

UNDERSTANDING THE MEANING OF AN INTERNATIONAL COMMUNITY FOCUSED TEACHING-LEARNING
EXPERIENCE IN PERU

By

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Abstract

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In response to the continually changing diversity of patients accessing healthcare in the United States, nurse educators have had to modify how they prepare student nurses to provide culturally competent care. Many colleges of nursing have chosen to incorporate international immersion experiences as a means of helping their students increase cultural competency. Washington State University College of Nursing (WSU-CON) implemented the International Healthcare Course in 2006 as an immersion course available to nursing, pharmacy, and other health professions students. During the course, students provide primary healthcare and health education to poor communities. The purpose of this qualitative study is to better understand how the common experiences of students in an international immersion teaching-learning experience informs educational practices. After completion of the trip students were asked to answer questions in which they reflected on their experiences. Data analysis was done by a team of researchers using Heideggerian hermeneutic phenomenology. The researchers reviewed the texts provided by participants, wrote and shared their interpretations, and identified common themes. Three overarching themes were identified: *Learning by transforming myself through the new and unfamiliar, learning via living with constraints (people, place, and resources), and learning as influencing the "little things" of everyday living.* These themes encompass the learning that occurred through a personal inventory and changes in attitudes and biases, interactions with fellow participants and patients, and through providing primary healthcare and education to their patients.

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DEDICATION

This thesis is dedicated to my husband, my daughters, Carol Allen, Deborah Swain, and the People of Peru Project.

CHAPTER ONE

Introduction

Background

Iquitos, Peru is a city of 400,000 people located at the headwaters of the Amazon River (Barrett, 2003). Like many cities in developing countries Iquitos is plagued by disease, parasites, dental problems, premature death, inadequate or non-existent sewer systems, poor housing, lack of education, and other inadequacies which accompany poverty. It is also a city rich with culture and history.

The People of Peru Project (POPP) is a non-profit organization based in Iquitos, Peru. It was started on a part-time basis in 2000 by an American, Paul Opp, who had a desire to serve those in need. In 2004 People of Peru Project became a full-time venture. As of 2009, People of Peru Project operates out of their headquarters building in Iquitos which also provides housing for short and long term volunteers including medical and/or, dental teams, construction volunteers, and missionary groups. The organization also has a foster care facility to provide housing for children and young pregnant or parenting mothers in need. Fundraising through People of Peru provides education, vocational training, and medical necessities to a large number of community members (People of Peru Project, 2009).

I initially traveled to Iquitos, Peru in 2004 with my husband. We worked for two weeks with Paul Opp and the People of Peru Project. At that time I had finished my second semester in nursing school at Washington State University College of Nursing (WSU-CON). The experience had such a profound impact on me that I wanted to share the experience with other nursing students. Over the next two semesters I worked with Carol Allen and Deborah Swain to organize a group of nursing students who would travel to Iquitos. In June 2005, shortly after I graduated from nursing school, I returned to Iquitos with Carol, Deborah, 15 nursing students, and 2 other new graduates from

Washington State University College of Nursing. During this trip we worked with the People of Peru Project to provide basic healthcare and health education to impoverished communities in Iquitos and along the Amazon River. This trip established the groundwork for what would become an international clinical experience available to nursing, pharmacy, and other health professions students at Washington State University. The course has been expanded to include coursework during the semester prior to travel to prepare students for the experience. The fifth group of nursing and pharmacy students traveled to Iquitos in May of 2009. Each student is asked to fill out written questionnaires about their cultural competency before and after the trip for research data and to provide both program evaluation and research data upon return. They also complete a comprehensive narrative questionnaire after their experience in Peru on their return. The questions have changed somewhat from year to year to for clarity and account for changes in the student population (i.e. addition of pharmacy students).

Statement of problem

Diversity within the United States is constantly changing and has become a major concern for adequate administration of healthcare within the country. "The demographic characteristics of the United States are rapidly changing as the nation becomes more culturally, racially, and ethnically diverse" (Harrison & Malone, 2004). The U.S. Census Bureau (2007) estimates that by the year 2050: the non-Hispanic white population in the United States will increase by 7%, the black population by 71%, the Hispanic population by 188%, the Asian population by 213%. These changes will continue to impact not only who is accessing healthcare throughout the U.S., but how that healthcare is administered and received by patients. "Culture represents the intangible set of acquired societal mores that acts as a filter through which people perceive and respond to daily life" (Shore, 2007). Culture affects a patient's language, verbal and non-verbal communication patterns, perception of health problems, etiquette and social customs, life span rituals and practices, response to pain, nutrition, healthcare practices,

medication usage, and family roles. Cultural competence is “the process in which the healthcare professional continually strives to achieve the ability and availability to effectively work within the cultural context of a client” (Campinha-Bacote, 2007, p.28). This includes recognizing and respecting cultural differences, and responding appropriately to them (Harrison & Malone, 2004). It is vital for all healthcare professionals to develop cultural competency in order to devise and implement plans of care that incorporates individual patient cultural beliefs and practices.

Nurse educators are at the forefront of preparing future nurses to manage care effectively for a culturally diverse patient population. “Nursing educators emphasize the importance of cultural competence, cultural exchange, and global perspectives; but in reality many nursing educational programs in the U.S. focus on western models of health care and use primarily traditional models of teaching” (Ekstrom & Sigurdsson, 2002). This does not always adequately prepare nursing students for the vast array of cultures they will experience during their careers. In an effort to provide the best education in cultural competence, some nursing schools have developed international programs enabling their students to gain clinical experience by working in a developing country. This type of immersion course provides students with firsthand experience of a different culture and challenges their personal beliefs. For this study, immersion is defined as “instruction based on extensive exposure to surroundings or conditions that are native or pertinent to the object of study” (Merriam-Webster, 2009).

The number of nursing schools offering international experiences in developing countries is increasing. However, there is limited research evaluating the short and long term effects these immersion experiences have on the personal and professional development of nursing students. This qualitative study is designed to help better understand the effects of a short (3 week) immersion course. The study describes the meaning of experiences for a sample of baccalaureate nursing and pharmacy

students from Washington State University who learned about the healthcare culture in Peru by providing primary care in impoverished communities and learning about the healthcare delivery systems during a three week immersion in Iquitos, Peru in May 2008.

Statement of purpose

The purpose of this research is to understand the meaning of an international immersion teaching-learning experience involving the provision of primary health care and health education in poor neighborhoods by undergraduate nursing and pharmacy students.

Review of the Literature

The early literature pertaining to international experiences consists mostly of summaries written by individuals detailing their experiences in a developing or developed country. For example, Pyatt (1999) describes her experiences during a 4 week nursing internship in Ireland working with an addictions counselor, nurse therapist, and a community psychiatric nurse. In e-mail excerpts to family and friends, Gold & McCauley (2004) describes the overwhelming poverty and numerous learning opportunities she encountered while volunteering in Africa for two months. Kennedy (2000) describes in detail the health status of the communities she worked with during her 18-day humanitarian healthcare experience in Peru. There has been an increase in the amount of research since the mid 1990's regarding the role of international immersion experiences in the development of cultural competence, personal and professional development, understanding of different healthcare delivery systems and professional roles, and aspects of the experience that promote positive learning-teaching environments. Although the amount of research is increasing, there is still an overall lack of research on the effect of international immersion experience related to the learning-teaching process.

Several articles described how the elements of an international experience influence cultural competence on three different levels. Chang (2007) labeled the three levels of cultural competence as: 1) peripheral; 2) cognitive; and 3) reflective. An individual at the peripheral level experiences a transition from one culture to another (Ruddock & Turner, 2007) and comes to understand lasting themes of cultural awareness and global perspectives (Evanson & Zust, 2005). This is the level where culture shock occurs for an individual. Heuer & Bengiamin (2001) define culture shock as “the conflict that an individual experiences when he or she is living in a culture where the value system is different from his or her own” (p. 129). An individual at the cognitive level becomes familiar with the culture and makes adjustments to their cultural behaviors (Chang, 2007). At the reflective level an individual re-examines worldview, cultural beliefs, and values. The person develops cultural sensitivity and incorporates this into personal and professional life (Rudduck & Turner, 2007).

International immersion experiences provide participants with the unique opportunity to experience another culture from within the culture itself. Individuals gained a greater appreciation and understanding for other cultures and peoples (Callister & Harmes, 2005) by experiencing firsthand what it is like “to be alienated from the majority culture” (Rudduck & Turner, 2007). “Being in a minority status during clinical observerships gave them (Finnish nurse practitioner students) an understanding for patients who experience minority status on a daily basis” (Maten and Garcia-Maas, 2007, p. 230). Participants who are not born or socialized into the host culture do not have the intuitive understanding of the intricacies within the culture (Greatrex-White, 2008) and therefore experience the host culture as a foreigner remaining “situated on the outside” (p. 532). Levine (2009) describes being both an insider and an outsider in the host culture. “At once they were enmeshed insiders (cared for and about) through their roles and functions yet were also outsiders as they could contrast their current lives with the lives they left behind in the U.S. (Levine, 2009, p. 164). “Leaving behind” (Greatrex-White, 2007)

what is normal and taken for granted as a person becomes immersed in a different culture can create a sense of disturbance as participants are “moved out of their usual ways of being in the world” (p. 138-139).

International immersion experiences have contributed to professional development on both an individual and organizational level. The nurse practitioner program at Rotterdam University in The Netherlands is fairly young. In order for nurse practitioner students to gain a better understanding of differing nurse practitioner programs, an exchange program was established with the United States which has had a nurse practitioner (NP) program for over 40 years (Maten & Garcia-Maas, 2007). After the experience, students verbalized having an increased pride and feeling of empowerment as a nurse and a nurse leader. Although most did not particularly like the United States healthcare delivery system, the students from the Netherlands appreciated the autonomy of American NPs and the ability to “market and promote the NP profession” (Maten & Garcia-Maas, 2007, p. 226). Career choices were also affected for participants in other studies as well. Career choices for nursing students in other studies were also affected by international experiences. Other international immersion experiences also impacted choices for career options for individual participants including an increased interest in public health (Duffy, et al, 2005; Sloand, et al., 2008), midwifery, international nursing, and medically underserved populations (Duffy, et al, 2005).

Part of professional development of students participating in immersion experiences includes learning and understanding how healthcare functions within different cultures. For example, for students to provide appropriate care during a study abroad program in Ghana, students needed to understand the structure of Ghanaian Ministry of Health and the distribution of health care (Tabi & Mukherjee, 2003). Participants in study abroad programs begin to gain an understanding of how healthcare functions in the host culture. In certain areas of Thailand, there is an emphasis on the use of

community health referrals to clinics and volunteers for providing care to medically isolated populations. During an immersion experience in Chiang Mai, Thailand (Inglis, et al, 1998) participants gained an increased awareness and understanding of how to organize a community health clinic and how nurses interacted in the community, but did not grasp the concept or importance of referrals within the community health setting itself (Inglis, et al., 1998).

Building short term and/or long term relationships with individuals during an international immersion experience creates learning opportunities. For some participants, the relationship is simply learning through a shared moment with someone from another culture; while for others it is a long term relationship which extends beyond the time spent in the host country. Zinsli and Smythe (2009) describe a moment of sharing a father's grief over the loss of a son. Through this experience, participants learned "love and its accompanying grief were emotions not bound by culture, wealth, or location. They simply were what they were, arising from the depths of the human spirit" (Zinsli & Smythe, 2009, p. 237). Participants in Levine's study (2009) described a personal connectedness unrelated to role that simply existed between the students and members of the host culture; a sense of "valuing others beyond culture, country, and language" (p. 161). The nurse practitioner students in Maten and Garcia-Maas' study (2007) placed a great deal of importance on maintaining international contacts to promote the exchange of knowledge. Callister and Cox (2006) expressed the importance of developing interpersonal connections between participants in the immersion experience, as well. Sloand, Bower, and Groves (2008) describe the "development of strong group cohesiveness within the student cohort, which enhanced learning" (p. 38).

International immersion experiences provide the opportunity to experience differing sociopolitical climates firsthand. Participants exhibit an increased understanding of: global sociopolitical and health issues (Callister & Cox, 2006); different healthcare delivery systems (Sloand, et al., 2008);

disparities in healthcare; power relationships; inequalities related to age, gender, and/or socioeconomic status (Rudduck & Turner, 2007); differing professional roles within cultures and communities (Inglis, et al., 1998) perceptions of nurses (Duffy, et al., 2005). For example, participants in an immersion experience in Chiang Mai, Thailand expressed an increased awareness and understanding of traditional beliefs including male dominance, use of traditional healers, and lack of utilization of family planning services (Levine, 1998). Nurse practitioner students from the Netherlands studying in the United States “became more aware of global health issues such as poverty, obesity, and the uninsured or underinsured” (Maten & Garcia-Maas, 2007, p. 230). These students were more conscious of biases, including blatant and subtle forms of prejudice, preconceived notions, discriminatory beliefs, and biased feelings in themselves and others (Levine, 2009)

There are several aspects of international immersion experience programs that impact the learning-teaching environment. Experiences in developing countries, as opposed to developed countries, had a greater positive impact on understanding of cultural diversity (Thompson, Boore, & Deeny, 2000). Hands on experiences had a greater impact than observational experiences according to Haloburdo and Thompson (1998). Koskinen & Tossavainen (2004) suggest short time frames may not enable students to “integrate their intercultural experiences into their professional competence” (p. 117). On the other hand, Duffy, et al, (2005) suggests that short term (8 week) immersion experiences can also positively influence professional development, including increased knowledge of alternate treatments, perceptions of health care delivery systems, and perceptions of nurses. Participants in McLachlan’s and Justice’s study (2009) reported “increased comfort and competence in academic, cultural, and social aspects of their lives after 6-12 months of living in the United States” (p. 31). More preparatory work prior to an international experience to familiarize oneself with the culture, values and language resulted in greater levels of cultural competence (Haloburdo & Thompson, 1998). However,

Finnish nursing students felt the orientation phase prior to their immersion experience in the United Kingdom failed to adequately prepare them for the cultural differences they faced resulting in feelings of frustration, anxiety, and anger (Koskinen & Tossavainen, 2004). Access to nurse mentors and feeling like an integral part of a team improved students' adjustment to the host culture and learning experiences (Koskinen and Tossavainen, 2004).

As our population and healthcare system becomes more globally diverse, nursing schools are striving to find educational opportunities to improve the understanding of concepts such as cultural competency, global perspectives, and access to health care. More nursing schools are using international learning experiences as a way of providing this education. Recent research has been related to developing cultural competency, personal and professional development of individuals and organizations, relationship building, and understanding different sociopolitical climates. Limited research has been done related to how length of the experience, location (developing vs. developed country), and preparatory work affect the teaching-learning experience of international immersion programs. Additional research still needs to be done on how an international immersion experience influences the learning-teaching environment and should be incorporated into educational practice. This study focuses on determining how common experiences of nursing and pharmacy students participating in a three week international immersion teaching-learning experience in Peru inform educational practice.

Research Question

How do the common experiences of students in an international immersion teaching-learning experience inform educational practices?

Significance to Nursing

The world is becoming smaller and more interconnected through the use of Internet, cell phones, and ease of travel. Countries are no longer culturally isolated and the spread of disease is no longer bound by borders. "Nursing shares common beliefs and values that go beyond the boundaries of individual countries" (Green, et al., 2008, p. 982). In a world that is continually becoming smaller and more interconnected, it is imperative that the nursing profession continue to expand not only what is taught, but how it is taught. "The effect of international experience reaches far beyond the period of time one spends abroad; it promotes knowledge of a diversity of values, beliefs and practices on one's education; it expands one's horizons; and it also provides the opportunity to develop an enriched understanding of the self and gives a broader perspective of the world around us" (Tabi and Mukherjee, 2003, p. 138). In order to provide the best possible international immersion experience, it is necessary to first understand what aspects of the experience impact and influence the learning-teaching experience.

CHAPTER 2

Method of Study

Philosophical Background

The philosophic approach for this study is Heideggerian hermeneutic phenomenology or philosophical hermeneutics (Diekelmann & Magnussen Ironside, 2006). Phenomenology is the study of lived experiences and how individuals interpret them (Cohen, Kahn, & Steeves, 2000). Hermeneutics dates back to the 17th century when it was initially used for interpretation of biblical scriptures (Crotty, 1998). Two important concepts associated with hermeneutics are ontology and epistemology. Ontology is concerned with the nature of reality, or being, or existence (Willis, 2007) and how the world is understood by individuals (Leonard, 1994). Epistemology is concerned with what we know about reality, however it is defined, and how we can know it (Willis, 2007). Six assumptions of hermeneutic phenomenology are: "theory should be based on interpretation; interpretations are varied, therefore there is no single reality; subjectivity is valued; context is important in explanations; biases need to be articulated; and ideas evolve and change over time" (Cohen, Kahn, & Steeves, 2006, p. 6). Thus, the qualitative methodology is interpretive.

An experience which disrupts the ordinary existence an individual takes for granted provides an opportunity to engage in hermeneutic understanding (McManus-Holroyd, 2007). Since this study analyzes the common experiences of students during an international immersion experience, Heideggerian hermeneutic phenomenology was considered an appropriate approach for text analysis. When analyzing text it is important to understand how a person is "situated" (Lavery, 2003, p. 8) in the world in order to better understand how they interpret different experiences. "To engage in understanding a text or person does not mean getting inside the person's mind. Instead it simply means

being open to the perspective from which the person or text has formed the views to be disclosed” (McManus-Holroyd, 2007, p. 6).

Study Design

This interpretive study explores the lived experiences of nursing and pharmacy students participating in a three week international immersion experience in Iquitos, Peru. The hermeneutic phenomenological approach interprets lived experience (Cohen, Kahn, & Steeves, 2000). After completing the trip, participants were asked to complete a questionnaire in which they reflected on their experience. The texts were analyzed by a team of researchers and common themes across texts were identified.

Setting for Study

International Healthcare in Peru is a 3-credit elective course offered annually through Washington State University during the summer session with pre-departure seminars conducted in spring semester. The course is open to all undergraduate nursing students who have completed the first semester of clinical, graduate students, pharmacy students in their final year, and other upper division or graduate students enrolled in health professions programs. In order to participate students are required to fill out an application that is reviewed and accepted by two community health nursing faculty who instruct the course. Students participate in five 2-hour seminars during spring semester preceding the course. These seminars provide information regarding course specifics, health considerations, safety, Peruvian culture, community and individual assessment concepts, and practice working with translators. In mid-May, following conclusion of spring semester, the students travel to Iquitos, Peru and spend approximately 16 days performing community assessments, providing primary care and health education in poor neighborhoods, and visiting local health facilities including mental

health facilities, public and private hospitals, and health *postas* (clinics) in neighborhoods and in the Amazon Jungle. The group then travels to Cusco to experience Inca culture and visit Machu Picchu and the Sacred Valley. No care is provided during the time in Cusco, but students experience a different climate, economy, and cultural heritage in meeting people from the Andean region of Peru.

Participants

In May 2008, 22 students participated in the international immersion experience in Peru. Eighteen of the participants were nursing students at Washington State University College of Nursing. Four were pharmacy students at Washington State University College of Pharmacy. All the participants were in the last two years of their nursing or pharmacy curriculum. One of the participants was male. Participants ranged in age from 22-45 years. There were varying degrees of Spanish proficiency among the participants ranging from fluent to not able to speak the language at all. Some of the participants had no previous international travel experience, while others had previous international experiences ranging from touring to missionary work. All but one of the participants filled out and returned a written interview after participating in the immersion experience. Each participant signed a written informed consent allowing their answers to be used for research purposes.

Trustworthiness

Data collection and analysis for this study was done by two experienced qualitative researchers. Both researchers have a variety of international experiences including several trips to Peru and other countries. Both are also community health instructors focusing on underserved and vulnerable populations. The third member of the data analysis team is an expert in Heideggerian hermeneutic phenomenology (Vandermause, 2008) and an instructor for nursing students in the doctoral program. The fourth member of the data analysis team and author of this thesis is a nursing graduate student who

has been to Peru three times in the last 5 years to provide primary health care and education in different communities in Iquitos and along the Amazon River. Data analysis and interpretation for a random sample of participant texts were completed individually by each member of the analysis team and then discussed as a group to identify common themes and experiences.

Data Collection

Participants were asked to complete a questionnaire (Appendix A) after returning from the trip to Peru. The questionnaire is divided into three sections. The first section included 14 questions regarding class presentations, assignments, and individual preparation activities. Participants were asked to rate their answers on a scale of 1 (most helpful) to 4 (least helpful). The second section included 15 questions total. In the first 8 questions participants were asked to reflect on their experience in Peru. The remaining 7 questions asked for information regarding the planning of future trips. Section three included 5 demographic questions regarding age, prior travel experience, and languages spoken. Section two is the only section that was used for data analysis in this study. Data was submitted to the primary researcher either electronically or in pen and paper format. Data that was submitted non-electronically was typed verbatim into Word format for ease of storage and distribution. Paper copies of the data are stored in a locked file cabinet accessible only to members of the data analysis team. All electronic data is secured on password protected computers.

Each participant was assigned a number (1-22) randomly. The participant number was written on the top of the interview responses in place of a name. Even numbered interviews were randomly selected for data analysis. Ten of 22 participant questionnaires (2-22) were analyzed (participant 18 did not return a questionnaire).

Human Subject Consideration

The nature and purpose of the study was explained to all participants prior to participating in the Peru experience. Informed consent for each participant was obtained prior to answering questions on the post-trip questionnaire. All participants were required to submit their post-trip questionnaire, but had the right to refuse use of data in the study. They also had the right to refuse to provide certain information and withdraw from the study at any time. The study was approved by the Washington State University Institutional Review Board prior to data collection, and was renewed annually (2005-2009). The anonymity for participants completing the post-trip questionnaire was protected by randomly assigning numbers to each text and writing it on top of the questionnaire in place of their name. The key for names and assigned numbers is kept in a locked file by the principal investigator, is not available to the analytic team, and was used by the principal investigator only to assign participant numbers and compare pre and post tests for another part of the study. Electronic data was secured by password protected computers. Hard copies were stored in locked file cabinets at the university offices of the members of the analytic team.

Data Analysis

Data analysis was done by an interpretive team consisting of three experienced qualitative researchers, one an expert in Heideggerian Hermeneutic Phenomenology, and the author. The four team members read each of the even numbered interviews and then wrote an individual interpretation of the story each participant was telling. Those analyses were later read aloud and discussed at group meetings. Notes from each group discussion meeting were taken by different members and combined by the author of this thesis. Individual interpretations and notes from group meetings were also used for data analysis.

The method used for data analysis is outlined by Benner (1994). In order to analyze text, the transcript was initially read start to finish. The second reading of the transcript was done line by line making notes in the margins of concepts and ideas that stood out. The transcript was read a third time, line by line, keeping in mind the comments made during the second reading. A rudimentary list of emerging themes was made. The transcript was reviewed a fourth time and the list of emerging themes was revised. Finally a summary of the transcript was written by the interpreter including basic themes, concepts, and ideas. Personal biases and perspectives of the interpreter, as well as questions, were also noted in the summary for discussion with the analytical group.

The group met five times to discuss participant interviews and researcher interpretations. At each meeting the team members made collective notes regarding emerging themes and patterns citing exemplars from the texts. Exemplars are “salient excerpts that characterize specific common themes or meanings across informants” (Crist & Tanner, 2003). The participant interviews, researcher interpretations, and meeting notes were then reviewed for emerging themes common throughout the texts. The research team then identified common overlapping ideas across texts that were named as emerging “themes.” After several of the transcripts had been analyzed and discussed, lists of exemplars for these emerging themes were started. Relevant direct quotes from each text, identified by line number and participant number are used here to convey the nature of ideas (themes) discussed. All transcripts, interpretations, and lists of emerging themes with supporting quotes were reviewed prior to writing final results.

CHAPTER 3

Findings and Discussion

Findings

This study was done in order to better understand how the common experiences of students in an international immersion teaching-learning experience inform educational practices. The analysis team identified three overarching themes during the data analysis: *learning by transforming myself through the new and unfamiliar*, *learning via living with constraints (people, place, and resources)*, and *learning as influencing the “little things” of everyday living*. *Learning by transforming myself through the new and unfamiliar*, encompasses what participants learned about themselves and the personal changes that were made as a result of that learning. *Learning via living with constraints* was the learning generated through interactions with other people, places, and available resources. *Learning as influencing the “little things” of everyday living* includes the learning that results from providing healthcare and health education to patients. The personal pronoun “she” was used when referring to participants since all but one was female.

Learning by transforming myself through the new and unfamiliar

The theme *learning by transforming myself through the new and unfamiliar* encompassed the personal changes, or metamorphosis of sorts, an individual encounters as a result of participating in the immersion experience. Participants confronted personal views, attitudes, and biases in light of their experiences in Peru. Participants confirmed some of the beliefs they held to be true, while other beliefs needed to be modified or reconstructed based on new information. This particular theme comprised the personal learning that occurs within the participant through the development of new perspectives, personal changes, and understandings of the healing power of presence.

Participants entered into this immersion experience with certain personal biases, opinions, and views of the world. As they were removed from their comfort zone and became part of a cultural minority, they were faced with new and different realities that called their “taken for granted” ideas into question. As they progressed through the teaching-learning experience, many commented on the ways the views and opinions they had previously held were no longer relevant. They found themselves developing new perspectives on their personal and professional identities. Participant 02-08 advises future students “If you let it, this trip will change you for the better” (lines 79-80).

Participants identified changes within themselves, both personally and professionally. For some participants a realization emerged that they were capable of doing more than they thought they could, including facing their fears. Participant 12-08 stated “Swimming in the Amazon was a big moment for me because I’m terrified of bugs, grime, and fish. Being able to jump in and just swim around and have fun and not be afraid of the fish or dolphins was very liberating and I am so glad I did it” (lines 75-78). The same participant also learned about her ability to initiate and cause change. “I learned I can change more than I thought, no matter how long I’ve possessed a fear or point of view” (Participant 12-08, lines 79-80). Participant 10-08 learned “not (to be) afraid to try or experience something new” (line 39).

For others, personal changes included discovering the value of a simple less complicated lifestyle. Participant 02-08 stated “This is one of those experiences that I call ‘perspective adjusters’ because I was able to see so much of a culture where they live so much simpler than we do in the US and to see how that is good and how it is less than optimal by our standards” (lines 2-5). Participant 08-08 stated “I need to relax more” (line 85) and “I was pretty mellow for this trip because I didn’t have an agenda for myself, but I’m not like that at home” (lines 85-87).

For others, like Participant 08-08, this experience included learning how racial categorization and minority status influences perceptions of the others. Participant 08-08 starts the commentary with the general statement “I suppose white people are kind of like walking dollar signs” (line 113). Then personalizing the concept, “I guess I learned that the color of my skin impacts the way people might perceive me” (lines 113-115) and “I never really thought about it much because I’ve lived my entire life in the eastern part of Washington, where the majority of people are white” (lines 115-117).

Participants described how this immersion experience changed their views on providing healthcare as a result of reassessing their own attitudes and biases and considering the unique and individual needs of the patient. Participant 04-08 stated “I learned to put aside my own opinions and consider the needs and resources of the patient” (lines 49-51). Participant 20-08 “(I)...was confronted by many of my own previous biases and was able to address and rethink them” (lines 8-9). Participant 20-08 also stated “I go with an open mind and open heart because it’s a cultural experience that teaches you about your own limitations as a provider” (lines 57-58) and “I feel this trip opened my eyes to what effective healthcare in an underprivileged area really consists of” (lines 4-6).

Participants discovered the healing power of presence. Simply being present without providing any direct medical care or health education can have profound influence on health and well being. For several participants this discovery occurred through building a relationship with a patient and getting to know them as a person. For other participants, it was the experience of being in Peru and the emotions the encounters in an unfamiliar environment evoked within them, even after they had returned home and reflected on their travels.

Students found that meeting the needs of all the patients in a poor community where needs far surpass resources is challenging. In these cases a healthcare provider who is only able to listen and

understand offers a valued service. Participant 08-08 summed this up by stating “To know that we simply brightened the day for some of the people merely by spending time with them and trying to talk with them” (lines 90-92). Participant 16-08 witnessed the healing power of presence by observing the staff at the local Peruvian mental health facility. “Visiting the mental hospital showed me that in order to provide effective healthcare and to build trusting relationships with patients, one must show empathy and concern. Establishing a relationship with the patient leads to better healthcare outcomes” (16-08, lines 22-25).

Many participants commented on the lasting impact of the experience. The statements suggested feelings of being made different by the teaching–learning immersion experience. “It makes me sad because I want to go back” (06-08, line 28). “I was so relaxed and at ease there that coming home was rough” (06-08, lines 28-29). “It makes me feel good to look back and think about how many people we helped physically and probably even emotionally, since they’ve seen that other people care enough to come and try to help them” (08-08, lines 55-57). One participant noted that reflecting on my experience “reminds me of my time in Peru” (10-08, line 28). Reflection allowed this participant to re-experience Peru and perhaps incorporate what was learned in a deeper more lasting way.

Learning via living with constraints (people, places, resources)

The theme of *learning via living with constraints* focused on what participants learned from being present in the immersion experience. This theme describes how participants were influenced by what was occurring around them. Learning via living with constraints describes what the participants internalized and took away from the experience; including interactions within a group, learning through frustration and contrast, and learning from others.

Immersion courses produce group dynamics that are not necessarily present in other teaching-learning environments. In the traditional classroom setting students and teachers are brought together for short periods of time in a day and then go their separate ways at the end of the allotted class time. When traveling in a group during immersion experiences, students and teachers are brought together in a close living situation where they are together almost 24 hours a day. Stresses occur when individuals who may come from different social circles, cultures, and value systems are forced to work, study, and live with the same individuals over an extended period of time. Both positive and negative teaching-learning experiences can be found depending on individual perceptions and responses to the learning environment, living arrangements, dynamics between group members, and reactions of others. Dynamics between group members seemed to be a prevalent issue among the participants who traveled to Peru in 2008. "This trip was an interesting experience in group dynamics" (20-08, line 40).

For many participants, there seemed to be a negative feeling regarding the interactions between some group members. For Participant 06-08, "The lack of maturity in the group... almost ruined the trip because it set the group apart and caused a lot of conflict" (06-08, lines 54-55). Participant 14-08 stated "It reconfirmed that not everyone thinks that the rules apply to them, and when you travel in a group that make(s) a lot of tension and frustration swell(s) and fester(s)" (14-08, lines 96-98). The use of the words "swell and fester" carry connotations of a painful wound that irritates and wears on a person as it progressively worsens. Some of the participants expressed their frustration about the group dynamics through the advice they offered to future students participating in the immersion experience. "Be professional and be an adult. This trip is not for children it is for adults" (10-08, line 65-66). "It's not about you. We are there to provide care and learn about the world" (06-08, lines 60-61).

Some participants used the negative interactions as learning experiences. Participant 22-08 found a learning opportunity in coping with personality clashes. "Travel(ing) with that many people, I expected that must be some personality problem(s). However, a few people went way beyond personality problem(s). From this event, I learned I have to be who I am, and try not to get affected by other people's problem" (lines 33-35). It is interesting to note that Participant 22-08 had short answers for all questions except the one pertaining to group dynamics. Participant 08-08 chose to make light of and stay removed from the group conflicts remaining an observer. "It doesn't seem to matter what age we are, if you put a bunch of females together in one room for 2 weeks, there will still manage to be some social drama, which can be entertaining from a casual observation standpoint" (08-08, lines 93-96).

Other participants learned about and analyzed different roles within a group, and identified roles they felt were most effective. "I learned that the most effective members of a team are willing to listen and help, not constantly command and see no fault with themselves" (02-08, lines 57-59). Participant 10-08 stated "I also learned that everyone has their strength and some are not ready for adult life that is required for service to others" (lines 46-47) while Participant 12-08 stated "Everyone was able to contribute to the group as a whole and strengthen it" (lines 70-71). Participant 20-08 realized the necessity of having a variety of roles, however, "because everyone can't be a strong personality or little gets accomplished; both leaders and followers are beneficial" (20-08, lines 43-45).

Participant 08-08 was one of the few participants who identified positive interactions between the group members. This participant recognized a "common desire (the thing that happened to draw this particular group of people together) to help those outside our country provided a basis for further growth and bonding among group members over the period of the trip" (08-08, lines 11-15). This participant also identified the role of bonding in developing individual perceptions of the experience. "I

think this bonding and growth is really a major factor in how one perceives the experience overall – you have to like the people you’re traveling with” (08-08, lines 15-17). Overall, the participant seems to have fond memories of her experiences with other group members. “Makes me feel good to remember all the people I went with and the great time we had getting to know each other” (08-08, lines 60-61).

Participants were often confronted with the frustrations of working within the constraints of poverty; such as lack of sewer systems, limited access to clean water and adequate healthcare, and limited financial resources to pay for nutritious food and fuel for boiling water. Several participants commented on the frustration they felt because they could not solve all the problems presented to them. They also commented on the learning process which took place as they came to terms with providing the care they could and utilizing available resources. Individuals were able to overcome their frustrations through collaboration with other participants and local contacts by identifying necessary resources, learning new techniques for interacting with and treating patients, and recognizing effective ways to focus their efforts.

Participants seemed to raise questions about the value of their work through certain situations. The most common situation identified by participants was a particular clinical day when a large number of patients had been given tickets to be seen. At the end of the allotted time the clinic had to be closed even though several patients who had been given tickets were not served. “I was frustrated that we had to turn away so many at the door and was wondering how much we were actually helping and making changes with what we were doing” (02-08, lines 17-19).

And there was one day that we handed out tickets to patients (which was a sign they were going to be seen) and they literally sat out in the rain all day to be seen and when our ‘time was up’ we just packed up and left – leaving several people with tickets in their hand and unseen. It

literally broke my heart. I can't imagine what kind of impression that left on them (12-08, lines 42-48).

Participant 14-08 commented on how tired the students were at the end of the day and their initial response to what they perceived as hostile patients yelling at them.

I did feel a little shocked when they began yelling at us though. I almost didn't want to help them because they were so demanding of it. I don't think that is a good thing that I felt that way, but I learned that I still need to learn to see through the surface of how people present and see it as a cry for help, even if it is hostile (14-08, lines 117-122).

The statements describe the participant's personal evaluation and reflection on the initial response to being yelled at by patients and changing perceptions as a result. This was also identified in other individual responses as well.

Participants in an immersion experience are placed into an environment that is foreign to them resulting in comparisons between their home culture and the host culture. All participants made references to the differences between Peru and the United States. Some took the comparison a step further and discussed the similarities as well. Comparing and contrasting the two cultures provided powerful learning experiences for the participants.

Part of the teaching-learning experience includes visiting different local healthcare facilities to become familiar with available resources. For most participants, the comparisons between the two cultures revolved around the differences in healthcare and technology resources. "Our tours...provided a good view of the health resources available and allowed me to compare their system to the American healthcare system" (04-08, lines 4-6). Participant 06-08 stated "Practicing in a different country allowed me to see how healthcare can be so different" (lines 41-43). Participant 02-08 identified a "huge lag in

technology compared to what we have in the US" (02-08, lines 38-39). "Learning how the Peruvian healthcare system functioned (or didn't) opened my eyes to how lucky we are to have a healthcare system even though it has its many issues" (06-08, lines 20-22). Participant 04-08 identifies how her initial assumptions were not truly accurate regarding life in Peru and re-evaluates them. "Life for these people was better in some ways and worse in others as compared to my initial assumptions" (lines 20-21). Participant 06-08 is one of the few participants who noted not only the differences between Peruvians and Americans, but our shared humanity as well. "People are strong, opportunistic, a product of their environment, but deep down we are all human" (lines 46-47).

Participant 16-08's statement "I realized how fortunate we are in the United States" (lines 10-11) seemed to sum up the observations that many of the participants had that healthcare in Peru was less adequate than in the U.S. There was an underlying feeling of us (Americans) versus them (Peruvians) in participant comments. Participant 12-08 stated "people in third world countries are more vulnerable because they don't have access to the care they so desperately need" (lines 13-15). She supported this statement by describing an experience with a child who had suffered from a seizure resulting in a stroke. The participant described the experience as "heartbreaking" (line 35) because "in a more well-equipped location it could've been prevented or she could have access to rehab or surgery that would make life more normal for her" (lines 30-34). However, there was a moment when the participant was able to shed a positive light on the situation and experienced contrasting emotions and felt "very blessed to be able to provide whatever care I could for her and hopefully in some small way it helped" (lines 30-35).

This teaching-learning experience includes interactions in a medium sized city along the Amazon, Iquitos, villages along the Amazon River, and Cusco, a large cosmopolitan Andean city. The use of community assessments helped participants familiarize themselves with the different locations.

Many commented this was the first time they had done a community assessment. They found the assessments very informative in identifying the needs and resources of the different communities and in recognizing the diversity within the country. The whole experience in Iquitos, Peru was a continual community assessment where I learned as I went and slowly came to understand how people in this city live their lives, and view healthcare” (14-08, lines 12-14). “I have been on other trips to Latin America where we provided healthcare, but we never knew the situation of our patients so well as after we did the community assessment” (04-08, lines 17-20). Participant 20-08 identifies the diversity within Peru as a country and within Iquitos as a city, “It’s amazing how many and such extreme regions are part of Peru” (lines 23-24) and “The health needs were named by region and even neighborhood” (lines 28-29).

Most of the participants identified learning that occurred through interaction with others. This included participating in community assessments with local Peruvians and interdisciplinary collaboration between pharmacy and nursing students. Several participants commented on a transfer of learning from the Peru experience into their future practice. Participant 14-08 stated, “I plan on taking what I learned in Peru and applying it to my daily practice as a pharmacy student and later as a pharmacist” (lines 41-43). Participant 10-08 planned to “incorporate the experiences” into her life (line 62).

Healthcare is becoming more and more dependent on interdisciplinary care. Learning through collaboration across disciplines helped students recognize the contributions of both nursing and pharmacy to quality care. They also became aware of the differences and similarities in the scope of practice of each discipline. Collaboration between nursing and pharmacy students in this teaching-learning experience provides students with the opportunity to work with providers from other disciplines to provide the best patient care possible. Participant 20-08 described her experience working with pharmacy students. “I actually really appreciated the opportunity to work alongside pharmacy staff. Being that healthcare is making more and more attempts to be interdisciplinary and team focused

I thought my experience provided useful insight into their side of things” (lines 14-16). This teaching-learning experience also provides participants with the opportunity to work with providers at different skill and experience levels as it included nursing students at all levels of the upper division program including, RNs returning for their BSN. This enables participants to mentor each other and learn techniques and skills from the other participants. “Working with others who have had a lot more professional experience than me was helpful overall. It helped me learn how to ask better questions, and new ways to handle difficult situations or patients that I may not have come up with on my own” (08-08, lines 27-30).

Learning as influencing the “little things” of everyday living

The theme of *learning as influencing the ‘little things’ of everyday living* emphasizes what participants learned through their actions and how they were able to influence what was going on around them. In essence, it encompasses how the participants externalized what they learned through giving back to the community. This theme includes prevention through education and recognizing the importance of the “little things.”

One of the primary roles for participants during the immersion experience was providing primary healthcare and health education to individuals and groups in neighborhoods of Iquitos and in communities along the Amazon River. Most participants recognized the importance of primary prevention, health education, and preventative care in an environment where there are many factors exposing individuals to disease and few resources for care(i.e. raw sewage, contaminated water sources, parasites, limited access to medical care, inadequate nutrition). Participants addressed basic healthcare practices to help patients avoid illness including handwashing, boiling water, and proper dental hygiene.

In communities where poverty limits access to healthcare, participants were confronted with deciding how to provide adequate care utilizing available resources. Participant 10-08 realized “health education is number one” (line 64) when it comes to disease prevention. Some effects of poverty include lack of education and higher levels of illiteracy. Participant 22-08 identified that “poverty definitely affects how the community receives health care. Education and literacy also limited the benefit of healthcare to some community members [sic]” (lines 20-22). Other participants commented on “gaps in education, such as with making sure clean water is used” (08-08, lines 75-76), “hygiene, nutrition, drinking water safety, wound care, and much more” (14-08, lines 15-17). Participant 14-08 “learned that education is our best tool for prevention and treatment, regardless of if a patient can be seen by a physician or not” (lines 44-46). Some participants gained an understanding of their personal responsibility and role in the dissemination of health education. Participant 14-08 realized their importance in health education as a pharmacist; “I may not be on the front lines of the medical field, but pharmacists play a huge role in education” (lines 23-24).

Several participants referenced specific experiences they encountered where they gained an appreciation of the importance of the education they were providing their patients. Several participants commented on conversations they had with one of the translators who emphasized the importance of the education the students provided. “He said to me how amazing and important our teaching projects were and that we couldn’t imagine the impact the information would have” (02-08, lines 21-23). “He told me that he didn’t know about things like germs and disease prevention through hand hygiene until he was in his 30’s and was interpreting for doctors” (02-08, lines 23-25). Participant 04-08 shared the responses to the education students provided and the value of the teaching interventions. “The women we educated on natural family planning were very excited to learn that they could control when

and if to have children” (04-08, lines 43-44). Participant 10-08 comments on her experience with providing education as well.

I think the event that touched me the most was when I taught this elderly lady proper lifting techniques and she cried as she thanked me. She told us how she really appreciated being showed another way to lift that wasn't so hard on her back. I learned that simple health education can mean more than treating an illness (10-08, lines 54-58).

Most participants made general statements regarding health education. “For each patient I advised prevention that would work for them as well as treatment” (04-08, lines 31-32). “Proper education (i.e. dental hygiene, sanitary water, footwear, dehydration, etc.) would help the community of Iquitos greatly. Many of the healthcare issues we encountered could be seen less frequently with community education” (16-08, lines 37-40). Footwear and sanitary drinking water are particularly important for prevention of parasitic infections, especially in communities with limited or no functional sewer systems. Participant 16-08 offers advice to future students that will positively impact the education they provide their patients. “Refresh/read about the common diseases encountered in the clinics and their proper treatment” (16-08, lines 82-83). By being knowledgeable about common diseases future participants can be well equipped with relevant health education materials as well as treatment information.

Participants encountered a level of poverty that was foreign to most of them during this immersion experience. Most identified overall health could be improved with better sewer systems, clean water sources, access to better healthcare, better nutrition, and financial stability. They also became aware that they would not be able to change any of those situations during their three weeks in Peru. They commented on the importance of the small, undramatic solutions they could offer their

patients to help better manage health using available resources: boiling water, hand washing, proper footwear, and natural birth control methods.

Students seemed to be surprised at how important the little things they could offer were to patients. For Participant 02-08 this revelation made her shift her thinking, “It made me stop and think that sometimes it’s the small things we do that we never think are big enough to make a difference that make the biggest difference to our patients” (02-08, lines 26-28). Participant 02-08 further comments “It was wonderful to know that the things that we were able to teach them that seem so *simple and basic* to us could do so much good and make such positive health changes for them” (lines 7-10, italics added). Several participants made comments in regards to continuing the efforts despite feelings of not making huge changes. “I learned that small things can make a person’s day and to keep trying to do all that you can, even if it seems like nothing will come of your efforts” (02-08, lines 48-50) and “I always believe some help is better than no help at all” (22-08, lines 6-7).

Student learning occurred through a personal inventory of their own biases, attitudes, and understandings often described as “opening my eyes.” All students experienced some sort of personal change as a result of this inventory. Interactions with fellow students from varying backgrounds, skill sets, maturity, and cultures, as well as interactions with Peruvians, influenced how and what students experienced and learned. Through the experience of providing health education and primary healthcare students gained an understanding of utilizing available resources to provide the best care possible and recognized provision of care is not directly related to the number of interventions or their sophistication.

Discussion

An international immersion teaching-learning experience informs the educational process through incorporating a specific type of learning environment. This type of learning environment is difficult to duplicate in an individual's home country because as part of the cultural majority or minority individuals have an innate understanding of the inner workings of their culture. During an international immersion experience participants have knowledge deficits pertaining to cultural norms, available resources, healthcare systems, and the subtle nuances that make the culture unique (Greatrex-White, 2008). Language barriers make communication difficult and prevent students from fully understanding and negotiating the culture because they are placed outside the culture. The entire immersion experience becomes the classroom. Each participant identified learning experiences meaningful for them. Some of the experiences were shared with their peers, others were private moments experienced alone.

One of the primary characteristics of an international teaching-learning experience is that it thrusts learners into unfamiliar settings where contrasts become a vehicle for learning by calling the familiar into question and emphasizing the differences, resulting in a personal transformation. People in a new and different environment are more alert to events and activities occurring around them, as well as the constraints imposed by living in the immersion environment. Students gained some form of understanding as a result of these learning processes. Understanding was expressed as a re-evaluation of personal views and biases (transformation), an understanding of different healthcare systems, recognition of needs and resources of patients living in a third world country (constraints), and utilizing available resources effectively to positively impact patient health (the "little things").

Constraints imposed during the international immersion teaching-learning experience became an important vehicle for learning because participants cannot simply "go home at the end of the day" and return to their "normal" life and social circle. Participants are placed in a situation where they have

to adjust to living, working, and learning with others who may have differing opinions, skills, personalities, and work ethics over an extended period of time. Participants are also required to overcome limited and/or differing resources and modify patient care to implement those available resources effectively. Despite the diversity of learning experiences, the examples provided by participants provided the foundation for the three overarching themes identified in this study (learning as transforming myself through the new and unfamiliar, learning via living with constraints, and learning as influencing the “little things” of everyday living).

Like most studies, this one brought to light several additional questions regarding learning processes as well. For instance, how do positive and negative group dynamics impact the constraints of an international teaching-learning experience? Do negative group dynamics in fact cause adverse learning conditions, or do they simply create an alternate learning environment for students? Are the themes identified in this study applicable to other teaching-learning experiences available through programs within the United States, such as an immersion program working with homeless populations? How much of the learning comes from the immersion experience versus exposure to the vulnerable population? Do students continue to be transformed, faced by constraints, and learn to utilize the “little things” during their experiences in the U.S.? If the learning can be duplicated, does this require longer experiences within the U.S. to have the same effect as during an international experience? What kinds of experiences in the U.S. can duplicate or approximate the outcomes of an international immersion experience?

Conclusions

This qualitative study informs educational processes by providing insight into the aspects of the international teaching-learning immersion experience that expanded the knowledge and skills of nursing

and pharmacy students. Working outside of one's comfort zone provides unique teaching-learning experiences that impact the learning processes of students. Student learning is affected by a re-evaluation of personal attitudes and biases and a personal transformation that occurs as a result of confronting new and unknown environments. Working within the constraints of an international immersion experience provides students with a unique learning environment that helps them to understand the needs and resources of a culture that is different than their own. Utilizing available resources and implementing the "little things" becomes important for students to provide appropriate and adequate patient care.

The data also supported findings from other studies regarding the areas of student development that are impacted through participation in this type of course, including personal development, professional development, and cultural competency (Chang, 2007; Koskinen & Tossavainen 2004). This course is offered annually through the nursing school and data is collected for each year enabling additional studies to be done in order to compare data as well. Universities are continually striving to meet the needs of both rapidly changing student and patient populations. As a result, alternate learning environments create different opportunities to meet the changing needs of students and patients. Information regarding how learning processes are impacted through international teaching-learning immersion experiences provides reference for possible course design and data collection for other colleges seeking to incorporate alternate courses of study into their program.

Limitations

Interviews for this study were conducted in written format which prevented interviewers from clarifying participant responses through follow-up questions. Responses of participants varied in length, depth, and clarity resulting in some participant interviews being more content rich. All participants were

involved in classroom learning prior to the immersion experience. Information presented in the classroom may have influenced responses by providing students with insight into the interviewers' expectations. The participants may have felt an obligation to answer the questions the way they thought the interviewers wanted them to answer. The interpretive team included two of the trip leaders who may have wanted to see the experience in a positive light. This study is not generalizable to other populations, but may provide useful guidance for other international teaching-learning experiences. The interpretive team included two of the trip leaders who may have been biased by wanting to see the experience in a positive light.

Recommendations

Since data is collected annually from students participating in this course, it is recommended that future studies include comparing data from this course over multiple years. It may also be beneficial to perform a follow up study with past participants to determine the long term influences of this teaching-learning experience. Since there have been a large number of participants over several years, it should be possible to gather a reasonable number of subjects for a follow up study. According to the trip leaders, there were significant issues within this group that were not present in other groups. These issues had a negative effect on group members and certainly influenced the dynamics. Analysis of data from other groups of students participating in this course would be useful in determining if group dynamics play as strong a role in learning for participants who encountered more positive group interactions. Recreating similar immersion experiences within the United States is difficult, but not impossible. Immersion experiences such as home stays could be developed with populations of Native Americans and/or Native Eskimos, or with distinct cultural groups within the community to determine how learning is affected by immersion in culturally unique populations existing within the US.

Increased diversity throughout the United States impacts how healthcare is administered and received by patients. Nursing student populations are also becoming more diverse impacting how nurse educators prepare them to provide patient care. An increasing number of universities are utilizing international immersion experiences as an educational tool to meet the demands of ever changing patient and student populations. This study provides information about how an international immersion teaching-learning experience informs educational practice, as well as poses additional questions for future research.

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Zinsli, G. & Smythe, E.A. (2009). International humanitarian nursing work: Facing difference and embracing sameness. *Journal of Transcultural Nursing*, 20 (2), p. 234-241.

APPENDIX A

Assessment and Evaluation of the Peru Experience

Participant # ____

Please complete the following questions. Since this form is designed to be answered on the computer. We did not leave specific spaces for comments after each item but we do want your comments, so please add them because they are most helpful.

Section I

What did you do to prepare yourself for this trip? Rate how helpful the activities were in preparing you for your travel and experiences in Peru. (1= most helpful -4=least helpful)

Class Presentations and assignments

a. General information about Peru – culture, history, health care system etc.

most helpful 1 2 3 4 least helpful

Comments:

b. General information about the Iquitos area - Culture, health, history, customs, etc.

most helpful 1 2 3 4 least helpful

Comments:

c. Malaria/Yellow Fever Presentation

most helpful 1 2 3 4 least helpful

Comments:

d. Working with translators reading, and discussion, and practice

most helpful 1 2 3 4 least helpful

Comments:

e. Reading the article *“A Wolf in Sheep’s Clothing”*

most helpful 1 2 3 4 least helpful

Comments:

g. Participating in web presentation and discussion “Empowering the very poor for better health care”.

most helpful 1 2 3 4 least helpful

Comments:

h. Faculty-led Programs orientation WSU International Programs

most helpful 1 2 3 4 least helpful

Comments:

Individual Preparation Activities

Please check any of these you did and rate their helpfulness to you. Remember your specific comments are most helpful and welcome.

Study/refresh/practice Spanish

most helpful 1 2 3 4 least helpful

Comments:

Review basic nursing care for common conditions you might encounter in Peru

most helpful 1 2 3 4 least helpful

Comments:

Read all or parts of "*Where there is no doctor*"

most helpful 1 2 3 4 least helpful

Comments:

Read about common diseases and conditions in the Amazon region

most helpful 1 2 3 4 least helpful

Comments:

Prepare simple teaching materials to use in Peru

most helpful 1 2 3 4 least helpful

Comments:

Imagine the kinds of situations you might encounter on the trip and consider how you might respond to those situations

most helpful 1 2 3 4 least helpful

Comments:

Talk to others who have been on medical missions or similar trips

most helpful 1 2 3 4 least helpful

Comments:

Other? Please describe.

Section 2

(Please reflect on your experience in Peru and write your response to each question adding additional space as needed. The more descriptive you can be the better)

1. Tell us in what ways you found the trip to Peru meaningful personally and professionally.
2. We are interested in how the experiences in Peru impacts health care student's life and work. As you look back on your trip identify a particular situation that stands out for you because of how it changed you personally or professionally. Please describe that experience and its effects on you.
3. What is it like for you to think about your trip to Peru?
4. What did you learn about the health needs of the community of Iquitos?
5. What did you learn about yourself?
6. What did you learn about others?

7. Describe the **one** event or learning or response that was most unexpected. What did you learn from this event?

8. What advice would you give to other students who were considering this trip as a learning experience?

Information for planning future trips

1. Please give us some feedback on the timing of the trip (mid May and to early June) and the length of the trip (3 weeks). Suggestions are appreciated.

2. Describe how having students from disciplines other than your own affected your experience and your learning?

3. Suggest other disciplines that might be included such as, Dental Hygiene, Physical Therapy, etc.

4. Please rate the quality of each of these aspects of the trip. (1= more than adequate; 2= adequate; 3= needs improvement; 4=inadequate). If you score an item as 3 or 4 please describe improvements needed.

a. Food provided by People for Peru at Iquitos

More than adequate

Inadequate

1

2

3

4

Comments

b. Housing accommodations at Iquitos

More than adequate

1

2

3

Inadequate

4

Comments:

c. Support from members of the People for Peru organization

More than adequate

1

2

3

Inadequate

4

Comments:

d. Support from accompanying faculty

More than adequate

1

2

3

Inadequate

4

Comments:

e. Support from International Programs at WSU

More than adequate

1

2

3

Inadequate

4

Comments:

f. Support from peers participating in the program

More than adequate

Inadequate

1

2

3

4

Comments:

5. What recommendations do you have for improving this experience?

6. What would you recommend we **NOT** change next time?

7. I'd just like to say

Section 3

Demographics

Age 20-25 26-30 31-40 41-50 51+

How many times have you traveled outside the US prior to this experience? Never 1-2
times 3-5 times more than 5 times

If you have traveled outside the US, list the countries you have you visited *prior* to this trip:

Do you speak Spanish? Yes No

If yes, indicate your level of proficiency *prior* to this trip on a scale of 1- 4 (1= minimal 4=fluent).

Did this experience increase your language proficiency? How?

APPENDIX B

Washington State University CONSENT FORM Evaluation of Peru Experience

Carol Allen Ph.D., RN, Associate Clinical Professor, College of Nursing (509) 324-7262, carola@wsu.edu

Deborah Swain, MS, APRN, Senior Instructor, College of Nursing, (509) 324-7261, swain@wsu.edu.

Denise Smart, DPH RN, Instructor, College of Nursing, (509) 324-7255 dsmart@wsu.edu

We are asking you to participate in a research study related to your experiences and learning during the health care study tour in Peru. The purpose of this consent form is to give you the information you will need to help you decide whether to participate in the study or not. Please read the form carefully. You may ask questions about the purpose of the research, what you will be asked to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered your questions, you can decide if you want to participate in the study or not. This process is called “informed consent”. We will give you a copy of this form for your records.

PURPOSE AND BENEFITS

The purpose of this research is to evaluate your learning and living experience in Peru and to evaluate the effects of the experience on cultural competency and on your intent to participate in future cross-cultural or international experiences. The benefits of the study for you are an opportunity to reflect on and share your learning, to evaluate your experience, to contribute to improving the experience for future students, and to evaluate changes in your cultural competency and intentions associated with this experience. Future groups of students will benefit from your feedback that will be used to plan future courses and to integrate them into health care curriculums. Other students may benefit when the results are disseminated and used to plan similar programs at other colleges.

PROCEDURES

You will be asked to complete three survey forms. The first is the Caffrey Cultural Competency in Healthcare Scale (CCCHS) and the Intentions Instrument that will be completed prior to and approximately one month after the completion of the study tour. Completion of the Caffrey Cultural Competence in Healthcare scale and the Intentions Instrument takes about 12 minutes. The second form “Assessment and Evaluation of the Peru Experience” (AEPE) will be completed within one to two months of returning from Peru. Completion of the AEPE takes 20-45 minutes depending on how much you write. We will assign you a number that will appear on the pre and post tests. The list identifying you by number will be kept in a locked file until the data is analyzed. Data will be confidential and reported only as an aggregate. Data will be used to plan other similar experiences and may be reported in professional literature or internal WSU reports. All data will be kept in a locked file in a locked office and destroyed as soon as analysis is complete or within one year whichever comes first.

RISKS, STRESS, OR DISCOMFORT

Risks of participation in the research include mild stress or embarrassment resulting from recalling events of the trip. Mild stress may also occur as a result of completing the cultural competency and intentions instruments.

OTHER INFORMATION

Participation in the research is not required to participate in the Peru trip. Since this is a credit-bearing course students must complete the instruments as part of the course requirements. However if you decide not to participate in the research none of your data will be analyzed for the research and it will be destroyed after the course evaluation is complete. Students who choose not to participate in the research will not be penalized in any way. Results may be shared in journal articles, reports to the faculty, or in professional meetings.

Carol B. Allen

Deborah Swain

Denise Smart

Participant's statement

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have general questions about the research I can ask one of the researchers listed above. If I have questions regarding my rights as a participant, I can call the WSU Institutional Review Board at (509) 335-9661. This project has been reviewed and certified as exempt from IRB review. I will receive a copy of this consent form.

Printed name of participant

Signature of participant

Date

I wish to receive the post-trip evaluation tools by email _____, list email address

by US Mail _____ List mailing address.

04/08

APPENDIX C

Washington State University IRB

MEMORANDUM

TO: Carol Allen & Deborah Swain
Nursing, ICNE, Spokane (5291)

FROM: Malathi Jandhyala (for) Cindy Corbett, Chair, WSU Institutional Review Board (3140) *DRC*

DATE: 21 June 2005

SUBJECT: Approved Human Subjects Protocol - New Protocol

Your Human Subjects Review Summary Form and additional information provided for the proposal titled "*Evaluating the Peru experience and effects on self-perceived cultural competency of nursing students,*" IRB File Number **8616-a** was reviewed for the protection of the subjects participating in the study. Based on the information received from you, the WSU-IRB **approved** your human subjects protocol on **18 June 2005**.

IRB approval indicates that the study protocol as presented in the Human Subjects Form by the investigator, is designed to adequately protect the subjects participating in the study. This approval does not relieve the investigator from the responsibility of providing continuing attention to ethical considerations involved in the utilization of human subjects participating in the study.

This approval expires on 17 June 2006. If any significant changes are made to the study protocol you must notify the IRB before implementation. Request for modification forms are available online at <http://www.ogrd.wsu.edu/Forms.asp>.

In accordance with federal regulations, this approval letter and a copy of the approved protocol must be kept with any copies of signed consent forms by the principal investigator for THREE years after completion of the project.

Washington State University is covered under Human Subjects Assurance Number FWA00002946 which is on file with the Office for Human Research Protections.

If you have questions, please contact the Institutional Review Board at (509) 335-9661. Any revised materials can be mailed to the Research Compliance Office (Campus Zip 3140), faxed to (509) 335-1676, or in some cases by electronic mail, to irb@mail.wsu.edu.

Review Type: NEW
Review Category: XMT
Date Received: 16 June 2005

OGRD No.: NF
Agency: NA

Dave Clark

From: Dave Clark [drclark@wsu.edu]
Sent: Wednesday, June 22, 2005 6:04 AM
To: 'carola@wsu.edu'
Cc: 'Jamie Murphy'
Subject: WSU IRB #8616; Evaluating the Peru experience and effects on self-perceived culture competence of nursing students and new graduates

Dear Dr. Allen:

The WSU IRB has reviewed and approved your protocol WSU IRB #8616; Evaluating the Peru experience and effects on self-perceived culture competence of nursing students and new graduates. The WSU approval letter will follow in the near future.

Sincerely,

Dave

David R. Clark, MS, MBA
Washington State University
Research Compliance Officer
P.O. Box 643140
Pullman, WA 99164-3140
Phone: (509) 335-1585
Fax: (509) 335-1676

WSU-IRB Human Subjects Review Form

P.I.: Carol Allen, Nursing, ICNE, Spokane (5291)

Title: ~~Cultural Competency~~ *Evaluating the Revu experience and effects on self-perceived cultural competence of nursing students*

Review Category: XMT

Review Type: REC IRB No: 8616

Reviewer Name(s): -Clark

Date Sent to Reviewer(s)

Reviewer's Comments & Questions(attach additional sheets as necessary)

1. Data Confidentiality:

OK

2. Informed Consent Procedures:

OK

3. Risk/Benefit Ratio:

OK

4. Subject Recruitment/Exclusions:

OK

5. Scientific Validity

OK

6. Additional Comments/Special Issues:

Reviewer's Recommendations:

Approve

Defer pending clarification/modification

Defer until rereviewed by:

- Primary & Secondary Reviewer
- Full Board
- Chair
- IRB Coordinator

Deny

Recommended Approval Duration if other than 12 Months 3 6 9 Other

Change Review Category to: Exempt Expedited Full Board

Reviewer's Signature: David Clark Date: 6/18/05

*Please Return to OGRD, (Campus zip 3140/fax 335-1676).

Dave Clark

From: Carol B. Allen [carola@wsu.edu]
Sent: Thursday, June 16, 2005 11:23 AM
To: drclark@wsu.edu
Cc: 'Corbett@Wsu.Edu'
Subject: IRB

I am a colleague of Cindy Corbett's and she told me that the IRB coordinator has gone to India for her father's funeral. I submitted an exempt IRB request yesterday for a project where I need to do the first data collection on 6/27 (it relates to a faculty led trip to Peru to provide health care). I am sorry for the short turn around time it is the best I could do. I also realized I forgot to put a title on it. The title should be "Evaluating the Peru experience and effects on self-perceived cultural competence of nursing students and new graduates. If you have questions please email me or you can call my cell phone (509) 290-3326

Carol B. Allen Ph.D RN
Clinical Associate Professor
Lead Faculty Community Health Nursing
Washington State University College of Nursing/Intercollegiate College of Nursing W 2917
Ft. George Wright Dr.
Spokane, WA 99224-5291
Office: (509)324-7262
FAX: (509) 324-7341
Confusion precedes understanding.

Dave Clark

From: Carol B. Allen [carola@wsu.edu]
Sent: Thursday, June 16, 2005 11:23 AM
To: drclark@wsu.edu
Cc: 'Corbett@Wsu.Edu'
Subject: IRB

Follow Up Flag: Follow up
Flag Status: Completed

I am a colleague of Cindy Corbett's and she told me that the IRB coordinator has gone to India for her father's funeral. I submitted an exempt IRB request yesterday for a project where I need to do the first data collection on 6/27 (it relates to a faculty led trip to Peru to provide health care). I am sorry for the short turn around time it is the best I could do. I also realized I forgot to put a title on it. The title should be "Evaluating the Peru experience and effects on self-perceived cultural competence of nursing students and new graduates. If you have questions please email me or you can call my cell phone (509) 290-3326

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Office: (509)324-7262
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Confusion precedes understanding.

WASHINGTON STATE UNIVERSITY HUMAN SUBJECTS FORM

To receive approval from the WSU Institutional Review Board (IRB) for the use of human subjects, submit the following packet of materials to your department for initial review and signatures. Your department will forward the packet to the IRB for final review and approval. When your packet has been received by the IRB it will be checked for completeness. If not complete, it will be returned with a request for additional materials necessary for the review. To determine the level of review needed for your protocol turn to Section 2, Page 6.

PACKET CHECKLIST

EVERY PACKET MUST INCLUDE THE FOLLOWING MATERIALS.

- | | |
|---|-----|
| 1. Completed and Signed WSU Human Subjects Forms | _x_ |
| 2. Documentation of Consent Procedures (one or more of the following): | |
| a. Consent Form, | _x_ |
| b. Verbal Consent Script, | |
| c. Cover letter. | |
| d. Wavier Request | |
| 3. Any survey instruments or questionnaires to be used. | _x_ |
| 4. A list of interview questions or topics, in as much detail as possible. | __ |
| 5. If you are accessing protected health information (PHI), complete and attach a completed HIPAA Authorization Form & HIPAA Appendix A | __ |
| 6. Any advertisement or recruiting materials | __ |
| 7. Exempt protocols: Signed original | _x_ |
| Expedited Protocols: Signed original and two copies of items 1-5. | __ |
| Full Board Protocols: Signed original and 16 copies of items 1-5. | __ |
| 8. Original must be <u>single-sided</u> and <u>not stapled</u> . Copies may be <u>stapled</u> and <u>double-sided</u> . | __ |

AVOID THE TOP 5 MISTAKES PEOPLE MAKE WHEN SUBMITTING AN APPLICATION!

1. Stating that the data is anonymous when it is actually confidential (See Section 5, Definitions).
2. Not giving enough information as to who will have access to the data.
3. Stating there are no risks to a project. Even though the risks may be low, they need to be listed on the form.
4. The signature page does not have all the required signatures.
5. Consent forms and survey or interview instruments are not attached for review.

REVIEW TIMETABLE

Exempt reviews are reviewed as the packets are received and will take no more than 10 working days for approval once they have arrived at OGRD.

Expedited reviews are reviewed as the packets are received and will take about 12 working days for approval once they have arrived at OGRD.

Full Board reviews will be reviewed at the next monthly meeting of the IRB, if and only if the packets are received at OGRD at least 10 working days prior to the meeting date.

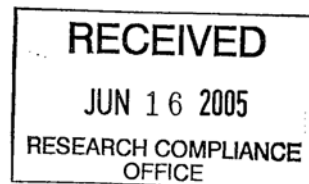
ELECTRONIC VERSIONS OF THIS FORM

Use contact number below to request copy.

WORLD WIDE WEB SITE at www.research-compliance.wsu.edu under **IRB**.

HOW TO CONTACT THE IRB

Phone:	(509) 335-9661, Research Compliance Office
Campus Mail:	campus zip 3140
Fax:	(509) 335-1676
Email:	irb@wsu.edu
Mail:	WSU IRB, PO Box 643140, Pullman, WA, 99164-3140



8016

SECTION 1

PLEASE TYPE. If you use an electronic version of this form, use a different font for your responses. DO NOT leave a question blank. If a question does not apply to your protocol write "n/a."

Principal Investigator(s) (PI): Carol B. Allen and Deborah Swain

Department: Nursing Campus: ICN/Spokane Campus Zip: _____

Campus Building & Room #: ICN Spokane Room 361

Status: Faculty Adjunct Faculty _____ Staff _____ Graduate Student _____ Undergraduate _____

Contact Phone Number: (509) 324-7262 Contact Email Address: carola@wsu.edu

Mail Correspondence To: Carol Allen

Project Title: Evaluating the Peru experience and effects on self-perceived culture competence of nursing students and new graduates.

TYPE OF REVIEW: EXEMPT EXPEDITED _____ FULL BOARD _____

Estimated project start date: 6/27/05 Estimated data collection completion date: 9/27/05

Is there, or will there be extramural funding that directly supports this research? YES _____ NO

If yes, funding agency (s): _____ PI on grant: _____

OGRD# _____

ABSTRACT: Describe the purpose, research design and procedures. Clearly specify what the subjects will do.

This study will evaluate the experiences and self-perceived cultural competency of 18 nursing students and recent graduates at various levels of the ICN program who will be providing community-based care to the people in Iquitos, Peru. This is an exploratory trip in association with People 4 Peru, a non-governmental organization (NGO) that provides health care to poor families and street children in Iquitos, Peru. The purposes of the study are to evaluate student learning from the trip, the suitability of the experience for inclusion as an alternative clinical practice experience in the ICN curriculum, and to evaluate the effects of the experience on participants' self-perceived cultural competency. Two instruments will be used. The Assessment and Evaluation of the Peru Experience (AEPE) is an open-ended investigator designed tool to obtain information about and to evaluate students' preparation for the trip, their experiences during the trip, and the perceived effects of the experiences on the students as persons and on their future nursing practice, as well as the students' evaluation of the suitability of the experience for other students.

The second instrument is the Caffrey Cultural Competency in Healthcare Scale (CCCHS) (Caffrey, Neander, Markle, & Stewart, 2005). The CCCHS is a 28 item self-rating scale, designed to measure self-perceived knowledge, self-awareness, and comfort with cultural competency skills. The authors tested the instrument to compare students who had only classroom cultural competency content, similar to the Diversity course required of all ICN undergraduate students, and students who had the same classroom content and were also involved in an international clinical immersion experience. In a small study (N=44) the test-re-test reliability of the instrument using Cronbach's alpha was .90 to .97.

The study will be explained to the potential participants and written consent (see attached) obtained prior to departure for Peru. Participants will complete the CCCHS prior to arrival in Peru. One month following their return from Peru the participants will receive a copy of the CCCHS and the AEPE via email or US Mail as per their preference. Emailed reminders will be sent to all participants 5 days following distribution of these tools. All instruments will be identified using numbers assigned by the participants. Identifying information on email

or US mail will be destroyed immediately on receipt and instruments will be matched using only participant assigned numbers.

Thematic analysis will be used evaluate qualitative data from the AEPE. Demographic data on both the AEPE and CCCHS will be reported using descriptive statistics. Likert scores from the pre and post CCCHS will be compared using Wilcoxin Matched-Pairs Signed Ranks Test (Huck, Cormier, & Bounds, 1974).

Caffrey, R., Neander, W., Markle, D., & Stewart, B. (2005). Improving the cultural competence of nursing students: Results of integrating cultural content in the curriculum and an international immersion experience. *Journal of Nursing Education* 44(5), 234-40.

Huck, S., Cormier, W., & Bounds, W. (1974). *Reading statistics and research*. New York: Harper and Row.

I. DATA COLLECTION

A. Check the method(s) to be used (underline all items in the columns on the right that apply):

Survey: Administered by: investigator subject mail phone in person internet/email

Interview: one-on-one focus group oral history other

If you are using a survey or doing interviews, submit a copy of the survey items/ interview questions

Observation of Public Behavior: in classroom at public meetings other

Examination of Archived Data or Records: academic medical legal other (briefly describe)

Taste/Sensory Evaluation: food tasting olfactory

Examination of Pathological or Diagnostic Tissue Specimens

Therapeutic: biomedical psychological physical therapy

Experimental: biomedical psychological other

Other: Briefly Describe _____

B. Data: Anonymous ___ Confidential X Intentionally identified ___ (Please See Definitions, Section 5).

C. What form of consent will be obtained? (Please see Section 6 for sample consent and assent templates)

- a. Implied ___ (Please attach cover letter or describe terms.)
- b. Verbal ___ (Please attach consent script.)
- c. Written X (Please attach consent form.)
- d. Seeking Waiver of Consent ___ (Contact the IRB for further information.)
- e. Consent Not Applicable ___ (On a separate page explain why not.)

D. If anonymous or confidential, describe how anonymity or confidentiality will be maintained (e.g., coded to a master list and separated from data, locked cabinet, office, restricted computer, etc.). List all sites where data might be stored.

No individually identifying information is requested on the survey. However, it is possible that the incidents described by students in response to questions might identify the student to the investigators who will be faculty for the trip. Pre-trip CCCHS tools will be placed in an envelope by the student upon completion of the tool. Students will return post trip surveys via email or US mail. For surveys are returned by US mail the mailing envelope will be removed and discarded and the unread survey mixed into the survey file to prevent identification of the individual respondent. Emailed surveys will be detached from identifying email and placed in the survey file. All data will be stored in a locked office in a locked file cabinet or on a password protected computer in the faculty office.

E. Who will have access to the data? Please be specific. The two co-investigators and possibly a graduate student.

F. Will video tapes ___ audio tapes ___ photographs ___ be taken? YES ___ NO X
If yes, where will tapes or photographs be stored?

G. When will all research materials be destroyed?

All materials will be destroyed as soon as the data is analyzed or before June 27, 2006 whichever comes first.

II. DESCRIPTION OF THE POPULATION (See Definitions, Section 5, Page 9)

1. Approximate number: ___ 18 ___ Age Range: ___ 20-40 ___
How will subjects be selected or recruited and how will subjects be approached (or contacted)?

All are ICN students or recent (spring 2005) graduates of ICN who are participating in a faculty led study tour in Peru. Students will be asked to participate in the research and to sign a consent.

2. Will subjects be compensated* (include extra credit)? YES ___ NO X
If yes, how much, when and how. Must they complete the project to be paid?

Study tour is a non-credit bearing activity.

*NOTE: If students will be receiving extra credit for participation, they must be able to complete an alternative assignment for extra credit should they choose not to participate. This assignment must be comparable, with respect to time and effort, as participation in the research.

3. Are any subjects under 18 years of age? YES ___ NO X

4. Are any subjects not legally competent to give consent? YES ___ NO X
If yes, how will consent be obtained? From whom? Are there procedures for gaining assent?
(Please attach assent form.)

5. Will any ethnic group or gender be excluded from the study pool? YES ___ NO X
If yes, please justify the exclusion.

6. Is this study likely to involve any subjects who are not fluent in English? YES ___ NO X
 If yes, please submit both the English and translated versions of consent forms and surveys, if applicable.
7. Does this study involve subjects located outside of the United States? YES ___ NO X
 If yes, on an attached page please explain exactly "who the subjects are," and the identities (if possible) and responsibilities of any additional investigators.
8. Does this study involve the use or creation of protected health information? YES ___ NO X
 (See Section 5 for a definition of protected health information.) If yes, complete and submit HIPAA Appendix A, the HIPAA Authorization Form along with the completed human subjects application.

III. DECEPTION (See Definitions, Section 5, Page 9)

If any deception is required for the validity of this activity, explain why this is necessary. Please include a description of when and how subjects will be debriefed regarding the deception, and **attach a debriefing script**.
 None

V. RISKS AND BENEFITS (See Definitions, Section 5, Page 8)

- A. Describe any potential risks to the subjects, and describe how you will minimize these risks. These include stress, discomfort, social risks (e.g., embarrassment), legal risks, invasion of privacy, and side effects.

There are few risks to participation in the research. Students might feel embarrassed answering one or more of the questions or they might recall bad memories from the trip.

- B. In the event that any of these potential risks occur, how will it be handled (e.g., compensation, counseling, etc.)?
 No specific interventions are required,

- C. Will this study interfere with any subjects' normal routine? YES ___ NO X

D. Describe the expected benefits to the individual subjects and those to society.

Benefits to the individual participant include an opportunity to share their evaluation of the experience and to provide information for planning and implementing similar study programs for other nursing students as part of the ICN curriculum. Publication of results might assist other colleges of nursing in planning and implementing a similar program with a community rather than individual health focus. Society will benefit from the experiences of these students and future trips by having access to nurses with a broad perspective on health problems and increased competency.

E. If blood or other biological specimens will be taken please address the following.

Brief Description of Sampled Tissue(s): _____
Describe the personnel involved and procedure(s) for obtaining the specimen(s). Note that the IRB requires that only trained certified or licensed persons may draw blood. Contact the IRB for more details on this topic.
NONE

V. USE OF DATA COLLECTED (Check all that apply)

1. Thesis/Dissertation
2. Journal Article/Publication/Presentation
3. Grant Activities
4. Other : Briefly Describe: Planning and implementing future international learning opportunities for graduate and undergraduate nursing students. Some results may also be shared with WSU International Programs Staff

VI. PROJECT CHECKLIST (Attach additional pages as necessary.)

A. Will any investigational new drug (IND) be used? YES ___ NO

B. Will any other drugs be used? YES ___ NO

If yes to A or B, on a separate page, list for each drug:

1. the name and manufacturer of the drug,
2. the IND number,
3. the dosage,
4. any side effects or toxicity, and
5. how and by whom it will be administered.

C. Will alcohol be ingested by the subjects? YES ___ NO

If yes, on a separate page, describe what type and how will it be administered. Refer to the guidelines for administration of ethyl alcohol in human experimentation (OGRD Memo No. 18 available at OGRD).

D. Will the proposed research activity be conducted at an outside (non WSU) facility or entity (such as hospitals, clinics, schools, school districts, factories, offices, etc...)? YES ___ NO

If yes, the researcher has an obligation to ensure that the outside entity is aware of the proposed research activity and has no objections (i.e. agrees to participate). By signing this application, the researcher indicates that they will comply with this requirement.

In order to respect the sovereign governments, research to be conducted on Native American tribal lands will require a letter from the Tribal Council (or equivalent authorized signatory) to the WSU IRB acknowledging the research activity and their willingness to allow the proposed activity.

FINANCIAL CONFLICT OF INTEREST

Does the researcher or any other person responsible for the design, conduct, or reporting of this research have an economic interest in or act as an officer or director of any outside entity whose financial interest would reasonably appear to be affected by the research?

YES ___ NO

If yes, please answer the following:

6/15/2005

WSU Human Subjects Form, Page 6

If the economic interest involved is a "significant economic interest" as defined in WSU's Conflict of Interest Policy, has a plan for managing, reducing or eliminating any conflict been established by the Conflict of Interest committee?

YES ___ NO ___

SECTION 2

Is your project EXEMPT?

Exempt Reviews

Federal regulations specify that certain types of research pose very low risks to subjects, and therefore requires minimal review from the IRB. To determine if your project is exempt, answer the following questions.

- | | |
|---|---------------|
| 1. Will subjects be asked to report their own or others' sexual experiences, alcohol or drug use, <u>and</u> will their identities be known to you? | YES__ NO__X__ |
| 2. Are the subjects' data directly or indirectly identifiable, <u>and</u> could these data place subjects at risk (criminal or civil liability), <u>or</u> might they be damaging to subjects' financial standing, employability or reputation? | YES__ NO__X__ |
| 3. Are any subjects confined in a correctional or detention facility? | YES__ NO__X__ |
| 4. Are subjects used who may not be legally competent? | YES__ NO__X__ |
| 5. Are personal records (medical, academic, etc.) used with identifiers <u>and</u> without written consent? | YES__ NO__X__ |
| 6. Will alcohol or drugs be administered? | YES__ NO__X__ |
| 7. Will blood/body fluids be drawn? | YES__ NO__X__ |
| 8. Will specimens obtained from an autopsy be used? | YES__ NO__X__ |
| 9. Will you be using pregnant women <u>by design</u> ? | YES__ NO__X__ |
| 10. Are live fetuses subjects in this research? | YES__ NO__X__ |

If you answered YES to any of the questions above, then your project is NOT exempt, but may still qualify for expedited review (see Section 3, Page 7).

If you answered NO to the questions, your research might be EXEMPT if it fits into one of the following categories.

(Circle or Underline all that apply)

- Educational Research**: Research conducted in established or commonly accepted educational settings, involving normal educational practices. This is for research that is concerned with improving educational practice.
- Surveys, Questionnaires, Interviews, or Observation of Public Behavior**. To meet this exemption, the subject matter must not involve "sensitive" topics, such as criminal or sexual behavior, alcohol or drug use on the part of the subjects, unless they are conducted in a manner that guarantees anonymity for the subjects.
- Surveys, Questionnaires, Interviews or Observation of Public Behavior**. Surveys that involve sensitive information and subjects' identities are known to the researcher may still be exempt if: (1) the subjects are elected to appointed public officials or candidates for public office; or (2) federal statute(s) specify without exception that confidentiality will be maintained throughout the research and thereafter.
- Archival Research**. Research involving the collection or study of existing data, documents, records, pathological or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects. These data/samples must be preexisting, which means they were collected prior to the current project.
- Research Examining Public Benefit or Public Service Programs**. To qualify for this exemption, the research must also be conducted by or subject to review by an authorized representative of the program in question. Studies in this category are still exempt if they use pregnant women by design and their purpose is to examine benefit programs specifically for pregnant women.
- Taste Evaluation Research**. Studies of taste and food quality evaluation. Studies of taste evaluation qualify for this exemption only if (1) wholesome foods without additives are consumed; or (2) if a food is consumed that contains a food ingredient at or below the level of and for a use found to be safe.

FINAL QUESTION: Are any subjects under 18 years of age? YES__ NO__X__

If your study uses subjects under 18 years of age, and you plan to use surveys, questionnaires or do interviews, then your project is NOT exempt. All other exemptions apply even if subjects are under the age of 18.

If you answered NO to the questions and your study fits into one of the six categories, then your project is EXEMPT.

INVESTIGATOR'S ASSURANCES

This investigation involves the use of human subjects. I understand the university's policy concerning research involving human subjects and I agree...

1. ...to obtain voluntary and informed consent of persons who will participate in this study, as required by the IRB.
2. ...to report to the IRB any adverse effects on subjects which become apparent during the course of, or as a result of, the activities of the investigators.
3. ...to cooperate with members of the IRB charged with review of this project, and to give progress reports as required by the IRB.
4. ...to obtain prior approval from the IRB before amending or altering the project or before implementing changes in the approved consent form.
5. ...to maintain documentation of IRB approval, consent forms and/or procedures together with the data for at least three years after the project has been completed.
6. ...to treat subjects in the manner specified on this form.

Principal Investigator: The information provided in this form is accurate and the project will be conducted in accordance with the above assurances.

Signature Carol B. Allen Print Name Carol B. Allen Date 6/12/05

Faculty Sponsor: (If P.I. is a student.) The information provided in this form is accurate and the project will be conducted in accordance with the above assurances.

Signature _____ Print Name _____ Date _____

Chair, Director or Dean: This project will be conducted in accordance with the above assurances.

Signature Mel Haberman Print Name Mel Haberman Date 6/15/05

When Section 1 is filled out and fully signed, review the Packet Checklist (Page 1) to complete the packet for review and submission.

Institutional Review Board: These assurances are acceptable and this project has adequate protections for subjects. This project has been properly reviewed and filed, and is in compliance with federal, state, and university regulations.

Signature _____ Print Name _____ Date _____

IRB ONLY: This protocol has been given- Exempt___ Expedited___ Full Board___ status.