



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

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### **Event**

2018 NCSBN Scientific Symposium

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

### **Presenter**

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- [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







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. BDC



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.