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## Challenges and Opportunities of International Clinical Practica

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# Challenges and Opportunities of International Clinical Practica

Judy E. Mill, Olive J. Yonge, and Brenda L. Cameron

## Abstract

International clinical practica are a strategy to integrate a global dimension in nursing curricula and achieve culturally sensitive nursing practice. In this paper, a review of the history and development of international practica for nursing students is presented, and research evaluating the effectiveness and impact of international experiences is analyzed. A description of experiences working with Canadian nursing students is used to highlight the challenges and opportunities inherent to international clinical practica. International student experiences involving clinical practica pose challenges that are additional to, and often more complex than, those faced in traditional international, course-based exchanges. The significant opportunities, however, continue to make international student practica a desirable and positive experience for Canadian nursing students.

**KEYWORDS:** international, education, nursing, students, teaching, practica

The value of international experiences for university students has been increasingly recognized and advocated by universities across Canada. Universities engage in the process of internationalization for political, economic, academic, and socio-cultural reasons (Knight, 1999). Internationalization is “a process, a cycle of planned and spontaneous initiatives at both the program and policy levels” (p.203). International exchanges are only one component of the internationalization process due to the reality that only about 5–10% of students in an academic institution are able to participate in an exchange program (Knight). The underlying philosophy for internationalization impacts the nature and extent of the international activities in which the university becomes involved. The international process must be entrenched within the culture and mission of the organization if it is to be sustainable (Knight, 1994, 1999; Schultz, 2004).

The purpose of this paper is to review the history and development of international practica for nursing students and the research that has been carried out to evaluate the effectiveness and impact of international practica. Recent experiences working with Canadian nursing students to highlight the challenges and opportunities inherent to international clinical practica are described. Future directions in this area of education conclude the paper.

## **INTERNATIONALIZATION OF NURSING CURRICULA**

The integration of an international focus into undergraduate nursing curricula has been advocated since the mid 1980s (Cotroneo, Grunzweig, & Hollingsworth, 1986). An international focus enables nursing students to develop an understanding of the influence of culture on health (Bond & Jones, 1994; Colling & Wilson, 1998; Thompson, Boore, & Deeny, 2000; Tlou, 1998), foster a global perspective on health (Currier, Omar, Talarczyk & Guerrero, 2000; Lachat & Zerbe, 1992; Ogilvie, Allen, Laryea, Opare, 2003; Scherubel, 2001; Smith, 1995; Thorne, 1997), learn new ways to conceptualize health (Duffy, Harju, Huittinen, & Trayner, 1999), and prepare to practice in an increasingly diverse society (Freda, 1998; Gerrish, 1997; Meleis, 1985; Zorn, Ponick, & Peck, 1995).

International practica are one strategy that have been used to integrate an international dimension into nursing curricula (Lindquist, 1990; Rolls, Inglis, & Kristy, 1997) and to achieve culturally sensitive care (Doyle, 2004; Scholes & Moore, 2000). An international clinical exchange fosters cultural sensitivity in students by creating “...disjuncture for the student who has to reconsider what has been taken for granted in their own system, alongside analysis of what is novel” (Scholes & Moore, p. 62). There have been numerous articles outlining the planning and organization required for international practica (Freeman &

Hermann, 1994; Lachat & Zerbe, 1992; Smith, 1995). The structure of international student experiences varies depending on the philosophy and objectives of the nursing program. For example, nursing students at McMaster University, Hamilton, Canada are responsible for planning their overall experience and securing the necessary funding (Smith). This approach is consistent with the program's self-directed learning philosophy.

### **TRENDS IN INTERNATIONAL CLINICAL PRACTICA**

Typically, international nursing experiences are short-term, observational study programs (Colling & Wilson, 1998; Scully, Birchfield, & Munro, 1998; Wildeman et al., 1999) or longer-term, clinical practica (Kollar, 2002; Schenk, 1980; Scholes & Moore, 2000; Smith, 1995). An exception to this pattern is a semester long experience for American nursing students in Mexico that includes both Spanish and nursing courses, and an observational clinical experience (Currier et al., 2000). In a different two-week experience for American nursing students in Mexico, the focus is to experience the culture, rather than participate in the delivery of health services (Bond & Jones, 1994). Most of the international experiences described in the literature are offered to senior undergraduate students in their third or fourth year (Frisch, 1990; Haloburdo, & Thompson, 1998; Koskinen & Tossavainen, 2004; Lachat & Zerbe, 1992; Schenk; Smith; Thompson, Boore, & Deeny, 2000; Zorn, Ponick, & Peck, 1995). This ensures students have sound knowledge of nursing clinical skills (Smith) and the ability to adapt to a new health care system (Lachat & Zerbe).

Faculty members have accompanied students on many of the international nursing exchanges as documented in the literature (Colling & Wilson, 1998; Holoburdo & Thompson, 1998). Nursing students participating in a study to compare the learning experience in a developed versus a developing country reported the presence of a faculty member contributed positively to their learning (Haloburdo & Thompson). American faculty accompanying students on an exchange program to the United Kingdom found very young students with limited life experiences required additional guidance (Colling & Wilson). However, another American nursing school found that with careful selection of the exchange institution and a strong partnership with exchange faculty, they were able to offer a study-abroad program without a faculty member on site at all times (Currier et al., 2000).

There are many challenges and opportunities that accompany international experiences (Bond & Jones, 1994; Holoburdo & Thompson, 1998), but few authors have specifically addressed the unique challenges related to clinically-

based experiences. Language barriers, time, and resources may make clinical exchanges prohibitive for many nursing students (Duffy et al., 1999; Sholes & Moore, 2000). Providing a clinical experience in an international setting that is comparable to the clinical experience in the home country is challenging. The clinical requirements of international practica to meet the requirements of the licensing body in the student's home state, province, or country (Currier et al., 2000; Sholes & Moore), the need for the student to meet the requirements of regulatory authorities in the host county, and liability issues may make the provision of direct or independent patient care problematic (Currier; Duffy).

### **EVIDENCE TO SUPPORT THE VALUE OF INTERNATIONAL EXPERIENCES**

Although there are many anecdotal and subjective accounts of the positive aspects of international nursing practica in the literature, there is limited research to evaluate the outcomes of international experiences for nursing students (Haloburdo & Thompson, 1998, 2001; Thompson et al., 2000). Frisch (1990), who examined the impact of an international exchange on the cognitive development of American nursing students, appears to provide the first objective assessment of the impact of an international experience. Students who participated in a 6-week exchange to Mexico were 3.5 times more likely to have improved cognitive development (Frisch). Similarly, American nursing students participating in a semester-abroad program in England demonstrated significantly more cognitive growth than students who did not participate in the program (Zorn et al., 1995). In both studies, cognitive development was measured using "The Measure of Epistemological Reflection" and assessed six domains: decision-making, role of learner, role of teacher, role of peers, evaluation, and view of knowledge, truth, or reality (Frisch; Zorn). The small sample size, however, limits conclusions that can be drawn from these studies and the generalizability of results.

Twenty-seven American nurses, who participated in a study-abroad program during their baccalaureate education, completed a survey to evaluate the long-term impact of their participation (Zorn, 1996). They reported the program enhanced their international perspective and personal development, although the impact of participation decreased over time. Using a phenomenological approach, Inglis, Rolls, & Kristy (1998) investigated the impact of participation of Australian senior nursing students in a study-abroad program in Thailand. They concluded participation in the program had less impact on the intellectual development of students than anecdotal evidence would suggest. This finding must be interpreted cautiously due to the small sample (N=5) and the study

design; phenomenology is not intended to measure changes in intellectual development. In another study, Scholes and Moore (2000) used illuminative evaluation to explore the impact of a three-month clinical exchange on English, Dutch, and Spanish third year nursing students. They reported many positive learning, professional, and personal outcomes.

Several authors compared the experiences of students who completed a practicum in a *developing* country to those in a *developed* country. A study in Northern Ireland (Thompson et al., 2000) found the international experience facilitated personal and professional development, and enhanced students' understanding of the influence of culture on health, regardless of whether the experience was in a developed or developing country. Students who completed a practicum in a *developing* country, however, noted significantly enhanced international perspectives and greater personal and professional development, compared to those in a *developed* country. Haloburdo and Thompson (1998) found that students who traveled to a *developing* country had more personal and logistical struggles, and had difficulty observing poverty and suffering in the countries where they worked than those who traveled to a *developed* one. Students in both settings, however, reported increased cultural sensitivity, decreased ethnocentrism, increased self-confidence, increased knowledge of the sociopolitical influences on health, and enhanced communication skills. An interesting finding for students working in developing countries was their observation that the absence of advanced technology enabled them to reconnect with the essence of 'caring' (Haloburdo & Thompson).

There is limited research to evaluate the optimal length for international nursing experiences, although there is an implicit assumption that longer experiences are more beneficial to students. Zorn (1996), who evaluated the long-term impact of study-abroad programs, found that students who participated in longer programs of 12-16 weeks reported a greater long-term impact than those participating in shorter ones of 3-4 weeks. In contrast, Haloburdo and Thompson (1998) reported that positive outcomes of students, following a 2-week practicum in the Dominican Republic, Nicaragua, or the Netherlands, were similar to those of students completing longer practica. They noted that this may be attributed to the intense connections students made with people. It may also be that faculty may place greater emphasis on interpersonal relationships during short practica which may increase the sensitivity and attentiveness of students. Haloburdo and Thompson argue that very short, intense practica are necessary to increase the accessibility of international experiences for students.

## **THE UNIVERSITY OF ALBERTA EXPERIENCE**

The University of Alberta has offered 6 to 10 week international clinical practica to nursing students in the third or fourth years of their program since 1984. Three models have been used: (1) a preceptorship model for individual student placements ; (2) hiring a faculty member from the country the students have chosen as their placement; and, (3) having one nursing faculty member accompany a group of students.

In the preceptorship model students identify a placement they would like in another country, or faculty suggest a placement that has been successful in the past. These placements are negotiated through academic institutions, professional nursing associations, or the Canadian high commissions/embassies, depending on the country. Students must provide a written request to the course leader and two recent clinical references. Those selected for a preceptored experience must be strong clinically and ready for the challenges that international placements bring. Faculty meet with students frequently during the pre-departure period and build a close relationship with them, forming the basis for a successful experience. The relationship that develops during this period provides faculty with insights needed to effectively monitor and support students during the actual practicum. While these placements are very time-intensive to organize, they are highly successful and promote student learning. The challenge with preceptored placements is that they are usually not sustainable, as they are designed to meet individual student's interests or special needs.

The second model, used primarily during the 1980s, involved hiring and orienting a faculty member at the University of Hawaii to teach a group of senior students during an international team placement. A faculty member at the University of Alberta facilitated the experience. The advantages of this method were that the faculty member was knowledgeable about the American health care system, took a personal interest in students, recommended cultural activities to them, and assisted in maintaining professional linkages between both universities. The students valued the experience and a number returned to Hawaii after graduation to seek employment.

Faculty members have also accompanied groups of students to Guatemala and Ghana. The advantages of this model are that the faculty member knows the students' skills and competencies and takes a personal interest in their orientation and preparation, facilitating a more challenging and demanding placement. The major disadvantage associated with this model is the additional financial costs associated with travel and accommodation for the faculty member. As well, the

faculty member is expected to be more than a teacher, at times assuming the role of tour guide, nurse and even parent (Lachat & Zerbe, 1992). Using this model, an extensive student selection process described below was developed. This process has provided a comprehensive protocol and accuracy in assessing how students will adapt to their international placement.

### **STUDENT SELECTION**

As described in the first model, individual students approached the course leader and requested a placement. As the process evolved, and the demand for international placements increased, it became clear a formal selection process was needed, especially for students going as a team to Hawaii, Guatemala, and Ghana. For example, those students requesting to go to Guatemala, were asked to submit a letter requesting the experience, attach two recent clinical references, and participate in an interview (Cameron & Neander, 1994). The interview committee was comprised of a faculty member with international experience, a community member from a nongovernmental Guatemalan organization, and a senior student or graduate who had lived in Guatemala. Students were expected to come to the meeting with some knowledge of Guatemala and its peoples. They were given international scenarios to which to respond, and offered a chance to speak individually to the committee. The committee also spoke with them about Guatemala and its peoples. Since initiating this selection process, success in the placements has been very high.

### **PRE-DEPARTURE BRIEFING PROCESS**

All students undertaking an international experience participate in a comprehensive pre-departure briefing process. This preparation includes the development of general knowledge about the country and region where the student will be placed and specific knowledge about the cultural beliefs and practices, health care system, role of nurses, and common health conditions in the country. Language training has been part of the briefing process for students placed in Guatemala. Students also discuss their professional roles and responsibilities as visiting health practitioners. The development of cultural awareness and sensitivity to the differences in clinical practices that students are likely to observe is a primary goal of the pre-departure briefing.

Developing cultural awareness about the country in which the clinical experience will take place is essential, however, it is also critical for students and faculty members to become aware of their own health beliefs and practices. The ethical implications of internationalization (Davis, 1999; Leininger, 1994) and the

impact of the process on local culture (Knight, 1999) must be considered. Nurses must be knowledgeable about the cultural fit and ethical issues related to importing theories, models, clinical practices and learning models into countries other than their own. Values are embedded in nursing concepts and practice and may be dissonant with the cultural norms in countries where they are exported (Davis, 1999). In some countries, internationalization is equated with westernization and homogenization of culture (Knight, 1999).

### **CHALLENGES AND OPPORTUNITIES**

One of the most pressing concerns for students and faculty prior to departure is the provision of accurate and adequate knowledge in the area of health and safety. Health and safety briefing no longer pertains only to recommending immunizations and ensuring access to clean water and food. It also involves information about risk management, legal liability, worker's compensation, safe sexual practices, use of drugs and alcohol, and the legal system of the country. Recent concerns with international terrorism have added an element of fear when preparing for international practica. Faculty must ensure students are adequately informed about health and safety issues relevant to their placement. Determining what 'adequately informed' means, and ensuring due diligence has been observed, however, can be complex, particularly when students are traveling to developing countries. Students' views of health and safety may be incongruent with those of faculty members, or erroneous due to lack of international experiences.

Initial student concerns include their physical environment and personal safety. In Ghana, students must become acclimatized to hot, humid weather and learn to navigate a transportation system that is crowded and often unreliable. They must survive culture shock, language barriers, and loneliness. After only a few days adapting to these challenges, students are orientated to their clinical settings. Concerns about their environment gradually shift to more pressing issues that they face in the clinical setting. Students confront ongoing stressors due to limited resources, unfamiliar or adapted clinical procedures, and different cultural beliefs about health. For example, students placed in Ghana, witnessed the birth of a stillborn baby and the seemingly uncaring attitude of the nurses toward the mother. After this situation was discussed with the students, however, they began to understand the cultural differences embedded in the beliefs and practices surrounding death in Ghana.

Parfitt (1999) argues an effective practitioner in a developing country must have "a wide range of skills, with authority to act autonomously, [and] make

decisions about practice” and be “a reflective practitioner with a creative approach, not bound by tradition but informed by experience, research and innovation” (p. 376). These attributes may not be fully developed in undergraduate nursing students because of their limited experiences in clinical practice, including the opportunity to make independent decisions. This reality adds complexity to students’ decision-making about best practices and leads to increased anxiety, particularly during the first weeks of their practicum.

## **REFLECTIONS**

One of the most significant outcomes of an international clinical experience is that students quickly learn how their own behaviour affects others in the situation. Their growth in self-knowledge and therapeutic use of self becomes paramount in an international setting (Cameron & Neander, 1994). Following a practicum in Guatemala, students suggested “a successful Guatemalan experience is one in which students learn as much about themselves as the Guatemalans and they are able to transfer this learning to their nursing practice in Canada” (Cameron & Neander, 1995). International clinical practica affect personal and professional change and development in individual nursing students as reflected in the comments of the students in Guatemala.

Despite the lack of empirical evidence to demonstrate their benefit, the significant opportunities of international practica for nursing students outweigh the challenges. This belief is primarily based on combined experiences working with students before, during, and after their international practica. The deepened understanding of the influence of politics and economics on health, greater sensitivity to cultural issues, significant growth in self knowledge and improved critical thinking skills (Mill, Yonge & Cameron, 2002) that students demonstrate during debriefing and subsequent discussions, confirm that international practica are desirable, and pedagogically sound. Although these beliefs are subjective, their recurring nature suggests that they are valid. These reflections, however, are limited to working with Canadian nursing students at one university, but the similarity of our experiences with those of other Canadian and American nurse educators suggests the positive benefits observed can also be expected in other settings.

## **CURRENT STATUS, FUTURE DIRECTIONS**

The preceding review reveals that published articles on international practica usually have two primary goals: 1) to document the extent of, and strategies used for, the internationalization of undergraduate nursing programs; or

2) to describe the programmatic approach, including challenges and opportunities, to international practica. Although the number of study-abroad programs is relatively low due to the resources required for their implementation, schools of nursing use a variety of other approaches to incorporate an international perspective into their curricula. Several authors have argued international activities must receive strong institutional support to ensure their sustainability (Currier et al., 2000; Lachat & Zerbe, 1992; Ogilvie et al., 2003).

A variety of programmatic approaches have been used to incorporate an international experience into undergraduate nursing education. International nursing experiences are typically short-term, observational programs, or longer-term clinical practica, and are offered to senior undergraduate nursing students. The importance of pre-departure briefing is emphasized in the literature, and the benefits of having faculty members accompany the students have been described. Despite many descriptive accounts of the benefits of international experiences, there is a paucity of research to evaluate the merits and educational outcomes of these experiences. Similarly, evidence to support the adoption of one approach over another is limited. Methodological limitations in the research that has been done limit conclusions that can be made about international experiences. In addition, although many articles have focused on the challenges and opportunities of international experiences, few authors have examined the unique challenges associated with clinical practica in international settings.

In conclusion, international student experiences that involve clinical practica pose challenges that are additional to, and often more complex than, those faced in traditional course-based exchanges. These challenges can be minimized, and problems prevented by: properly preparing the students for the placement; having a faculty member accompany the students on the clinical placement or hiring a faculty member from the host country; and fostering a long term reciprocal teaching relationship between the two educational settings. Research is required to document the effectiveness of different kinds of international practica and to determine if they are meeting the goals of students and faculty. Also, the length and structure of the experience require further research.

Internationalization as an educational goal has been promoted in nursing since the mid 1980s, and it is timely to examine how these experiences have promoted critical thinking and enhanced knowledge and competency in nursing students. International clinical practica are valuable learning experiences and as nurse educators, we are challenged to find ways to increase opportunities for

nursing students to participate in them. It is incumbent on us to evaluate these experiences in a systematic and rigorous manner!

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