

“Slapped In the Face with It”: Internalizing Community Health Concepts from an International Practice Setting

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Abstract

Undergraduate community health nursing placement settings that incorporate international experiences hold promise for creating a rich learning environment that actively links theory concepts with practice. In 2011, a group of eight nursing students from the University of Calgary, Canada travelled to the Dominican Republic (DR) to complete their practice component in community health nursing. Students spent 12 days immersed in a local culture learning to integrate and apply community health concepts in partnership with a community. Four strong themes emerged from our data analysis: social justice, relationships, asset based community development, and personal transformation. The students who completed their community health placement in the DR gained a comprehensive understanding of a number of foundational concepts of community health and showed subsequent transferability of their knowledge to other practice settings.

Key Words: Community Health; International Practice Setting; Theory to Practice

1.0 Introduction

Undergraduate community health nursing placement settings that incorporate international experiences hold promise for creating a rich learning environment that actively links theory concepts with practice. Deep learning of key course concepts (i.e. socio-ecological determinants of health, social justice, activism, cultural safety, grassroots development, primary health care, community capacity building and empowerment) may be facilitated by immersion in an unfamiliar cultural and societal environment where students' personal values, beliefs and assumptions are challenged. In 2011, a group of eight nursing students from the University of Calgary, Canada travelled to the Dominican Republic (DR) to complete their practice component in community health nursing. Students spent 12 days immersed in a local culture learning to integrate and apply community health concepts in partnership with a community. In this article, we discuss the nursing students' personal and professional learning when engaged in community health practice in a resource-poor country context.

2.0 Literature Review

In Canada, approximately half of nursing programs use international placements (Reimer-Kirkham, Van Hofwegen, & Pankratz, 2009). In an era of globalization, nursing education is turning to international experiences to teach concepts such as community development, health promotion, determinants of health, social justice, global health, and cultural safety (Browne et al., 2009; Riner, 2011). International learning opportunities imbedded within post-secondary institutional strategic plans offer high-impact practice for student engagement (Association of American Colleges & Universities, 2008). International practice experiences provide excellent opportunities for nursing students to practice community health nursing, enhance their global perspective, and increase their cultural safety skills while working with vulnerable populations (Ailinger, Molloy, & Sacasa, 2009; Larson, Otto, & Miles, 2010).

While Foronda and Belknap (2012) found that sustainable benefits may not always occur, according to Evanson and Zust (2006), outcomes of international experiences include global awareness, cultural competence, and integration of concepts of social justice into students' professional practice and personal lives that endured long after the experience. Other beneficial outcomes include intellectual growth, transformational learning, worldview expansion, increased confidence, and enhancement of nursing skills (Curtin, Martins, Schwartz-Barcott, DiMaria, & Beliga Milagros Soler Ogando, 2013; Harrison & Malone, 2004; Walsh & DeJoseph, 2003). Sloand, Bower, and Groves (2008) cautioned the immersion setting must provide a marked contrast between home and the developing country for students to be challenged and gain a higher level of cultural competence. There is less evidence in the literature about whether immersion in a resource poor country helps nursing students master community health concepts. This study is aimed at bridging this gap. This work is significant as the political, social and economic context in resource poor countries is so vastly different than in Canada, that we would not be able to reproduce the same learning within the Canadian setting.

3.0 Research Design

3.1 Question, Design, and Sample

Our research used a descriptive, exploratory, qualitative approach to answer the question: What are nursing students' personal and professional learning when engaged in community health practice in a resource-poor country context? Purposeful sampling was used to recruit nursing students registered for an international component of the community health practice course (Creswell & Plano Clark, 2007). Informed consent was obtained from eight nursing students. Ethical approval was received from the Conjoint Health Research Ethics Board from the University of Calgary.

3.2 Data Collection

Data were collected through critical reflection journaling, open-ended questionnaires, and a focus group. Congruent with the research question, a focus on personal and professional learning guided instrument development. Table 1 outlines question topics that guided each data collection strategy. With small sample size and research methods used, complete anonymity of the research participants could not be guaranteed. However, measures were taken to protect individual identities and the research data by assigning numbers to participant information and research documents. To avoid conflict of interest the practice instructor (a co-investigator) only had access to participant course work and assignments, with no access to research data, until the course ended.

3.3 Data Analysis

Kvale's (1996) approach to data analysis and interpretation was used to review data. Detailed line-by-line reading, markings, and comments in transcript margins identified, refined, and helped categorize emerging ideas, concepts, and themes. Key words and experiential examples were noted. Research team members analyzed data both individually and collectively. Team members first read transcripts thoroughly to get an overall impression; then returned to specific passages relating to the research question, deepened interpretations of specific statements, and developed metaphors to capture the material (Kvale, 1996). Emerging themes and concepts were also compared within and across data sources and across research participants.

Trustworthiness of data was enhanced through multiple research meetings that encouraged the team to review and share individual work and reflections on analytic descriptions and interpretations. Team discussions helped validate meanings and encouraged open dialogue about differing interpretations and alternate views. Dependability (Denzin & Lincoln, 2000) was addressed through discussions, individual note-taking and decision-making from research meetings that ensured the research process was logical, traceable and documented.

4.0 Results

Four strong themes emerged from our data analysis: social justice, relationships, asset based community development, and personal transformation. Results are presented below with exemplary quotes that highlight students' professional and personal learning.

4.1 Theme 1 – Social justice: “Slapped in the face with it.”

The Canadian Nurses' Association (CNA) defines social justice as “the fair distribution of society's benefits, responsibilities and their consequences. It focuses on the relative position of one social group in relationship to others in society as well as on the root causes of disparities and what can be done to eliminate them” (CNA, 2006, p.7). Social justice defines the determinants of health as being societal in nature (CNA, 2010).

Social justice is one of the most important goals of social progress, with nurses having an obligation to take responsible action to eliminate forms of systematic inequity and oppression inherent in diverse social groups, such as racism, sexism, and classism. In this study, three key areas pertaining to social justice were found: extreme poverty, racial difference, and gender.

Although poverty is present in Canada as well, extreme poverty and its immediate effects were more visible to the students in the DR. “[I was] slapped in the face with it the moment [I] walked out [my] front door”. This student wondered how the people of this area who had ‘escaped’ from poverty handled the knowledge that many had been left behind; raising new questions (is poverty escaped through education?) and issues of social conscience. Faced with visible disparities in living situations and local communities’ access to resources, students explored their values and beliefs, arriving at the conclusion that poverty and disparities exemplified social justice issues. One student shared “The disparity of living conditions was laid out like a spectrum on a scale before us”. Another explained “As you looked higher up the path the houses looked more in shambles and the area poorer and as you turned and looked down the path, you could see the school and the back of the nicer concrete houses...” The right for shelter and safety was denied to some people – basic human rights (a social justice issue) appeared to be missing.

Students also realized social injustice stems from racial differences. Racism often results from “societal systems that produce an unequal distribution of power (and hence resources) in societies based on the notion of ‘race’, where race is a social rather than a biological construct related to the notion of essentialized innate phenotypical, ancestral, and/or cultural difference” (Paradies, 2006, p. 888). One student identified that “racism at home is sometimes difficult to detect ... whereas here in the DR I saw firsthand how racism results in severe social injustice and cruelty.”

Furthermore, issues related to social justice and gender became quickly apparent. Gender is a set of socially constructed roles and expectations attributed to men and women in a society, which change over time, place, and life stage (Phillips, 2005). One student was struck by the apparent powerlessness of women, with young women (even in grade 5) becoming pregnant and “left alone to deal with it”. This issue raised even larger questions for her - what is the root cause of women being treated this way? What are societal beliefs about women? Can a woman refuse sex? The student identified the important links between education as a social determinant of health, where girls staying in school and the potential for school attendance to serve as a protective factor from early parenthood. Another student suggested an upstream intervention with an expansion of girls’ pregnancy prevention education to include educating young boys as well, to “increase their awareness and allow them to gain respect for women in the future.” This could help increase social justice related to gender.

Their poignant observations left a lasting impression and deepened understanding of life in the community and the underlying need for sustained change. Nursing students thought critically about wider socio-political issues they were seeing and questioned what could be done to address those issues. “What if I gave them a house? What then? Building a house is fine but that is neither holistic nor realistic. The house can only protect the family from the weather and provide minimal comfort to them. What about employment or access to adequate health care?” The tension between what they wanted to accomplish and what they could actually accomplish was palpable. “It’s hard hearing about and seeing all this stuff and not knowing what to do about it. I obviously can’t fix it all myself, but to stand by or ignore it seems so calloused. It is also hard knowing where to start...my thoughts today revolve mostly around social justice, and what my role in it is, both as a human being and as a nurse”.

4.2 Theme 2 – Relationships: “Their connectedness with one another.”

Therapeutic and trusting relationships form necessary cornerstones of community health nursing to facilitate positive health change (Community Health Nurses of Canada, 2011; Keller, Strohschein & Schaffer, 2011). The relationships the students observed and formed in the DR provided highly significant learning to them. The students learned through role modelling from community members steeped in a relationship-based culture. Students learned the importance of relationship development to achieve community health outcomes. The value of tapping into community members’ expertise became clear. “We did do assessment and some nutritional/oral care teaching but it was the relationships that we built, the community leaders we talked to and the warmth, perseverance and strength of the people in this community that stuck out. The people we met told us about health issues in their community (lack of available health care, [medication costs])...they knew what the issues are and they know what needs to be done, all they need is support.” Students noted that what would make a long-term difference were community members’ relationships with each other.

“I was greatly encouraged and blown-away by one of the biggest strengths of the community we worked with: their connectedness with one another. They really value their relationships with each other, and making sure people are included. As a result they have an enormous source of strength to draw from during adversity.”

Students discussed the contrasts between Lanier’s (2000) ‘warm’ cultures (relationship-based/group-oriented cultures) and ‘cold’ cultures (individualistic-based/task-oriented cultures). Students demonstrated an awareness that cross-cultural relationships are built on respect and appreciating differences. They wrote about the warm welcome and the sense of being embraced by the partners with whom they worked alongside. They learned “...[nursing is practiced] by talking to the people and making connections, building relationships, asking what they think and want, and trying to help them identify their own needs and their own strengths.”

4.3 Theme 3 - Asset based community development: “They are the experts and we are there to support.”

Using asset-based approaches in the process of achieving a healthy community are not new, and are often considered intrinsic components of an effective approach to community development (Laforet-Fliesser, MacDougall, Buckland, 2012; Smith, Van Herk & Rahaman, 2012). One asset based approach is appreciative inquiry (AI), which is focused on using community strengths to advance development at the community level (International Institute for Sustainable Development, 2000). AI is a philosophy and method of change based on an assumption that questions and dialogue about strengths, successes, values, hopes and dreams are themselves transformational (Whitney & Trosten-Bloom, 2003). In this research AI was the philosophical approach to community health nursing practice used by the instructor accompanying the students to the DR.

Students’ understanding of AI was exemplified by viewing community members as experts. This was visible in their work with teens in a school. “These students had enormous insight into their situation and had big dreams for the future...[we found] it is important...to see what the community...[views as] a problem, and not just assume on your own what their needs are”. “I think the teens we met had insight into issues they see and a lot of them seemed like they would be good advocates for steering clear of drugs, sex, peer pressure and maybe [become] a resource [for] the community to harness to reach other teens”. Students demonstrated powerful shifts in understanding how to work with a community. One student wrote, “Initially...I thought we would observe apparent issues in the community and talk about solutions. However, it was nothing like that...Instead of assessing for community issues we listened to strengths, we used an asset based approach to [elicit]...strengths from community members...”

Students noted the impact this international experience had on their comprehension of asset-based approaches. “I have an understanding now of ‘Asset-based Inquiry’ that is way beyond any textbook reading of it. We lived it...I’ve come to realize how many strengths these communities have, and the incredible work they are doing on their own.” Another stated “The concept of appreciative inquiry...[has] been a huge learning for me...The community immersion allowed me to truly see and experience the positive aspects of the community as a whole...” Another student felt caught between conflicting feelings “I...[had] expected a greater sense of disparity. Where hospitals and people lacked resources, they overflowed with resourcefulness and creativity, doing the best they could with what they had. I think I expected overall a greater sense of need...” The altered lenses through which the student nurses viewed the community had allowed them to focus on community strengths, with some surprising learning for themselves.

Deeper reflections on community development arose upon their return home. One shared “I learned that addressing health issues within a community starts with the people themselves...we were there to provide guidance, help where needed, but mainly it is the community itself [that creates the change].” Upon returning home students demonstrated ongoing critical thinking, and some of the largest learning included that a) hope and resilience can exist under any circumstance, and b) AI is transferable across nursing settings. “... I have...seen that even without everything we have here [in Calgary], individuals are still able to be hopeful, to have dreams, and to be happy, loving and generous even in the face of fairly severe poverty...” The generative nature of AI and its effect on student hope were evident. “It has given me hope that I can go out and make an impact and effectively help others through using concepts such as sustainability and appreciative inquiry.”

The depth of learning for another was evident through her discussion of internalization of a key concept, along with sharing its impact on her practice and transference to her personal life “...appreciative inquiry was a phenomenal concept and one that I use in my practice and everyday life and probably always will.”

Another student concurred “In my current clinical practice I often find myself using appreciative inquiry with my patients – looking at the skills and resources that they do have available and then planning my care and teaching around that, rather than focusing on their deficits.”

4.4 Theme 4 – Personal transformation: “My outlook has completely changed.”

The immersion experiences, and pre-trip and post-trip educative activities, were grounded in Mezirow’s (2009) transformative learning theory, which outlines reasoning processes used to create meaning of a significant experience through critical reflection and discourse. Transformative learning results in far-reaching, deeper learning that challenges patterns of thinking, leads to personal changes and is used when taking action (Illeris, 2010). Shifts in understanding were often evident in student writing as they contrasted their old views with their new perspectives. “I look at things differently now, I take for granted what I have here at home and what others are not so lucky to have where they live. This experience has definitely opened my eyes...” Transformative learning identified shifts in students’ values, beliefs and meanings. One student wrote, “I felt like my outlook on life is changing. ...When I am home I tend to hold preconceived notions about certain groups (i.e. homeless communities) that may have previously been a barrier to having the same desire to really learn why/how/who ends up in these situations...I think this will definitely allow me to grow as a nurse (and a person) and has really given me a new interest in community health at home.”

Perry, Stoner, and Tarrant (2012) suggested short-term study abroad experiences combined with a pedagogical framework such as transformative learning, “may act as the catalyst or impetus for bringing forth a transformative experience” (p.682). Daily reflections captured students’ initial emotional reactions as they were exposed to children living in deep poverty, shocked by discrimination and frustrated by language barriers. Authentic immersion experiences provided the setting to challenge and engage students to become more critically aware (on cognitive and affective levels) of broader global realities, determinants of health and materialistic attitudes.

Upon return to Canada, post-trip reflections revealed that perspectives continued to be transformed. “...the people I met have inspired me and encouraged me to examine my own core values and shift my priorities to what is really important.” Another described it as a “shift within my heart” and a “capacity to work in new, expanded ways with others.” They identified how they integrated new values into their daily lives by devoting more time for family and friends, and had gained a new understanding and compassion for people, and as a result some felt their “relationships with others have strengthened.” Overall, many agreed “my outlook has completely changed; it’s ALL about approach and learning from the community and partnering with them” and “I think this experience opened my eyes to what true community nursing is all about, but specifically what global grassroots community nursing/international is about.”

5.0 Discussion

The community health concepts exemplified strongly in student learning in the DR included asset based community development (exemplifying grassroots development and community empowerment), social justice, the importance of relationships and using a partnering process to achieve outcomes. Other concepts less prevalent in students’ discussions included the socio-ecological determinants of health, activism, and primary health care.

Social justice exemplifies the primary purpose of community health, which is to improve the health and well-being of individuals, families, communities and populations (Gostin & Powers, 2006). This international practice setting provided students with a first-hand experience in social justice resulting in a solidified understanding of its important connections to health. Identified as hallmarks of international nursing experiences (Zorn, 1996), we found the immersion experience influenced how nursing students evaluated world issues and affected their progress as a nurse. Students even began to apply an appreciative approach and social justice frame to their subsequent clinical placement settings and patients with positive results, showing a transfer and solidification of knowledge gained.

An understanding that sustainability can be achieved through a true community partnering process was an important overall learning for the student nurses. “[I]...gained a tremendous amount of knowledge and skill base in teamwork, communication, working with children and inter-sectoral collaboration...[and] ability to bring together sectors to provide more efficient and effective ways to improve community health.” “[I now] truly understand how working together with the community...can enhance interventions and create sustainable effects...swooping in to give things isn’t the way to solve poverty or social injustice.”

A deficit-based orientation to practice is common in Canadian community health nursing but nurses have been recently challenged to adopt a radical shift in their practice to deliver strengths-based care (Gottlieb, 2013; Lind & Smith, 2008). This may require a shift in educational practices. With a shift in focus, poverty was no longer foregrounded in our students' minds; rather the assets of the culture were foregrounded. The students remarked on the amazing hope and resiliency they had seen in a culture that was open, generous and hospitable towards them. Our research results were similar to those reported by Green, Comer, Elliott and Neubrandner (2011) who studied a group of health care practitioner students who brought a mobile medical clinic to isolated areas in Honduras. Their students also reported they were impressed with the sense of community they discovered; and even though living in extreme poverty, people were happy, fulfilled and supportive of one another.

Levine (2009) suggested first-hand participation in international immersion programs can transform perspectives and become life-changing for developing compassion and taking social action. This was consistent with our research findings. The placement context, in-country debriefing, post-trip reflections and regular discussions also helped move the international experience from being merely positive to becoming transformative (Evanson & Zust, 2006). In the DR the students often spent nights informally discussing their days experiences.

They started to compare how their priorities were shifting away from materialism, i.e. "owning lots of stuff", to examining "how do I want to live my life?" As the students developed a sense of trust and openness with each other they were able to work cohesively to critically assess issues, explore new understanding and find meaning. Although not a generalizable research design, a limitation of this study was nevertheless the small number of students. Future research questions could address the sustainability of students' shifts in beliefs and practices following graduation. Although it seemed to endure over the remainder of these students' undergraduate education, how also might this orientation change with different nursing setting exposures?

6.0 Conclusion

The students who completed their community health placement in the DR gained a comprehensive understanding of a number of foundational concepts of community health and showed subsequent transferability of their knowledge to other practice settings. This enriching and vibrant experience not only enhanced students' personal and professional growth by broadening their outlooks and understanding of the world, but also provided a unique opportunity for students to clarify their values, beliefs about nursing, and future professional goals. Through this research, we gained an understanding of the professional and personal learning that could take place in an international setting, which will enhance our ability to guide students.

References

- Allinger, R. L., Molloy, S. B. & Sacasa, E. R. (2009). Community Health Nursing Student Experience in Nicaragua. *Journal of Community Health Nursing*, 26(2), 47-53. doi:10.1080/07370010902805072
- Association of American Colleges and Universities. (2008). High-impact educational practices. Retrieved from www.aacu.org
- Browne, A.J., Varcoe, C., & Smye, V., Reimer Kirkham, S., Lynam, J.M., & Wong, S. (2009). Cultural safety and the challenges of translating critically-oriented knowledge in practice. *Nursing Philosophy: An International Journal for Health Care Professionals*, 10(3), 167-179. doi:10.1111/j.1466-769X.2009.00406.x
- Canadian Nurses Association (2006). *Social justice ... a means to an end, an end in itself*. Ottawa, ON: Author.
- Canadian Nurses Association (2010). *Social justice ... a means to an end, an end in itself*. (2nd ed.) Ottawa, ON: Author.
- Community Health Nurses of Canada (2011). Canadian community health nursing: Professional practice model and standards of practice. Toronto, ON: Author.
- Creswell, J. W., & Plano Clark, V. L. (2007). *Designing and conducting mixed methods research*. Thousand Oaks, CA: Sage.
- Curtin, A.J., Martins, D.C., Schwartz-Barcott, D., DiMaria, L., & Beliga Milagros SolerOgando, T.N. (2013). Development and evaluation of an international service learning program for nursing students. *Public Health Nursing*. doi:10.1111/phn.12040
- Denzin, N. K., & Lincoln, Y. S. (2000). The discipline and practice of qualitative health research. In N. K. Denzin and Y. S. Lincoln (Eds.). *Handbook of qualitative research* (2nd ed.), (pp 1-28). Thousand Oaks, CA: Sage.
- Evanson, T.A. & Zust, B. L. (2006). "Bittersweet knowledge": The long-term effects of an international experience. *Journal of Nursing Education*, 45(10), 412-419.
- Foronda, C. & Belknap, R.A. (2012). Transformative learning through study abroad in low-income countries, *International Journal of Nursing Education Scholarship*, 37(4), 157-161. doi:<http://dx.doi.org/1097/NNEOB013e31825a879d>
- Green, S. S., Comer, L., Elliott, L., & Neubrandner, J. (2011). Exploring the value of an international service-learning experience in Honduras. *Nursing Education Perspectives*, 32(5), 302-307. doi:<http://dx.doi.org/10.5480/1536-5026-32.5.302>
- Gostin, L. O., & Powers, M. (2006). What does social justice require for the public's health? Public health ethics and policy imperatives. *Health Affairs*, 25(4), 1053-1060. doi: 10.1377/hlthaff.25.4.1053
- Gottlieb, L. N. (2013). *Strengths-based nursing care: Health and healing for person and family*. New York, NY: Springer. International Institute for Sustainable Development (2000). *From problems to strengths*. Retrieved from <http://www.iisd.org/ai>
- Harrison, L., & Malone, K. (2004). A study abroad experience in Guatemala: Learning first-hand about health, education, and social welfare in a low-resource country. *International Journal of Nursing Education Scholarship*, 1(1), 1-15. doi:10.2202/1548-923X.1040
- Illeris, K. (Ed.). (2010) *Contemporary theories of learning: Learning theorists... in their own words*. London, England: Routledge Taylor and Francis.
- Keller, L. O., Strohschein, S., & Schaffer, M. A. (2011). Cornerstones of public health nursing. *Public Health Nursing*, 28(3), 249-260. doi:10.1111/j.1525-1446.2010.00923.x
- Kvale, S. (1996). *InterViews: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage.
- Laforet-Fliesser, Y., MacDougall, C., & Buckland, I. (2012). School health. In L. L. Stamler & L. Yiu (Eds.), *Community health nursing: A Canadian perspective* (3rd ed.). (pp. 283-299). Toronto, ON: Pearson Canada.
- Lanier, S. A. (2000). *Foreign to familiar*. Hagerstown, MD: McDougal.
- Larson, K., Otto, M., & Miles, J. (2010). International cultural immersion: En vivo reflections in cultural competence. *Journal of Cultural Diversity*, 17(2), 44-50.
- Levine, M. (2009). Transforming experiences: Nursing education and international immersion programs. *Journal of Professional Nursing*, 25(3), 156-169. doi:10.1016/j.profnurs.2009.01.001
- Lind, C., & Smith, D. (2008). Analyzing the state of community health nursing: Advancing from deficit to strengths-based practice using appreciative inquiry. *Advances in Nursing Science*, 31(1), 28-41.

- Mezirow, J. (2009). An overview of transformative learning. In K. Illeris (Ed.), *Contemporary Theories of Learning* (pp. 90-105). New York, NY: Routledge Taylor & Francis.
- Paradies, Y. (2006). Ethnicity and health: A systematic review of empirical research on self-reported racism and health. *International Journal of Epidemiology*, 35(4), 888-901. doi:10.1093/ije/dyl056
- Perry, L., Stoner, L., & Tarrant, M. (2012). More than a vacation: Short-term study abroad as a critically reflective, transformative learning experience. *Creative Education*, 3(5), 679-683. doi:http://dx.doi.org/10.4236/ce.2012.35101
- Phillips, S. P. (2005). Defining and measuring gender: A social determinant of health whose time has come. *International Journal for Equity in Health*, 4, 11. doi:10.1186/1475-9276-4-11
- Reimer-Kirkham, S., Van Hofwegen, L. & Pankratz, D. (2009). Keeping the vision: Sustaining social consciousness with nursing students following international learning experiences. *International Journal of Nursing Education Scholarship*, 6(1), doi:10.2202/1548-923X.1635
- Riner, M.E. (2011) Globally engaged nursing education: An academic program framework. *Nursing Outlook*, 59(6), 308-317. doi:10.1016/j.outlook.2011.04.005
- Sloand, E., Bower, K., & Groves, S. (2008) Challenges and benefits of international clinical placements in public health nursing. *Nurse Educator*(33)1, 35-38.
- Smith, D., Van Herk, K., & Rahaman, Z. (2012). Primary health care. In L. L. Stamler & L. Yiu (Eds.), *Community health nursing: A Canadian perspective* (3rd ed.). (pp. 109-123). Toronto, ON: Pearson Canada.
- Walsh, L.V., & DeJoseph, J. (2003). "I saw it in a different light": International learning experiences in baccalaureate nursing education. *Journal of Nursing Education*, 42(6), 266-272.
- Whitney, D., & Trosten-Bloom, A. (2003). *The power of appreciative inquiry: A practical guide to positive change*. San Francisco, CA: Berrett-Koehler.
- Zorn, C. (1996). The long-term impact on nursing students of participating in international education. *Journal of Professional Nursing*, 12(2), 106-110. doi: http://dx.doi.org/10.1016/S8755-7223(96)80056-1

Table 1: Data collection approach

Data Source	Question Topics
Daily Reflections (During 12 practice days)	Personal and professional learning related to: the broad community health content areas (socio-ecological determinants of health, social justice, activism, cultural safety, grassroots development, primary health care, and community empowerment).
Individual Questionnaires (4 weeks post-trip)	Pre-trip expectations of personal and professional learning and result post-trip, pre-trip values and beliefs about working in developing country context and change in values and beliefs post-trip, impact personally and professionally, recommendation of experience for future students, biggest "take-away" learning in terms of the broad community health content areas, biggest learning challenges successes.
Focus Group Discussion (2 weeks post-trip)	In-country experience, learning about community health, learning about the broad community health content areas, impact on future nursing practice, biggest challenges and successes, and recommendations for future students.
Individual Questionnaires (8 months post-trip)	Value of the experience, change in nursing practice, impact of experience personally and professionally, and biggest take-away learning in terms of the broad community health content areas.