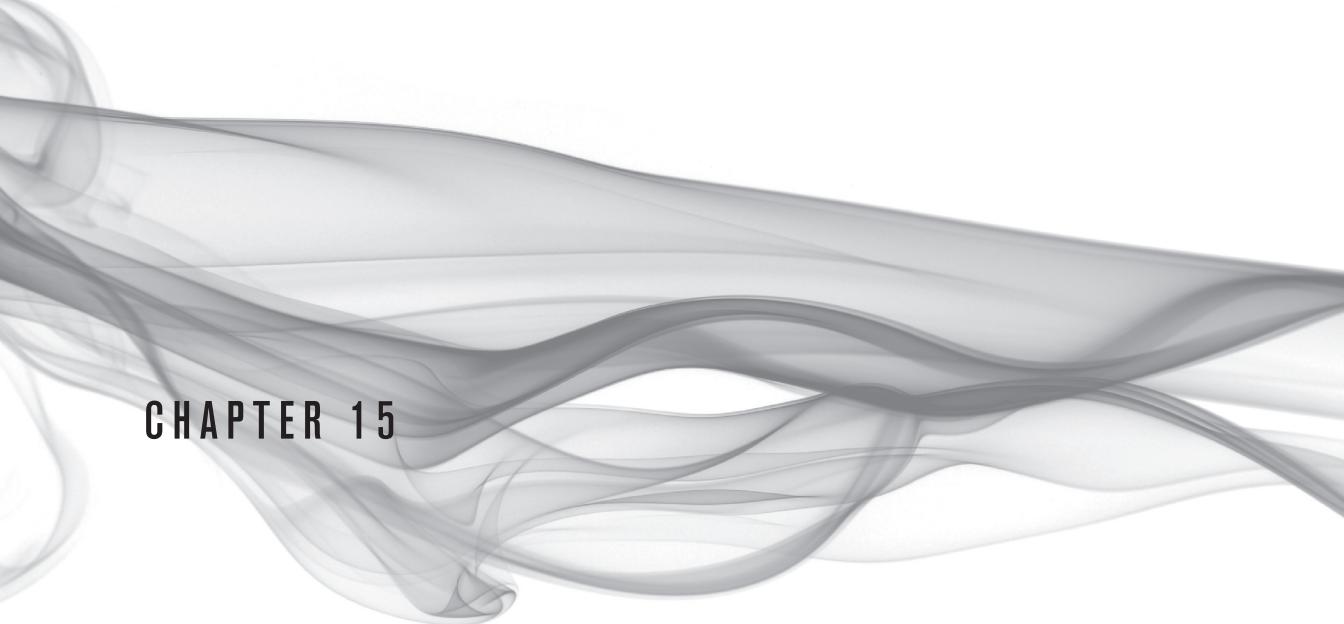


# The Health Professions Educator

*A Practical Guide for  
New and Established Faculty*

Gerald Kayingo  
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Editors





## CHAPTER 15

# International Clinical Education

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### CHAPTER OBJECTIVE

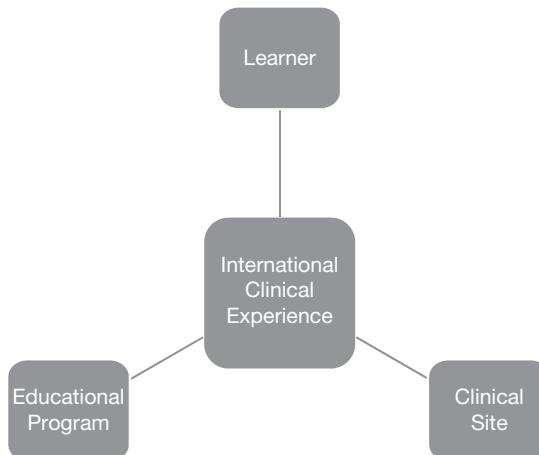
- Create partnerships for effective international learning experiences, including rotation design, implementation and evaluation, ethical issues, and avoiding potential pitfalls

*We shall not cease from exploration, and the end of all our exploring will be to arrive where we started and know the place for the first time.*

—T. S. Eliot

### INTERNATIONAL CLINICAL EDUCATION AS PART OF HEALTH PROFESSIONS EDUCATION

The purpose of this chapter is to describe factors to consider when designing, implementing, and evaluating international clinical education (ICE) for learners in health professions education programs. ICE involves supervised learning in clinical settings outside the home country of a health professions education program. In a globalized world, many health professions educators believe that licensed providers should have the skills to care for diverse patients and populations in their home country and abroad. Over the past several years, increasing numbers of health professions learners have been participating in ICE, often referred to as *international rotations* or *clerkships*, and service learning and similar outreach experiences (Matheson, Walson, Pfeiffer, & Holmes, 2014). ICE is reported to impact learners' knowledge, attitude, and skills positively, as well as to foster cultural sensitivity and influence where participants choose to work (Jeffrey, Dumont, Kim, & Kuo, 2011). Despite these benefits, the quality of learner, program, and clinical site experiences varies by institution, and best-practice guidelines are



**FIGURE 15.1** Conceptual framework of program, site, and learners.

lacking (Jeffrey et al., 2011). This chapter describes the “nuts and bolts” that educators should address, particularly around the three main stakeholders (i.e., educational program, clinical site, learners), which allow for ICE to be mutually beneficial for all involved (Figure 15.1). This chapter also provides “how to” recommendations to inform educators’ approach and decision making when designing ICE. Although recommendations from the literature and the authors are valuable, educators must consider contextual elements such as program and institutional policies, curriculum and accreditation standards, laws related to international travel, unique qualities of the international site and community, and the expectations of learners and learning outcomes.

## Ethical Considerations

It is important to keep ethical considerations at the forefront of ICE design, implementation, and evaluation as opportunities for learners to participate in ICE proliferate (Peluso, Encandela, Hafler, & Margolis, 2012). ICE has been scrutinized by educators, health care providers, and researchers for posing risks to international clinical sites and the international community, particularly in low-resource settings, as well as learners and programs (Exhibit 15.1). Risks to clinical sites may include the burden of hosting learners for a short period of time, often described as *medical tourism*, which can be disruptive to the clinical environment. Also, resources, such as medical supplies and medications that are provided for learners, are often only temporary (Bozinoff et al., 2014). Examples of risk to learners may include illness or injury, inadequate supervision in clinical settings, and lack of preparation to be able to fully participate in clinical and cultural learning (Logar, Le, Harrison, & Glass, 2015). Program risks may include liability associated with risks to learners, financial and effort costs for faculty and staff, and the inability to evaluate learning outcomes. Given these and other potential risks, a guiding principle for educators is to have knowledge of potential risks and then mitigate those risks to ensure that the ICE partnership is sustainable and beneficial to the clinical site and the community in addition to the program and its learners (Adams, Wagner, Nutt, & Binagwaho, 2016; Crump & Sugarman, 2008; Wallace & Webb, 2014). Conceptual models for partnership and sustainability in global health have been described in the literature (Leffers & Mitchell, 2011). Other barriers to successful ICE include safety concerns during travel, lack of consistent funding, limited faculty experience, and inadequate resources to support learners during ICE experiences (Jeffrey et al., 2011). These barriers underscore the imperative of proper planning, implementation, and evaluation that is guided by health professions educators.

### **EXHIBIT 15.1 Challenges and Risks of International Clinical Education**

*Program*

- Liability associated with risks to learners
- Cost of time and effort for educators to design, implement, and evaluate international clinical education experiences
- Difficulty evaluating learning outcomes
- Failure of learner to achieve learning objectives
- Nonsustainable partnership

*International clinical site*

- Burden of hosting learners for a short period of time
- Temporary supply of medical resources may arrive with learners
- Disruption of patient care
- Disruption of education of domestic health professions learners
- Nonsustainable partnership

*Learner*

- Illness or injury
- Inadequate supervision in clinical settings
- Lack of preparation to fully participate in clinical and cultural learning
- Cost of participation
- Failure to achieve learning objectives

Although not within the scope of this chapter, there is a growing demand for ICE to involve bidirectional exchanges in which learners from both international partner institutions participate in clinical learning at each other's site (Bozinoff et al., 2014; Kulbok, Mitchell, Glick, & Greiner, 2012; Peluso et al., 2012; Pitt, Gladding, Majinge, & Butteris, 2016). Although this chapter cannot address every factor related to hosting international learners, the content within this chapter may provide valuable information for educators involved designing and implementing these experiences.

## THE THREE MAIN STAKEHOLDERS

The three main stakeholders in ICE are the education program and its sponsoring institution, the international clinical site and its community, and the learners who participate in the course. Educators involved with ICE have the responsibility of addressing a great number of factors unique to international experiences, in addition to customary tasks for domestic clinical sites. Therefore, this chapter is organized to describe key factors for each stakeholder in three sections: program factors, clinical site factors, and learner factors. Each stakeholder is equally important and the sections of this chapter are sequenced to facilitate a comprehensive understanding of ICE with regard to the order of course design.

### Program Factors

Programmatic factors—a descriptor representing the health professions education program, the sponsoring institution or school, and program faculty and staff—are critical in ensuring ICE success. The rationale for offering ICE must be defined early and align with the program mission. Faculty and staff time and effort must be allocated to meet the responsibilities involved

in the design, implementation, and evaluation of ICE. Upon that foundation, the program must ensure that appropriate policies are in place and affiliations are established with the international clinical site. Within the framework of policy and the program curriculum, course objectives and methods of assessment can be developed and then continually evaluated.

## Mission, Policies, Affiliation

### *Mission*

The mission of a program and its institution is an important determinant of establishing and maintaining ICE. The first step in establishing ICE opportunities is to consider how this type of learning experience aligns with the institution's mission and the program's expected outcomes for learners upon completion of the program. Leadership at both the institutional and program levels plays integral roles in initiating and sustaining support for ICE. Therefore, educators should involve appropriate leadership throughout the process, which may include the dean, academic dean, clinical dean, department chair, program director, curriculum committee, and other faculty, as well as legal counsel and risk management. Educators in some programs may have to advocate for the establishment of ICE. However, less advocacy may be needed if a program or institutional mission has international priorities or if other programs within the institution offer ICE experiences. In any circumstance, it is imperative for the program to understand and present the purpose of providing ICE and how such an offering contributes to the broader mission (Walker, Campbell, & Egede, 2014). Examples of program goals include increasing learner opportunities for developing cultural competency, promoting recruitment of program applicants, and having clinical sites where learners can practice other language skills (Exhibit 15.2). Equally important, educators should understand and present risks associated with ICE and the resources necessary for design, implementation, and evaluation to ensure that leadership and program faculty are aware of what such a commitment entails.

### **EXHIBIT 15.2 Goals and Benefits of International Clinical Education**

#### *Program*

- Provide unique learning opportunities for learners
- Recruit learners
- Foster educational partnerships
- Reduce burden of domestic clinical placements

#### *International clinical site*

- Financial benefit
- Awareness of international visitors
- Need for a long-term partnership
- Reciprocal education
- Experience of diverse learners

#### *Learner*

- Impacts learners' knowledge, attitude, and skills based on course objectives
- Fosters cultural competency
- May influence where participants choose to work (community/rural setting, underserved populations)

## *Policies*

Program policies are essential to informing and guiding the design, implementation, and evaluation of ICE. Policies should focus on promoting learning outcomes and mitigating risks to the program, clinical site, and learners. Topical categories include the affiliation process; course requirements; risk management; and financial responsibilities to the program, clinical site, and learners (Exhibit 15.3). Given the priority for learners' health and safety while abroad, a well-defined safety and security plan should be created to mitigate risk (Hansoti et al., 2013). Educators should determine which established policies pertain to ICE so they are not duplicating policies when making necessary revisions. For example, established program policies related to immunization requirements for clinical education at domestic sites may be sufficient for international sites. In many cases, educators will have to develop new policies that pertain to ICE. For example, policies may need to be developed for a pretravel health evaluation, dress code, and recommendations for use of technology such as using social media during the ICE experience. Policies should be developed with regard to the program, the larger institution, accreditation standards, U.S. Department of State guidelines, and national and international laws. Given the variety of topics and sources of information available, educators should involve appropriate members of their institution, ranging from leadership to risk management, when reviewing, revising, and drafting new policies. It is also important for educators to recognize that the ongoing evaluation of ICE at the program, clinical site, and learner levels informs subsequent policy revisions.

## *Affiliation*

A formal clinical affiliation agreement or a memorandum of understanding is customarily established between the program and the clinical training sites both domestically and abroad to outline the responsibilities of each partner. Although programs should have standard affiliation agreements with domestic clinical sites, there are unique factors involved with ICE that may require revision of standard affiliation agreements or creation of agreements specifically for ICE. During the initial discussions between the program and the clinical site, it is recommended that the purpose, scope, and type of agreement be discussed to ensure clear communication and develop trust given that such agreements may not be utilized in all countries. Furthermore, processing these types of documents frequently takes longer than execution of domestic agreements, so anticipatory planning is essential. Regardless of the document used, the agreement

### EXHIBIT 15.3 Program Policies: Common Topics

- Restricted regions for sites
- Affiliation process
- Health and safety requirements of learners
- Professional behavior and attire of learners
- Course requirements in regard to objectives and evaluation
- Risk management and indemnity release
- Protocol for academic and nonacademic issues
- Financial responsibilities to the learners, program, and site
- Use of technology
- Safety and security plan

should define the responsibilities of each partner and should address elements of governance, funding arrangements, duration of experience, clinical supervision, logistical support, and mechanisms for conflict mediation and unexpected incidences (Peluso et al., 2012). Legal counsel and risk management should be aware if not involved in the affiliation process. These units can help negotiate issues related to malpractice, liability insurance, and contractual arrangements. Furthermore, laws and regulations related to foreigners studying, volunteering, or engaging in clinical care must always be considered.

## **Curriculum, Learning and Evaluation, Coordination**

### *Curriculum*

Educators must carefully consider how ICE fits into the program curriculum with regard to the expected learning outcomes and reference to the accreditation standards. Similar to other clinical education courses, educators must address standard requirements for courses such as course goals and objectives, instructional methods, methods of evaluation, as well as which faculty and staff will be involved in the course. Educators should reference their profession's accreditation standards for educational programs to ensure compliance with those standards with regard to ICE. Accreditation standards may or may not have specific items related to ICE. Even when there are no directly related standards, there may be standards that indirectly relate. For example, an accreditation standard about the evaluation of clinical training sites would pertain to both domestic and international sites. Educators may benefit from consulting with other programs from their profession involved with ICE to learn their experience regarding compliance with accreditation standards. In addition, educators can reference ICE resources provided by professional organizations. Important curricular questions include whether the ICE course should be required or elective, whether ICE hours count toward hours required for program completion, whether there is a separate course for each clinical site or a single course with several sites, when the ICE course should be scheduled during the clinical training, and how to determine course goals and methods of evaluation. Such curricular decisions are best made by the collective faculty and program leadership through established approaches, such as a curriculum committee or council.

### *Learning and Evaluation*

The learning objectives for ICE should define expected outcomes for learners; resonate with reasons why ICE is offered; and describe the knowledge, skills, or attitudes that will be evaluated. A 2013 systematic review reported 22 educational objectives consistent across several institutions, and these objectives were categorized as preelective, intraelective, and postelective (Cherniak, Drain, & Brewer, 2013). Objectives from the authors' respective programs are also consistent (Exhibit 15.4). Understanding health equity and being able to effectively work within interdisciplinary teams are two more recently cited objectives for ICE (Adams et al., 2016; Peluso et al., 2012). Whether an ICE experience is required or elective may impact the course objectives and requirements. Instructional methods in the clinical setting include the actual clinical experience as well as other activities such as language training, educational lectures, and other cultural learning activities. Objectives for preparticipation and postparticipation activities may also be included with the course objectives. As with all other educational interventions, learning objectives should be assessed at the individual learner level and across cohorts as part of broader evaluation of the entire ICE course. Methods of evaluation may include exams, clinical instructor evaluation of learner performance, learner projects or presentations, self-assessment, reflective writing, and learners' feedback about the experience. Methods for evaluating clinical sites and learners are described in subsequent sections of this chapter.

#### **EXHIBIT 15.4 Common Learning Objectives**

- Gain knowledge of common conditions and diseases that are endemic to unique regions outside of the home country
- Develop an understanding of patient assessment and treatment in an international setting
- Recognize cultural, social, economic, and political determinants of health and health care in an international setting
- Discuss the benefits and challenges of providing health care in an international community
- Demonstrate the ability to learn and prepare for clinical learning in an international setting
- Reflect on the professional and personal learning outcomes of an international clinical experience

#### *Coordination*

The ICE course should have at least one dedicated faculty coordinator as well as sufficient administrative staff support to ensure success from early planning through ongoing evaluation. Delineation of roles and responsibilities can facilitate completion of the many required tasks at the program, site, and learner levels. Although a single educator or perhaps a few educators may be involved with coordinating ICE experiences, there is certainly value in involving a program's entire faculty to ensure their understanding of the ICE goals, learner participation and experiences, learning outcomes, as well as benefit to the program and site. Other educators within the program or institution may also contribute to the course through involvement in learner selection, site evaluation, predeparture training, as well as evaluation of learners and the ICE course. It is imperative for program and administrative leadership to understand that the design, implementation, and evaluation of ICE requires a significant amount of time and effort for the faculty coordinator and support staff to address the multitude of factors described in this chapter. Therefore, careful consideration should be made to determine workload and that workload should be reassessed over time. Program leadership should also be cognizant of other financial and nonfinancial resources that the course coordinator may need access to, including but not limited to other institutional resources such as an international office and financial support for travel to evaluate clinical sites or to supervise learners.

#### **Clinical Site Factors**

The second set of factors that need to be addressed to ensure successful ICE are clinical site factors. The use of the words *clinical site* in this section is a descriptor representing the international clinical sites, the in-country clinical instructors/preceptors and administrative staff, as well as the local community and host country. Identification of international clinical sites is the first step that leads to initial evaluation of the clinical site and community that involves bilateral exchange of information. Once a clinical site is affiliated with the program, the process of ongoing evaluation begins to ensure that a positive, equitable, and sustainable partnership is developed (Peluso et al., 2012; Walker et al., 2014). Four key factors for successful global health partnerships described by researchers also apply for educators and include (a) mutual respect and benefit, (b) trust, (c) good communication, and (d) clear partner roles and expectations (John, Ayodo, & Musoke, 2016).

#### *The Faculty Ambassador*

Because both programs and sites have a significant number of individuals in various roles, at the program level it is important to determine which faculty member or members are responsible for site identification and evaluation, as well as whether evaluation will be in-person or conducted by telecommunications. The relationship between the faculty member and the clinical

site is key to any success that might occur, so it can be strategic to have the faculty coordinator of the ICE course be responsible for both initial and ongoing evaluation of the site. It is very sensible for the faculty member most knowledgeable about the ICE course and learners to also be the expert on the clinical sites. Because partnerships take a significant amount of time to develop and may last for several years, the continuity of having a single or small number of faculty “ambassadors” provides continuity and trust in the relationship.

### *Site Identification*

When preparing to identify a site, the program should first establish criteria for site selection with regard to program mission, course goals, global regions of interest, travel restrictions, learners’ interests, safety considerations, and the health care system. Another consideration is language and whether the learner visitor will be suitably prepared to communicate in the language that is needed. Some health professions will need to assess whether or not their respective professions or similar professions exist in certain countries, such as physician assistants (PAs), nurse practitioners (NPs), and physical therapists (PTs). The absence of an identical or similar profession may not preclude the establishment of an ICE partner, but may be a consideration and can guide information-sharing about professions. Once these factors are addressed, focus turns to identifying clinical sites that are willing to host international learners and to provide supervised clinical learning experiences. As part of this process, the program also needs to assess communities’ receptivity to hosting international learners.

A program or its institution may identify clinical sites through its relationships with international partners, often for research or clinical purposes. An educator may also identify sites by reaching out to other educators within or outside his or her own institution to solicit recommendations for potential partners. Other ways to identify sites are via Internet searches, through professional or national associations, and networking at conferences. It is also possible to partner with other institutions or nongovernmental organizations that have global partners.

Regardless of the means by which a site is identified, it is imperative that the faculty coordinator have a high level of knowledge about the site and community, as well as trusting relationships with providers and administration at the site. It is extremely important to understand the expectations of the individual partners for the success of the learner experience and to ensure continuation of such experiences. All prospective collaborations, especially new sites that have not hosted international learners, warrant careful scrutiny beginning with site identification and through initial evaluation.

### *Initial Evaluation*

The process for initial and ongoing evaluation of an international clinical site should be determined early in the development of an ICE course. The program needs to decide how the approach will be similar to evaluation of domestic clinical sites as well as what additional information may need to be assessed. Factors unique to international sites may include language requirements, housing options, and expectations for learner involvement in patient care (e.g., direct or observational), ensuring appropriate clinical supervision, ICE placement fees, and safety assessment (Exhibit 15.5). Initial evaluation of the clinical site is the first step in bilateral exchange of information between the program and the site. This exchange of information is, in many ways, front-loaded during the initial evaluation, and very much continues throughout the duration of the partnership.

The faculty coordinator also needs to determine who at the international clinical site should be involved with both initial and ongoing evaluation of the ICE partnership. At the program level, the faculty coordinator should also consider involving institutional or program leadership in certain conversations and communications, particularly when establishing a partnership. Most

**EXHIBIT 15.5 Tasks for Initial Site Evaluation***Information to provide to clinical site*

- Information on program, role of practitioner (DO, MD, NP, PA, PT, RN, SW, etc.)
- Course/clinical/learning objectives
- Methods of learner evaluation
- Learner role/scope
- Requirements of supervisor/preceptor
- Affiliation process
- Method of learner evaluation and site experience
- Contact information
- Process for scheduling learners

*Information to gain from clinical site*

- Clinical settings where training will take place
- Clinicians will provide supervision
- Common medical problems
- Staff designated as learner point of contact
- Housing options
- Information about community
- Documentation/immigration/practice requirements of the site and country
- Associated fees

DO, doctor of osteopathic medicine; MD, doctor of medicine; NP, nurse practitioner; PA, physician assistant; PT, physical therapist; SW, social worker.

early correspondences are by electronic or telecommunications to query for feasibility and interest in partnering with ICE. If the response is affirmative, further exchange of information should detail the expectations for both the program and the clinical site. At that point, conversations can begin to define and clarify both expectations and responsibilities as well as explore issues of concern (Walker et al., 2014). It is important in these early conversations for faculty to understand how the site will benefit from hosting international learners and to confirm that the presence of international learners will not disrupt the supervising providers' delivery of patient care or the education of other learners training at the clinical site.

Once there is sufficient exchange of information and conversations for the program to establish a partnership, the program needs to determine whether an in-person evaluation of the clinical site and community is indicated. An in-person evaluation is the most thorough method to gain information about the clinical site, provide information about the program, and form trusting relationships with individuals at the clinical site. An in-person visit also provides a solid foundation for future conversations that will occur as part of ongoing site evaluation. Site evaluation should be conducted in person before the first learner placement as it allows for interaction between the educator and the local community as well as facilitates a better understanding of the environment in which the learner will be placed. In addition, firsthand evaluation of the site better prepares the faculty coordinator to design predeparture training.

### *Ongoing Evaluation*

Although the largest amount of knowledge may be acquired during initial evaluation, ongoing evaluation is the means by which the partnership is assessed for mutual benefit and the relationship

is maintained (Peluso et al., 2012; Walker et al., 2014). Feedback from the site is also important so that it is clear that learners benefit and are not disruptive to health care delivery or culturally inappropriate. Ongoing evaluation should be conducted routinely with respect to program policy and with reference to accreditation standards. Routine distance evaluation by telecommunications should be scheduled at least annually and can also be acquired by other means such as a survey. Routine in-person evaluation should be conducted at a frequency determined by the program and clinical site necessary to maintain the partnership, which is often every few years. Both distant and in-person evaluations demonstrate continued commitment to understanding how the process is affecting the site and offer opportunity for continued discussion about how to improve the experience for both partners.

## Learner Factors

The third set of factors to address to ensure successful ICE are learner factors. Although learners meet most of the learning objectives during the experience, there are several preparticipation and postparticipation activities that facilitate achievement of those objectives. Key preparticipation events include the application and selection process as well as predeparture training. Key postparticipation tasks include evaluation of learner outcomes, including assignments and projects, as well as surveying the learners about their ICE experience.

### *Selection*

Selection of learners who will succeed in ICE is a critical task. Most ICE courses are elective rather than required for learners. Therefore, educators must determine how learners will be informed about ICE opportunities and the process by which learners will be selected to participate. These tasks should be scheduled in advance, often by more than 1 year, to ensure sufficient time for the selection process as well as to schedule learners in coordination with the clinical site. Like other aspects of their education, learners should receive ample information about ICE to ensure that they are making an informed choice when requesting to participate in the course.

Key information needed to inform learner decision making includes course objectives and methods of evaluation, course requirements and policies, details about the clinical site and country, potential risks of participation, health- and medical-related requirements, financial costs, and details about the experiences of prior learners who have participated in the course. Several of the factors described earlier are discussed in this section. In regard to financial costs, it is important for learners to understand what expenses are involved with ICE, what expenses they are responsible for, and what options may be available for financing the experience. Expenses may include airfare, in-country transportation, lodging, clinical site fees, entry Visas, cost of postexposure prophylactic medications, immunizations, pretravel medical evaluation, and evacuation insurance. Options for financing experiences may include scholarships and increasing education loan amounts. Educators should consult their institution's office of financial aid for rules regarding educational loans.

Learners should also be informed about the selection process, which may include an application, essays, interviews, and letters of recommendation. It is also beneficial to inform learners about selection criteria, which can inform their decision to request participation based on whether or not they meet those criteria. Common selection criteria include proficiency in a specific language, prior travel experience, professionalism, academic standing, and the individual's goals for the ICE experience. When determining these criteria, fundamental questions for educators to ask are whether or not the learner is capable of achieving course objectives, is culturally sensitive and competent, adaptable, and able to be a professional representative of the program,

profession, and home country. Educators also need to determine who should be involved in the selection process, which may include the faculty coordinator, faculty advisors of the applicants, other clinical faculty, program leadership, alumni, as well as representatives from the host clinical site.

### *Predeparture Training*

Predeparture training is essential to preparing learners to engage in both the clinical setting and community (Cherniak et al., 2013; Purkey & Hollaar, 2016; Walker et al., 2014; Wallace & Webb, 2014). Tasks for predeparture training may be put into one of two categories, those related to the logistics of preparing for the experience and content that facilitates learning during the experience. The list of logistical tasks is extensive and may include application to the clinical site, obtaining passport and other travel documentation to enter and exit the country, scheduling air and ground transportation, arranging lodging, having a pretravel medical evaluation, registering travel plans with the U.S. Department of State, paying fees associated with the experience, and securing related travel insurance, including health insurance (Exhibit 15.6). It should be noted that several of these tasks are very typical of what any individual should do when traveling abroad for any purpose. Scheduling an appointment with a travel clinic is particularly important to ensure that the learner has received appropriate immunizations, medications, and postexposure prophylactic therapies. Learners benefit from receiving this list of tasks several months prior to departure and having access to the faculty coordinator to address any questions or concerns.

Because many ICE experiences are relatively short in duration, predeparture training should also provide learners with information about what they are likely to encounter in the clinical site and community so that they can maximize their time while abroad and participate within their scope as a learner. Similar to logistical tasks, the list of content to cover is substantial (Exhibit 15.7). Educators should consider providing information about the course policies and procedures, methods of evaluation, background on the clinical site and health care system, learning strategies, guidelines for adjusting to foreign culture and travel, health issues and diseases endemic to the community, as well as the culture and languages of the host country. Information on culture may include lifestyle, economy, population demographics, attire, religion, gender roles, arts, media, food and drink, geography, wildlife, and plants. Predeparture training should also educate learners about relevant ethical issues and provide a framework for participating within the context of ethical dilemmas that may be experienced while abroad (Logar et al., 2015). Learning a foreign language or even common phrases may be perceived

#### **EXHIBIT 15.6 Logistical Tasks for Learner Preparation**

- Participation agreement/indeemnity release
- Letter of introduction to learner from program clinical site
- Site application/registration
- Travel documentation
- Transportation: air, ground
- Housing
- Pretravel medical evaluation
- Registration with U.S. Department of State
- Health insurance and travel insurance
- Update emergency contact information

### EXHIBIT 15.7 Topics to Include in Predeparture Training

- Review of course policies and procedures, objectives, components of evaluation, and logistical preparation
- Review and practice work flow at international location, including how to get help when needed
- Discuss various components of host country/region culture, including lifestyle, economy, population demographics, dress/attire, religion, gender roles, arts, media, food and drink, geography, wildlife, and plants; review recent history of the host country, as well as the current political structure and political events
- Discuss strategies to avoid ethnocentrism and promote cultural humility/respect
- Describe common pathological conditions unique to populations in the host country/region
- Demonstrate foreign language communication skills with basic medical and travel-related phrases
- Be aware of health- and medical-related research priorities in the host country
- Clinical site and health system—describe each host country's health system, including structure, providers, and payer system, as well as recent events and issues
- Consider ethics and privacy—including four principles of ethics in global health and culture: Discuss how learners can positively and negatively impact others with regard to ethical principles; describe domains of privacy and related components; review guidelines for respecting privacy as a learner and the initial process for reporting potential privacy violations
- Practical travel preparation—present recommendations and strategies for preparing for international travel
- Adjusting to foreign cultures and travel—explain how to prepare for the impact of an international experience, manage expectations and involvement in clinical and cultural experiences, and strategies to adjust to challenges and culture shock

positively by the site and community. Learners should also be given guidance on how to behave as a learner in an international setting. For example, in many countries learners do not customarily ask questions of their supervisors in clinical settings. Content for predeparture training should also include information and recommendations from prior learners who have been to the clinical site given the value of firsthand experience.

Instructional methods for predeparture training content may include lecture, group discussion, required or recommended readings, journal club, self-directed modules, and case-based simulation. Learners may also be evaluated based on their participation in and contribution to predeparture training. Educators may assess learners' readiness prior to their departure as well as their perceptions of the predeparture training after their experience abroad. Content resources for predeparture training may include the health professions education literature, the course coordinator and other faculty familiar with the clinical site, providers at the clinical site who supervise learners, prior learners who have participated in the experience, the U.S. Department of State, and web-based resources from professional organizations. Partners at the clinical site may also provide resources for predeparture training. Because predeparture training is so involved, educators must allow sufficient time for the content to be provided and learners to be evaluated prior to their departure. Many programs begin their predeparture training 6 to 12 months in advance of student departure to the site.

#### *Clinical Learning*

Successful learning in the clinical setting is contingent upon a learner having an appropriate amount of supervision and sufficient interactions with patients and the health care team. Although participating in clinical learning, learners should always have at least one or two points of contact with providers or staff who are available to address questions or concerns with or related to clinical learning or other logistical matters. It is the responsibility of the faculty coordinator to identify in advance who these individuals are and to facilitate introductions between those individuals and the learner.

Another important source of support for a learner could be other learners from his or her own program as well as learners from other domestic or international health professions education programs. Many programs are deliberate in assigning at least two or more learners from their own program to a single site during a specific time frame as a type of “buddy system.” Learners should also be encouraged to maintain contact with family and friends as a source of social support. In many instances, learners will travel with their own faculty to the international clinical site. In such circumstances, the faculty member may be providing care at the clinical site or present to assist in the supervision of learners.

When faculty do not join learners while abroad, the faculty coordinator or other designee should readily be accessible to learners to address urgent and nonurgent questions and concerns. Although learners may confer with the faculty coordinator on an as-needed basis, they may also schedule routine communication by email or teleconference to discuss the experience. A key message to relate to learners is to have a very low threshold for presenting questions, concerns, and potential emergencies to program faculty and designees at the clinical site.

It may be helpful for learners to have an algorithm to follow to address specific types of concerns (Hansoti et al., 2013). For example, learners should always know what steps to take in the event of a personal illness or blood or body fluids exposure. It is important to note that not all concerns may be related to learners’ own health, but that learners might need assistance in making sure they can optimize their learning experiences and achieve learning objectives in a culturally appropriate manner. Last, learners should be encouraged to express gratitude to the clinical site and community in a manner that is culturally appropriate and customary for international visitors.

## EVALUATION

Although the requirements and assessment methods for ICE courses will typically be similar to other clinical courses, international clinical rotations may have unique learning objectives and evaluation methods. All learners should be evaluated based on course objectives and requirements, which may include evaluation of clinical skills from supervising providers, a written exam to assess knowledge, surveys to share their perceptions of the experience, projects to disseminate learning outcomes of their experiences, and logging data about the clinical experiences (Cherniak et al., 2013). If learners will be evaluated by supervising providers at the clinical site, both the learners and providers at the clinical site should be aware of this responsibility and how evaluations should be both obtained and completed. In some cases, evaluation forms may need to be modified in regard to content or language to ensure accurate evaluation of learners’ performance. It is important for the faculty coordinator to be familiar with how domestic learners at the clinical site are customarily evaluated and to inform the providers about methods used for the partnering program. Data acquired through evaluation are essential in determining whether the learners achieved their course objectives. Similar to other clinical sites, data from learners’ experiences and their perception of the experience can be shared with the clinical site to improve experiences for future learners. In some instances, this data may help a program determine that a clinical site should no longer be utilized. In addition to obtaining data for the purpose of course evaluation, data from evaluation of outcomes is also the source of information for scholarly work related to ICE.

### Postreturn Debriefing

Learners should also participate in postreturn debriefing with the faculty coordinator, which may be conducted in an individual or group format. This may be considered a component of evaluation depending on the purpose and other elements of evaluation. Key topics may include

evaluation of the elective, including positive and negative experiences, review of health and safety, reintegration, and discussion of impact of experience on future practice (Cherniak et al., 2013; Purkey & Hollaar, 2016). Similar to some elements of predeparture training, educators should schedule the postreturn debriefing in close proximity to the learners' return from the ICE experience. A postreturn debriefing also provide the faculty coordinator with a firsthand account of the experience and information that may be useful for future learner experiences.

## CONCLUSIONS

ICE can have a positive impact on learners' knowledge, attitude, and skills. Programs that choose to offer ICE have a duty to provide well-designed course and experiences that are driven by mission, objectives, and desired learning outcomes. In order for ICE to be successful, the following factors have to be given high priority: ethical considerations, stakeholder involvement, well-defined objectives, and evaluation. Another requirement for the success of ICE is a robust orientation process and a mechanism to debrief both learners and international clinical partners. In addition, program designers should ensure appropriate matching of participants to host destinations. That is, international clinical experiences are not "one size fits all." Taken altogether, ICE offers numerous opportunities to foster cultural sensitivity and may be one way to reduce global health disparities and prepare health professionals of the 21st century to provide care to diverse, global communities.

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