clinic days was working with Dr. Albertus, the Haitian dentist who staffs that clinic three days per week.

Even with this existing dental infrastructure, there is a large unmet need for any form of dental treatment and oral health education throughout Haiti. This course is heavily oriented toward providing direct dental services. In ten clinic days, our team treated 414 patients in the clinics, providing 361 dental restorations, 158 dental cleanings, and 314 dental extractions. We also provided fluoride varnish applications for an additional 780 children in the yards outside of the clinic areas. In addition to the clinical activities the students were able to see the Citadelle Laferrière and the ruins of the Sans-Souci palace, significant UNESCO World Heritage sites located in northern Haiti. Both teams were able to visit protected private beaches during one afternoon. The trip mentors and alumni dentists accompanied the students utilizing chauffeurs and transportation provided by each host organization to visit the sites as group excursions.

**Strengths/weaknesses of academic program:**
The program has enthusiastic faculty and students, and well-organized and experienced in-country sponsors and faculty mentors. The two faculty mentors and the in-country sponsors have become experienced and effective in providing relatively comprehensive dental care in a small towns in Haiti, while also providing time to appreciate the culture and beauty of the country and people. The academic and clinical portions of the program are strengths, improvements needed in the accommodations in Port Margot are addressed in the student housing section.

**Any Recommended Changes:**
No significant changes are recommended to the academic or clinical program. There are minor modifications such as adjusting the amount of clinical instruments and supplies related to the number of expected patients each day.

**Impact/ influence of overseas setting on academic experience:**
The overseas setting is invaluable to the impact of this program. This program is designed to provide dental services in a developing country to children, youth and adults who otherwise have limited access to dental care. The dental students treated dental conditions that were much more severe and concentrated than routinely seen in the U.S., even among
underserved patients here. Serving this rural Haitian population was very eye opening to the students, as this population expresses an unusual degree of cooperation and gratitude that is rarely seen in the typical American dental population of any economic background.

Another big advantage of the overseas setting is in the team building and camaraderie developed among the team members. The concentrated time of working in clinics together under difficult conditions, problem solving and sharing meals together on a daily basis increased a strong feeling of interdependence among the team members and faculty that would never develop in a traditional US based clinic activity. These trips by the design of the logistics use relatively small teams of five to six students with IUSD faculty mentors, including two or three licensed dentists on each team. This provides a very favorable student to faculty ratio, which allows an unusually high degree of interaction and teaching and learning opportunities.

**Description of reflection activities and how those impacted the student learning experience:**

One of the requirements of the ISL course is for each student to maintain a journal, a portion of which must be submitted at the end of the course. In addition, each night after supper the team met with the faculty mentors to evaluate and reflect on the day’s activities for both personal and educational enrichment as well as to improve clinic function on subsequent days. Following return to IUSD, the team gathered for a post-trip reflection and course/trip evaluation session. Other students and faculty are allowed to attend this session, but it is typically the involved students who attend. This journaling and group reflection sessions cement in the student’s minds the experiences and meaning of
those experiences relative to culture and dental conditions and treatment in a developing country. It also helps the director to continually evaluate and improve the experience for students and patients.

**Description of field trips and excursions and how they served the academic mission:**

The most significant field trip for each team occurs on either Saturday or Sunday the weekend before the clinic week starts. This is the day that the team visits the Citadelle Laferrière and the ruins of the Sans-Souci palace, significant UNESCO World Heritage sites located in northern Haiti. The Citadelle is the largest fort in the Caribbean and is still largely intact with its original armament. It is said to be the finest and largest collection of 19th century armament in one location. The Citadelle and the Sans-Souci palace were built at the direction of Henri Christophe, the first emperor of Haiti after their independence in 1804. Part of the IUSD ISL course leading up to traveling to Haiti included study of the history and significance of Haiti becoming the first Black nation in the world to overthrow colonial rule. Haiti is also the second nation in the New World (after the USA) to gain independence from a foreign power. Both of these facts and the amazing constructions are true sources of national pride for the Haitian people in spite of their chronic financial and social difficulties. The second field trip was to visit a local beach for a half day of respite from the week of intense clinical activity. Both of these activities were taken as a group, along with the IUSD faculty leader. Transportation was provided by the community partner in Haiti each week.
Summary of Grade Distribution
Credit is given in the elective courses in International Dental Service-Learning. There are no letter grades given, all students who participate fully in all phases of the course including campus and international portions receive “pass” evaluations.

Description of Student Housing and Program Facilities:
The in-country sponsor provided housing for students and faculty. This year for the first time, both teams stayed at the Vaudreuil facility during the two sequential weeks. Students, faculty and volunteers were housed in three guesthouses on the grounds of the One Mission Society property. These are very adequate ranch style houses with hot and cold running water, flush toilets and food service on site. The site maintains its own water supply, which allows clean drinking water from the taps on the compound. The individuals in charge of guest arrangements are from the U.S., and are on site full time. In all of Haiti, electrical power is not consistently available, and the sponsor generates their own power with diesel generators throughout the day as conditions and national power warrant. Full electric power is not available during the night. The guesthouses have battery back-up electric inverter systems that provide limited 110V power after the main power is shut off. This allows lower power systems like designated lights and fans to operate throughout the night. Students were prepared for this schedule and took it in stride. The facility provided bed linens and towels. The transportation provided by the sponsor was appropriate for the conditions of the roads, some of which were quite good and others quite poor as is expected. On balance, there was a dramatic increase in the miles of paved roads in the north between 2010 and 2014, so travel was significantly improved in some areas, with expected difficult roads in other areas. There was not a significant improvement in roads in the past 12 months in the north, as construction has shifted primarily to central Haiti. The road from Limbe to Port Margot remains a gravel and dirt road.

Description of Meal Arrangements:
Both weeks the teams benefitted by close association with their Haitian hosts, eating meals prepared by Haitian cooks using primarily local ingredients. Fresh cooked breakfast and supper was provided at the main guesthouse, and sandwich lunches were provided in coolers for the mobile clinic days. Water and fresh juices were served in addition to bottled beverages. All meals were included in the fee paid to the sponsors, which covered the cost of room, board, and in-country transportation.

Description of Any Health and Safety Incidents including Disciplinary Problems:
No safety incidents or disciplinary problems occurred during the program. There were no incidents of any political or social unrest seen by any participant at any time. Haitians are very stoic and hardworking people. Even though we observed the expected poverty-level living conditions and markets, individuals greeted us warmly. Insect bites were an expected occurrence, but in actuality the teams were remarkably free from complaints of insects. We encouraged the use of insect repellents. During the both weeks a few individuals periodically reported some GI upset, which subsided after one day with treatment. One student from the first week required physician assistance with an illness that presented four days after he had returned to the U.S. It is not known if the illness was related to the trip, travel or merely coincidental to his return. He was back at school in good condition several days after receiving treatment.
Describe Any Aspects of the Program That Have Changed From the Original Proposal or a Previous Iteration of the Program:

The only change is that both Team 1 and Team 2 stayed on the OMS compound in Vaudreuil in 2015 as was described in the housing description. In prior years, one team stayed one week in Port Margot and one team stayed the second week in Vaudreuil. This change was because the housing and water quality is superior at the Vaudreuil facility. The teams continued to cooperate with both NGOs in Vaudreuil and Port Margot, serving both populations. The two facilities are about 40 minutes apart, so Team 1 treated Port Margot patients on the first day of the first week, and Team 2 finished in Port Margot on the last day of the second week. In this way, we could bookend the experience by serving that population with both teams. This arrangement was quite satisfactory to both NGOs, and their patients, and it is anticipated that we will continue to utilize this arrangement with future teams to Haiti. The student satisfaction reports for housing are better in Vaudreuil than Port Margot. It is anticipated that Port Margot will upgrade housing sometime in the future and we could consider using that housing for one week when that occurs.

Recommendations for Future Offerings of this Program:

Within the past year for the first time American Airlines became the first and only major carrier providing direct commercial flights with large jets into Cap Haitien from Miami. This provided the opportunity for our teams to take the same airline from Indianapolis to Cap Haitien. This greatly reduced luggage fees we had paid on smaller commercial carriers into Haiti, and assured that one carrier would be responsible for luggage transfers for all legs of the flight. In addition, the schedule allowed the potential to make the connections into and out of Haiti in one day both going and returning. This saved a hotel night in Florida that has always been necessary when using the smaller carriers to fly into Haiti. Unfortunately it appears that American Airlines is still working out some scheduling difficulties on this new addition to their schedule. The return flights from Haiti were delayed both weeks causing missed connecting flights in Miami. The airlines did provide hotel and food vouchers for the teams in Miami, but that added a level of frustration and uncertainty to the return flight. The first week, the entire team was able to get on the same direct flight into Indianapolis the next day, but the second week team had to split up onto three different routes to get to Indianapolis the following day. All of the luggage did get to and from Haiti successfully with only one late bag on the return. As we begin assessing flights for 2016, we will need to take into careful consideration the flight schedules and their on-time performance. The American/US Airlines merger will have been well established by then, so there will likely be some adjustments to the schedules. If there is not sufficient layover scheduled in Miami (more than 2 hours) we may schedule an overnight in Miami. All things being equal, it is much preferable to be able to complete travel in one day.

This year, the international portion of this course was scheduled to be nine days duration for the first week and eight days for the second team covering seventeen days for Dr. Carlson and Brewster. The first team left Indianapolis and arrived in Haiti on a Friday. At the end of the first week, Drs. Carlson and Brewster brought the first team to the Cap Haitian airport to leave Haiti, and received the second team later that afternoon. Both teams left Haiti on Saturdays. With the first team entering Haiti on Friday (instead of Saturday last year), this afforded an extra day to get all the supplies in and organized and a half day for the first team to visit a beach on the first Sunday which had not been
possible during previous years due to time constraints. Both teams were able to visit the historically significant sites of the Citadel and San Souci on their first weekends, and still have time to get organized prior to beginning the clinical week on Monday.

The students were pleased with the mix of cultural experiences with the predominate clinical experiences. The sizes of the traveling groups seemed appropriate. The group the first week consisted of four senior dental students and a recently graduated dental hygienist. There were also two experienced dentists and the director’s spouse who is a nurse, which helped the clinical program a great deal. We had a dental assistant volunteer the first week again this year along with a dental equipment technician who is also an EMT. This is the third year that they been able to join the team. This proved to be very valuable in organization and efficiency of the students and clinical experience, and it is recommended to encourage the addition of dental staff on future trips. The second week we had four senior dental students and one junior dental student along with an experienced dentist besides Dr. Brewster and Dr. Carlson. The total number of participants was eleven the first week and eight the second. In this environment and facilities that number seems to be a good maximum to work with although we could have up to 6-8 total students each week. Having moderate sized groups provides many benefits including having an easier time getting the entire team on the same flights, simplified transportation in country, and a more homogeneous team. In addition, housing space is limited in each sponsoring agency, so it would be difficult to bring a much larger group.

The amount of dental equipment (four mobile dental units, one chair and one compressor) and instruments worked well for these clinical activities. Due to significant luggage fees associated with transporting this amount of material on both domestic and international airlines, it is helpful to be as conservative as possible and still have the appropriate amount of equipment and supplies. Because our community partner in Port Margot has three portable units available for use, we only needed to transport one in and out of Haiti. Having the two trips back-to-back allowed efficiency of equipment transportation, as all of the equipment could be used both weeks and only transported once. The amount of supplies was generally correct, and we did not run out of any supplies with the exception that you can never bring enough fluoride or toothbrushes for the potential number of patients. Having the registered nurse sterilize instruments the first week and team participants do so the second week worked well. Instrument and supply organization worked very well as last year due to increased organization.

From a director’s point of view, both the didactic classes and the in-country program ran well this year. This was the sixth year that the directors of all seven international programs cooperated in a required core curriculum of four lectures presented to the combined student groups. The required lectures received a generally positive response from the students and they appreciated the effort of a group orientation. The sessions are all held after school at 5:15PM, which makes energetic interaction with the students a challenge after long clinic days. There is no easy solution to this late lecture hour, as there is no time during the 8 to 5 academic hours that all the students are available at the same time. None-the-less, the group classes worked quite well this year. Part of this was due to the use of our newly renovated lecture rooms that provide a better small-group feel and group interaction. Five Haiti-specific sessions were concentrated in April and May. In addition, two final sessions were specified for packing supplies and organizing. Students were given practice phrases of Haitian Creole in text form and in recordings.
from a native Creole speaker. This gave the students some basic phrases that were helpful in the clinic.

Program Will Next be Offered:
May 27-June 4 continuing with a second group from June 4- June 11, 2016, both weeks in Vaudreuil.

Reflections on any concerns raised by Overseas Study Advisory Council during the program approval process:
Overseas Studies Advisory Council requested that every participant have a cell phone capable of accessing the cell network in Haiti to communicate with each other and to be able to contact the United States in an emergency. Each student and faculty member provided personal cell phones with that capability. As requested, plans were made for a meeting place for each team if there was a communication breakdown, and an alternate exit strategy through the Dominican Republic by commercial bus was determined. Fortunately as expected, the entire portion of Haiti we traversed was very calm. There were no incidents that provided any safety concern during the trip. Cell phones were utilized primarily to keep up with family at home, and for those who utilized cellular data, to access internet and email. Students are made aware of all US State Department and CDC publications, guidelines and recommendations.

Attachments:

Appendix A: Participants Week I and Week II
Appendix B: Treatment Statistics Week I
Appendix C: Treatment Statistics Week II
Appendix D: Didactic Course Syllabus, Program Schedule, Daily Routine, Calendar of Program
Appendix E: Student Evaluation Form
Appendix A: Participants Week I and Week II

2015 Week I, Port Margot/Vaudreuil, Haiti Participants:

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<td>Pandya, Ami</td>
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<td>Kelley, Mackenzie</td>
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<td>Lane, Jonathan</td>
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2015 Week II, Port Margot/Vaudreuil, Haiti Participants:

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### Appendix B

Treatment Statistics Week I, Port Margot/Vaudreuil, Haiti:

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Appendix C

Treatment Statistics Week II, Vaudreuil, Haiti:

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Appendix D: Didactic Course Syllabus, Program Schedule, daily routine, calendar of program

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<tr>
<th>CLASS SCHEDULE</th>
<th>Topic</th>
<th>Faculty</th>
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<tr>
<td>Date</td>
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<td>Jan 28, 2015</td>
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<td>Dr. Mary Price</td>
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<td>Triage and dental treatment planning skills</td>
<td>Dr. Armando Soto</td>
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<td>Feb 11, 2015</td>
<td>Cross cultural patient/provider encounters</td>
<td>Dr. Angeles Martinez-Mier</td>
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<td>Feb 18, 2015</td>
<td>Ethics in international service learning</td>
<td>Drs. Lawrence Garetto, Timothy Carlson,</td>
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Haiti Specific Dates:

3/24: Haiti Team Seminar: Dr. Carlson Orientation, Topic 1
4/7:  Haiti Team Seminar: Topic 2,3,4
4/21: Haiti Team Seminar: Topic 5,6,7
4/28: Haiti Team Seminar: Topic 8,9,10
5/12: Haiti Team Seminar: Topic 11,12,13
5/20: Packing
5/26: Finish packing
5/29: Team 1 travels to Haiti
6/6: Team 1 returns, Team 2 travels to Haiti
6/13: Team 2 returns to Indy

Topics:
1) Haiti History, precolonial and colonial through independence. (Dr. Carlson)
2) Haiti Political structure 1804-1900, effect on development (Abubaker)
3) Haiti Political structure 1900- present, Presidents from Duvalier to present, effect on development (Melissa)
4) Haiti/historical France debt/reparations, effect on development (Jon)
5) Haiti/US historical and current relations, mostly last 100 years, should we change (Mackenzie)
6) Historical structures in North: Citadelle Laferriere and Sans-Souci palace (Linda)
7) Economics/ industries/ imports/exports/tourism/ any improving or not, solutions (Shane)
8) Haiti geography, 2 major cities, rivers, mountains, deforestation (especially in North, Cap Haitien/northern plain area) (Margaret)
9) Haiti Culture, religions - Voodoo- Christianity – effects (Jacob)
10) Medical and Dental education in Haiti, Provision of Health/Dental Care in Haiti, solutions (Priscilla)
11) Housing, Utilities, transportation systems, standard of living, occupations (Ami)
12) Sanitation/ Major public health problems/ contagious diseases/ water borne/ vector borne, solutions (Lauren)
13) Recent natural disasters in Haiti (past 5-10 years) status of foreign aid, solutions (Aakar)

Volunteers for jobs (first week, second week):
1) Donor thank-you letters (Linda)
2) Luggage/equipment counting at airport, bus transfer, each time we move them (1 each
week) — 1, Melissa 2, Shane 2
3) Supply inventory, at IU and daily supply table set up in Haiti, (2 first week, 1 second week) (Mackenzie 1, Ami 1, Margaret 2)
4) Creole language aids-phrase prompt sheets, education (Dr. Carlson, Dr. Amazan)
5) Entertainment/diversions/games (1 each week) (Lauren, …)
6) Record keeping-Pt statistics, quotable quotes (1 each week) (Jon 1, —— 2)
7) Photo collation, distribution, (video editing?) (Jacob)
8) Instructions/ Pt Education helps (1 each week- Drs Carlson and Amazan can help) (Lauren 1, Jacob 2)
9) Portable Equipment setup (1 each week) (Aakar 1,2 Shane 2)
10 Prizes/stickers for child patients--(I have a pretty good supply) (1 each week) (Priscilla 1, Melissa 2)
11) Roommate organization (1 each week) (Ami 1, Linda 2)
12) Instrument clean-up, rebagging end of day (1 each week) (Jon 1, Margaret 2)
13) Portable Equipment breakdown each day (1 each week) (Aakar 1,2 Melissa 2, Shane 2)

Daily Schedule:
Team 1
Friday, 5/29/15- Team 1 travels Indy- Miami-Cap Haitien, leave 6AM, arrive 1:06 PM

Time in Cap Haitien for customs, immigration
OMS personnel transport team to OMS compound, Vaudreuil, Haiti
Locate rooms, organize
Supper at OMS compound

Saturday
Breakfast, sack lunch, tour Citadel and San Souci palace ruins
Evening CE course presentation for Cap Haitien Dentists, supper

Sunday
Breakfast; Lunch at Comier Plage private beach
Evening arrange supplies for clinic week

Daily M-F
Breakfast 7AM
Leave for clinics 7:30 AM
Travel time 1 to 1.5 hours each way
Sack lunch on site
Supper at OMS compound
Team meetings, Q/A with Haitian leaders or American hosts after supper

Saturday 6/6/15
Team 1 Arrive at Cap Haitien airport 1:30 PM

American Airlines 3:18 PM Cap Haitien to Miami and Indianapolis, arrive 11:50 PM
Drs. Carlson and Brewster stay in Haiti to drop off Team 1 and welcome Team 2
Daily Schedule:
Team 2

Saturday, 6/6/15 - Team 2 travels Indy- Miami-Cap Haitien, leave 8:45 AM, arrive 2:28 PM
OMS personnel transport team to OMS compound, Vaudreuil, Haiti
Locate rooms, organize
Supper at OMS compound

Sunday
Breakfast, sack lunch, tour Citadel and San Souci palace ruins
Initial clinic organization and set-up

Daily M-F
Breakfast 7AM
Leave for clinics 7:30 AM
Travel time 1 to 1.5 hours each way
Sack lunch on site
Supper at OMS compound
Team meetings, Q/A with Haitian leaders or American hosts after supper

Friday afternoon, visit Chu Chu bay private beach

Saturday 6/6/15
Team 2 Arrive at Cap Haitien airport 1:30 PM

American Airlines 3:18 PM Cap Haitien to Miami and Indianapolis, arrive 11:50 PM
Appendix E: Student Evaluation Form

EVALUATION OF INTERNATIONAL SERVICE LEARNING PROGRAMS AT IUSD – Haiti 2015

Planning Phase:
1. Planning began sufficiently early to prepare me for the trip.

Strongly disagree 1 2 3 4 5 Strongly agree

2. Students were sufficiently involved in developing goals for trip.

Strongly disagree 1 2 3 4 5 Strongly agree

3. Communication via e-mail and group meetings was effective.

Strongly disagree 1 2 3 4 5 Strongly agree

4. Expectations about the project and the trip were clearly explained.

Strongly disagree 1 2 3 4 5 Strongly agree

COMMENTS:

Education Phase:
1. Dr. Price’s discussion of “Service-Learning Models” was helpful and relevant to our project.

Strongly disagree 1 2 3 4 5 Strongly agree

2. Drs. Armando Soto’s discussion of “Triage and Treatment Planning Skills” was helpful and relevant to our project.

Strongly disagree 1 2 3 4 5 Strongly agree

3. Drs. Martinez-Mier’s discussion of “Cross-cultural Patient Provider Encounters” was helpful and relevant to our project.

Strongly disagree 1 2 3 4 5 Strongly agree

4. Dr. Garetto, Dr. Kowolic and Carlson’s discussion of the “Ethics in Health Service Trips” was helpful and relevant to our project.

Strongly disagree 1 2 3 4 5 Strongly agree
5. The Haiti-specific small group sessions directed by Dr. Carlson were helpful and relevant to our project.

Strongly disagree  1    2    3    4    5    Strongly agree

COMMENTS: Please comment on specific portions of the above discussions and make any suggestions for topics to cover in the future.

THE TRIP:
1. Students were sufficiently prepared regarding items to pack.

Strongly disagree  1    2    3    4    5    Strongly agree

2. The airline and bus arrangements were organized and appropriate.

Strongly disagree  1    2    3    4    5    Strongly agree

3. The accommodations were appropriate.

Strongly disagree  1    2    3    4    5    Strongly agree

4. There was enough variety and amount of food and drink.

Strongly disagree  1    2    3    4    5    Strongly agree

5. Transportation on site was adequate.

Strongly disagree  1    2    3    4    5    Strongly agree

6. The trip was an appropriate length of time.

Strongly disagree  1    2    3    4    5    Strongly agree

7. Appropriate amount of time was devoted to experiencing the culture and interacting with the community.

Strongly disagree  1    2    3    4    5    Strongly agree

8. Appropriate amount of time was devoted to clinics.

Strongly disagree  1    2    3    4    5    Strongly agree

9. The dental equipment and materials were appropriate for the clinics

Strongly disagree  1    2    3    4    5    Strongly agree

10. The clinics were effective and well organized.
11. Appropriate amount of time was devoted to discussion and reflection of the events of the day.

COMMENTS:

**GENERAL:**

1. If it were possible, I would participate in this project again.

2. The best part(s) of the project was:

3. What part(s) of the project should be improved if we did it next year?

4. How has this experience affected your outlook on life?

5. I am interested in being a student organizer next year.

   Yes          No

COMMENTS: