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Cover Page Footnote
The author wishes to acknowledge the support of the Division of Nursing in planning and developing the study abroad program that is described in the article. Special thank to Dr. Claudette Spalding for believing in the program from the beginning. I would also like to thank Professor Sharon Rafalko and the students who shared their experiences. The students were supported in part by the Division of Nursing. A special thanks to Ms. Shabree Henry for her editorial contributions.

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Developing a Short-Term International Study-A abroad Program: From Beginning to End

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TOPIC: Short-term international immersion experiences have proven to be an excellent strategy for nursing programs to use as a way for students to develop cultural competence. PURPOSE: The purpose of this article is to describe a faculty led short-term nursing study abroad program for undergraduate nursing students to Grenada. A two week study abroad program for seven undergraduate nursing students and two faculty members was organized in partnership with St. George’s University School of Nursing in Grenada. SOURCES OF INFORMATION: The author describes the process of program development that includes the selection of the host country to post travel activities. The author describes how immediately upon arriving in Grenada, the students began their transformational process to becoming more culturally competent, and how adopting the home-stay model ensured greater cultural immersion. The home-stay model provided the students with immediate entry into the cultural environment. CONCLUSION: Participation in a short-term study abroad program contributed to students’ self-confidence and fostered leadership growth.

Keywords: Study Abroad Program, Immersion Experience, Cultural Competence

Short-term international immersion experiences have proven to be an excellent strategy for nursing programs to use as a way for students to develop cultural competence (Amerson, 2010; Bentley & Ellison, 2007; Green, Comer, Elliott, & Neubrander, 2011; Larsen & Reif, 2011; Larson, Ott, & Miles, 2010; Posey, 2003) and broaden their perspective regarding cultural differences (Ruddock & Turner, 2007). According to the Institute of Medicine (IOM), (2004) In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce, the United States is rapidly becoming a more diverse nation, and ethnic groups will constitute a majority of the American population later in this century. The increasing heterogeneity in the ethnic makeup of the United States brings with it a wide range of cultural traditions and practices that influence the health and well-being of the population. In light of the change in demographics, the health care needs of an emerging subgroup must be considered, and health care organizations and health care providers such as nurses must develop cultural sensitivity to and an understanding of a variety of cultures in order to provide quality patient-centered care.

Cultural competence has been identified as an educational approach in academia to prepare the future health care workforce to care for an emerging diverse patient population (Betancourt, Green, Carrillo, & Park, 2005), and the American Association of Colleges of Nursing (AACN)’s Essentials of Baccalaureate Education for Professional Nursing Practice (2008) identified cultural competency as a core component of baccalaureate education. Although the process of cultural competence is taught in the classroom, the literature has shown that providing students with short-term international immersion experiences is an excellent way to increase cultural sensitivity and facilitate the development of cultural competence in nursing students (Bosworth et al., 2006; Harrison & Malone, 2004; Hu, Andreatte, Yu, & Li, 2010; Johns & Thompson, 2010; Koskinen & Tossavainen, 2004;
Kostovich & Bermele, 2011; Posey, 2003; Tabi & Mukherjee, 2003; Wiegerink-Roe & Rucker-Shannon, 2008). The purpose of this article is to describe the development of a faculty-led, short-term nursing study-abroad program for undergraduate nursing students in Grenada.

**Background**

In 2010, the Division of Nursing at Barry University, Florida, developed its first international short-term study-abroad program and, as with any new program development, the beginning steps were to conduct a review of the literature to identify best practices. The search included Ovid/MEDLINE, CINAHL, and PsycINFO databases for manuscripts published about study-abroad programs in the past 10 years. Keywords included: international or global, nursing, study-abroad programs, short-term, global, immersion experience, and service-learning. The search resulted in approximately 50 articles that were both research-based and non-research-based. After a careful review, 12 articles were chosen to guide the development and implementation of the program. The articles chosen described a diversity of programs from one week to several months. There were also differences in the planning and implementation of the programs.

Ruddock and Turner (2007) explored whether having an international learning experience as part of a nursing education program promoted cultural sensitivity in nursing students. Utilizing a Gadamerian hermeneutic phenomenological approach, in-depth interviews were conducted. Students who participated in the international experiences found that being exposed to another culture led to an understanding that sensitivity to other cultures required exposure as well as incorporating other beliefs about health and illness. The study also suggested that study-abroad programs are useful strategies for bridging the theory–practice divide.

Larson et al. (2010) used a qualitative descriptive approach to explore the impact of a two-week cultural immersion experience to Guatemala on undergraduate nursing student nurses’ cultural competency. During the immersion experience, students lived with Guatemalan families and were involved with a variety of community health clinical experiences. The authors concluded that the international experience provided experiences that facilitated students’ development of cultural competence.

Maltby and Abrams (2009) used a descriptive phenomenological design to explore students’ experiences of immersion in Bangladesh. Using students’ journal entries about their thoughts and feelings regarding participating in an immersion experience, the following four themes emerged from the data: beginning to see differences in another culture; thinking about what was seen and how it is related to the students’ own experiences; wanting to change what was seen and wanting to make changes within; and being transformed by what was seen during the experience. The students from this program also reported that they were able to identify cultural differences on the first day in the international country.

Green et al. (2011) developed an international service-learning experience that took students who were in the health care field to Honduras to perform medical services. Participants completed a pretest and posttest to determine whether the international experience led to a measurable increase in cultural competence. The researchers concluded that due to the small sample size, the quantitative portion of the study was too small to determine any statistical significance for the results. However, the sample size for the qualitative portion was adequate. Four themes emerged from the study that reflected the
participant’s experience: a) stepping outside my world, b) connecting with culturally different people, c) awe of the community, and d) learning innovation.

Carpenter and Garcia (2012) utilized a descriptive approach to assess the impact of a six-week study-abroad program in developing cultural competence in a group of undergraduate nursing students. The international immersion experience was a transformation of an existing course designed to teach nurses how to work in a Spanish-speaking environment. Students who participated in the new program lived with Mexican families, studied Spanish, and collaborated on projects with public health nurses and nursing students. The authors concluded that study-abroad experiences provide personal learning opportunities that can enhance students’ cultural awareness and sensitivity for addressing cultural differences in their future nursing practice.

In an attempt to address nursing in a global community, Tabi and Mukherjee (2003) developed a study-abroad program hosted by the University of Cape Coast in Ghana. Nursing in a global community was a six-credit, six-week summer program and consisted of two-week cross-cultural orientation prior to departure. This program was designed for students to have field experiences in an acute care and community-based setting. The author concluded that in order to foster a global perspective, experiences at the international level must be incorporated into nursing and health education. Harrison and Malone (2004) conducted a nine-day study-abroad program to promote cultural competence by taking students to Guatemala. The program was a three-credit course open to either undergraduate nursing students or students from different disciplines. The primary objective of the course was to provide students with an immersion experience that can positively impact cultural competence and promote more global perspectives in students.

Bosworth et al. (2006) conducted a two-week study-abroad program to Guyana. The goal of the program was to create international partnerships with nursing programs in developing countries. The study-abroad program to Guyana led to a long-term international partnership between both schools of nursing.

In a similar program, Larson, Ott, and Miles (2010) developed a cultural immersion and health promotion course in Guatemala for undergraduate nursing students. The goal of this course was to establish a partnership between East Carolina University and an indigenous Mayan community. While in Guatemala, the students were housed with Guatemalan families, attended Spanish language classes, and participated in community service projects. Hu et al. (2010) wrote about students’ experiences while participating in an international study-abroad program in China. For this program, students engaged in community assessments, home visits, health fairs, and visits to Western and traditional Chinese hospitals. Students who participated in the study-abroad program commented that after participating in the study-abroad program, they had a renewed lens from which they viewed patients who did not speak English. Smith-Miller, Leak, Harlan, Dieckmann, and Sherwood (2010) reported that a short-term global immersion experience to Guatemala enlightened student nurses’ cultural awareness, education, and future clinical practice.

Given that there are many different approaches in developing and implementing a study-abroad program, the one thing that resonated from the literature was that international immersion experiences have the potential to enhance the development of cultural competence and enrich students’ educational experience. The ultimate goal for developing the study-abroad program was to allow students to understand culture within the context of immersion experiences.
The University

Barry University owes its focus on service and social justice to its founders, the Adrian Dominican Sisters, who began the institution as a Catholic institution of higher education in 1940. Since the university opened its doors, it has dedicated itself to integrating Christian service with rigorous scholarship to produce nursing graduates who can impact the global community holistically. The university is a private, not-for-profit, liberal arts institution, located between the crossroads of the Americas and the gateway to South America. The University enrolls more than 8,500 students, in more than 100 undergraduate, graduate, professional, and doctoral programs. Approximately 3,000 undergraduate and 2,600 graduate students attend classes at their main campus in Miami-Dade Florida, and another 2,000 working professionals attend classes at various sites throughout the state of Florida. The Division of Nursing is located on the university’s main campus and enrolls approximately 200 undergraduate students yearly. The nursing program is a four-year Bachelor of Science (BSN) program and is accredited by the Commission on Collegiate Nursing Education (CCNE).

The university’s main campus is located in the center of Miami-Dade, Florida and is home to a large percentage of foreign-born student immigrants. Almost 50.9% of the residents in Miami-Dade County are foreign-born, a percentage greater than any other county in the United States (O’Connell, Zhang, Leguen, & Prince, 2010). The student population at the university and the Division of Nursing mirrors Miami-Dade, yet in spite of its diverse ethnic makeup, a vast majority of the nursing students have had limited exposure to different cultures. As such, when a study-abroad program was proposed, it was centered on the notion that a short-term international immersion experience will expose nursing students to a culture different than their own. Providing students with the opportunity to be immersed in a culture other than their own has the potential to give students a deeper understanding of other cultures (Maltby & Abrams, 2009).

Program Development

Host Country

Figure 1
Map showing location of Grenada and neighboring islands in the Caribbean.
The first step in developing the study-abroad program was the selection of the host country. Grenada was chosen because of its stable political environment and the fact that English is the primary language spoken there. The faculty felt that going to a country where English is the national language would result in less psychological stress and more emphasis on cultural immersion for our students. The island of Grenada is also in close proximity to Miami, and the university has an existing relationship with the medical school located there.

Grenada is a tri-island state comprising the islands of Grenada, Carriacou, and Petit Martinique. It is located in the Eastern Caribbean 100 miles off the coast of Venezuela. The country’s economy is based on tourism and agriculture, and it is the world’s second largest producer of nutmeg and mace. Grenada was once British and gained its independence from the United Kingdom in 1974. Grenada currently has a democratic political government with a Westminster-style parliament. Grenada’s population numbers about 104,000 (World Health Organization, 2012), comprising people of African, East Indian, and European descent, with people of African descent making up more than 75% of the population. Grenada is a member of the United Nation Development Programs (UNDC), a network whose mission is supported by the United Nation’s goal to end global poverty. Under the UNDC Human Development Index, Grenada is ranked 66th of the 177 nations within the network. Grenada’s Gross National Product per capita in 2012 was reported at $6,960 (World Bank, 2012).

Grenada’s health care system is patterned after the World Health Organization’s (WHO) primary health care model. The health care system is overseen by the government, and services are provided under the Ministry of Health (MoH). The MoH network of state-funded hospitals in Grenada consists of the General Hospital in the capital of St. George, with 240 beds and 2 rural hospitals, the Princess Royal with 40 beds, and the Princess Alice in Carriacou with 56 beds; all 3 hospitals are designated as acute health care providers. Community health services are provided through 6 health centers, 30 medical stations, as well as through home visits.

Nursing practice in Grenada follows the British system of nursing. In this system, nurses are educated at the level of an associate-prepared nurse in the United States, and although nurses work in all sectors of the health system, they are more likely to work in a hospital. A small percentage of the nursing workforce who received advance education in midwifery will work in community health. As such, the nursing workforce in Grenada is made up of hospital-based registered nurses and community health nurses.

**Conceptual Framework**

A major emphasis of the study-abroad program was to increase students’ cultural awareness. The Campinha-Bacote (2002) model of cultural competence for health care providers was used as the conceptual framework. Campinha-Bacote (2002) defines cultural competence as a process in which the nurse continuously strives to achieve the ability and the availability to effectively work within the cultural context of the individual, family, and community. Cultural competence is then a process that develops over time, and it allows health care providers to view themselves as becoming more culturally competent rather than merely being culturally competent. In another version of the model, Campinha-Bacote (2002) states that cultural encounter is a vital element of the model. Campinha-Bacote defines cultural encounters as the continuous process of interacting with patients from culturally diverse backgrounds in order to validate, refine, or modify existing values, beliefs, and
practices about a cultural group and to develop cultural desire, cultural awareness, cultural skill, and cultural knowledge. For the purpose of this study-abroad program, emphasis was placed on cultural encounters as the program provided the foundation for our students’ journey towards becoming more culturally competent.

The study-abroad program was also grounded in the philosophy of experiential learning. According to Jarvis (1995), experiential learning is learning that comes primarily from experiences. Unlike passive learning where students only learn through listening, experiential learning occurs through activities learned in the classroom. Dewey (1938) defines experiential learning as an active process that allows for integration of classroom learning. Kolb (1984) believes that learning is a process whereby knowledge is created through a transformation of experiences. Kolb uses four stages of learning to demonstrate how knowledge is created through a pattern of learning: concrete experience, reflective observation, abstract conceptualizations, and active experimentation. When students combine theoretical information that is learned in the classroom with experiences outside of the classroom, a transformative process takes place and knowledge is created. Students experienced experiential learning through the entire phase of the study-abroad program, from the pre-departure phase to the post-travel phase. For example, students were able to link concepts such as elements of deep culture, which were learned in the classroom to experiences they encountered in Grenada.

Service Learning, a form of experiential education (Bringle, Hatcher, & Jones, 2011), is defined as a course-based credit-bearing experience in which students participate in an organized service activity that meets identified community needs by reflecting on the service activity in order to gain understanding of the course content (Bringle & Hatcher, 2009). For this study-abroad program, service-learning opportunities were identified in collaboration with the host country as an integral component of the course. In order for the students to view community health nursing from a different lens, we conceptualized service-learning to be an integral component of the program. Service-learning as a teaching paradigm was incorporated into the program as a way to introduce students to clients from different cultural backgrounds and help them become aware of health issues related to culture and health (Amerson, 2010) and by integrating meaningful community service with instruction and reflection.

Figure 2. Showing study abroad as the intersection of service learning, study abroad and experiential learning. Adopted from Bringle, Hatcher & Jones, 2011.
Academic Framework

A major consideration in the development of the study-abroad program was to offer a program that will fulfill the students’ academic requirements for graduation. This short-term study-abroad program was embedded in an existing course taught during the senior semester of the nursing program at the university. The decision to embed the study-abroad program in a current course was a decision made by the entire undergraduate-nursing faculty. It was important that a new course not be created that would result in additional credits and fees for the students. Students who participated in the study-abroad program received the same number of credits as the students who completed the public health course requirements in residence. To participate in the study-abroad program, students had to submit an application, two letters of support, one from a nursing faculty and the other from a community member, and a 250-word essay stating why they wanted to participate in the program and their expectations.

In the senior year of the nursing program, students are required to take a Community/Public Health Nursing course. The goal of this course is to give students the opportunity to focus on health promotion and disease prevention while caring for individuals, families, and communities as they apply the principles of public health. The course consists of six-credit hours of coursework and 90 hours of clinical practice. The students who participated in the study-abroad course completed the 90 clinical hours required for the Public Health Nursing course during their time in Grenada. The clinical hours from the required course were used for the study-abroad experience. The course objectives for the study-abroad program were the same as the Community/Public Health Nursing course objectives. However, the objectives for the study-abroad program were met by doing different assignments and activities in Grenada. As such, the learning outcomes for the study-abroad program were to provide students with cultural immersion experiences in Grenada so that they might learn first-hand about health, health care, and global issues related to health care and recognize and view nursing in a different cultural context. Therefore, the study-abroad program’s learning outcomes were different from the outcomes of the clinical course. The following are the course objectives and the students’ learning outcomes for the study-abroad program:
Table 1

Illustrating the course objectives and the learning outcomes for the study-abroad program

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Learning Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Act as a change agent in addressing health promotion, risk reduction, and disease prevention in diverse communities and populations.</td>
<td>1. Students will be able to identify that alternative views and behaviors about health and illnesses may be based on cultural differences.</td>
</tr>
<tr>
<td>2. Formulate a plan to promote the health of diverse communities and populations using the critical-thinking process.</td>
<td>2. Students will be able to analyze how their intended profession is viewed and practiced in a different country.</td>
</tr>
<tr>
<td>3. Design a plan for population-based interventions using leadership and management principles.</td>
<td>3. Students will compare and contrast the United States health care system with Grenada’s health care system.</td>
</tr>
<tr>
<td>4. Prepare a plan of care that is inclusive of the cultural needs of members of a community or global population.</td>
<td>4. Students will be able to differentiate between specific diseases that are prevalent in the United States and Grenada.</td>
</tr>
<tr>
<td>5. Differentiate the practice of public health nursing and community-based nursing. Evaluate interventions that promote change in the health and wellness of that community or selected population.</td>
<td>5. Students will be able to examine the host country’s cultural beliefs, values, customs, perspectives, and practices.</td>
</tr>
<tr>
<td>6. Examine the global environment and its effect on health care.</td>
<td>6. Students will develop an abstract to submit for a poster or oral presentation to a local, national, or international conference upon return.</td>
</tr>
<tr>
<td>7. Assume accountability and responsibility for the care of individuals, families, communities, and populations.</td>
<td>7. Students will be able to integrate information learned in the classroom to the global community.</td>
</tr>
<tr>
<td>8. Incorporate research findings in the design of population-based projects.</td>
<td>8. Students will be able evaluate their own biases and develop skills in working with people from other cultures.</td>
</tr>
<tr>
<td>9. Design strategies in health promotion, risk reduction, disease prevention, and health protection with outcomes that focus on the health and environment of aggregates.</td>
<td>9. Student will be able to appraise the language (dialect), art, religion, and philosophy of the Grenadian culture.</td>
</tr>
<tr>
<td>10. Students will be able to evaluate their learning about global health and their personal relationship to the issues of international health.</td>
<td>10. Students will be able to evaluate their learning about global health and their personal relationship to the issues of international health.</td>
</tr>
</tbody>
</table>

Pre-Departure Phase

Once the proposal was approved by the undergraduate nursing faculty and the Undergraduate Council, the planning began. Students were selected in the fall 2010 semester just before the winter break. Student selection was based upon applicants’ academic standing, their interest in global nursing, two competitive essays, and their ability to be flexible. Upon returning to school for the spring semester 2011, and two months prior to travel, students and faculty participated in weekly structured classroom orientation sessions. The first three sessions focused on learning about the health care system of Grenada and comparing it to the health care system of the United States. Although information about Grenada’s health care system was available on the websites of the World Health Organization (WHO) and the Pan American Health Organization (PAHO), most of the information received was in the form of oral histories from the Grenada liaison.

Wright (2010) mentioned that when planning an international study-abroad program,
The students spent time learning the different elements of culture such as values, behaviors, customs, and health beliefs. The Iceberg Concept of Culture (ICC) developed by Hall (1976) and widely used by the Peace Corps was used. Hall suggested that just like an iceberg, which has a visible section above the waterline and a larger more invisible section below the waterline, culture is made up of a visible section and an invisible section. The ICC was used to demonstrate how most elements of culture are located below the surface and are difficult to recognize. The ICC was used to explain elements of culture found above the surface and below the surface. Elements of culture found above the surface have to do with emotions and are most easily recognized, seen such as food, manner of dressing, art, and music. Elements of culture below the surface or deep culture have to do with feelings and attitudes, such as eye contact and time, and are more difficult to recognize. For the purpose of the study-abroad program, emphasis was placed on being aware of elements of deep culture. For example, students learned the concept of eye contact and how it will be different in Grenada. In the United States, people are encouraged to maintain good eye contact. However, in Grenada, especially among children, eye contact may be considered as a sign of disrespect.

Another element of culture found below the surface or deep culture that was discussed with the students was the concept of time. In Grenada as well as in other Caribbean countries, “Anytime is Caribbean time.” In the Grenadian culture, the importance of time is related to what is happening at that moment. As such, one session was devoted to the discussion about the concept of time to a particular culture and how time is based on the past, present, and future and how important time is to that particular culture (Samovar & Porter, 1993).

An important aspect of the study-abroad program was the incorporation of teaching/learning projects. Based on information received from our host liaison regarding health-related topics that are critical to the health and wellness in Grenada, students prepared three projects about breast health, prostate cancer, and oral hygiene for children. Prior to leaving for Grenada, students were divided into groups to research information and prepare the content for the teaching/learning projects. The presentations consisted of role playing, videos, demonstrations, pictures, and return demonstrations. Based on information gathered from the host country liaison, it was emphasized to students that they should view their teaching/learning projects as a conversation with the audience rather than a presentation in order to gain the trust of the audience.

Reflective journaling has been used as a tool to promote learning among students who participate in study-abroad programs and to determine the program’s impact on students’
emotional and professional well-being (Lucas, 2003; Maltby & Abrams, 2009; Rotabi, Gammonley, & Gamble, 2006). Students were taught to use reflective journaling through an assignment in the pre-departure phase of the program, so it could be incorporated in the students’ in-country experiences. As such, during the pre-departure phase, a one-way weblog was created.

Weblogs are writing spaces on the web that are used to organize thoughts and share information with others. Although most blogs are two-way, the blog created by our students was used as a one-way method to ensure that unsolicited comments would not be posted. The blog was used by the students to reflect upon their daily experiences. It was also used by the students to stay connected to other university students, their families, and friends. Additionally, the blog provided a chronological record of activities for both the students and the faculty (Tabi & Mukherjee, 2003). The blog was also used by the faculty to assess students’ learning as well as their growth and progress throughout their time in Grenada.

The In-Country Experience

On Sunday March 6, 2011, two faculty and seven students left Miami bound for Grenada. Immediately upon arrival, the group began its transformational process to becoming more culturally competent. The first couple of days were spent getting a feel for the country and its people. The students visited the campus of St. Georges University, met with Grenadian nursing students and had an opportunity to discuss the Grenadian version of the National Licensure Examination. On the blog, one student wrote related to the Caribbean Examination, “In their version of NCLEX, they have to take true/false, multiple-choose questions, essay type questions, and a practical examination which includes clinical simulation….WOW” (Acosta et al., 2011). In order to practice nursing in any of the islands in the Caribbean, students must pass a regional exam somewhat like the National Licensure Examination (NCLEX) in the United States.

The first couple of days were an adjustment for the students. Students visited the grocery stores to compare prices, became accustomed to driving on the opposite side of the road, and adjusted to living Grenadian style. For the program, we adopted the home-stay model as a way to ensure greater cultural immersion. The home-stay model provides students with an immediate entry into the cultural environment (Schmidt-Rinehart & Knight, 2004). According to Smith-Miller et al. (2010), when students are exposed to family life in the host country, they have greater exposure to the elements of deep culture. Although the host family in our program did not participate in the program, their role was integral to the program. Upon arrival in Grenada, the host family joined us for our first in-country orientation. Each host family provided the students with breakfast and dinner and included them into their daily lives. For instance, one host mother took the students to her place of worship. The students’ responsibility, in turn, was to keep their living space tidy and upon departure provide the host family with a thank you gift, which was discussed and purchased in the United States.

For our program, special emphasis was placed on students working with at-risk populations and developing teaching/learning projects for low-income women and children. In collaboration with St. Georges College School of Nursing and School of Medicine, students participated in several teaching/learning projects. The university students worked alongside the Grenadian undergraduate nursing students and Advanced Nurse Practitioner graduate students from another U.S. school to perform screening and health education to over 300 local residents during two health fairs. Students screened local
residents for hypertension, diabetes, and height/weight measurement for Body Mass Index as well as instruction about healthy nutrition. Comparing and contrasting the Grenadian and American cultures prior to traveling and living with Grenadian families allowed the students to provide a comparative approach to health and nutrition (Hu et al., 2010). Students were amazed by the number of cases of high blood pressure and blood glucose in their screening. Many of the patients seen by the students received referrals to see the local physician who had a booth at the health fair. To sum up a day after a service-learning event, a student wrote on the blog:

It was a rewarding day, and I learned the importance of patient teaching. It became obvious to us that patients must be aware of what is going on in their bodies in order to become compliant with their treatment. We truly understand the need for health care around the world and our role as future nurses to impact the lives of individuals of different cultural backgrounds. (Acosta et al., 2011)

A highlight of the students’ experiences was having the opportunity to assist a local physician in performing clinical breast examinations on local women. Prior to the event, students received training about how to perform a clinical breast examination. Because it was emphasized during the pre-departure phase that the teaching/learning projects were to be delivered as conversations rather than lectures, students were able to engage the women in conversations about their breasts rather than telling them about breast health. The women themselves became involved in the teaching/learning process. This approach was an eye opener for the group. The women began to share their stories about their breast health as well as myths they believed about breast cancer. As a result of this approach, the students were able to gain the trust of the women and were able to assist the local physician in performing clinical breast examinations involving over 70 women.

During the teaching/learning project on breast health, 20 lumps of varying sizes were found among the women. In Low Resource Countries (LRC) such as Grenada, the rising incidence of breast cancer and the increasing mortality from the disease are major concerns. Currently, breast cancer is the leading cause of cancer deaths among Grenadian women. Breast cancer accounts for 49% of female cancers, with an age-standardized rate of 170.2 per 100,000 for all cancer sites combined (Asulin et al., 2004).

A health education program concerning oral hygiene was presented to a group of local elementary school children. The study-abroad nursing students used superheroes to teach local children about the importance of brushing their teeth. What astounded the students most was the children’s behavior. The children never spoke out of turn; they always raised their hands before asking a question, and most importantly, they were eager to learn from the nursing students. The children were all given a tube of toothpaste, a toothbrush, dental floss, and dental health activity pages to take home in addition to a certificate of having the “World’s Best Smile.” As a gift, the headmaster of the school was given a leather carrying folder containing all the dental health materials to distribute throughout the entire school as well as to new students.

A component of the study-abroad program was visits to local hospitals. The students visited two hospitals, St. Georges General Hospital, the major public hospital located in the city, and St. Alice Hospital located in the outskirts of the island. Students had the opportunity to meet with the nursing staff as well as to tour the hospital. Students also met with nursing administration to discuss staffing ratios, salary, and the career ladder.
available for Grenadian nurses. During the tour, students visited several units such as medical-surgical, mother-baby, and the intensive care unit. Students experienced a bit of culture shock when they learned that nurses in Grenada have to mix and prepare their own medications.

Engaging in cultural excursion activities was just as important as the other activities in which the students participated. According to Wright (2010), excursion and recreation time are necessary to alleviate student and faculty fatigue. As such, students visited a local nutmeg processing factory. Grenada was once the second largest exporter of nutmeg, second only to Indonesia, so it was fitting for the students to visit a nutmeg factory. Sadly, the factory was not as productive as it once had been. The factory, which once employed over 180 people, now only employs about 10. Nevertheless, the students had the opportunity to see how the nutmeg flower produces nutmeg.

While in Grenada, the country celebrated the commemoration of Grenada’s first stamp to bring awareness to Sickle Cell Anemia and to launch the hand-held patient medical records for tracking patients with the disease. Students were invited to the celebration and to learn about the plight of Sickle Cell in Grenada and how the first diagnosis was made 100 years ago. One student wrote on the blog, “Overall, the launch of the Sickle Cell Stamp was a momentous moment for us. We felt as if we were a part of Grenadian history” (Acosta et al., 2011).

**Post Travel**

Upon arrival back to the United States, the students attended several debriefing meetings. The purpose of the debriefing meetings was to discuss the impact of the trip on student learning and to complete the program evaluations and to assess how students accomplished the intended outcomes of the program. Students reflected on the concept of time and how time to Grenadians is relative and is determined by what is happening at any particular moment. There were many occasions when the group had to sit in the bus and wait for the driver because he ran into someone he had not seen for some time. Stopping to “catch up” was more important to the bus driver than getting the group to our destination on time. Students reflected on the hospitality of the host families and how welcome they felt from the first day. Students commented that the home-stay model allowed them to have greater insight into the culture that would have been lost otherwise. When asked about the positive aspects of the trip, students discussed the fact that they had the opportunity to work with local nursing students to view nursing education from a different perspective. Students discussed that they learned that cultural competency is not static, but rather is dynamic in nature. They mentioned that the more cultural encounters they had, the more culturally competent they felt that they became. One student wrote in on the blog, “I do feel more culturally competent, and I didn’t think it was possible because I thought I already was competent” (Acosta et al., 2011). According to Campinha-Bacote (1999), cultural competency is a process, and the process required health care providers to see themselves becoming culturally competent rather than being culturally competent. The students also reported that they felt more sensitive toward people of different cultures, and they are better equipped to communicate with people of different cultures as well as to each other.

**Challenges**

The program was not without its challenges. The challenges we encountered were those that could not have been avoided. The major challenge revolved around adjusting
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to living in a Low Resource Country such as Grenada. Once students got over the initial cultural shock, things such as taking cold showers, waking to the sounds of roosters, and applying mosquito repellent at all times became an everyday practice. Another challenge was finding the time to allow students to have free time and group time. Unbeknownst to us, the schedule that was decided upon during the pre-departure phase of the program in conjunction with the host liaison was changed by high-ranking government officials from the host country in order to accommodate additional activities such as attending the launch of the Grenadian Sickle Cell Anemia Stamp. It was a challenge deciding what to delete from the schedule and what to keep without offending our host. Therefore, in order to demonstrate greater cultural sensitivity, we did not counter the proposed schedule changes and kept the one suggested by the host country. As a result, pre-conferences and post-conferences were held on the bus during travel time or at night during dinner. As the program director, although scheduling time was a challenge, it became obvious that the students needed group time for processing and reflecting their daily activities as well as the importance of having time to deflate any potential interpersonal tensions.

benefits

While coordinating and leading a study-abroad program can be challenging, the benefits outweigh the challenges. Travelling to Grenada allowed students to experience learning that went beyond their expectations. On returning home, students had the opportunity to share their experiences at two local conferences and at the university’s local chapter of Sigma Theta Tau International Spring Meeting. The students presented two poster presentations, one podium presentation, and a presentation to the undergraduate faculty about their international experiences. It was through these forums that the students were able to truly share their experiences and describe how participating in the program allowed them to view health care through a different lens.

As the program director, there are benefits to be gained from the experience. This experience affords students the opportunity to grow both professionally and personally. Several months after the students returned home, the students who participated in the study-abroad program were invited to participate in a local health fair. At the health fair, the study-abroad program students were paired with junior nursing students to perform screenings and health teaching. The study-abroad students demonstrated excellent clinical skills and were able to mentor the junior nursing students by teaching them clinical skills that they had previously mastered in Grenada. Evanson and Zust (2006) concluded that short-term study-abroad programs can result in meaningful personal and professional growth. Participating in the study-abroad program contributed to the students’ self-confidence and fostered their leadership skills. One student wrote the following on the blog:

There are no words to describe this experience, and we are very grateful for it. It has opened my eyes to the world and my role as a future nurse. I’m confident that I will be a great nurse because of this experience. Another student who participated in the trip said something that was very deep and powerful at the farewell dinner and I leave you with it, “If not us, who else?” She couldn’t have said it any better. As nurses, we have to be the advocate for patients, and they should be our passion. (Acosta et al., 2011)

Another benefit that resulted from the study-abroad program was an invitation from one of the local physicians to collaborate on a research project that will determine the
rate of breast self-examination among Grenadian women and to develop a train-the-trainer program to train local women to perform breast self-examination. This project has the potential to be sustained over time and to create international experiences for the university nursing students and faculty as well as the host country. In March 2012, the author received approval from the university’s Institutional Review Board to begin data collection on a prospective research project that will most likely result in findings that have the potential to improve the health and well-being of local women in Grenada and the Caribbean.

Conclusion

Study-abroad programs are an excellent strategy to employ to expand students’ knowledge about different cultures. As the United States becomes more diverse and as the health needs of our patients become more challenging, schools of nursing must recognize the need to implement alternative ways of teaching and learning so as to prepare students to meet the needs of a changing world.

Table 2
Most Important Lessons Learned

| Pre-Travel          | • Start planning early.          |
|■ Review topical outline with students prior to travel. |
|■ Take an even number of students to avoid anyone from feeling left out. |
|■ Make group assignments before leaving. |
|■ Take supplies on the plane; do not ship. |
|■ Give detailed instructions regarding reflective journaling. |
| Pre-Travel          | • Always have post-conference after a day of activity. |
|■ Schedule downtime without the instructor. |
|■ Be aware of group dynamics. |
|■ It’s OK to get emotional as an instructor. |
|■ Be open for change and be flexible (especially with time schedule and planning). |

Post-Travel
• Include debriefing activities in the schedule.
• Complete program evaluation and assessment of outcomes and present findings to school administration.
• Have students share their experiences at local or national conferences.
• Valuable learning experience and leadership skills for the students
References


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