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Proceedings of the International Volunteer Project Workshop: **Exploring Challenges and Developing Best Practices**

May 11, 2018 | American Dental Association Headquarters | 211 East Chicago Avenue, Chicago, Illinois

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Academy of Dentistry International
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Compiled and Edited By:
Francis G. Serio, D.M.D., M.S., M.B.A.

Welcome and Charge

Welcome to the inaugural International Volunteer Project Workshop. This is just the beginning of what we hope is a continuing conversation. You are a part of history as representatives from many groups that run or sponsor projects are brought together for the first time. To be sure, there are many resources available for volunteers, often presented from a specific point of view. As interest and participation in volunteer projects continue to rise, the workshop organizers wanted to convene a meeting of seasoned hands to explore some of the challenges facing these projects, exchange ideas and solutions, and develop a list of best practices that can be made available to the entire dental profession and others. This is not a recruitment meeting but rather a chance to have meaningful discussions on the many challenges of these projects. It is the overarching goal of this workshop to publish the conclusions and best practices digitally and in print.

Thanks to all of you who have taken time from your busy schedules to attend this workshop. The success of the day's activities is directly related to your participation. Special thanks to the organizers and sponsors of this historic workshop:

Academy of Dentistry International

The American Dental Association Foundation

Aseptico, Inc.

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Your charge is to make the day a success. As you leave this afternoon, best practices for selected topics of interest should be defined. There may be more than one way to do something, but finding the best way will be of great value. This means that for some, your favorite approach may not be the best approach. Be open to allow the best practice to be brought to the fore. The results of this workshop can be a tremendous resource for those new to volunteering or those who have been at it for many years.

Once again, thanks for your contributions to this effort. With everyone working toward a common goal, the workshop will be an unparalleled success.

The Organizing Committee

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International Volunteer Project Workshop

Friday, May 11, 2018

7:15 a.m. **Breakfast**

8 a.m. **Orientation**

8:10 a.m. **Dr. Francis G. Serio**
Introduction of the workshop and initial comments on the challenges of volunteer projects

8:55 a.m. **Breakout Sessions**

- Identifying locations and existing sites for new teams; Linking with local counterpart-felt needs
- Sustainability
- Volunteer recruitment
- On-site arrangements: Lodging, food, security, and translators
- Logistics: Moving equipment, supplies, and personnel
- Financing/fundraising: To be a 501(c)(3) or not to be

10 a.m. **Break**

10:15 a.m. **Group Presentations**

11:10 a.m. **Summary Discussion/Consensus by Entire Conference**

Noon **Lunch**

1 p.m. **Dr. David Frost**
Ethical considerations and international volunteer projects

1:45 p.m. **Breakout Sessions**

- Legal issues for individuals and institutions: Is malpractice an issue?
- Positive and negative impacts on the local community
- Integrating non-dental agendas into a dental project
- The student experience: What are the limits, ethics, and legal concerns?
- Infection control, sterilization, and patient and volunteer safety
- Integration of locals, volunteer/patient selection, and follow-up care

2:50 p.m. **Group Presentations**

4 p.m. **Summary Discussion/Consensus by Entire Conference**

4:50 p.m. **Concluding Remarks**

5 p.m. **Adjournment**

Executive Summary

In addition to the two speakers, whose comments are found below, the workshop was divided into 12 discussion groups covering topics of interest in international volunteer projects. Each topic is summarized here with the full discussion found below.

Session 1 — Identifying locations and existing sites for new teams: Linking with local counterpart-felt needs

Summary: When identifying or working with locations, integration of locals into a project is critical for both short-term and long-term success. Projects must be designed to address needs and concerns based on the local context, not the context of the volunteer or project.

Session 2 — Sustainability

Summary: The key to sustainability is to establish local infrastructure including personnel and supply chains. Projects must be well developed with agreement and understanding among all parties. Leaders must be dynamic and responsive to changes in local conditions. The ultimate goal is to turn projects over to local leadership and control when possible. (A textbook example of this is the East Meets West Dental Project in Da Nang, Vietnam. See **eastmeetswestdental.org**)

Session 3 — Volunteer recruitment

Summary: Volunteers may be found in many places. Currently, the use of social media, visibility at local, regional, and national meetings, and the presence of international volunteer projects in dental schools will increase the visibility of these opportunities. All projects must provide comprehensive orientation for new volunteers and develop a feedback loop with returning volunteers. There are many sources of excellent information for volunteers on social media, organization websites (**ADAFoundation.org/internationalvolunteer**), at meetings, and in print.

Session 4 — On-site arrangements: Lodging, food, security, and translators

Summary: Developing appropriate on-site accommodations requires good in-country counterparts to help with these arrangements. Project leaders must ensure volunteer safety as their number one priority. Safety and relative comfort of volunteers is essential for their effective functioning in the field. Site inspections and tangible evidence of arrangements are critical to avoiding problems with the existence of such support.

Session 5 — Logistics: Moving equipment, supplies, and personnel

Summary: There are a variety of ways to ship needed equipment and supplies. Options include in-country procurement, checked luggage, and the use of third-party freight forwarders depending on the country. As sustainability is only achieved by repetitive visits, finding a secure on-site location is critical for year-to-year sustainability. There are innumerable options for portable equipment. Three options of note are Aseptico (**aseptico.com**), the Newberg, Oregon chapter of Rotary International (**rota-dent.org**), and organizations such as the Christian Dental Society (**christiandental.org**).

Session 6 — Financing/fundraising: To be a 501(c)(3), or not to be?

Summary: The key is to make all donations tax advantaged/deductible under the full extent of the law. Many organizations have formed nonprofit 501(c)(3) entities under the IRS code. While it is often the way to go, it entails significant attention to detail in order to maintain this status. Another option is to create a pass-through account in an existing community foundation, which then holds the 501(c)(3) status, allowing tax deductions for donors. A third option is to run expenses through an existing dental practice, although this may complicate an audit. Local organizations may provide some logistical support, such as food, accommodations, transportation, translators, and other services that may lessen funding requirements.

Session 7 — Legal issues for individuals and institutions: Is malpractice an issue?

Summary: It is imperative that any group be cognizant of and follow any in-country and local laws and regulations. The U.S. Embassy cannot help volunteers who violate local laws. There are organizations that provide international medical and professional liability insurance (**travelwithgallagher.com**). While health insurance is a must, there have been no reports of malpractice/negligence claims against international volunteer groups.

Session 8 — Positive and negative impacts on the local community

Summary: The best lesson here, as in many of the other topics of this workshop, is to have effective communication and a strong relationship between the project and the in-country partners. Volunteers should have a good grasp of the environment and culture of the local site, including history, language, customs, potential faux pas, and unique conditions. Project directors should be aware of the "burden of the gracious host" and take care to minimally tax that host, especially when resources are limited. Education of local healthcare workers, particularly in prevention, is key.

Session 9 — Integrating non-dental agendas into a dental project

Summary: There may be some advantage to integrating other, non-dental, health initiatives into a dental project. As patients often have to make great efforts to arrive at the dental site, using this time for other health services may be beneficial. One challenge is to not create a *quid pro quo* situation whereby potential patients have to do something else in order to receive care. Felt needs of the community must always be kept in mind.

Session 10 — The student experience: What are the limits, ethics, and legal concerns?

Summary: The primary principle in having students participate in international volunteer projects is that they should not be allowed to perform clinical procedures for which they have not been adequately trained. There are both practical and ethical reasons for this approach. Student selection must be well defined. One major advantage of student participation is the strong possibility that the students will continue such endeavors after graduation. Dental schools are sensitive to the possible institutional liability of such programs, but more than 65 percent of U.S. schools have some type of international program.

Session 11 — Infection control, sterilization, and patient and volunteer safety

Summary: Projects must be attuned to both patient and volunteer safety. Proper instrument sterilization techniques must be in place to ensure against the transmission of disease from patient to patient or patient to volunteer. Standard precautions must be in place for volunteers to minimize the chances of percutaneous exposures and other issues. Among first aid supplies needed are: epinephrine and diphenhydramine for allergic reactions, quick HIV diagnostic kits, as well as antiretroviral agents if the source proves to be HIV-positive. Proper biohazard disposal is critical to supporting the local community, as public garbage dumps are often places where people scavenge. The Organization for Safety, Asepsis and Prevention (OSAP) distributes a "Guide for Safety and Infection Control for Oral Healthcare Missions" (**osap.org/page/ICOralHCMissions**).

Session 12 — Integration of locals, volunteer/patient selection, and follow-up care

Summary: Inclusion of local professionals and other community members is imperative to achieving a sustainable project. Local partners can arrange for a host of details, including lodging, transportation, food, and other necessities. In addition, these local counterparts can arrange for patients to be available when and where it is appropriate. There should be a local dentist available to deal with any post-treatment complications and have the necessary instruments and supplies to provide such follow-up care. Inclusion of community members makes these projects "we projects" that are much more amenable to long-term sustainability.

About the Speakers

Francis G. Serio, D.M.D., M.S., M.B.A., F.A.D.I., F.I.C.D., F.A.C.D.

Dr. Francis G. Serio has been in dental education and clinical practice for over 38 years. He is a diplomate of the American Board of Periodontology. He is currently a full-time staff dentist for Greene County Health Care, Inc., a federally qualified health center in eastern North Carolina. He served as the interim vice dean and associate dean for Clinical Affairs and was a tenured professor at the East Carolina University School of Dental Medicine. He held tenured faculty and administrative positions at the University of Maryland and the University of Mississippi. He was inducted into the Academy of Dentistry International in 1999, the International College of Dentists in 2003, and the American College of Dentists in 2004.

Dr. Serio has been involved in international dental volunteer projects and their support since 1982. He is founder and director of the Dominican Dental Mission Project. Over a span of 37 years, this project has provided in excess of $19 million of services to 63,000 of the rural poor of the Dominican Republic. In 1991, the project received The President's Volunteer Action Award from President George H.W. Bush, and in 2001, the Daily Points of Light Award from President George W. Bush.

He has also been an active participant in Mission of Mercy and Remote Area Medical projects. He received the 2015 American Dental Association Humanitarian Award and the American Academy of Periodontology Humanitarian Award in 2004. He is the 2018 Distinguished Alumnus of the University of Maryland Dental School.

Dr. Serio served as a charter member on the Dentistry Overseas Steering Committee of the American Dental Association. He was also on the faculty for the University of Arizona School of Medicine preparation course for international health volunteers. He has conducted several site visits and programs for Health Volunteers Overseas. Recently, he has given numerous lectures on getting involved in international activities for both the International College of Dentists' USA Section and the European Section. U.S.-based lectures are co-sponsored by the Academy of Dentistry International.

He has presented over 170 lectures and continuing education courses in the U.S. and around the world. Dr. Serio has a wealth of experience not only in periodontics and implant dentistry but in most other phases of dentistry as well. He has written or co-authored over 40 scientific articles and four books. Dr. Serio is married to Dr. Cheryl L. Serio, a general dentist. They have two adult children.

David E. Frost, D.D.S., M.S., F.I.C.D., F.A.C.D., F.A.D.I.

Dr. David E. Frost is a privately practicing oral and maxillofacial surgeon in Chapel Hill and Durham, NC. Dr. Frost graduated from Texas A&M University with a BS in 1971 (Distinguished Military Graduate), from Baylor College of Dentistry with a DDS in 1974, and the University of North Carolina with an MS in 1980 where he was a Morehead Scholar/Fellow. Clinical graduate training included a general practice residency, Chanute AFB, IL (1975-76; selected outstanding resident); Oral & Maxillofacial Surgery Residency at North Carolina Memorial Hospital and UNC (1977-1980); a fellowship at UNC (1980-81); and honorary senior registrar, Canniesburn Hospital, Scotland (1980).

Dr. Frost has volunteered with Health Volunteers Overseas (HVO), in Nepal, India, Vietnam, and Peru. He has also taught and volunteered in Chile, Cuba, China, England, Scotland, and other places. He has been an active member of HVO since 1987 and served on the OMS steering committee, the OMS division chair, and on the HVO Board of Directors (chair, 2003 to 2009), and received the Golden Apple Award from HVO in 2014.

Dr. Frost is active in numerous professional organizations. He was an examiner and section chair for the American Board of Oral & Maxillofacial Surgery (ABOMS) from 1990-1995. He was elected by his peers to be a director of the Certifying Board in 1996, and served in all offices before completing his service as president of the ABOMS in 2002. He is currently an examiner for the International Board for Certification of Specialists in Oral and Maxillofacial Surgery. He was the special consultant to the Air Force surgeon general for oral and maxillofacial surgery (2002 to 2012).

Dr. Frost was president of the Southeastern Society of Oral and Maxillofacial Surgeons (2012-2013). He is a member of the External Advisory & Development Council, College of Science, Texas A&M University.

Dr. Frost served as director and chair of the Oral & Maxillofacial Surgery Foundation and serves on numerous committees for the American Association of Oral & Maxillofacial Surgeons and the International Association of Oral & Maxillofacial Surgery. He has published 31 peer-reviewed scientific articles, contributed to 18 textbooks, authored/edited four surgical textbooks, presented over 30 abstracts, and attained numerous invites and named lectureships at national and international meetings.

David and his wife of 48 years, Claudia, are the proud parents of three children and grandparents of six.

Dr. Serio's Welcome and Introductory Remarks

Dr. Serio's original presentation is available online at: **ADAFoundation.org/en/adaf-international-programs/education-courses**

Breakout Sessions

The breakout sessions were designed for maximum attendee participation. The basic idea of this workshop was to get veterans of these projects together to share ideas, commonalities, challenges, and best practices. The session guidelines were presented as follows:

Breakout Session Guidelines

- Six topics per session, a.m. and p.m.
- Four basic questions
  - *What are the main challenges for this topic?*
  - *What are the current practices?*
  - *Can a best practice be identified?*
  - *Next steps?*
- 65 minutes per session
- All substantive comments should be reported on the flip charts. This is important, as it is the record of each individual topic.
- A group reporter should be selected.
- Group presentations and summary discussions
- Consensus on a best practice, if possible
- Please stay on task and on time (American monochronicity)

Each group presented their topic to the assembled whole. The one challenge of the session was to arrive at a consensus on best practices. Many excellent ideas were shared, some of which are applicable to some projects and not others. There is also some overlap from one group to another. All discussions are reported here, primarily in bullet format. Comments in parentheses are editor's notes.

Morning Breakout Sessions

Session 1 — Identifying locations and existing sites for new teams: Linking with local counterpart-felt needs

Identifying new locations

- Be approached/invited by the site.
- Do NOT go where you are not invited (it would be impossible to work under almost any circumstances).
- Consider millennial suggestions of programs/sites.
- Look into state/country partnership programs (i.e. North Carolina and Moldova).

Challenges

- Licensure pushback
- Education
- Identifying needs
- Safety
- (The challenge of "yes." Locals may answer yes to most/all questions. Teams must ask other types of questions and have detailed site visit to confirm details before bringing a group for the first time.)
- Locals must have objectives: needs, patients, and execution plans

Current practices

- Continuous needs assessment
- Collection of baseline information
- Targeting children for care/prevention
- Local partner stability/continuation
- Help with training of future health care providers
- Health Volunteers Overseas (**hvousa.org**) has a detailed site assessment tool.

(*Remember — volunteer projects plug into the local context. Projects may actually be disruptive to the normal ebb and flow of life. Teams must be cognizant that the project does not overwhelm the host.)

Summary: When identifying or working with locations, integration of locals into a project is critical for both short-term and long-term success. Projects must be designed to address local needs and concerns based on the local context, not the context of the volunteer or project.

Session 2 — Sustainability

Definition

- Self-sufficiency of locals
- Longevity of program
- Health systems, capacity, infrastructure, and workforce
- What happens when you are not there?

Challenges

- Leadership
  - *Commitment*
  - *Dedication*
  - *Passion*
  - *Cultural awareness*
  - *Adaptation to changing local environment*
- Planning
  - *Starting with the goal of sustainability*
  - *Modification of health behavior*
  - *Government policies*
    - *Corruption*
- Value: perception of the locals
- Stability of the local infrastructure
- Goal agreements and Memorandums of Understanding (MOUs)

Best practices

- Consensual goals
- Prevention: focus on children
- Collaboration

- Listening to local needs and partners
- Adaptation
- Establishment of local infrastructure and supply chain
- Honest evaluation
  - *Iterative thinking — change when indicated*
  - *Learn from mistakes*
  - *Develop measurement tools for initial and ongoing data gathering*
- Turn over to local leadership and control when possible

Summary: The key to sustainability is to establish local infrastructure including personnel and supply chains. Projects must be well developed with agreement and understanding among all parties. Leaders must be dynamic and responsive to changes in local conditions. The ultimate goal is to turn projects over to local leadership and control when possible. (A textbook example of this is the East Meets West Dental Project in Da Nang, Vietnam. See **eastmeetswestdental.org**)

Session 3 — Volunteer Recruitment

Begins with needs

- Caries is the most widespread disease on earth.
- 90% of people have no access to dentistry.
- People cannot eat or sleep.
- Myriad medical maladies
- Dental problems are the leading cause of absence from school/work.

Opportunities are almost unlimited

- Portability/can it be carried on a plane?
- Mobile or fixed clinic or project
- Educational/training
  - *Dental schools or hospitals*
  - *Dental/hygiene students*
  - *Indigenous peoples*
  - *Medical personnel*
- Roles for others

Motivators/reasons for going

- Helping the disadvantaged
- Finding significance in the volunteer's life
- Adventure/travel
- Promoting faith outreach
- Professional/personal development
- Positive example to others
- Gaining cross-cultural perspective
- Positive environment in which to work
- Building relationships with team and country

Detractors/reasons for not going

- Financial considerations/constraints
- Physically too demanding
- Too busy/other priorities
- Unsure of how to do it or it is too difficult/out of comfort zone
- No desire or interest
- Helping locally already
- Lack of spousal support
- Dental burnout
- No appealing opportunity

Challenges for recruitment

- Educating the profession: needs, opportunities, benefits, and overcoming detractors
- Finding willing leaders, mentors, organizations, and staff
- Finding ways to facilitate volunteerism with opportunities, equipment, and supplies
- Finding ways to finance individuals or organizations
- How to tell the story
- Retaining volunteers

Solutions/strategies/approaches

- Make use of websites, Facebook, and social media to advocate volunteerism and educate profession.
- Presentations at dental conferences
- Exhibit hall booths
- Reward volunteerism as a valued endeavor by assisting in financing, ADA volunteer certificates, and other recognition.
- Get dental schools involved/global outreach (over 65 percent of dental schools have some sort of official/unofficial student international opportunities).
- Educate profession that portable delivery of care can be safe/comfortable.
- Volunteer pages on websites such as: **ADAFoundation.org/internationalvolunteer**
- Have equipment
- Hire dentists or equipment in country

Best practices to recruit

- Stress safety, and local and national support.
- Universal precautions and sterilization a must
- Ensure a reasonable work environment.
  - *Host/patient with reasonable expectations*
- Educate team to support and encourage the locals.
  - *Develop cross-cultural awareness.*
  - *Establish connectivity.*
  - *Avoid pitfalls.*
- Adequate supervision when training dental students, etc.
- Establish and enforce a code of conduct.
- Focus on prevention.
- Work toward sustainability.
- Balance work, rest, and cultural exchanges.
- Evaluate.
- Promote family and staff involvement.

What else needs to be done?

- Continue to encourage, educate, facilitate, etc. as mentioned previously.
- Advocate for and teach benefits of volunteerism.
- Educate and provide opportunities on how to organize and run good dental projects.
- Encourage new projects at dental schools.
- Facilitate volunteerism with financial incentives, recognition, training opportunities, supplying equipment, materials, etc.
- Realize that many of these projects are self-driven.
- Focus on heart.

Preparation and training of new volunteers

- Volunteer guide books: ADA website, Christian Dental Society, CMDA, and others
- Speaking with previous volunteers
- Interview and meet volunteers to go over project expectations and operations before a final commitment.

Summary: Volunteers may be found in many places. Currently, the use of social media, visibility at local, regional, and national meetings, and the presence of international volunteer projects in dental schools will increase the visibility of these opportunities. All projects must provide comprehensive orientation for new volunteers and develop a feedback loop with returning volunteers. There are many sources of excellent information for volunteers on social media, organization websites (**ADAFoundation.org/internationalvolunteer**), at meetings, and in print.

Session 4 — On-site arrangements: Lodging, food, security, and translators

Security

- Research of site and advance preparation is key.
- Security and team safety is the top priority.
- Do early research — U.S. Department of State: **travel.state.gov**
- Trust locals.
- Find a guide.
- Gain knowledge of in-country requirements.
- Understand the possible need for armed guards.
  - *Site specific: urban versus rural*
- Learn NGO legal requirements.
  - *Sign liability waiver.*

Emergency/contingency plans

Lodging/hospitality information needed

- Local assistance with accommodations
- Pre-mission site visit/inspection (This is critical for a new site.)
  - *May dictate the number of possible volunteers*
- Cost of lodging
- Security implications
- Trust with community
  - *Sharing meals with locals*

Food

- Water safety
  - *Many sites now have available bottled water.*
- Adequate nutrition/hydration (A major problem among volunteers is dehydration. Teams may use a non-dental volunteer or local to continuously provide water to workers during the day.)
- Allergies — must have epinephrine and diphenhydramine available
- Food preparation/source consideration
- Site-specific options
- Pre-trip orientation to educate potential volunteer (Conditions must be accurately presented. Some people just could not cope with certain lesser conditions.)

Language

- (Recruit volunteers with specific language skills.)
- Find local translators and interpreters — more than one may be necessary.
- Consider native cultural dialects.
- Utilize local connections: i.e. Peace Corps volunteers are often willing to help.
- Recognize communication is not always verbal.

Summary: Developing appropriate on-site accommodations requires good in-country counterparts to help with these arrangements. Project leaders must ensure volunteer safety as their top priority. Safety and relative comfort of volunteers is essential for their effective functioning in the field. Site inspections and tangible evidence of arrangements are critical to avoiding problems with the existence of such support.

Session 5 — Logistics: Moving equipment, supplies, and personnel

Challenges

- Electricity: compatibility and conversion? (Be sure to have a multimeter to check voltage and amperage.)
  - *Alternatives: generators, solar panels, etc.*
- Cultural: bribes
- Luggage fees
- Refrigeration of composite materials
- Shipping and repairs
- Governmental approvals
- Importation (possible country-specific freight forwarders: i.e. La Union Shipping door-to-door including customs clearance to the Dominican Republic)
- Customs
- Expenses
- Timing of shipments to arrive in time for the project
- Inventory
- Packing appropriate amounts
- Knowing what to take (checklists, checklists, checklists)
- Communications with the site
- (Security of goods on-site)
- Appropriate equipment for the facilities
- What can be purchased in country?

How to do it?

- Shipping containers
- Airline baggage
- Storage containers
- On-site contacts are important to make arrangements.

Other considerations

- Repair of equipment on-site (Bring spare parts.)
- Be prepared for TSA/CBP Fom 4455 and get proper stamp. (**cbp.gov/document/forms/form-4455-certificate-registration**)
- Do NOT ship expired medications.
- (Monomer is flammable and cannot be shipped by air.)
- Get appropriate approvals using locals.
- Some places in Africa require obtaining a humanitarian dental license.
- Proper practice documentation (i.e. Jamaica is very strict and approvals take months to obtain. Teams must have them BEFORE entering the country.)

Equipment suggestions

- One-visit dentures (**benchmarkdenture.com**)
- Get surplus denture teeth to make "flippers."
- Portable dental chairs: Aseptico, Adec, cardboard chairs from Christian Dental Society
- Economical dental chairs and units: Rota-Dent, a project of Rotary International (**rota-dent.org**)
- Lawn chairs, weight benches, etc. ("MacGyver" it)

Best practices

- Find local partners.
- Start planning early.
- Establish contact with local government.
- When returning to the same location, leave things behind in a secure location.
- Coordinate with groups that go to the same country (see workshop participant list).
- Have ADAF track countries that require local dental license.

Summary: There are a variety of ways to ship needed equipment and supplies. Options include in-country procurement, checked luggage, and the use of third-party freight forwarders (depending on the country). As sustainability is only achieved by repetitive visits, finding a secure on-site location is critical for year-to-year sustainability. There are innumerable options for portable equipment. Three options of note are Aseptico (**aseptico.com**), the Newberg, Oregon chapter of Rotary International (**rota-dent.org**) and organizations such as the Christian Dental Society (**christiandental.org**).

Session 6 — Financing/fundraising: To be a 501(c)(3), or not to be?

How do I get a tax exemption (deduction)?

- A direct write-off is better than a donation (assuming that you have a business to do that).
- The hygienist (or other volunteer without a direct write-off capability) would receive a letter from the 501(c)(3) organization that they can use for tax purposes.
- IRS ruling: 50 percent of your travel time must be spent on the volunteer project.
- If asked, the letter must be provided to the IRS.
- Organization can provide a participation letter to the volunteer and they fill in the amount.

Potential Airline Discounts

- If the 501(c)(3) provides a letter of participation in advance, the airlines may give a discount. It is important to have a copy of the letter when traveling (this is site-specific).
- Some international airlines allow free baggage when Operation Smile is mentioned.
- Suggest that the ADAF look into baggage waivers with airlines for international volunteers
- (There may be IRS restrictions on direct Schedule A charitable deductions for international charitable expenses. Many 501(c)(3) organizations can use a pass-through provision where, for instance, the participant buys their plane ticket, and then sends the ticket receipt and a donation in that amount to the 501(c)(3). The participant then receives a reimbursement for the ticket and has documentation of the donation to the 501(c)(3) for tax purposes. They still pay for the ticket, but the tax documentation reflects a donation to a U.S. charity that is correct in case of an audit.)

Methods of financing

- Corporate donors/annual fundraising events
  - *Participant pays and is reimbursed by the organization.*
- Foundations like to donate to foundations.
- With some groups the volunteer pays nothing, but with most groups the volunteer pays a portion of the expenses.
- With some groups, project fees help with overall project organization overhead- including salaries, office expenses, etc.
- Local host (i.e. Sandals Resort) may sponsor room and board.
  - *Can negotiate with hotel.*
  - *Helps to cut volunteer costs.*
- Some groups charge an administrative fee.
- Some charge a project/program fee that goes to the organization (similar to the administrative fee and goes to administrative costs, shipping, equipment procurement, etc.).

Donations

- Everyone solicits donations of money and supplies/equipment.
- Many projects have their own equipment (but always need consumables).
- Some buy, rent, or borrow equipment.
- Check with Christian Dental Society (**christiandental.org**), World Dental Relief (**worlddentalrelief.com**), and other organizations to buy or rent equipment.
- Some volunteers bring their own instruments (check on proper shipping).

Other fundraising options

- PayPal/Venmo
- Amazon Smile
- Google Wallet
- Facebook crowdfunding
- CrowdRise
- GoFundMe
- (If in practice, often patients are interested in supporting the project.)

Next steps

- Another conference: annual or in six months
- More time to participate in different breakouts
- Vote on which breakout sessions to repeat.
- Board members earn per diem/ cannot be paid.

Summary: The key is to make all donations tax advantaged/deductible under the full extent of the law. Many organizations have formed nonprofit 501(c)(3) entities under the IRS code. While it is often the way to go, it entails significant attention to detail in order to maintain this status. Another option is to create a pass-through account in an existing community foundation, which then has the 501(c)(3) status, allowing tax deductions for donors. A third option is to run expenses through an existing dental practice, although this may complicate an audit. Local organizations may provide some logistical support, such as food, accommodations, transportation, translators, and other services that may lessen funding requirements.

Dr. Frost's Presentation: Ethical Considerations and International Volunteer Projects

Dr. Frost's original presentation is available online at: **ADAFoundation.org/en/adaf-international-programs/education-courses**

Afternoon Breakout Sessions

Session 7— Legal issues for individuals and institutions: Is malpractice an issue?

Identification of the proper local authorities — country and local rules and regulations

- Be aware of changes and the need to update information.

Authorization/documentation

- Working with the government (Some countries have very strict rules for volunteers, others have no regulation.)
  - *Volunteer credentialing*
  - *Students: gaining approval (from both the local site and the school)*
    - *(What can a student do? It depends on their level of training and experience at school.)*
    - *Safety and liability for treating patients*
  - *Line between ethics and laws/regulations*

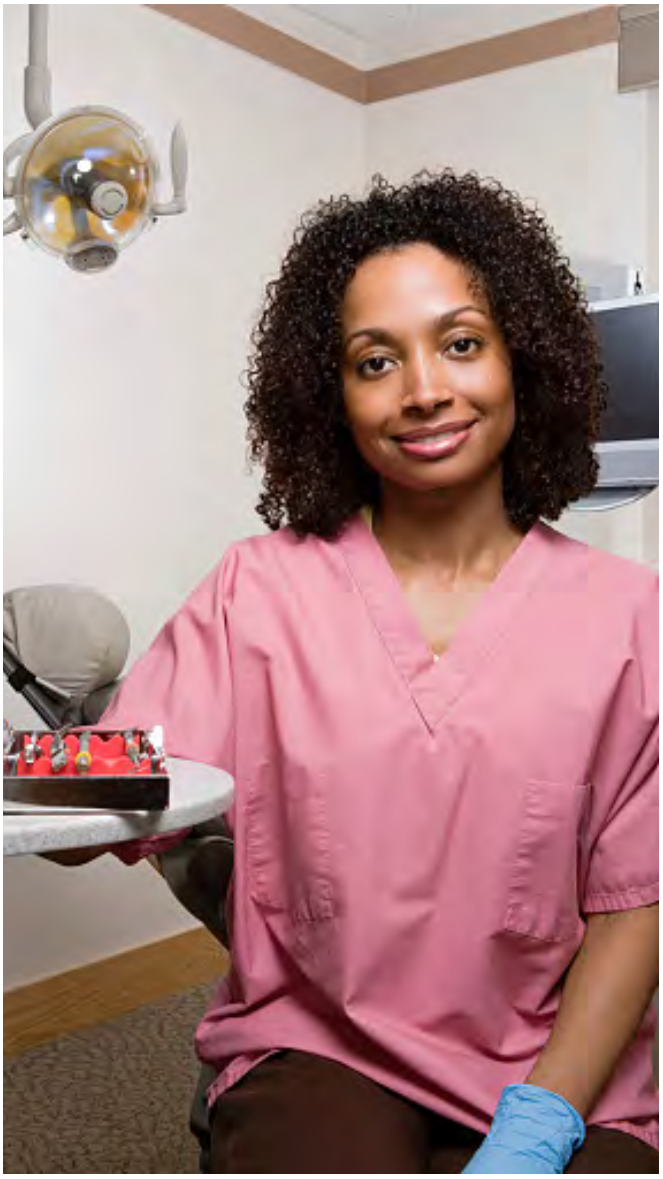
Safety/liability

- Travel insurance/international medical insurance/ malpractice insurance
  - *Gallagher Charitable (**travelwithgallagher.com**) malpractice and international health insurance options*
- Informed consent

Cultural/language barriers

Best practices

- Working with governments/local partners
- Ethical obligation to uphold the highest clinical and legal standards
- Written and verbal informed consent
- International malpractice insurance
- Travel insurance/medical evacuation insurance
- Liability waivers from volunteers
- Order of conduct (both professional and social)
- Policy and Procedures Manual
- Minimization of risk
- Access to legal counsel at home and on-site



Summary: It is imperative that any group be cognizant of and follow any in-country and local laws and regulations. The U.S. Embassy cannot help volunteers who violate local laws. There are organizations that provide international medical and professional liability insurance (**travelwithgallagher.com**). While health insurance is a must, there have been no reports of malpractice/ negligence claims against international volunteer groups.

Session 8 — Positive and negative impacts on the local community

Challenges

- Providing appropriate care
- Not having much data on health status, improvements, etc.
- Teaching oral hygiene instruction for long-term benefits
- Data regarding impact/benefit from local perspective, not just health benefits; other intangibles
- Interference with local providers
- Not realizing all context within local community
- Community-specific challenges
- "Weight of authority" — compliance versus collaboration
- "Burden of the gracious host"
  - *Locals want to please, be agreeable*
- Helping volunteers understand cultural issues and potential negative impacts
- Building trust when only there a couple of times per year

Benefits

- Growing local volunteer culture
- Building social capital
- Helping to build the legitimacy of the local dental community
- Female volunteers encouraging local females
- Improved health
- (Positive economic impacts/spending funds in the local economy: lodging, food, transportation, etc.)

Best Practices

- Reliance on local partner to communicate in both directions and be honest about local context
- Volunteer orientation/training/cultural competency
  - *FaceTime with volunteers before going.*
- Creation of feedback loops between community and program and between volunteers and program
- Longer-term continuity of care/program
- Continuing education for local dentists/oral health care workers
  - *Physicians, health educators, teachers, etc.*
- Teaching of prevention techniques
  - *Active: brushing, etc.*
  - *Passive: fluoridated salt*

Summary: The best lesson here, as in many of the other topics of this workshop, is to have effective communication and a strong partnership between the project and the in-country partners. Volunteers should have a good grasp of the environment and culture of the local site, including history, language, customs, potential faux pas, and unique conditions. Project directors should be aware of the "burden of the gracious host" and take care to minimally tax that host, especially when resources are limited. Education of local health care workers, particularly in prevention, is key.

Session 9 — Integrating non-dental agendas into a dental project

What non-dental agendas?

- Education/ schools/ADEA interprofessional education
- Religion
- Medical: nutrition, pharmacy, optometry, podiatry, research, diabetes education, maternal health, sexual education, technology, etc.
- Water safety

Challenges

- Organization
- Time/space
- Prioritization
- Needs
- Language
- Expertise
- Cultural competency
- No *quid pro quo*

Best practices: It depends

- Managing community expectations
  - *"We are just the dentists."*
- Efficiency of one-stop shopping
- Comprehensive care
- ***What does the local community need/want?

Summary: There may be some advantage to integrating other, non-dental, health initiatives into a dental project. As patients often have to make great efforts to arrive at the dental site, using this time for other health services may be beneficial. One challenge is to not create a quid pro quo situation whereby potential patients have to do something else in order to receive care. Felt needs of the community must always be kept in mind.

Session 10 — The student experience: What are the limits, ethics, and legal concerns?

Challenges

- Limited numbers of students who can participate
- Limited time available to students
- Finding more students
- Limitations on procedures students can perform with or without faculty supervision
- Educating students on public health principles
- Figuring out how to work with dental schools
- Sustainability
- Making opportunities possible

What do third- and fourth-year students do?

- Community education
- Students not the same when they come back
- Procedures they can do in California
- Usually provide surgical, operative, preventive, and perhaps prosthetic services

How do you select students?

- Good standing
- Maturity
- Selected by faculty
- Language knowledge
- Not necessarily at the top of the class
- Previous participants help select students
- Should you ask students' motivation for participating?
  - *(The Dominican Dental Mission Project has a detailed student questionnaire required as part of the selection process.)*
- Take the least-motivated students and they will come back motivated.

How do you sustain programs?

- Grants
- Making of a plan
- Integrating the role of student leaders
- Dental student leadership/ownership of the program (i.e. University of Southern California Dental Humanitarian Outreach Program (DHOP), which is handed off to the students: **ignite.usc.edu/project/10035**)
- Working to get international service experience as an elective (The University of Mississippi School of Dentistry has had this elective for at least 30 years.)
- Partnering with other schools and established volunteer programs
- Student exchange with host country
- Collection of data to prove impact

Best practices

- Student orientation
- Dental school classes taking ownership of project location and passing the project to the next class
- Safety being the number one priority
- Students working within the scope of legal procedures (and their own competencies)
- Faculty supervision as required by some (most) schools

What liability is accepted?

- Is it an issue for universities?
- Is it covered by insurance?
- Does malpractice insurance extend outside the U.S. borders?
  - *Are there instances when students are not covered? (Does it make a difference? Who will be sued? Has there ever been an international volunteer project malpractice suit?)*
- Student-sponsored vs. university-sponsored

Next steps

- How do NGOs make connections with dental schools?
- ADEA: meeting place for schools and NGOs
- NGO/dental school partnerships

Summary: The primary principle in having students participate in international volunteer projects is that they should not be allowed to perform clinical procedures for which they have not been adequately trained. There are both practical and ethical reasons for this approach. Student selection must be well defined. One major advantage of student participation is the strong possibility that the students will continue such endeavors after graduation. Dental schools are sensitive to the possible institutional liability of such programs but over 65 percent of U.S. schools have some type of international program.

Session 11 — Infection control, sterilization, and patient and volunteer safety

Infection control

- Sterilization/disinfection
  - *Challenges*
    - *Power sources*
    - *Inverters*
    - *Broken pressure pots*
    - *(Local hospital autoclave available?)*
  - *Best practices*
    - *Birex: surface disinfection*
    - *SciCan Statim autoclave or other autoclave capability*
    - *Disinfectant wipes*
    - *Pressure pots with supplemental weight (see **christiandental.org**)*

Volunteer safety

- Challenges
  - *Vaccinations*
  - *Political unrest*
  - *(Transportation)*
  - *(Poor behavior)*
  - *Food/water contamination*
- Current practices
  - *Close-toed shoes*
  - *Personal Protective Equipment (PPE)*
- Best practices
  - *OraQuick and antivirals on-site (expensive but part of the cost of doing business)*
  - *Automated External Defibrillator (AED)*
  - *Emergency kits*
  - *Water purification*
  - *Mosquito control: malaria, dengue, Zika*
  - *Check with local travel clinic and **cdc.gov***
  - *(Medical evacuation insurance — often part of international health insurance policies)*

Next steps

- AED on-site
- Communication methods
- Evacuation plans for health, unrest, and natural disasters
- Leisure-time rules to minimize injury

Patient safety

- Best practices
  - *No expired drugs*
  - *Same sterilization standards*
  - *Interpreters*
  - *Follow-up care*
  - *Proper documentation*
  - *Knowing your limits*
  - *Cultural respect*
  - *Biohazard disposal*
  - *Simple medical history*
  - *Patient eyewear*

Next steps

- Portable radiology: NOMAD, sensors, and computers
- Written post-op instructions
- Gauze packets
- (Analgesic packets)

Summary: Projects must be attuned to both patient and volunteer safety. Proper instrument sterilization techniques must be in place to ensure against the transmission of disease from patient to patient or patient to volunteer. Standard precautions must be in place for volunteers to minimize the chances of percutaneous exposures and other issues. Among supplies needed are epinephrine and diphenhydramine for allergic reactions, quick HIV diagnostic kits, and antiretroviral agents if the source proves to be HIV-positive. Proper biohazard disposal is critical to supporting the local community, as public garbage dumps are often places where people scavenge.

Session 12 — Integration of locals and volunteers, patient selection, and follow-up care

Challenges

- Finding local volunteers: no locals, no local dentists
- Disruption of local practitioners
- Infrastructure: when we teach people to fish, where do they find the tackle box?
  - *Identifying people to train*
- Engaging local practitioners (standards of care)

Current practices

- Site visit/pre-planning
- Returning to the same site
  - *For local dentists, may generate business when the team leaves*
- Working with local dental schools
  - *Follow-up*
  - *Waiting for an invitation so you have an established partner*
- Networking with local organizations
  - *May have already identified vulnerable populations*
  - *(Local Rotary International chapter can be a tremendous resource)*
- Teaching prevention in local language/cultural norms

Best practices

- Invitation
- ID needs/site visit
- Work in tandem with local practitioners
- Network with like-minded groups

Volunteer selection

- Challenges
  - *A heart for doing it*
  - *Appropriate skills or content expert*
  - *Adaptability to travel and conditions in developing countries*
  - *Screening and selection of volunteers*
- Current practices
  - *Referral to project*
  - *Application and interview*
  - *Targeting of retirees and students*
  - *Advertising and listing on ADAF website*
  - *Financial incentives*
- Best practices
  - *Retention*
  - *Attitude: you can teach skills*
  - *Recruitment through testimonials/reflections*

Patient selection

- Challenges
  - *Legitimate needs versus "the mayor's daughter"*
  - *Team having the skills to treat those needs*
  - *Triage and prioritization of patients*
- Current practices
  - *Pre-trip medical history*
  - *Patient pre-registration*
  - *Prioritization: treatment of infections first*
  - *Setting of limits (not quite piecemeal but not full-mouth rehab either — possibilities: all maxillary anterior teeth restored, or all maxillary and mandibular restorations on one side to give patient a side with which to eat)*

- Best practices
  - *Evaluation of capacity*
    - *Staff and how they can be utilized*
    - *Procedures that can or cannot be done.*
    - *Three hours on one patient or three hours on three patients?*

Follow-up care

- Challenges
  - *Where do they go?*
  - *Will they go?*
  - *Ethics*
- Current practices
  - *Regular schedule and local facilities*
    - *Follow-up from prior volunteer group*
  - *Sometimes the best treatment is no treatment.*
  - *Train nurses, etc. on follow-up care for infections and bleeding.*
  - *(Leave materials behind with local providers: dentists, physicians, nurses, hospitals, etc.)*

Best practices

- Information for patients: post-operative instructions in local language
- Analgesics
- Minimization of complications (Minimize surgical extractions and flap elevation apical to the mucogingival junction to minimize opening into fascial planes.)
- Preparation of locals to treat follow-up patients.
- Providing of detailed care instructions for local "champion."

Summary: Inclusion of local professionals and other community members is imperative to achieving a sustainable project. Local partners can arrange for a host of details, including lodging, transportation, food, and other necessities. In addition, these local counterparts can arrange for patients to be available when and where it is appropriate. There should be a local dentist available to deal with any post-treatment complications and have the necessary instruments and supplies to provide such follow-up care. Inclusion of community members makes these projects "we projects" that are much more amenable to long-term sustainability.

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Online Resources

ADAFoundation.org/internationalvolunteer

usa-icd.org

travmed.com

hesperian.org

cdc.gov/travel

adint.org

issuu.com/myriadeditions/docs/flipbook_oral_health

worlddentalrelief.com/training.htm

christiandental.org

aseptico.com

hscaresfoundation.org

osap.org

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