



## RESEARCH REPOSITORY

*This is the author's final version of the work, as accepted for publication following peer review but without the publisher's layout or pagination.  
The definitive version is available at:*

<https://doi.org/10.1016/j.nedt.2018.03.023>

Browne, C.A. and Fetherston, C.M. (2018) How do we facilitate international clinical placements for nursing students: A cross-sectional exploration of the structure, aims and objectives of placements. Nurse Education Today

<http://researchrepository.murdoch.edu.au/id/eprint/40629/>

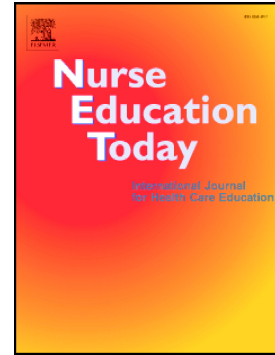
Copyright: © 2018 Elsevier Ltd.

It is posted here for your personal use. No further distribution is permitted.

## Accepted Manuscript

How do we facilitate international clinical placements for nursing students: A cross-sectional exploration of the structure, aims and objectives of placements

Caroline A. Browne, Catherine M. Fetherston



PII: S0260-6917(18)30148-5  
DOI: doi:[10.1016/j.nedt.2018.03.023](https://doi.org/10.1016/j.nedt.2018.03.023)  
Reference: YNEDT 3818

To appear in:

Received date: 20 December 2016  
Revised date: 1 March 2018  
Accepted date: 26 March 2018

Please cite this article as: Caroline A. Browne, Catherine M. Fetherston , How do we facilitate international clinical placements for nursing students: A cross-sectional exploration of the structure, aims and objectives of placements. The address for the corresponding author was captured as affiliation for all authors. Please check if appropriate. Ynedt(2018), doi:[10.1016/j.nedt.2018.03.023](https://doi.org/10.1016/j.nedt.2018.03.023)

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

**How do we facilitate international clinical placements for nursing students: a cross-sectional exploration of the structure, aims and objectives of placements.**

Word Count: 4890

**AUTHORS**

Caroline A Browne

Lecturer (Nursing) School of Health Professions, Murdoch University

Phone: +61 8 9582 5556

PO Box 1937, Mandurah, WA, 6210, Australia

Email: c.browne@murdoch.edu.au

Catherine M Fetherston

Associate Professor, Discipline Head (Nursing), School of Health Professions, Murdoch University

Phone: +61 8 9582 5516

PO Box 1937, Mandurah, WA, 6210, Australia

Email: c.fetherston@murdoch.edu.au

**ABSTRACT**

**Background:** International clinical placements provide undergraduate students with a unique and complex clinical learning environment, to explore cultural awareness, experience different health care settings and achieve clinical competencies. Higher education institutions need to consider how to structure these placements to ensure appropriate and achievable aims and learning outcomes.

**Objectives:** In this study we described the structure, aims and learning outcomes associated with international clinical placement opportunities currently undertaken by Australian undergraduate nursing students in the Asia region.

**Participants:** Forty eight percent (n=18) of the institutions invited responded. Eight institutions met the inclusion criteria, one of which offered three placements in the region, resulting in 10 international placements for which data were provided.

**Methods:** An online survey tool was used to collect data during August and September 2015 on international clinical placements conducted by the participating universities. Descriptive data on type and numbers of placements is presented, along with results from the content analysis conducted to explore data from open ended questions on learning aims and outcomes.

**Results:** One hundred students undertook 10 International Clinical Placements offered in the Asian region by eight universities. Variations across placements were found in the length of placement, the number of students participating, facilitator to student ratios and assessment techniques used. Five categories related to the aims of the programs were identified: *'becoming culturally aware through immersion'*, *'working with the community to promote health'*, *'understanding the role of nursing within the health care setting'*, *'translating theory into professional clinical practice'*, and *'developing relationships in international learning environments'*. Four categories related to learning outcomes were identified: *'understanding healthcare and determinants of health'*, *'managing challenges'*, *'understanding the role of culture within healthcare'* and *'demonstrating professional knowledge, skills and behaviour'*.

**Conclusions:** International clinical placements in the Asia region appear to vary greatly from one education institution to the next with no clear consensus from either this study's findings or the literature on which structure, support and assessments lead to greater student learning.

**Keywords –** Nursing, undergraduate, international clinical placement, cultural awareness

## INTRODUCTION

International clinical placements undertaken in undergraduate nursing programs provide the opportunity for authentic, complex and dynamic learning environments that encourage and foster students' cultural awareness. The importance of developing an understanding of culture when delivering health care and the positive impact this can have on outcomes is reflected in the Standards of Practice and Codes of Ethics for nurses globally. In Australia, registered nurses are expected to respect all cultures and experiences and recognize the importance that culture, and history have in promoting health and wellbeing for individuals and communities (NMBA, 2016). Similar sentiments are also expressed in other countries such as in Canada, where 'nurses work with persons receiving care to take into account their values, customs and spiritual beliefs, as well as their social and economic circumstances without judgment or bias' (Canadian Nurses Association 2017, p12). In the United States 'a fundamental principle that underlies all nursing practice is respect for the inherent dignity, worth, unique attributes and human rights for all individuals' (American Nurses Association, 2014, p1); and in the United Kingdom 'nurses make sure that those receiving care are treated with respect, that their rights are upheld and any discriminatory attitudes and behaviours towards those receiving care are challenged' (Nursing & Midwifery Council, 2015 p4). The consensus in the national and international literature that nursing students should have knowledge of global health systems and be able to provide culturally competent care within increasingly multicultural communities at home and abroad is evident (Browne, Fetherston & Medigovich, 2015). It is therefore imperative that undergraduate nursing programs embed both theoretical and clinical learning opportunities for students to develop cultural awareness at all stages of their degree.

Developing graduates who are global citizens capable of meeting the above standards, requires a commitment to internationalizing curricula to enable the preparation of students who become ethical and responsible human beings, as well as competent professional practitioners (Leask & Bridge, 2013). A person's worldview is framed by our own set of cultural assumptions and attitudes,

which may not be recognizable at a conscious level unless we are provided with an opportunity to explore these assumptions (Stone, Francis, van der Riet, Dedkhard, Junlapeeya & Orwat, 2014).

International clinical placements have the potential to provide students with a transformative learning environment that allows this exploration and can enable them to become more aware of their own attitudes towards culture, as well as being able to demonstrate, within clinical practice, the ability to recognize and provide culturally respectful nursing care (Gebru & Willmann, 2010).

International placement opportunities involve nursing students travelling overseas to complete an element of their clinical education either individually or as part of a group. Such placements are variably described as short-term study abroad experiences (Maltby, de Vries-Erich & Lund, 2016), study abroad programmes (Brown, Boateng & Evans, 2016) and international placement experiences (Schwind, Zanchetta, Aksenchuk & Gorospe, 2013); and can vary in length, destination, number of participants, level of facilitation and learning outcomes (Phillips, Bloom, Gainey & Chiocca, 2016).

Attention to the design of international clinical placements is essential if they are to promote student-learning and encourage outcomes that achieve the culturally focused graduate attributes required in an increasingly global workforce (Leask & Wallace, 2015; Barker, Kinsella & Bossers, 2009). To achieve this there should be clearly articulated aims, learning outcomes and support mechanisms that include strong facilitation, structured learning activities and appropriate assessment tasks aligned to intended learning outcomes. These supports, and the ongoing sustainability of such placements as valuable clinical practice opportunities, can best be achieved by embedding them within a curriculum, through awarding credit and maintaining strong linkages to theoretical content (Memcott et al, 2010).

## **BACKGROUND**

Learning outcomes for international clinical placements, described in the literature have emphasized the observed benefits of promoting cultural awareness through challenging students in a culturally diverse environment whilst also assisting them to achieve clinical proficiency (Phillips et al, 2017; Maltby et al, 2016; Ng, Goddard, Gribble & Pickard, 2012). Additionally, such placements are believed to provide nursing students with the opportunity to increase their knowledge of, and ability to, communicate across cultural boundaries; a skill that has important implications for their ongoing professional practice (Smith-Miller, Leak, Harlan, Dieckmann & Sherwood, 2010). These benefits are considered to have the potential to, develop in students, important graduate attributes such as leadership, teamwork, critical thinking and communication, which are essential elements of professional nursing practice (Canadian Nurses Association, 2017; NMBA, 2016; American Nurses Association 2014).

Clearly articulated learning outcomes are not always evident from published accounts of international placement opportunities, which often focus on descriptive or narrative accounts by students, facilitators or educational institutions (Schwind et al, 2013; Browne Wall & Jorden, 2014; Emmanuel & Rand, 2010). This issue has also been described in other health related programs such as medicine and occupational therapy (Barker et al, 2010; Nishigori, Otani, Plint, Uchino & Nobutaro, 2009) and highlights the need for placement opportunities that have not only clearly identified learning outcomes, but ensure those outcomes are realistic, achievable and linked to assessment.

Ensuring learning outcomes are achievable requires skilled supervision, and learning and assessment strategies that enable students to develop both professional and personal capabilities. A global review of the universal standards of practice for culturally competent care (Douglas et al, 2011) highlights the importance of teaching strategies that: provide for personal and professional growth, make interpersonal and intercultural connections, and increase the understanding of other cultures and people. The core principles of developing quality assessment in higher education including;

assessment for learning, constructive alignment and fit-for purpose assessment (Jackel, Pearce, Radloff & Edwards, 2017), should guide the creation of assessments that support these principles.

Similarly, supervision of students in clinical learning environments is also key to achieving desired learning outcomes (Kristofferzon, Martensson, Mamhidir & Lofmark, 2013). Although as yet an understanding of this role in the specialised international placement environment has not been explored in the literature. The current gaps in the literature in articulating the structure, supervision, teaching and assessment methods that best support students' learning opportunities in international environments need to be addressed to assist educators and students alike to achieve the desired standards outlined by Nursing Boards worldwide.

To begin to address this gap a study aimed at understanding what constitutes successful international clinical placements in the Asian region for Australian undergraduate nursing students has been conducted. It is planned that this knowledge will then contribute to the development of a framework to guide higher education institutions in the creation and maintenance of international placements that are sustainable and successful for students, the university and the host communities. The Asia region was chosen for this study because of the Australian Government's emphasis on the importance of deepening links within this region, through expanded support for educational institutions aimed at encouraging student mobility in the region (Department of Foreign Affairs and Trade, 2013). Despite the localized nature of the investigation the findings are presented in the context of the international literature to provide relevance for readers outside of Australia that conduct international student placements in host countries where the culture is significantly different from that of the student's home.

This study included two components; in depth semi-structured interviews with international clinical placement stakeholders, such as students, universities, program managers and local communities, and an online survey mapping current international clinical placement opportunities offered in Australia. Only the findings from the Australian mapping survey are reported here. This survey



sought to describe the aims and learning outcomes that educational institutions assign to these placements to better understand how the structure of these placements may impact on meeting these outcomes. The study has received ethics approval from the Institutions' Human Research Ethics Committee (MUHREC 2014/055).

### **METHODOLOGY**

An online survey tool was designed to collect demographic and placement data, as well as data on learning aims, outcomes and assessment methods that higher education institutions in Australia have incorporated into international clinical placement programs offered to nursing students. An invitation to participate in the on-line survey was extended to all higher education institutions with entry to practice nursing programs (N=37) through an email sent to each University's Head of Nursing School or discipline in August and September 2015. The survey tool was designed to include questions on the structure of the placement, learning aims and outcomes, evaluation methods and information on organisational processes. Survey questions were created based on key elements of international placements identified in the international literature, also allowing for respondents to enter additional information as required. Questions relating to learning aims, outcomes and assessment requirements were open ended to gather more detailed data. Whilst the survey invitation was sent to all institutions, the online survey tool was designed to gather detailed data only on those placements undertaken in undergraduate nursing programs in the Asia region. The Asia region was specifically defined as South East Asia (as determined by membership in the Association of South East Asian Nations), as well as India and China. Respondents to the survey were asked to provide the name of their institution although could choose to remain anonymous.

Descriptive data were collated from the survey to form a snapshot of international clinical placements being offered within the Asian region and content analysis was then used to explore data from the open-ended questions. Manifest content analysis was chosen to describe the visible and obvious components of what the provided text said, thus analysis of the data remained close to

the original text provided by the respondents with only minimal interpretation on behalf of the researcher (Graneheim, Lindman & Lundgren, 2017). This led to the formation of categories rather than themes, as categories are more representative of the manifest content analysis process (Graneheim & Lundman, 2004), ensuring the interpretation remained representative and descriptive of the data provided in the survey.

Data provided under aims and learning outcomes of the program were analysed separately, with the data first coded into meaning units that were then condensed to shorten each unit, whilst still maintaining the core meaning. These condensed meaning units were then grouped to create sub categories, which were then sorted and abstracted to form categories related to the aims of the program (Table 2) and the programs' learning outcomes (Table 3). Data collected in this survey were further supplemented by a search of the grey literature, which included peer and non-peer reviewed journal articles, news articles and online accounts of international placements from university websites. This literature was not included in the manifest content analysis but served to provide richness and validity to the discussion by affirming the study's findings and highlighting their relevance to the broader international context.

## **FINDINGS**

Forty eight percent (n=18) of the institutions invited responded, either via the online survey tool or by return email. Of these institutions, eight did not offer any form of international placement and two did not offer placements in the Asian region. This left eight institutions that met the inclusion criteria, one of which offered three placements in the region, resulting in 10 international placements for which data were provided.

### **Structure of International Placements**

An overview of the structure of clinical placements provided by the responding institutions is presented in Table 1. Whilst the length of clinical placement opportunities varied, the majority were

between two and three weeks. Most placements catered for between 10 and 12 students, however one placement conducted in Japan has as little as two and another in Cambodia as many as 20.

Students were most often accompanied by two facilitators with five placements stipulating a clinical facilitator to student ratio of 1:6. All placements offered credit towards their undergraduate degree.

### **Aims of program**

Participants were asked to outline the aims and objectives of each placement they offered, with Table 2 outlining the categories and subcategories identified. One institution listed the aims of the program as self-driven, which was understood to mean the aims were directed by the student participating and therefore did not fall into any of the categories above. The categories identified in Table 2 support accounts of international placement aims found during the search of the grey literature, which included: 'to gain an understanding of primary health care delivery, within a community development project, by participating in a range of health promotion and education activities and illness prevention strategies' (Emmanuel & Rands, 2010, p42); 'provide diversity in clinical experience and to increase students' awareness of global health issues, culturally sensitive practices and the provision of universal care for all' (Nilson, 2011, p35) and 'was designed to introduce students to the Thai culture and the place of complementary therapies in health care' (Stone et al, 2014, p251).

### **Learning outcomes**

Respondents were asked to identify the expected learning outcomes of the placements offered with four categories identified from the data as outlined in Table 3. One respondent, as with the program aims analysis, stated that the learning outcomes were self-driven, resulting in this response not falling into the categories above. Another respondent cited learning outcomes as 'Students must successfully complete all elements of the practicum to gain Australian Nurse Registration', whilst this

learning outcome was included under 'Demonstrating professional knowledge, skills and behaviour' it was not clear what specific elements were to be completed.

In the current study, learning outcomes related to cultural understanding formed the category

'Understanding the role of culture in healthcare' and as stated by respondents included:

*'understanding a different culture' (Respondent 2), 'observe and understand the Indian culture' (Respondent 3), 'reflect on their own and other peoples' cultural assumptions which influence the delivery of health care services' (Respondent 6) and 'apply principles of cultural safety' (Respondent 10). The category professional knowledge, skills and behavior included outcomes such as 'provide safe and competent care in relation, but not limited to essential nursing care and skills' (Respondent 10) and 'comprehensively assess the bio-psychosocial needs of individual clients and families within a primary health care framework' (Respondent 9)*

Respondents also described the importance of critical reflection as an aim of their international clinical placement. Two of the placements describe the students' ability to reflect as a learning outcome of the placement, with students able to; *'critically reflect on the nurse's role in working with such groups' (Respondent 9), and 'reflect on their own and other peoples' cultural assumptions which influence the delivery of health care services' (Respondent 8).*

## **DISCUSSION**

### **Learning Aims and Outcomes: Increasing Cultural Awareness**

The ability for students to experience and appreciate different cultures and healthcare systems was often cited as the primary aim of international placements in both this study's findings and the international literature (Maltby et al, 2016; Tuckett & Crompton, 2014; Michael, Della, Banner, Duckworth, & Nilson, 2012; Harrowing, Gregory, O'Sullivan, Lee & Doolittle, 2012; Kirkham, van Hofwegen, & Pankratz, 2009). However, little was found to indicate how the achievement of these

aims should be measured. Although, one study has used the Intercultural Development Inventory Scale (IDIS), a 50-item self-reporting instrument measuring cultural sensitivity as a developmental construct, in a study of physiotherapy, occupational therapy and speech therapy students on international placement in China or India (Ng et al., 2012). Findings did suggest that some development or transition in cultural sensitivity may have been achieved, although this was not statistically significant. Lack of statistical significance may have been related to the small sample size (n=16) suggesting that further studies are required to determine if instruments, such as the IDIS, may help to explore a more quantitative measurement of culture related placement aims and student learning outcomes.

The length of time spent on international clinical placement has often been a topic of debate in the study abroad literature (Medina-Lopez-Portillo, 2015), with some suggestions that periods of less than four weeks limit the students' abilities to immerse themselves fully in the culture (Memmott et al, 2010). The majority of placements mapped in the current study were between two and three weeks in length, with only two placements outside this range at eight and ten days respectively. Although these were relatively short-term placements a study by Phillips et al (2017), of American Baccalaureate students travelling to Ghana, has reported that longer placements are not necessarily required to see a shift in students' attitudes away from ethnocentrism towards the beginnings of increased cultural sensitivity.

This is particularly so, given the consideration that the continuum of a student's learning abroad experience starts during the preparation prior to departure and continues through to the support received whilst abroad and after they have returned home when activities such as debriefs, reflection and presentations assist in consolidating cultural understandings (Gothard, Downey & Gray, 2012). The evidence that suggests short term placements may be successful in facilitating outcomes related to cultural awareness makes the feasibility of offering these types of placements more attractive for higher education institutions; particularly as nursing programs already have full

curriculums (Phillips et al, 2017), and shorter placements ensure accessibility to a larger number of students. However consideration of the structure of the different phases of the learning journey that occurs in relation to the placement is essential when planning how to implement teaching and assessment strategies that can achieve the desired aims and outcomes.

### **Learning Aims and Outcomes – Professional and Personal Growth**

The results from this study do not demonstrate that universities have considered professional or personal growth as a key aim of international clinical placements. One category 'Demonstrating professional knowledge, skills and behaviour' directly related to professional outcomes. However, the outcomes reported by respondents in this category are more closely related to demonstrating competence than increasing the development of professional behaviors and attitudes. No placement reported in this study mentioned personal development as an intended outcome.

However, the literature on international clinical placements for nursing students and also the wider literature for other health professional students, including medical and occupational therapy students, suggest that increased personal and professional development is a key outcome for students (Browne et al, 2015; Barker et al, 2010; Nishigori et al, 2009; Sloand, Bower & Groves, 2008). Students who completed an international clinical placement were able to reflect on their own personal growth and how this might impact on their future career choices (Tuckett & Crompton, 2014). Further research is required to determine if the learning outcomes of international clinical placements can be extended from the focus on developing skills in a clinical context to more broadly promoting personal growth and development through broader graduate attributes.

It has been recognized that personal development opportunities are an important component of the clinical learning experience, however it can be difficult to quantify this in terms of assessment and its value to future employers (Graham, Hill, Reynolds & Parry, 2014). Whilst the importance of professional and personal development skills, such as adaptability, increased confidence, thinking

outside the box, and the development of interpersonal relationship skills, developed whilst on international clinical placement are not in doubt (Barker et al, 2010), thought needs to be given as to how these can be clearly articulated as learning outcomes and therefore incorporated into assessment whilst on placement.

### **Preceptorship and facilitation to enhance student learning outcomes**

The terms clinical facilitator or clinical educator are often used interchangeably to refer to a university staff member who assists students in the clinical environment to acquire the knowledge, skills and attitudes to meet placement requirements (Levett-Jones & Bourgeois, 2015). When students are on a domestic placement in a hospital or community setting this role is often additional to the preceptorship provided by a clinical staff member who is familiar with the local health care setting and helps the student navigate the new environment. The role of the clinical facilitator is multi-faceted and can involve at times supporting, motivating, advocating, monitoring and assessing students as well as problem solving and trouble shooting in the clinical environment (Kristofferzon et al, 2013).

In the international clinical placement setting it is likely that both of these roles, facilitator and preceptor, will be performed by the staff member or members that travel with the students, adding another level of complexity to the role. This added dimension to the facilitation role is reflected in a study from the United States where faculty reported an increased sense of responsibility for the students, as both students and facilitators were practising in a foreign environment with less awareness of available resources and potential dangers (Sloand et al, 2008). This is also supported anecdotally with first time facilitators on international placement, who reflected on a sense of apprehension about new challenges to their nursing knowledge and skill, making the trip a daunting expectation (Browne et al, 2015). Facilitators must adapt to new clinical environments with markedly different cultures, languages and living conditions whilst having to support and supervise

students through this adaption process (Memmott et al, 2010). It is therefore imperative that institutions consider the complexities of this role and prepare staff accordingly.

Facilitator to student ratios within this project varied from institution to institution often depending on student numbers. Three placements were supported by one facilitator whilst the remainder sent two or more, with five placements reporting a minimum facilitator to student ratio of 1:6. The importance of appropriate supervision and facilitation for undergraduate nursing students is well established in the clinical environment. Particularly so, as direct supervision is essential not only to ensure that students do not unintentionally harm patients (Henderson et al, 2006) but also to ensure a conducive learning environment that encourages students to think critically, take on challenging situations, ask questions and engage in problem solving (Kristofferzon, et al, 2013). However, the logistical problems associated with ensuring a particular ratio of facilitator-to-students that ensures appropriate supervision and access to learning experiences has been noted in the literature previously (Graham et al, 2014). Ensuring that students feel safe and are provided with enough supervisory support is critical to ensuring learning outcomes are achievable, with effective facilitation in the clinical learning environment having a demonstrated impact on student learning (Flott & Linden, 2015; Henderson, Twentyman, Eaton, Creedy, Stapleton & Lloyd, 2009). These challenges alongside the significant gap in the literature around the importance of appropriate supervision on international clinical placements, offers directions for future research.

### **The use of critical reflection to meet learning outcomes**

It is important to consider not only the intended aims and learning outcomes of these placements but also how learning is achieved and assessed. Assessment methods outlined by respondents in this study included reflective journaling, critical reflective papers, Nursing Competency Assessment Schedule (NCAS) and clinical assessment books. The NCAS is a recognized schedule of competencies for pre-registration nursing students which has been implemented across a number of Australian



education institutions to assess clinical competence in the practical setting (Crookes, Brown, Della, Dignam, Edwards & McCutcheon, 2010).

Formal reflection on international clinical placement enables students to make sense of their experience further helping to facilitate learning and development, with Ng et al (2012) suggesting guided learning journals as an effective way of facilitating reflection. Of the participants in this current study only four of the 10 placements specifically mention reflection as part of the assessment process, with specific reference to either journaling or reflective papers, although the NCAS (mentioned as an assessment component in three placements) also has student reflection embedded in its design (Crookes et al, 2010).

The benefit of student reflection on learning outcomes in international clinical placements has been described in literature from other health professions, with medical students reportedly gaining the most from their ability to compare two different health care systems. In this context students learnt not only through observing the differences but also by reflecting on how these differences in healthcare related to their previous experience in their own countries (Nishigori et al, 2009). Nursing students have also used reflective practices to consider their personal experience and contemplate how new skills and knowledge could be transferred back into their professional practice at home (Lee, 2004). Journaling is another form of reflection that has been shown to play a role in enhancing students' intercultural development in study abroad programs with guided journals a required part of some study abroad programs in the United States of America (Medina-Lopez-Perdillo, 2015). The ability of these placements to encourage critical reflection in students has been noted in the literature (Barker et al, 2010). As noted by two participants in this study, critical reflection is not just a means through which to assess learning but also a learning outcome in itself.

#### **RECOMMENDATIONS**

The findings presented here provide a snapshot of South east Asia placement opportunities currently offered to undergraduate nursing students in Australia; and along with the local and international literature, highlight gaps in the existing knowledge around planning, implementing and evaluating these types of programs. The importance of well-structured and facilitated clinical placements has been well documented however more research is needed to determine if the same structures, support and facilitation used in domestic clinical environments, such as for instance local acute or community placements, also extend into international clinical placements. Optimal length of placement, well-articulated and achievable learning outcomes, assessment methods that enhance learning, and strong facilitation models all require consideration and planning to meet the learning needs of students on international clinical placements. Whilst outside the scope of this research study, it would also be interesting to consider why institutions choose not to offer international clinical placement experiences for their students and if opportunities exist to achieve similar learning objectives domestically for students who are not able to travel abroad.

#### **LIMITATIONS**

Whilst all higher education institutions offering undergraduate nursing programs in Australia were approached to participate in this study, it does not represent a reflection of all international clinical placements offered in Australia, due to the relatively low response rate (48%). Triangulation, using a search of 'grey' literature, was incorporated into the study to assist with increasing the validity of the survey responses and was able to support those aims, learning outcomes and program structures identified from the survey.

This survey was conducted between August and September 2015, so it provides a one-time snapshot of placements offered, therefore it is possible since this time that institutions have altered their international clinical placement program/s. Consequently, this study does not provide a comprehensive list of all placements currently being conducted in Australia but rather provides a cross-sectional description available at that time.

## CONCLUSION

The aim of this study was to gain a greater understanding of the types of international clinical placement experiences available for undergraduate nursing students at Australian Universities. To ensure that students are provided with authentic learning opportunities it is important to clearly define the intended aims and learning outcomes for these placements. Whilst there is ample literature to support students' perceived outcomes from completing international placements, these outcomes may not completely align with the education institutions intended outcomes, meaning opportunities to further develop and extend student learning may be missed.

International placements appear to vary greatly from one education institution to the next with no clear consensus from the literature on what structure, support and assessments lead to greater student learning. Whilst some degree of benefit may be attributed to any placement an important gap exists in the literature that requires further investigation. To ensure the ongoing sustainability and success of international clinical placement within undergraduate curricula it is important that we are providing students with the best possible environment to provide authentic and supportive learning environments that allows for critical reflection to encourage cultural awareness and professional and personal development.

## REFERENCES

- ANA (2015) Code of ethics for nurses with interpretative statements. American Nurses Association: Silver Springs, Maryland.
- Barker, A., Kinsella, E.A. & Bossers, A. (2009) Learning in international practice placement education: a grounded theory study. *British Journal of Occupational Therapy*, 73(1), 29-37  
doi:10.4276/030802210X12629548272709
- Brown, M., Boateng, E.A. & Evans, C. (2016) Should I stay or should I go? A systematic review of factors that influence healthcare students' decisions around study abroad programmes. *Nurse Education Today*, 39 63-71
- Browne, C.A., Fetherston, C.M. & Medigovich K. (2015) International clinical placements for Australian undergraduate nursing students; A systematic thematic synthesis of the literature. *Nurse Education Today*, 35, 1028-1036

Browne, C.A., Wall, P. & Jordan, T. (2014) experiencing Thailand: perspectives from an international clinical placement. *The Hive*, 9, 22-23

Canadian Nurses Association (2017) Code of Ethics for Registered Nurses (2017 Ed.) Canadian Nurses Association: Ottawa, Canada

Crookes, P., Brown, R., Della, P., Dignam, D., Edwards, E., & McCutcheon, H. (2010) The development of a pre-registration nursing competencies assessment tool for use across Australian universities. Australian Learning and Teaching Council: NSW, Australia

Douglas, M.K., Uhl Pierce, J., Rosenkoetter, M., Pacquiao, D., Callister, L.C., Hattar-Pollara, M., Lauderdale, J., Milstead, J., Nardi, D., & Purnell, L. (2011) Standards of practice for culturally competent nursing care: 2011 Update. *Journal of Transcultural Nursing* 22(4) 317-333  
DOI:10.1177/1043659611412965

Department of Foreign Affairs and Trade. (2013). New Colombo Plan. Retrieved from <http://www.dfat.gov.au/new-colombo-plan/>

Emmanuel, E. & Rands, H. (2010) Going the extra miles for health promotion. *Connections*, 13(4) 42-43

Flott, E.A., & Linden, L. (2015) The clinical learning environment in nursing education: a concept analysis. *Journal of Advanced Nursing*, 72(3), 501-513

Gebru, K., & Willman, A. (2010) Education to promote culturally competent nursing care – A content analysis of student responses. *Nurse Education Today*, 30, 54-60

Gothard, J., Downey, G. & Gray, T. (2012) Bringing the learning home. Programs to enhance study abroad outcomes in Australian Universities. Office for Learning and Teaching: Sydney, NSW.

Graham, K., Hill, P., Reynolds, L. & Parry, Y. (2014) *A thematic analysis and a reflective description of the experience of nursing, midwifery and paramedic students on a short-term mobility community health placement in Vietnam*. Paper presented at Australian Collaborative Education Network National Conference, Gold Coast, Australia.

Graneheim, U.H., Lindgren, B. & Lundman, B. (2017) Methodological challenges in qualitative content analysis: A discussion paper. *Nurse Education Today*, 56, 29-34 doi: 10.1016/j.nedt.2017.06.002

Graneheim, U.H. & Lundman, B. (2004) Qualitative content analysis in nursing research: concepts, procedures and measure to achieve trustworthiness. *Nurse Education Today*, 24, 105-112 doi:10.1016/j.nedt.2003.10.001

Harrowing, J.N., Gregory, D.M., O'Sullivan, P.S., Lee, B. & Doolittle, L. (2012) A critical analysis of undergraduate students' cultural immersion experiences. *International Nursing Review*, 59, 494-501

Henderson, A.J., Forrester, K. & Heel, A. (2006) The establishment of structures and processes for the safe and effective clinical placement of nursing students. *Nurse Education in Practice*, 6 275-280

- Henderson, A., Twentyman, M., Eaton, E., Creedy, D., Stapleton, P. & Lloyd, B. (2009) Creating supportive clinical learning environments: an intervention study. *Journal of Clinical Nursing*, 19, 177-182
- Jackel, B., Pearce, J., Radloff, A. & Edwards, D. (2017) Assessment and feedback in higher education. A review of literature for the Higher Education Academy. York: The Higher Education Academy.
- Kirkham, S.R., Van Hofwegen, L. & Pankratz, D. (2009) Keeping the vision: sustaining social consciousness with nursing students following international learning experiences. *International Journal of Nursing Education Scholarship*, 6(1), 1-16
- Koskinen, L. & Tossavainen, K. (2003) Characteristics of intercultural mentoring – a mentor perspective. *Nurse Education Today*, 23, 278-286.
- Kristofferson, M.L., Martensson, G., Mamhidir, A.G. & Lofmark, A. (2013) Nursing students perceptions of clinical supervision: The contributions of preceptors, head preceptors and clinical lecturers. *Nurse Education Today* 33, 1252-1257
- Leask, B. & Bridge, C. (2013) Comparing internationalisation of the curriculum in action across disciplines: theoretical and practical perspectives. *Compare: A Journal of Comparative and International Education*, 43(1) 79-101 DOI:10.1080/03057925.2013.746566
- Leask, B. & Wallace, J. (2015) *Learning and Teaching Across Cultures. Final Report*. Sydney: Office for Teaching and Learning.
- Lee, N.J. (2004) The impact of international experience on student nurses' personal and professional development. *International Nurses Review*, 51, 113-122
- Levett-Jones, T., & Bourgeois, S. (2015) *The Clinical Placement. An essential guide for nursing students (3<sup>rd</sup> Ed.)* Chatswood, NSW: Churchill Livingstone.
- Maltby, H.J., de Vries-Erich, J.M. & Lund, K. (2016) Being the stranger: comparing study abroad experiences of nursing students in low and high income countries through hermeneutical phenomenology. *Nurse Education Today* 45, 114-119
- Medina-Lopez-Portillo, A. (2015) Intercultural learning assessment: the link between program duration and the development of intercultural sensitivity. *The Interdisciplinary Journal of study Abroad*, 10, 179-199
- Memmott, R.J., Coverston, C.R., Heise, B.A., Williams, M., Maughan, E.D., Kohl, J. & Palmer, S. (2010) Practical considerations in establishing sustainable international nursing experiences. *Nursing Education Perspectives* 31(5) 298-302
- Michael, R., Della, P., Banner, C., Duckworth, S., & Nilson, T. (2012) The role of the photo novella in examining cultural competency in perioperative settings. *ACORN* 25(1), 20-26
- Ng, P., Goddard, T., Gribble, N., & Pickard, C. (2012) International placements increase the cultural sensitivity and competency of professional health students: A quantitative and qualitative study. *Journal of Physical Therapy Education*, 26(1) 61-68

Nishigori, H., Otani, T., Plint, S., Uchino, M. & Ban, N. (2009) I came, I saw, I reflected: A qualitative study into learning outcomes of international electives for Japanese and British medical students. *Medical Teacher*, 31(5) 196-201

NMBA (2016) Registered nurse standards for practice. Nursing and Midwifery Board of Australia, Melbourne: Victoria.

NMC (2015) The code. Professional standards of practice and behaviour for nurses and midwives. Nursing and Midwifery Council: London.

Phillips, L., Bloom, T., Gainey, T., & Chiocca, E. (2017) Influence of short-term study abroad experiences on community health baccalaureate students. *Journal of Nursing Education* 56(9) 528-533 DOI: i:10.3925/01484834-20170817-03

Schwind, J., Zanchetta, M., Aksenчук, K., & Gorospe, F. (2013) nursing students' international placement experience: an arts-informed narrative inquiry. *Reflective Practice* 14(6), 705-716 DOI: 10.1080/14623943.2013.810619

Sloand, E., Bower, K. & Groves, S. (2008) challenges and benefits of international clinical placements in public health nursing. *Nurse Educator*, 33(1), 35-38

Stone, T.E., Francis, L., van der Riet, P., Dedkhard, S., Junlapeeya, P. & Orwat, E. (2014) Awakening to the other: reflections on developing intercultural competence through an undergraduate study tour. *Nursing and Health Sciences* 16 521-527 DOI:10.1111/nhs.12139

Tuckett, A., & Crompton, P. (2014) Qualitative understanding of an international experience for nursing students in developed and developing countries. *International Journal of Nursing Practice*, 20, 135-141

Table 1: Summary of ICPs offered by participating universities

	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Destination	Vietnam	Laos	India	India	Cambodia	Indonesia	Japan	Vietnam	Laos	Thailand
Length of Placement	14 days	14 days	21 days	10 days	14 days	14 days	8 days	21 days	21 days	21 days
Number of Students	10	10	12	10	20	10	2	15	15-18	10-12
Semester Level	4	3 and 4	4	6	5	6	6	5 and 6	1	3 and 5
Number of Clinical Facilitators	2	2	1	1	3	1 or 2	2 or 3	2 or 3	2 or 3	2
Maximum Facilitator: Student Ratio	1:6	1:6	N/A	1:10		1:10	1:6	1:6	1:8	1:6
For credit	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Assessment tools	Reflective Journal and NCAS*	Reflective Journal	Clinical Assessment Book (not specific to ICP)	NCAS	No Assessment	Reflective Journal and critical reflective paper and a Negotiated Artifact	Two Assignments	Two Assignments	Standard Clinical Assessment Tool	Reflective Journal and NCAS
* Nursing Competency Assessment Scale (NCAS)										

Table 2: Aims of the international clinical placements offered

Category	Subcategory
Becoming culturally aware through immersion <i>(five placements mentioned this or a variation of this aim)</i>	Immersing in the culture Participating in cultural exchange Becoming culturally aware
Working with the community to promote health <i>(four placements mentioned this or a variation of this aim)</i>	Delivering health promotion Providing health education Working with the community
Understanding the role of the Nurse within the health care setting <i>(four placements mentioned this or a variation of this aim)</i>	Observe nursing practice Understanding of health care system Comparing health care practices
Translating theory into professional clinical practice <i>(three placements mentioned this or a variation of this aim)</i>	Learning through experience Theory to practice Demonstrating competence Professional behaviours
Developing relationships in international learning environments <i>(four placements mentioned this or a variation of this aim)</i>	Environment for learning Advance placement opportunities Working within a team



Table 3: Expected learning outcomes for the international clinical placements offered

Category	Subcategory
Understanding healthcare and determinants of health <i>(three placements mentioned this or a variation of this outcome)</i>	Understanding health systems
	Understanding impacts on health
Managing challenges <i>(three placements mentioned this or a variation of this outcome)</i>	Facing challenges
	Challenging environment
Understanding the role of culture within healthcare <i>(five placements mentioned this or a variation of this outcome)</i>	Understanding of culture
	Impact of culture
	Applying cultural principles
Demonstrating professional knowledge, skills and behaviours. <i>(four placements mentioned this or a variation of this outcome)</i>	Developing clinical skills
	Providing health promotion
	Professional behaviors
	Effective communication