

The benefits of an international workplace learning experience from the educators' perspective

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ABSTRACT

Undertaking an international workplace learning experience presents a number of challenges, from both an educational and personal perspective. However there are tremendous rewards to be gained from supervising an international workplace learning experience and each of us has come back with fond memories of the people, places and experiences we encountered. Much is written about the challenges and issues, as well as the benefits from a student or institutional perspective (Lee, 2004; Stanley, 2011; Henry, Preston, Webb-Were, Ballenger & Stanley, 2012; Stanley, 2014; Roberts 2015). However, this article offers our insights into the benefits of international workplace learning supervision from the educator's perspective.

KEY WORDS: international learning experience, workplace supervision

Undertaking an international workplace learning experience presents a number of challenges, from both an educational and personal perspective. However there are tremendous rewards to be gained from supervising an international workplace learning experience and each of us has come back with fond memories of the people, places and experiences we encountered. Much is written about the challenges and issues, as well as the benefits from a student or institutional perspective (Lee, 2004; Stanley, 2011; Henry, Preston, Webb-Were, Ballenger & Stanley, 2012; Stanley, 2014; Roberts 2015). However, this article offers our insights into the benefits of international workplace learning supervision, from the educators' perspective.

We have each been supervisors on one or more international workplace learning placements clinical placements, to countries such as Thailand, India, Tanzania, Zimbabwe, and China, and each have returned with a host of wonderful stories and experiences. However, this

article focuses on the benefits we have each identified, in the hope of encouraging others to consider similar opportunities to supervise students on these sorts of international workplace learning placements.

One of the most significant benefits was the capacity the trips offered for reflection on our own (Australian) health service. Seeing other health systems mean that constant, almost subconscious comparisons were made between the host countries health care system and the Australian health system. In Tanzania there were long, mainly patient queues all over the hospitals and clinics, as people waited to see doctors, receive treatment or be given medications. The same was true in remote villages across Thailand where people also waited patiently to be seen by the health care teams. The humidity and lack of seats did not deter them and some villagers worked in the fields then came to be seen at the clinics, and returned to the fields after seeing the doctor, or obtaining medications to last until the next health clinic in a month or two's time. Often there were limited facilities and little explanation about the reasons for any delay. In India for example, a 40 minute drive from the metropolitan area resulted a practice environment that the local people called "remote" and indeed it was, as transport in the area was virtually non-existent. As while in Australian remote communities populations are sparse, in India, the community had multiple families and crowded living conditions with poor housing, community infrastructure and poor and limited local and domestic facilities. Health care in the "remote" communities tended to be provided by mobile health clinics that rotated through the district and operated from small vans that were funded by charity organisations. Clients were only provided with enough medications to get them through a week so as to encourage them to return to the clinic van again the following week. In Australia, waiting so long and in the same conditions would be met with an outcry, to health authorities and the government, but generally people in the countries we visited seemed to be waiting passively, patiently and calmly.

The range of diagnostic services and treatment options, including drugs, seemed limited and we were left with a general feeling about how lucky or blessed we were in Australia to have a health service that managed (most of the time to be accessible, of high quality and offered many options for patients). In Australia, we recognise that in remote locations, distance and poor travel connections may impact negatively on health outcomes. The same was true in each of the countries we visited with matters compounded by poorer roads, the common intersection of poor environmental conditions and a simple lack of regular or reliable transport.

Medications were commonly dispensed with a mixture of herbal/traditional remedies and "western" prescribed medications. As well, there was often no long term management plans for chronic illnesses and rather, most people were managed by having their presenting issue attended to with little recourse to a planned intervention programme.

These experiences also offered a chance to appreciate the global nature of the nursing profession and meet and see the commonalities nurses have no matter where they live. Training as a nurse in these countries each presented challenges in terms of the cost and commitment the students had to make to stay 'in the program'. In Thailand, India and Tanzania student nurses had to leave their homes and live in 'on site' with accommodation provided by the training university (or school) for the duration of their course, something that had not been encountered by the visiting clinical supervisors and a practice that raised eyebrows amongst the students who accompanied us. The educational arrangements came with additional restrictions on leisure time and activities, with strict curfews and high standards of moral behaviour. The student uniforms (which included caps) also reflected styles that were very reminiscent of nursing from the 1960s and significantly, there was a strong view across all the countries visited that nursing was a good job and a respected profession. Being able to visit students as they learnt nursing was also a privilege and helped contextualise the health care provided in this country.

A major advantage of engaging with the trips has been the opportunity to see other parts of the world. Australia is a beautiful country, but seeing the sun come up over a tropical jungle, across new vistas and set over strange rivers or oceans has been wonderful. We all recognised that the experiences offered were ones we would all repeat. The chance to contribute our knowledge and skills and to observe the impact this has was generally amazing and humbling. The opportunity to immerse ourselves into a new culture and explore how health care personnel incorporate health practices under often difficult conditions was a privilege. Comparing health systems and how nursing is viewed has proved both educational and instructive as we have each reflected on how the different systems worked, and on their respective strengths and weakness.

The language barriers were often complex, but always surmountable and the universal language of nursing and compassion commonly worked well for both parties. A highlight for us all were the opportunities to try new and exotic foods, learn new words, see traditional

practices and even dances and authentic and local health interventions. Exposure to different cultures remained one of the central joys of each of our trips and exemplifies what the international workplace experiences are aimed at; immersion in another culture and working to understand another health care system.

Another advantage was that as an educator it was a wonderful opportunity to really get to work closely with a small and committed group of Australian students as they worked to deal with the issues unique to an international workplace experience. We learnt from each other and supported each other to the point that ultimately the success of these experiences could be identified by the strength of the relationship made and the teamwork and communication effectiveness.

Being a clinical facilitator on an international clinical placement is a daunting concept and there is much that is new to be grasped. Adequate support and information, pre-departure preparation, support from colleagues and partners, and a clear set of objectives are vital if the most is to be extracted from the experience. The role goes well beyond simple clinical facilitation. It involves being a travel guide, medic, interpreter, a role model on almost 24/7 duty, a liaison person and a den mother (Stanley, 2014; Browne, Wall & Jordan 2015). However, the experiences we have had have been wonderful, fun and lead to the blossoming of professional relationships with our own students and across the globe.

References:

- Browne, C., Wall, P., & Jordan, T. (2015). Experiencing Thailand: perspectives from an international clinical placement. *The Hive*, 9 Autumn, 22-23.
- Henry, S, Preston, R, Webb-Were, S, Ballenger, D & Stanley, D. (2012). Lessons out of Africa. *Nursing Review*. September. 26 – 27.
- Lee, NT. (2004). The impact of international experiences on student nurse's personal and professional development. *International Nursing Review* 51(2), 113-122.
- Roberts, J. (2015). Two Countries, one goal: overseas placements succeed. *Nursing Review*, June, 9.
- Stanley, D. (2011). WA to Tanzania: broadening the horizons of nursing. *Connections* 14(94), Dec, 42 – 43.
- Stanley, D. (2014). How to prepare for an international elective clinical placement. *Essentially MIDIRS*, 5(1), 33- 38, Feb, 2014.