A thematic analysis and a reflective description of the experience of nursing, midwifery and paramedic students on a short-term mobility community health placement in Vietnam

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Internationalisation of the curriculum, work integrated learning (WIL) and inter-professional education are priorities for health professional education at Flinders University. Fourteen students studying Nursing (4), Midwifery (2) and Paramedics (8) completed a three week primary health care placement in Vietnam. The students were immersed in cultural activities and professional practice in a different health care system and provided basic health care and education in hospitals, rural clinics and schools which facilitated their clinical assessment and problem-solving skills. The students were presented with opportunities to practise skills in cross-cultural communication and culturally safe practices with this community which upon their return were able to be translated into their practice setting.

A brief review of the literature identified a paucity of research combining work integrated learning, inter-professional education and study mobility. Data was collected from the reflective journals kept by the students which described their insight into their learning experiences during their placement. A thematic analysis revealed the environment, communication, culture, resources, education, group dynamics, politics and personal development were important key experiences. This paper provides insight into student learning outcomes from an overseas community health placement and extends our knowledge about WIL with an international partner.

Keywords: International work integrated learning opportunities, inter-professional education, building student capacity

INTRODUCTION

Internationalisation of the curriculum, work integrated learning (WIL) and inter-professional education are priorities for health professional education at Flinders University. Fourteen students studying Nursing (4), Midwifery (2) and Paramedics (8) completed a three week primary health care placement in Vietnam. The students, accompanied by two academic staff, local educational tour guide and interpreters were immersed in cultural activities and professional practice in a different health care system, providing basic health care and education in hospitals, rural clinics and schools which enriched their clinical assessment and problem solving skills. The students were presented with opportunities to practise skills in cross cultural communication and culturally safe practices which upon their return were able to be translated into their practice setting.

This study is important as it provides insight into the student perspectives about their learning experiences when undertaking an international, inter-professional work integrated placement. A review of the literature has identified that, while there has been research on work integrated learning, inter-professional education and study abroad programs, there appears to be limited research on bringing these concepts together. By investigating the synergistic effect of combining these three concepts in one experience, universities will be better positioned to provide more high quality international learning opportunities to supplement local placements.

A thematic analysis of student interviews and journal entries revealed the environment, communication, culture, resources, education, group dynamics, politics and personal development were important key experiences. This paper provides insight into student learning outcomes from an overseas community health placement and extends our knowledge about WIL with an international partner.

LITERATURE REVIEW

Short term mobility or ‘study abroad’ programs enable students to participate in an international placement as part of their higher education experience, enabling the student to be engaged in ‘work integrated learning’ whereby they are able to translate their developing skills in an international practice setting (Patrick et al. 2008). Pedagogically, the
International work integrated placement is founded on an internationalised curriculum and inter-professional practice as well as the attainment of various graduate qualities, such as the ability to connect across boundaries, collaborate, communicate and apply knowledge (Crossman & Clarke 2010, Flinders University 2007). In developing short term mobility programs, Gonsalvez (2013) identifies a number of key essential elements which include a well-planned program with explicit links to academic content; local community engagement; student group interactions and close monitoring while on placement.

In the Australian higher education context, international short term mobility study abroad programs are promoted and financially assisted by the Federal Government (Commonwealth of Australia 2010). The government promotes these experiences as being beneficial to the student through the exposure to different teaching styles, meeting other students, lasting benefits for personal growth, self-confidence and independence (Commonwealth of Australia 2010).

When determining the outcomes of the experience, the best way in which to measure the short and long term benefits to students, beneficiaries and stakeholders remains unclear. For students, the experience offers the ability to develop global awareness, cultural competence, self-confidence, leadership and lifelong learning skills (Mawji et al. 2014; Delpech 2013; Malick & Potts 2013; Jones, Neubrander & Huff 2012). It has also been demonstrated to improve their academic results after their return and increase the likelihood of graduation (Malicki & Potts 2013).

Whilst there is international literature available, limited research exists about the Australian inter-professional health student experience and placement in the Asia Pacific region thus leading to the focus of this study.

**METHODS**

A qualitative study design was used to describe the student experiences and reflections relating to an inter-professional community health placement in Vietnam. Ethics approval was received from the Flinders University Social and Behavioural Research Ethics Committee.

A semi-structured face-to-face interview with 14 students was facilitated prior to the placement to enable the researchers to ascertain the expectations of the students and their previous travel experience. After the placement seven participants were interviewed face-to-face or by phone and asked to compare and contrast their reflections having completed their trip. An additional source of in-depth data was obtained from reflective journals kept by seven of the participants. The journals afforded an insight into their experiences providing a significant component of the research data. The interview transcripts and reflective journals were read and analysed for emergent themes, words or ideas which described the community placement experience.

The data was separated into three main categories; ‘prior to departure’, ‘during study tour’ and ‘post study tour’. Data was analysed manually for key themes and major points in each of the three categories, which were then distilled into a final list of important key learning experiences for the students. The final identified themes were; the environment, communication, culture, resources, education, group dynamics, politics and personal development.

**FINDINGS**

**Environment**

Most students mentioned that coping with the climate in Vietnam was challenging, and whilst the humid tropical heat was expected, the freezing climate in the rural clinics was not. Students noted that the cold temperature may have been a significant contributor to the rate of illness which spread throughout most of the group and also its impact on the health of patients. Following the assessment of a male patient, Student 5 noted that oesophageal burning and stomach pain symptoms were more pronounced with the cold weather and eating spicy food. Through questioning the student ascertained that he drank more alcohol to keep warm in winter which seemed “a reoccurring trend in this community”.

A number of students noted that other environmental difficulties related to humidity, rainfall and mud had a negative impact on travel, access to clinics and cleanliness.
**Communication**

Difficulties arising from language and communication issues primarily related to cultural confusion or miscommunication between the Australian group and Vietnamese hosts, guides, clinicians or locals were identified in student journals. Having better protocols and access to communication channels, especially to contact home was considered essential by one student.

Debriefing as a group on a regular basis was identified as being important for students to communicate about their experiences and learning throughout the international program. Student 6 identified that a debrief with the students, academics and clinical health staff in response to students being told they were ‘too slow’, highlighted the difference between local and students history questioning techniques and resulted in a clinic nurse participating in patient assessments.

**Culture**

Students developed a greater cultural awareness from their trip to Vietnam. The cultural difference between the role of the nurse and midwife in Australia and Vietnam caused some difficulties for both students and local clinicians. Students found that the role of the patient’s family in regular personal care activities of the patients, challenging at times as in Australia this is usually the role of the nurse. A student reflected on this practice as follows:

Parents are the ones that do all the care for the children in the hospital – including feeding (supply of food), bathing, etc. This to me is the role of the nurse because this is what we do in Australia – although it does make sense to do it this way so the children are kept comforted by their parents (Student 2)

Students learnt about the Vietnamese health care system and the different standards of health care and issues relating to both urban and rural populations. The outcome of this education broke down stereotypes of Vietnamese patients and allowed students to accept people as they are without the influence of preconceived cultural expectations. From this, students were also better able to consider the cultural, religious and historical factors involved in health care, thus making them less judgemental of other health beliefs in Australia. Furthermore a better understanding of the perspective of someone who feels completely foreign and isolated in Australia was developed, given that in Vietnam the students were the isolated ones. Students were better able to understand the values evident in Vietnam, particularly those related to “family, hard work and achieving aspirations, modesty and honesty” (Student 1).

Students also found coping with and adapting to conditions in Vietnam difficult at times. This included learning to deal with beggars, sellers and haggling, traffic conditions and the general level of poverty.

**Resources**

Practical difficulties arose from issues related to resources, such as limited or unreliable electricity (especially in rural areas), unavailability of plumbing for showering and clothes washing facilities limited to the use of a bucket. Students were challenged in their delivery of patient care due to lack of clinical equipment and consumables as evident in the following quote by Student 7 who identified “the antiquated methods and tools in use here. The hospital is obviously limited by funding”.

Students were also distressed by the poor conditions in the orphanage specifically the poor conditions of living spaces, buildings, insulation against weather, lack of hygiene and resources.

**Education**

The ratio of academic staff, translators and students presented logistical problems in relation to ensuring students were well supervised and gained appropriate learning experiences. This was particularly evident with students undertaking clinical experiences in different hospital wards given the differences in language and health care delivery. Whilst this was further complicated by the inter-professional nature of the student cohort and their individual interests within these discipline groups, the students were nevertheless actively encouraged to work across disciplines providing them with diverse learning opportunities and insight into different models of care. Student 6 stated that having a mix of paramedic, nursing and midwifery students in their paediatric assessment team
meant that “we had a great scope of knowledge between us” while another student identified that “it was a great chance to see how they [the midwifery students] worked and start seeing some patients” (Student 7).

The international placement better enabled students to appreciate the importance of Australian clinical and professional standards in relation to patient care, occupational health and safety (i.e. sharps disposal, personal protective equipment) and showing respect and empathy for patients.

**Group dynamics**

Despite students recognising the value of learning from the different disciplines, students also noted that at times it was difficult to work within a group, especially in the primary health clinics. These problems included practical issues such as exhaustion, illness, homesickness and some students found it difficult to cope with different discipline and health assessment styles within their groups. This was heightened by the diversity in age, year of study, life experience and confidence levels within the student clinical working groups.

**Politics**

Students were exposed to the history and politics of Vietnam prior to departure as part of their preparation activities however the reality of the political effects on individual health was more apparent to students when immersed in health service provision in country. The effect of trying to work without electricity raised concerns for students who noted “the government has the power to switch off the electricity when they want” (Student 6)

Students learnt about the Vietnam War from the Vietnamese perspective which some students found ‘confronting’ (Student 1) whilst others find it confusing due to contradictions with their previous knowledge of the war (Student 3 and 4).

**Personal development**

An often-unexpected outcome of both domestic and international work integrated learning experiences is the growth and development of the individual student from the experience gained. As one student stated:

> I have already found that my confidence within the clinics has increased hugely since yesterday…. I felt proud of myself for having that instinct and following it through and believing in myself (Student 2)

Whilst academics recognise that personal development opportunities for students are a key focus of any work integrated learning experience, the students are often surprised:

> … this week has felt more like a month with physical, mental and emotional stress, pain and growth. But I leave with no regrets. (Student 6)

> Today is one I’m likely never to forget! Challenge, perseverance, friendship and serenity. Touché Vietnam! (Student 1)

This personal growth and development is however difficult to quantify in terms of its value to future employers.

**CONCLUSION**

This study provided insight into student learning outcomes from an overseas community health placement and extends our knowledge about work integrated learning (WIL) with an international partner. In keeping with contemporary issues of WIL, student safety, support and academic standards remain critical to a positive student learning experience in an international context.

Additional student safety considerations such as international travel advice, occupational and safety standards and awareness of potential local hazards (i.e. traffic) add to the planning and organisation requirements for a successful international WIL experience.

Student support is required at every stage of any international WIL experience requiring appropriate consideration of staff/student ratio’s the use of interpreters and the development of processes to enable debriefing, reflections and resolution of group dynamic issues.
Ensuring appropriate academic rigour and professional standards are achieved is significant for all WIL placements. In the international context this is dependent upon high quality relationships with the international partner(s) and ‘a truly integrated approach to learning through a combination of academic and work-related activities’ (Flinders University, 2014).

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