



**NCSBN**  
Leading Regulatory Excellence

***2018 NCSBN Scientific Symposium - Education: International Clinical Experiences for Required Clinical Contact Hours: What is Happening in U.S. Schools of Nursing? Video Transcript***

©2018 National Council of State Boards of Nursing, Inc.

**Event**

2018 NCSBN Scientific Symposium

More info: <https://www.ncsbn.org/12009.htm>

**Presenter**

Tamara McKinnon, DNP, RN, APHN, San Jose State University Research Foundation

- [Dr. McKinnon] All right. Well, first, before I get started, I'd like to learn a little bit about why you're sitting there. And maybe it's because you wanted to hear these fine folks and you didn't want to embarrass me by walking out.

But who among you are educators? Okay. Great. Deans or directors of schools of Nursing? If so, this may look a little bit familiar to you, and I'll talk about that in a moment. Anyone here have a global program in their School of Nursing? Yes, I know you do.

Great. Anyone interested in developing a global program in your school of nursing? Wonderful. How about regulators? All right. Within your state, do you...? Let me phrase this very carefully.

Are there rules around global programs for credit toward major in schools of nursing? Okay. Good. Well, we're going to talk about that. The purpose of this project was to describe the nature of international clinical experiences. This is an unfortunate acronym, especially for me because I'm from California, but I'm going to use it.

And I just realized this when I was practicing, but I'll call it I-C-E instead of ICE. How's that? So "ICE, for credit toward major in U.S. schools of nursing and to describe the schools' understanding of their state boards regulations related to these programs." All right. Just a quick synopsis of what you're going to hear this afternoon, so the survey was sent to administrators, deans, and/or directors of all pre-licensure programs in the U.S.

About one-quarter of the 900 respondents indicated that their programs included ICE, which were primarily offered as elective or capstone courses in the junior or senior year. About 89, or about, exactly 89 of 900 schools indicated that ICE could be applied to required clinical hours.

And we're going to get to this in a moment. Our research also indicated that more education and greater clarity regarding rules and regulations related to these experiences is needed. And that understanding similarities across boards of nursing will help nursing school program directors, faculty, and individual boards of nursing as they develop or expand this important pedagogical opportunity.

This name should look familiar to you. So, the keynote speaker this morning, Ronda, asked us who had participated in productive teams. And I think she said, 40% of us raised our hands. Well, I raised my hand because these names may look familiar to you.

Our team consists of Dr. Angie McNelis from George Washington University, Joyce Fitzpatrick from Case Western, and our wonderful intern, Kathleen de Leon who's in the doctoral program at UCSF. It's an incredible team. This research is one of many projects that we have worked on together and we continue to work together.

But I really want to acknowledge and thank the National Council, and Nancy, in particular, and Mary Ann for funding our research. Ronda also talked about, I had to write it down so I didn't misquote her, "shaking things up a little bit," right? She talked about that several times. And we're really looking at something that hasn't been looked at before very intensively, and it's something that is really important to us as a profession and as educators.

So I wanted to start by talking about why this is an important topic. Well, it's important because we say we value this, right? Let's see. The code of ethics for nursing speaks about the need for our profession to address both national and global health concerns.

So we say we value it. *The Essentials of Baccalaureate Education* speak about teaching within the context of the global environment. American colleges and universities talk about global learning as important. And this is not specific to nursing, but we talked about things like cultural competency, interprofessional care, critical thinking, these are all things that have been demonstrated to be results of global service learning.

Also, AACN talks about the significance of participating in a cultural immersion experience. And as you mentioned around the corner or across the globe, and we're specifically talking about across the globe here in the context of these global programs. So our research, and I'll talk in a moment about some earlier research that I did with Angie McNelis from GW, is really looking at matching our school of nursing activities with our stated professional values.

Back in 2011, Angie and I embarked on a research project that was sponsored by the National League for Nursing. And we looked at driving forces, obstacles, and opportunities around global service-learning programs.

We surveyed and got results from 487 schools of nursing. And this really sets the stage for the research that we just completed that was funded by the National Council, so it's important to mention this to provide context. This is what we learned about driving forces and obstacles.

Driving forces. Those of you that raised your hands and said that you might be interested in developing programs, these probably look familiar to you. Participant outcomes. These programs are of benefit to our students. And we can talk more about that. Service to the partner community is often a driving force as is achievement of school of nursing objectives.

Most of us have in our mission vision, a commitment to developing global citizens. Anybody here have that in their mission vision for their school of nursing? I'm at a community college now and we do, and I know you do as well. What got in the way of schools developing this program include things like cost and time, a lack of a standardized and readily available curriculum, logistics and development, and finally, concerns around health and safety.

What we learned from that study is the fact that the "provision of credit toward major emerged as the most impactful opportunity related to development of international clinical experiences," because provision of credit toward major addresses cost and time, curriculum, and logistics.

In other words, when you have a program that's an add-on, when students can go over the summer and do a global program, it's more money, it's time that does not count toward their nursing degree, and also, faculty are doing this as an add-on as well. So when you do it as a credit toward major program, it addresses the majority of these obstacles.

So using the nursing process, we took that information and we said, "What are the next set of questions that we need to ask?" And that's what we did with this study. We needed to know what, when, where, and how ICEs occur because we don't know that at this point. And we needed data to drive decisions about ICE and required clinical hours.

So the aim of this study was twofold. One, to describe the nature of ICE for credit toward major in U.S. schools of nursing. And number two, to obtain information about U.S. school of nursing faculty's understanding of their state board of nursing regulations regarding ICE.

So we're clear about those two? Pretty straightforward, but again, this is very early research because this has really not been looked at. So what we were able to do is really get a snapshot of what is happening in schools of nursing around the country related to ICE. We did a pilot survey. We piloted this survey with 12 schools of nursing and we got some very significant and robust feedback and that helped to inform our final survey.

We were very proud of our little PR, you can see her there. So we passed this sheet around at many nursing conferences around the country to let people know that they were going to see this survey in their email. And you'll understand a little bit more about this when you see the percentage of results that we got of responses.

But we're no fools we, instead of saying, "This is Dr. Tamara McKinnon asking you to complete the survey," we said, "We are part of an NCSBN-funded survey, and we put that right at the beginning of the email. And we got some really good results. We sent a study, or excuse me, the survey to 2,015 deans or directors in the United States.

At that point, that was every school of nursing in this country. We had to compile that list. And Kathleen de Leon, our research assistant, our intern, did an incredible job with that. So if you're wondering how many schools of nursing, at least back in 2016, this is the number.

We got a 44.6% response rate, which is very high, but we did a lot of work to get that number because we really needed a robust sample size to give us that snapshot. Two hundred and forty-one schools indicated that their pre-licensure program allowed for ICE.

And I'll drill that down a little bit more in a moment. Of the programs offering ICE, the pre-licensure BSN or generic traditional comprised about 47%, accelerated programs, 21%, associate degree and master's entry respectively are 10% each.

So 241 said, "Yes, we have an international clinical experience." Of those, 168 said, "they count toward our nursing program," right? But what we're finding is that, right here, the 24.1% said it counts toward our nursing program, but it doesn't count for the board of nursing required clinical hours.

So I teach at a State University. We are not allowed to add units or any kind of credit, so we couldn't possibly do this. we couldn't add something on, and then add it to say, our community health rotation and have it be considered a clinical experience toward credit, toward major.

So this was a finding that we probably, in the future, we'll do a little more investigation about, but I think that's very significant. So, 21% said, "Yes, we can use those hours, but only some of them toward our board of nursing approved hours." And then, this is the number that I presented at the beginning here, 89 responded that all of their hours can be applied toward required BON clinical hours.

That's a very substantive slide right there, and this was sort of the very first question that we wanted to get answered. What level of student engage in ICE? Well, you can see, primarily, senior and junior-level students, very few sophomore, very few freshmen, and other.

And I have the information on that if you're interested, but overwhelmingly, senior and junior-level students. Our course objectives modified based on location, this is a significant issue, and I think it's very significant for the board as well. Most programs indicated their course learning objectives were not modified based on location, and 14 responded that they're not modified, but students meet them in different ways.

I know, for my school of nursing, we're not really allowed to modify our course objectives unless we go through curriculum committee, so this really makes a lot of sense. Dr. Hughes this morning, also talked about the significance of geography, right? She talked about these boundaries, these real and perceived boundaries.

And there's a little bit of that, I think, referenced here. They're not modified but you're meeting them in different ways. "Where in the curriculum do these ICEs occur?" Not surprisingly, primarily in community health. Even interestingly in associate programs, there were some that indicated in their community health areas.

Then we also see some clusters in the MedSurg, OB, and pediatric right here. And then another cluster under leadership, Geri, and fundamentals. But this is very significant to understand where these programs exist. Who's teaching the ICE programs? Faculty from our school of nursing, 75%.

Very few hire folks from the partner school of nursing. And about 19% have a partnership between their faculty and the community that they're working in. Other, and I'll go into that a little bit more, but there are vendors that actually provide these services and offer them to schools of nursing.

What is required of your faculty teaching ICEs? Select all that apply. So, you can see here, this is pretty self-explanatory. This is something we're going to come back to in a moment. Training in international program leadership, and we got some really good data there. And I like to think about who's teaching in your pediatric specialty.

And this is a significant number, right? If we said 28 out of 158 or 168 have specialty training in pediatrics, that would be a problem, wouldn't it? So, again, this is early research, but it's interesting that the folks that are teaching ICE don't necessarily have specialized training in that. What are the relationships and agreements with global sites?

So a formal MOU exists in virtually all of these programs. And this I can tell you anecdotally, and this is also backed up with our research, and you can all probably agree with this, these programs are developed because I, Tammy at Cabrillo College, know somebody in Ireland, and I'm going to develop a program in Ireland.

Or I, Tammy, an alumni of the school of nursing, knows someone in Guatemala, and therefore, that's where our students are going to go and that's where we're going to have our clinical experience. So overwhelmingly, these programs exist because of a relationship that existed before, right? We re-examined barriers to ICE within the context of the credit toward major.

Also, some very significant results. We don't know how to go about developing an international program, over a third of respondents let us know that that's the case for them. We had a lot of... And this, I apologize, this slide didn't align exactly in the translation from my Mac.

But basically, people were saying, "We'd like to do it but we don't know how," or "We'd like to do it but we don't think that our administration would support it." That's an important part of the snapshot of where we are. What parameters and requirements have been delineated by your board of nursing related to ICE in order for them to count for credit toward major?

So here you see something that we're looking at as we begin to look at some potential standards for programs. Faculty need to be on-site and students need to meet objectives, And I think this is really critical, international clinical experiences must transfer to the provision of safe care in the U.S. School of nursing perceptions, I see I have only five minutes, and I want to make sure I have time for questions.

So I want to get to two more really important slides. Required prep for faculty and students. To go on an ICE, schools tell us that 73% of them require their students to do extra classes. How many require faculty to do extra classes? Twenty-seven percent. Excuse me, so it was 67% of students and 27% required that of their faculty.

Because of the previous work that we've done, we can safely say this is not because they don't see the value in it, but because those programs don't necessarily exist, so we're working on doing something about that. How do you prepare faculty to lead these programs? And I want to quickly get to the qualitative responses and that will bring us to the end, and I think we'll have some time for questions.

We are currently analyzing the qualitative responses, but we did include some in our presentation because I think they're very telling. And what they're telling us is that there's some confusion about what is allowed and what is not allowed. And we know from our results that within two states, we had two different groups of people saying, "We've asked, and yes, we can do it. We've asked, and no, we cannot do it."

But people are really asking one another rather than asking their boards, or not necessarily even going to the Board of Nursing website. People call me all the time and ask me if they can do it and I let them know that they need to call their Board of Nursing. So you'll see that reflected in the qualitative responses. But also I think, you know, this is what we're looking at, is that more and more schools are interested in doing this, but they need a bit of direction, and we need some standards, and we need to know how we move forward.

And that brings us to our next steps. And I think I'm just in time if I'm not mistaken. Okay. And I'd love to hear some feedback and any questions that you may have about this topic. - [Woman 1] Thank you for this research.

And I think you're right, it's very early and very groundbreaking, and I think programs are really needed. My question is about the programs and concern whether their Board of Nursing [inaudible].

- Right.

- So [inaudible] education recorded survey of the Board of Nursing. And I know there's a lot of misunderstanding, we get these questions. Well, we know you guys don't allow this. So I guess you do. I really don't call them international clinical experiences but you have to treat them like you do any other clinical experience, the same rules apply.

- So, there's nothing that says you can't do that. And so, I'm wondering...

- [crosstalk].

- We're in Ohio.

- Ohio. Oh, yes, with Dr. Fitzpatrick. Right. Yes.

- We've heard different things from the same groups because we get the same thing. So I'm wondering if you were able to look back at what states actually allow versus what their program's perception is of what they allow.

- Right. It's a great question. And I know Dr. Fitzpatrick, who, of course, is from Ohio, would be very happy that you asked that question. And we went back and forth about who we should be asking this question of. But in addition to asking about their understanding, we also wanted to understand what are you doing right now, what is happening? We wanted that snapshot.

We did do what I'll call a spot check, and we did look at various Board of Nursing websites. And we found that some very clearly stated, you know, that these are the parameters for our clinical experiences while others did not. So that will probably be our next round of research, and that's pretty straightforward and pretty simple to do.

We've already begun to do that on a very small scale. It's kind of a chicken and egg thing, isn't it, right? We wanted to know, first of all, so that we could go to the boards and say whether or not people were even interested in this. Is this something that we ought to be looking at in terms of setting standards and things like that, right? So it's a great question, and it's something that we will be looking at very soon.

But I think that this research will really inform the way we're able to ask these questions. Yeah, great question. - [Woman 2] Well, [inaudible] from GW again.

- Oh, yeah.

- So, we have a study that we're doing in medicine that I think is sort of interesting and might be plausible to reproduce for nursing in relation to ICE. And it's work that was done on the imprinting effect of residencies on the subsequent practice patterns of physicians.

And in this case, we're looking at high-value and low-value practice patterns, but one could look at where one practices primary care versus something else, or whether they practice in hypnos or whatever. But the concept is, where you go to school and what you do at school affects what's going to happen after. And it seems to me that the existence of these programs, the ICE, is a nice contained variable that if we had the ability to track people over time, it'd be really interesting to see if this has a lasting effect on the practice of those nurses that have had the experience.

And I suspect that it does, and I suspect that's why you're interested in it, but it'd be super to actually prove it.

- Yes. It's like I planted these questions but you're exactly right. And I want to research all those things. And you're right that we're really starting at the ground level, particularly as it relates to the credit toward major, I think. We all, anecdotally, I can say, you saw a lovely picture of me on one of the global trips, but anyone that's been involved in these programs knows at a very visceral level that they forever change not only us but our students in a very positive way.

We have yet to really prove that within nursing. And there are various studies. And actually, Dr. Fitzpatrick, and Dr. McNelis, and I are looking at that as another possible next step in comparing and contrasting around the corner, across the globe, immersion experiences. I can tell you that I have had faculty tell students, "Don't do that international program for your leadership or preceptorship, you'll never get a job."

I have had faculty say that because they don't value it. Well, they don't value it because I haven't proven the value to them, right? That's my job. But I will also say that every single one of the students that I take on these programs will call me before and after the job interview and say, "This made me stand out. I could speak to, you know?"

I looked at the hospital's mission and vision about working with vulnerable populations or marginalized populations. I went on, you know, I participated on this ethical evidence-based program and I had the experience of being the other. That's never going to leave me, I'm going to be a better nurse because of it. But I haven't proven that yet, it's part of my job. So you're exactly right.

And I think there's so much, and that's, again, why it's this very ground-level research and there's so much to be done from this point. But thank you for bringing that up, it's a really good point. - [Woman 3] We have time for one more question if there is one.

- Yeah.

- Thank you, Tamara.

- Yes, thank you. - [Woman 4] You know, one of the things I think we would be interested in knowing more about is the content of those clinical experiences. Are they observational? Are they hands-on? What is the oversight, you know?

What is the role of faculty? Is it in the international setting or is it faculty that come from the U.S. that oversee it? I mean, there's a lot of detail that I think Boards of Nursing need to know before all of them cross the board would write something in their regulations.

- Right. Right. And we did touch on that a little bit with the 75% of programs indicated that with their faculty the course objectives are not changed. But in terms of what's happening onsite, we did delve a little bit into that. And when we talk about international clinical experiences, these were all equivalent, if you will, in terms of number of hours, hands-on.

If it's community, that hands-on might look a little bit different. So we have some of that information, and I think this is foundational for obtaining even more of that information. Yes. - [Woman 5] And so, some of them will be good in the... Tamara is gonna be doing a proper [inaudible].

That will be good in combination.

- Yeah, great. Thank you so much. I appreciate your time.