

SHOULD EXPERIENCES ABROAD COUNT TOWARD FULFILLMENT OF NP STUDENTS' CLINICAL TRAINING REQUIREMENTS?

As a Peace Corps volunteer traveling in Brazil in the 1980s, I spent some time with a group of Swiss student physicians who were there doing a work experience as a required part of their training. They seemed somewhat incredulous that I would do something along the same lines for much longer and without any requirement. No doubt we were all learning things we wouldn't have learned had we stayed home, and that's a good thing for anyone in a caring profession. Experiences abroad are not required in nurse practitioner (NP) programs, but they are increasingly popular. Should hours spent in those experiences count toward fulfillment of NP clinical training requirements? In another in our occasional series on international work, 2 authors consider this topic in this issue of *JNP*.



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SUPPORT FOR COUNTING EXPERIENCES ABROAD

National organizations have called for professional health care education to include international experiences so providers gain a global perspective. According to the National Organization of Nurse Practitioner Faculties, NPs are expected to “evaluate the impact of globalization on health care policy development.” The diversity of our nation continues to increase. Understanding the world from which our patients come is the best way to ensure the provision of appropriate care.

How is this accomplished? Inspiring someone to care globally can be a challenge, especially for NP students already overwhelmed with educational requirements. Learning from books or slide shows is not effective. Even casual travel to resource-poor areas may not work, because tourists rarely see the daily life of inhabitants. Arguably the best way is for NP students to participate in well-planned, short-term health care experiences linked to ongoing services.

NPs must choose their experience carefully. All too often, trainees swoop in, give out medications, and leave.

This kind of experience can do more harm than good. NPs should search for an organization that is integrated into the local health care system, has measurable objectives, evaluates its impact, and focuses on sustainability. For example, half of the population of Honduras lives in rural, often remote, locations. But there are more than 1,000 government-run rural clinics and an equal number of private clinics. Most clinics are staffed by nurses or community health workers who welcome assistance. US organizations work in or through these clinics, determining which services are most needed, assessing reasonable follow-up, and providing education.

Participating in programs sponsored by responsible organizations helps to guarantee a positive impact and that, in addition to providing care, NP students will learn from the experience. Time spent working in these experiences abroad is invaluable and should count toward fulfillment of clinical training requirements for NPs.

WHAT IS YOUR VIEW ON THIS TOPIC?

Point/Counterpoint offers thought-provoking topics relevant to nurse practitioners in every issue of JNP. Two authors present thoughtful but opposing viewpoints on current subjects, from scope of practice and regulations to work ethics and care practices. Your opinion on these matters is also important, so go to www.npjjournal.org or scan the QR code here to register your vote for either side of each topic. Comments or suggestions for future columns should be sent to Department Editor Donald Gardenier at jnppceditor@gmail.com.



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RATIONALE AGAINST COUNTING EXPERIENCES ABROAD

Short-term experiences abroad can be difficult for NP students to fit into their busy schedules. Nevertheless, experiences abroad are increasingly popular, and students frequently request that the experiences be used to fulfill credit toward their advanced practice degree.

Granting formal credit hours for these experiences might seem like the right thing to do. Looking deeper, however, experiences are often sponsored by agencies other than colleges or universities that lack oversight and educational standards. Students may be placed in unsafe or ethically compromised situations, function in roles beyond their training, or end up in situations that do not promote the academic philosophy or good practices of their educational institution. Local populations could be harmed rather than helped by inadequately prepared providers or poorly managed programs.

Any short-term clinical experience that is used to fulfill academic requirements for NPs, whether in the US or abroad, should be carefully evaluated and monitored to meet established criteria and maintain

standards. In addition to meeting educational requirements, experiences must demonstrate protection of both the students and the population to which service is rendered through the provision of standards, adequate faculty, and resources, and mechanisms to monitor quality and outcomes. One way to ensure the quality of international educational experiences would be through an accreditation process in which quality standards would be set and evaluated by an outside accrediting agency. The Institute for International Medicine (<http://inmed.us/>) has recently begun offering accreditation to international health care programs that offer a clinical site experiences.

An academic institution should grant credit hours for experiences abroad only if the quality of the experience can be quantified, preferably through a formal accreditation process. In this way, practice experiences abroad would protect the host country population being served and the NP student participants, while ensuring a quality educational experience.

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