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2021 NCSBN Scientific Symposium - International Clinical Experiences for Required Clinical Contact Hours: What is Happening in US Schools of Nursing? Video Transcript

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Event

2021 NCSBN Scientific Symposium

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Presenters

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- [Woman 1] Malinda Whitlow is a triple 'Hoo University of Virginia graduate from the RN BSN, FNP-BC, and DNP programs, and a current DNP to PhD student at the Indiana University of Pennsylvania. She is an associate professor and DNP program director at UVA School of Nursing. She works as an FMP assisting with COVID triage and testing, and was also named one of the top 40 nurses under 40 in Virginia.

Kathleen de Leon is a nursing health policy doctoral student at the University of California, San Francisco. As a recipient of the Tobacco-Related Disease Research Program's predoctoral award, she's conducting her doctoral research on endgame tobacco control policy in the Philippines. In 2018, she was awarded the Earle C.

Anthony scholarship and in 2015, she was the recipient of the UCSF School of Nursing and Clovis Award.

- [Dr. Whitlow] Hi, everyone. I would like to welcome you to our presentation that is international clinical experiences for required clinical hours, a national survey of registered nurse prelicensure programs. Here, you see our research team that consist of Tamara, Angie or Angela, Kathleen, myself, Malinda Whitlow, and Joyce.

This research team here, as you can see, has worked on this particular study, and we hope to bring you valuable information as we explain more about the international clinical experiences to help make the future nursing students global leaders in international clinical. Our research team, a little background, kind of go through the publications and presentations that we've presented in the past.

As you can see here that we have worked a lot with global education experiences and become somewhat a little bit of experts in this field. On the right-hand side here, you can also see other examples of presentations done with NCSBN, International Council of Nurses, consortium of university of global health, and with Sigma Theta Tau as well.

So to prepare nurses as global citizens, it is an innovative teaching method that prepares the nurses to be global citizens equipped with the knowledge, skills, and attitudes necessary to improve the health of individuals and community both locally and globally. So this kind of explains a little bit of our purpose behind doing this particular study.

So why is global citizenship critical for nursing education? You may be wondering, you know, that why or so what question. Well, nursing workforce, we represent 50% or more of the healthcare workforce globally. Professional organizations' statements and mission and values, so ICN's strategic plan of 2019 to '23, there is a global impact to inform and influence the design and implementation of health, social, educational, and economic policies at a global and regional level to promote health for all.

We also consider your organization's mission and values as well. And this also holds true with everything going on in the world with the pandemic to get more of our global citizens out there into practice. So with evidence advancing global citizenship through nursing education which helps emerge evidence indicating innovative and nontraditional methods such as an immersive global service learning experiences.

And when we think about global citizens, particularly within nursing programs, this does help make students very culturally aware, there's a civic engagement, self-efficacy also arises from this, international nursing perspective. So it gives the nurse or nursing student that perspective beyond the regional and national level, and in practice, you know, within other countries.

So global service-learning shares several qualities of high-impact practices described in prior research including, but not limited to, just want to point out diversity in global learning, making our nursing students very diverse with their experiences with patients because they may not see a particular case within their local hospital or outpatient setting.

And so it really helps align them to see other experiences that are happening in the world if they decide to also work within a global setting. So the purpose and aim of this study, this project was to describe the nature of international clinical experiences for credit toward major United States schools of nursing and to describe schools' understanding of their state board of nursing regulations related to these programs.

So the first aim was describe the nature of international clinical experiences for credit toward majors in U.S. schools of nursing and the second aim, obtained information from U.S. schools of nursing faculty understanding of their state board of nursing regulations regarding international clinical experiences.

So this particular survey was sent out to 2,015 deans or directors, and we had 900 responses or 44.6% response rate, 241 or 26.8% indicated that their prelicensure programs allow for ICE applied toward required clinical hours.

As you can see here in the pie chart, programs offering ICE particularly what I wanted to point out too, which you can see, the prelicensure BSN or generic traditional-entry level made up 47% of those that did offer ICE. And then you can see the 26.8% indicated that prelicensure programs allowed for ICE to be applied towards the required clinical hours.

So 53% of the 241 respondents reported students receive credit towards their major for their international clinical experiences. And here, also in this pie chart, it shows the credit toward required clinical hours, and here again, 55% said, yes, that students did receive credit towards their clinical hours with their ICE experience.

This chart here shows the result of where in the curriculum do ICEs occur. And so I wanted to point out, as you can see, community health, particularly within the BSN programs, is where you see a lot of the clinical hours being obtained, and the other accounts or other areas where the ICE hours were also used as an elective, under that BSN, under other also includes electives as well, maybe capstone experiences, or life span residency, and practicums.

But particularly the responses pointed out the community health total the most of where we see these hours occur. And so now I'm going to turn it over to Kathleen to talk about the board of nursing related-outcome results.

- [Kathleen] Thank you. And as Melinda said, next I'll be talking about board of nursing related outcomes from our study. So we asked our respondents to tell us about their understanding about their board's regulations for international clinical experiences for required clinical hours. Most respondents, 71%, didn't know and never asked the question. Of the 15 schools that did inquire with their boards, 2 didn't receive a response, and 13 were told that their boards did not approve.

Almost 18% or 114 never checked with their boards and of these, 44 schools believe their boards would approve, while 70 reported that they believe that their boards would not approve. Next, we asked respondents if preceptors from other countries were used, did their boards regulate requirements for these preceptors?

Fifty-six percent stated they were not sure and 35.2% stated that they were not regulated. Next, I'll review some program and curricular outcomes. We asked the schools that were offering these programs, what factors led them to initiate these programs?

Most replied that this was driven largely by the school's mission and vision, and/or global initiatives. Luckily, in the survey, we were able to offer respondents the opportunity to give us free text answers. One respondent stated that it was their school's belief in service and going beyond their borders that permitted them to have this program, while another respondent stated, "They're not part of our written mission and vision. The school as a whole supports helping students develop a global perspective."

Many other respondents also replied that these offerings were driven by motivated faculty who really wanted to have this program at their school, and I think it's also very notable that 48 respondents cited that there was a strong demand from their own students to have these programs. On the flip side, we

asked schools of nursing that did not have these programs, what were the barriers to having international clinical experiences?

A majority cited a lack of support from administration, 289 stated that there were financial constraints on the part of the school, and 165 stated that they didn't have international content in their curriculum, 252 stated that they never considered this to be an option for their students. And this is an interesting follow up to the previous slide regarding student interest in these programs, 42 of these respondents, of these respondents from schools that did not have their programs, stated that their students were not interested and/or could not afford to go abroad to participate.

It was interesting to see this theme of financial constraints or perceived financial constraints for students and schools of nursing alike. This might hint at a possible disparity that might be occurring between those schools and students with and without the resources to have these experiences and to prepare nurses as global citizens.

Now earlier, you might remember that Malinda talked about where these programs are being offered, you know, and that some of these programs are being offered with other schools or departments, and/or capstone courses. We found that for some, these workarounds are just not an option. Eight hundred and twelve schools reported that their programs did not allow participation in international clinic experiences in collaboration with other schools or departments.

And 123 reported that their schools did not have a capstone course that permitted international clinical experiences. And next, I'll go over some faculty-related outcomes. We asked respondents, "Who teaches these programs?" And largely they were being taught by faculty from the home school, and 18.9% reported that it was a mix of both home institution and partner school faculty.

We also asked respondents what was required of the faculty teaching these international clinical experiences, and most required that they would be faculty of the school, and also majority required that these faculty would have a master's degree in nursing. It's notable the only 28 schools required training in international program leadership.

Moreover, through this study we found that 86% of respondents reported that the qualifications for teaching these programs were the same as for those in non-international courses. We also found that 73% of respondents stated that faculty were not required to take any additional coursework before teaching international clinical experiences.

And finally, we would like to report a little bit on some student-related outcomes. We asked these respondents at the schools of nursing, at what level do their students engage in international clinical experiences. And as you can see here, a majority of the students participated during their junior and senior years.

And finally, I'd like to review some lessons learned. Based on the knowledge gained from this study regarding the extent and nature of the inclusion of international clinical experiences, there's a need to continue to assess and disseminate best practices in implementing international clinical experiences. It's undeniable that these experiences in schools of nursing have a direct impact on global health, and if

there's one lesson that we've learned during the COVID pandemic, it's that healthcare is not the result of isolated actions or practices.

We must educate our students, our nurses, to think and act as global citizens in the real world. We also gleaned many lessons from our outreach which permitted us to reach a response rate of 45%. A big part of this was our persistence. For example, to reach out to these, to every school of nursing in the country, we emailed every contact that was listed on every website, and sometimes resorted to cold calling these schools of nursing trying to get contact information.

We also give a lot of credit not only to the research team that you were introduced to earlier, but also to the team at Indiana University for helping us, again, reach out to these schools, get contact information, and to follow up, send, and review recruitment emails and the responses that we received.

A lot of this was also, we credit to NCSBN itself and for them allowing us not only to do the study, but also to use their name, to reference them in our PR materials and the handouts that we use, and recruitment emails. A lot of that we believe generated a lot of enthusiasm for this study among the schools of nursing.

We need to reconsider assumptions around student interest, so we can provide access to these programs in an equitable manner. Again, 17% of respondents assumed that their students wouldn't even be interested in these programs, and before we make these assumptions, we need to assess how we can get students involved and to ask them directly, are they interested.

Sometimes we found in some of the pretext answers, it was assumed they weren't interested just because the students were, for example, immigrants from other countries. Another big lesson learned was that we need to clarify policies and regulations, and best practices around credit toward major for international clinical experiences. As we found in this study, many schools of nursing never asked, didn't know, never considered, and sometimes made educated guesses around their board's policies related to credit toward major for these experiences.

And this suggests a strong need for clarification as well as better assessment and implementation of best practices around international clinical experiences. And finally, we'd like to share a brief yet powerful video of a former student of Dr. McKinnon's as she reflects on her experiences in Grenada.

- [Woman 2] It also made me feel like I know I'm doing a lot here, but, then, I keep questioning myself, can I do more than what I'm doing? You know, whether if it's here, if it's in the U.S. where I reside right now, or anywhere. What I can start doing is education because I think that's the most I can give anyone right now, this is what's going on, this is what you can know, this is what you can do about the situation.

It might be little, but it's a drop, you know. And the more I feel that you are, educate the world situation, the more equipped or the more in power you are to try to make things change for yourself. And it don't matter where we all come and teach or what we do, the change is going to come from within.

- This concludes our presentation. On behalf of our research team, thank you so much for your time and interest. We will now take your questions.

- Hello, everyone. My name is Kathleen de Leon and I'm here with Dr.

Malinda Whitlow. Thank you so much for joining us for our presentation today. We appreciate any questions that you may have. It looks like we already have a couple. I'll take the first one, Malinda. So let's see here. All right.

So the first question is, "Will you discuss some of the clinical objectives for global clinical experiences?" So actually we didn't ask this question, you know. We didn't ask the schools of nursing what their objectives were for these programs, but I think that, that would be an excellent follow-up question for a future study, for a follow-up study. And it looks like our second question is from Mark.

"For the international students in your study, do you track or ask about the success rate on the NCLEX?"

- Hi. That is a great question. And as far as with this study, we did not ask about the NCLEX pass rates, but that is definitely something to be considered in our future studies as well. But that is a great question.

- All right. And it looks like we have another question from Carrie. Do any of the schools do interprofessional education internationally? I believe we touched on this a little bit in that some of the schools of nursing did report that they were able to have these programs by having nursing students go on the trips, have these experiences with other schools.

You know, for example, medicine, occupational therapy, schools like that.

- While we're waiting... Okay.

While we're waiting on the next question, I wanted to add to Kathleen's response to the interprofessional experiences. I know that there are some universities that do clinical experiences not only with the med school, but also with pharmacists, social workers. And so they team up as part of the initiative per that university and they go with one of the...each school has their faculty join on the trip as well.

But it's a collaborative effort and a lot of meetings, you know, with the other disciplines. Okay.

- All right. So it looks like we have a question from Jacqueline. "I find it interesting that many schools of nursing did not know if their board would approve of ICE. Did you reach out to boards of nursing regarding regulations for ICE?" So this study actually focused on reaching out to the schools of nursing rather than the boards, but again, that would be, you know, an excellent follow-up study for us just to kind of see what the boards would have to say and what their policies are state by state.

All right. And then the next question looks like... It says, "Most state boards of nursing use credential evaluation services to evaluate clinical hours. Did your study look at any correlation between what the credential evaluation services review versus what a school of nursing uses?"

- In this particular study, we did not look at the credentialing, but, you know, you are right to say that there are some programs, you know, if it's CCNE credentialing, then, they do approve the international

clinical experiences. But for this particular study when we were asking the schools and the universities about their international clinical experiences, we didn't tie in the credentialing at that time.

- All right. And it looks like we have another question. "Why do you think there's so much resistance with many of the schools not wanting to integrate international clinical experiences?" You know, our study did pick up a little bit on the barriers to these programs. This included, lack of administrative support, financial constraints, you know, just the schools not considering it as an option, you know.

And there may be resistance just because if... You know, it seems as though our study suggested that there was not a lot of clarity as to whether or not it would even be allowed. So, you know, and, you know, it could be also possible that this lack of clarity makes it difficult for the schools to initiate programs like this.

All right. And it looks like we have another question. Did you require the program faculty to accompany the students in order for the clinical hours to count toward course credit? Can students be educated by faculty in another country if their credentials have been verified?

- That is a great question. And it kind of varies because some universities do require their own faculty to join in on the international clinical experiences, and then other universities have students go to that country, and then they're there with the partnering relationships that they have with the individuals there.

So they, kind of, report back to the schools as far as their hours. And so it just really varies by the university what they'll count and what they won't count.

- Right. And the next question is, "Are there any plans to follow-up after this study?" At this time, we don't have a follow-up study lined up yet, but I think that based on a couple of the questions that we've had you guys are really helpful in providing some good ideas for follow-up studies.

So we appreciate that. Thank you.

- All right. So it looks like that's about it. Again, thank you so much, everybody, for joining us this morning, and thank you so much for your questions. If you have any questions, you know, feel free to email us. Again, I'm Kathleen de Leon and also Dr.

Malinda Whitlow.