


Chapter 5

Facilitating International Healthcare Experiences: A Guide for Faculty, Administrators, and Healthcare Providers

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ABSTRACT

International healthcare experiences (IHEs) provide opportunities for students to experience healthcare in unfamiliar and sometimes challenging settings. Students have reported multiple benefits through completion of IHEs including increased personal and professional development, increased cultural sensitivity, and increased self-awareness and self-confidence. While many benefits have been noted, there are also many challenges in developing, implementing, and sustaining IHEs including financial considerations, safety concerns, and apprehensions regarding the impact the IHE is having on foreign patients and healthcare workers. This chapter's aim is to summarize the currently available literature on IHEs and to provide subjective reflections from students and international colleagues associated with IHEs connected to the authors' institutions.

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INTRODUCTION

Interest in global health among health professions students has increased considerably over the past two decades. It was relatively rare for United States (US) students to study overseas until the 1960s (Bruno & Imperato, 2015). However, the explosion of new technology and travel modalities over the last few decades have made it much easier to communicate and interact with people and places that were previously unreachable. Fortunately, there are growing opportunities for health professions students to study or train abroad and this chapter will focus on international healthcare experiences (IHEs) for US students training in health professions programs due to the authors' involvement with multiple US-based programs.

BACKGROUND

The healthcare education literature is replete with articles extoling the benefits of student participation on IHEs (Hampton et al., 2014; Smith-Miller, Leak, Harlan, Dieckmann, & Sherwood, 2010; Thompson, Huntington, Hunt, Pinsky, & Brodie, 2003). Students' reasons for participating in IHEs are varied, but are often chosen for altruistic motives, adventure, desire to travel, personal growth, skill improvement, and to develop cultural sensitivity (Flaherty, Leong, & Geoghegan, 2018; Peluso et al., 2018). Most of these motives are quoted from students living in high-income countries. Although these same motives may apply, students from low to middle-income countries who participate in IHEs often do so for professional development or to gain experience in a country of hopeful future employment (Peluso et al., 2018).

IHEs typically range from a few days to a year and can differ substantially from one another (Crump, Sugarman, & WEIGHT, 2010). IHEs are normally administered by US colleges or universities, or by a contracted partner (Rhodes, DeRomana, & Ebner, 2014). In response to increased student demand for global experiences, schools in the health professions appear to be increasing their global content and IHE offerings (Audus et al., 2010; Drain et al., 2007; Kelleher, 2013). In 2008, it was reported that 87% of US medical schools offered IHEs and as of 2012, more than 30% of medical school graduates had completed an IHE (Ackerman, 2010; Hampton et al., 2014). This reflects an increase of nearly 25% since similar surveys were performed in the late 1970s (Kao, 2014). Students may even select which school to attend based on international opportunities (Drain et al., 2007; McKinley, Williams, Norcini, & Anderson, 2008). Current trends in study abroad or global experience programs for US students have displayed an overall decline in Western European countries while

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