# Reflections and experiences of student paramedics undertaking international work-integrated learning placements

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International work-integrated learning (WIL) is increasingly common in health-related programs in Australian universities. Paramedicine programs are beginning to explore international WIL in line with the globalization of paramedicine as a profession and the national higher education emphasis on outward bound learning experiences. Using qualitative methods, the present study reports the experiences of undergraduate paramedicine students undertaking inaugural WIL placements in either South Africa or New Zealand. The placements, of a 3-week duration, used a placement model that did not include an accompanying academic from the host institution. Key themes to emerge include appropriateness of WIL location, timing of international WIL within an undergraduate program, and the potential to be overwhelmed by the combination of an intense early clinical experience and demands of managing oneself on an unaccompanied placement experience. This research provides valuable information to assist development of international WIL programs in paramedicine courses and other clinical health disciplines. *(Asia-Pacific Journal of Cooperative Education, 2016, 17(2), 187-198)*

Work-integrated learning (WIL) placements are a core component of undergraduate paramedicine education, providing an opportunity for students to experience authentic learning experiences and to establish a nexus between theory and practice (Knight & Yorke, 2004). Traditionally completed in domestic settings, international WIL has become increasingly common as demand for a global workforce possessing cultural sensitivity has increased (Tan B-K, 2014). Concurrent to that, it has been increasingly recognised that providing students with international experiences during higher education study may enhance their post-graduate employability (Tan B-K, 2014; Western Sydney University, 2015).

Paramedicine is increasingly a global profession, emerging from its country-specific vocational roots to become an international community of paramedics. The emergence of paramedicine qualifications in the higher education setting has increased the portability and transferability of paramedic qualifications, increasing the ease with which paramedics can move between ambulance service providers and between countries. With an increasing number of paramedicine graduates taking up overseas employment, international WIL provides a platform for students to have an experience that will assist them in charting their career and employment pathway.

In January 2015, 12 students from the undergraduate paramedicine program at Western Sydney University (WSU) travelled abroad to complete three weeks of WIL in either New

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Zealand or South Africa. Outward-bound international placement experiences constitute a key pillar in Western Sydney University's strategic policy, which emphasizes a student-centred approach to learning and the development, within students, of a global outlook towards their area of study (Western Sydney University, 2015).

The WSU paramedicine international placement program is an innovative teaching and learning initiative. While other Australian paramedicine programs have provided international experiences for students, these experiences are essentially 'cultural tours' involving up to a dozen students travelling with, and supported by, academics for periods of up to 10 days (Smith, 2015). These are not WIL placements in the pure sense, and do not involve assessable 'hands on' work experience under the supervision of a preceptor – they may involve observational 'ride-a-longs' with ambulance services, but may not count for mandatory placement hours required under Australasian accreditation and industry standards (Council of Ambulance Authorities, 2014). The key features of the WSU international placement program that distinguishes it from others are:

- A true WIL experience with sustained 'hands on' assessable clinical practice time and clinical supervision;
- Assessable WIL practice that counts towards the mandatory clinical placement requirements of the course;
- Independent travel and accommodation without a supervising academic from the home institution, building the students' resilience and independence;
- Student 'teams' living and working together
- Pastoral support infrastructure during the placement period featuring online and on-the-ground support resources.

The aim of this study was to investigate the inaugural paramedicine WIL program at Western Sydney University by exploring student perceptions and experiences arising from a three-week international experience.

METHODS
*Design*

The study utilized qualitative methodology.

*Participants*

Participants were second year student paramedics in the WSU Bachelor of Health Science (Paramedicine) program who had completed three-weeks of international WIL in either New Zealand (two different ambulance settings) or South Africa (one ambulance setting) during 2015.

*Recruitment and Sampling*

A research assistant contacted students who had undertaken international WIL via student email addresses, inviting participation in the study. A purposive sampling method was used, as it was only from a defined group of 12 students who had undertaken the required placements that participants could be sourced. Sampling did not occur according to location of placement or any other student characteristics.

*Data sources and Collection*

Data were sourced from two focus groups made up of the participants described previously. Focus groups were selected over one-on-one interviews to reflect the communal nature of the arrangements made for each group of students during their placement periods – at each placement location, four students were sent as a 'unit', therefore making integral contributions to each student's respective experiences. Each focus group was arranged and facilitated by a research assistant with experience in this form of data collection. Each participant only participated in one of the two focus groups – allocation of participants to one group or the other was based purely on participant availability. The focus groups were conducted using a semi-structured approach – the facilitator followed a 'questioning guide' prepared by the investigators so as to ensure predetermined areas of interest critical to the evaluation were covered. Each focus group lasted between 60 and 90 minutes, with the discussions recorded digitally. Participants were allocated pseudonyms during the data collection, protecting their confidentiality and privacy. These data were subsequently transcribed by a professional service in a de-identified, verbatim format. Transcribed data were managed using NVivo qualitative data analysis software (QSR International Pty Ltd. Version 10, 2012).

*Analysis*

Given the applied nature of the evaluation, data were analysed under four pre-determined categories – clinical learning experiences; non-clinical learning experiences; pastoral and personal support; and preparedness to undertake international WIL.

Focus group data were subjected to line by line coding, allocating data to one or more of the five predetermined categories of interest. Each category of raw data was then analysed independently using a thematic analysis approach, drawing out dominant themes for each area of interest. The analysis was conducted by one researcher, with other collaborators involved in creation of the categorical framework upon which the analysis was based. An interpretevist approach to analysis was adopted, underpinned by a relativist ontological stance and a subjectivist epistemology. Quotes and phrases were extracted in verbatim format from transcripts and included in the results to highlight or emphasise key findings. As these were derived from focus groups and de-identified data, these were not able to be attributed to particular participants.

*Ethical Considerations*

As the participants were students currently studying in the program in which the study investigators teach, the use of a research assistant external to that program was essential in ensuring students were able to participate or not without being concerned about implications of either choice. The research assistant managed all aspects of participant recruitment, consent, and participation. Investigators were blind to which students agreed to participate in the study. All participants completed a written consent form after reviewing participant information, and were provided with transcripts of the focus groups to review prior to the data analysis commencing.

The study received approval from the WSU Human Research Ethics Committee (HREC) (HREC approval H11161).

RESULTS

Of 12 students who undertook international WIL, eight participated in the focus groups (five in one group, three in the other). One participant declined to participate, while the other three were unable to attend the scheduled focus groups due to scheduling problems.

*Clinical Learning Experiences and Exposure*

Students reported the substantial variance in workload and clinical exposure, but all believed what they experienced surpassed their general pre-placement expectations. The experiences of the South African students were substantially different to those in New Zealand, effectively representing two distinct clinical experiences. In particular, the South African students reported high volumes of acute case-mix, predominantly traumatic in nature. While each asserted that this was exactly what they expected and that they were happy to have had that exposure, these students reported frequent feelings of 'helplessness' and being 'out of their depth' because of the high acuity and circumstances of much of the work to which they were exposed. These emotions were particularly prevalent in the early phase of the placement period, with a student reporting they felt "…really frustrated…just trying to accept that I couldn't do anymore because I didn't know what to do…I felt fairly helpless". This led to varying levels of frustration towards themselves at not being able to fulfil their own expectations of what they perceived they should be able to do. It was unclear as to the origin of the expectations they placed upon themselves, and whether those were created by themselves, the University, or the mentors on placement. What seemed clear was that the expectations of mentors towards students was mismatched with that of the University – students in all locations reported being asked to engage in procedures and skills and decision making that would be considered by the University to be beyond a student's scope of practice on the first clinical placement. At the same time however, students reported these experiences to 'exhilarating', 'phenomenal' and 'invaluable', describing rapid rates of learning that they had not anticipated.

'Information overload' was another recurrent theme, regardless of placement location. Students indicated they were not only trying to apply their novice knowledge and skills to real situations for the first time, but were also substantially challenged by having to learn a new equipment, pharmacology, systems of care and ambulance culture. There was general agreement that this may have been reduced by undertaking the placement at a later stage of the program.

There was universal agreement amongst participants that the clinical learning experiences met, and in most cases, exceeded their needs and expectations. References to "life changing experiences" were common - "I couldn't overstate it enough…it was probably the most life changing experience I've ever been through, um, and I thought it was beyond valuable...".

A significant factor in the perceived quality of experiences was the support provided by mentors, regardless of location. While several styles of mentoring were described, all appeared to be of good quality, though the aforementioned mismatch in what was expected of students remained continued to be a recurrent theme throughout.

There were however feelings of disappointment amongst those who did not experience major traumatic incidents, stemming not from a misconception about what type of work paramedics should do, but from a desire to 'test themselves' in urgent, critical situations. That 'test' was about assessing within themselves whether they 'had what it takes' to be a

paramedic – those who experienced major trauma work spoke of their experiences being an affirmation of their choice of career.  As on student put it "…for a lot of students, everyone wanted to see, everyone wanted to have that first experience for confirmation…I can deal with this, you know, because we're almost halfway now (through the course)".

*Non-Clinical Learning Experiences and Exposure*

A rich tapestry of non-clinical learning experiences was described by all participants regardless of location, case-mix or workload volume.  The opportunity to learn about another country and health system, and to contrast that to their individual lives and experiences, was frequently described, with one student commenting that "…broadly it was so different from Australia, it gave me a whole new appreciation for…what we do have here…I feel like it's a good contrast."

Personal growth in a non-academic, non-clinical sense was a strong theme that was valued by the participants as being just as important as an outcome as the clinical experience.  As one student explained:

> ….it put you in situations you don't necessarily normally put yourself in at home when you're in your comfort zone and you know all these people around you and, so getting trained to this area where you don't know anyone … you just have to adapt and you just learn just to talk to whoever and make friends with people and I think it's… great in a social aspect like that and it can be quite character building in a sense.

The majority of students reported having built personal travel into either side of their placement period, providing an opportunity to experience countries and culture they might not otherwise have seen as attractive to visit.  It was apparent that the combination of pre- or post-placement independent travel and the placement experience itself had a profound impact on most participants.  This was explained by a student as:

> …it was the best experience I've had… a positive also was that we were given flexibility on when we could arrive and depart from our destination.  It wasn't like a placement where it was organised, you're here for three weeks and that's it, you're with one of the teachers or something, which I know other international placements in other courses have had; okay, you've been there for two weeks and then that's it.  But having that freedom of us being able to go and travel beforehand made up for the placement and then travel afterwards if we wanted to.  It was definitely, I think – made a massive impact on my experience in going over there, yeah, definitely awesome.

The need to be self-sufficient and work as a team with fellow students in the same location was a strong theme – students agreed that the placements demanded self-sufficiency and that an inclination to support each other was critical.  This was aptly put by a student when they said:

> …you're out of the country, you're by yourself, you have to learn to do it all yourself, like, you obviously have support through the people that are in the same area of you as well as you can contact family, but – but you can't always go back to that, you have to learn to deal with stuff yourself which is a big advantage especially in this, like, in this career.

As students in each location shared accommodation, communities of learning were established that served an education and pastoral support function. Students reported having to navigate the interpersonal challenges of living so closely with other students they may not have known well before, and emphasized the need to future participants to be carefully selected with this in mind.

*Preparedness for Undertaking International WIL*

There was a general consensus amongst participants that they felt unprepared in a clinical sense to undertake international WIL as their first placement experience at the beginning of the second year of the program. They believed a greater knowledge of pathophysiology and pharmacology, and high level of pre-placement patient contact, would have enhanced their experience. An example response was

> …pharmacology especially and also pathophysiology so that you could actually, um, interpret what we would have learned at school in terms of drugs and disease and see it on-road…Um, I mean, I – I think it was the best thing ever that we were almost thrown out of our depths to some extent, um, but having that background at times where they (patients) were quite critical would have been definitely beneficial, yeah.

Students reported that the expectations of knowledge and scope of practice held by their respective mentors surpassed what they felt they were capable of, and led to students experiencing intermittent feelings of 'helplessness' and 'frustration within themselves'. One student expressed this as "I'd come home and that night would discuss things and have a beer and I'd just be like, I'm just so frustrated with myself", while another said "there was (sic) too many times that I was left on-scene feeling useless and, um, ah, like I was basically taking up space".

While the frequency of these feelings appeared to decrease as the placement period progressed, it was perceived that what mentors were expecting of students did not in most instances correlate with the University's expectations of what a first clinical placement should entail. This theme of feeling 'out of my depth' was most apparent amongst the students who travelled to South Africa, but was also present to a lesser degree amongst the New Zealand cohort, one of whom summarized the feelings of their peers by reporting that "…there was (sic) a lot of times we had – we were well out of depth in our scope of practice".

The consensus was that the international placement should not be undertaken as the first clinical experience. This feeling was strongest amongst the South African students, but was still prevalent in the New Zealand cohort.

> I think even, like, towards the end of a second year in para-medicine. I know we do a big one in our third year of para-medicine degree which will be, I think, superbly beneficial for all of us because we'll have backgrounds in those foundation…units.

It was perceived that completion of a domestic placement would be most beneficial before undertaking an international experience, allowing for a higher level of clinical practice and paramedical operations. All agreed that the ideal timing for an international placement would be in the final year of the undergraduate degree program.

*Pastoral and Personal Support*

Students perceived they were well supported from a pastoral and personal support perspective.

Peer support was a dominant theme in this category irrespective of placement location. While students universally agreed that they experienced excellent off-site pastoral support from the University's academic staff, most stated they did need to avail themselves of it due to the excellent level of on-site support they received from their respective mentors and most importantly their student peers. Student support of each other was described to be of most benefit for pastoral care – students reported leaning heavily on the other students they were placed with, especially when off shift via constant debriefing and sharing of experiences. This was consistent across all participants, captured by one student who reported that the "…single-most valuable thing was … the group reflections that we participated in."

Students emphasized the importance of sending students overseas in small, compatible groups, indicating that without this structure the experiences would have been less positive. One student expressed this as:

> Similar personalities… if that didn't work out and there was conflict in the group, it could just fall apart, I think. Because there's so much more to do when you're overseas, away. It's not just coping with the job, you're coping living away from home, cooking, cleaning…

They believed that this strategy was very successful, and that it alleviated much of the stress or concerns that they experienced during their shifts. There was universal acknowledgement that appropriate selection of students was critical to this support being present – selection of students going to the same locations who had similar characteristics, perspectives and personalities was put forward as a key reason for the placements being generally positive experiences. Student support via social media also emerged as a critical component in the pastoral care during international placements. Students described social media as being a valuable source of support with other peers undertaking concurrent placements internationally or domestically, but also with family and friends. Undergoing such new and unique experiences in the absence of their normal, accessible family and friend network presented challenges, but these were mitigated through constant asynchronous or synchronous communication via those media platforms.

DISCUSSION

This study has used student perceptions and experiences to evaluate an international WIL program for undergraduate student paramedics, providing important information that will inform future international programs. The results overall suggest a successful initiative that, from the students' perspective, provided a valuable learning experience in a clinical and non-clinical sense that surpassed expectations.

The findings highlight a number of key issues that should be given careful consideration when planning such a venture. Chief amongst these is the importance of providing pastoral support via multiple avenues both remotely and on-site, in person and via social media (Balandin, Lincoln, Sen, Wilkins, & Trembath, 2007; Panos, 2005). While these were well established, students reported infrequent need to utilize these, instead relying predominantly on other students. This was reported to be the most significant form of support during the placement period, enabled through sending small groups of students together as a 'unit'. This finding is consistent with previous research in allied health regarding the benefits of group support from peers (Kinsella, Bossers, & Ferreira, 2008). It is therefore recommended that students undertake such an experience in pairs at the very least, though the group of

four worked well in this program. This is of course a different context to, for example, an international exchange program, where a single student spending several months may be able to establish firm relationships with their new student peers.

It was also clear that the constitution of the student groups sent to each location is critical to the quality of the overall experience. It is recommended that a robust selection process be employed that incorporates assessment of domains beyond academic performance to identify students with appropriate disposition to contribute meaningfully not only to their own experience but to that of their peers. The selection process should explore the applicants' characteristics, personalities and likelihood of being able to cope with unfamiliar, challenging environments, along with their interpersonal communication skills (Trembath, Wales, & Balandin, 2005). Graham, Hill, Reynolds, and Parry (2014), described the emotional and personal challenges experienced by nursing and paramedic students on short term WIL in Vietnam, citing homesickness and personalities within the student group as significant issues (Graham, Hill, Reynolds, & Parry, 2014). Academics should maintain within the selection process the ability to match personalities and characteristics of students to other like students and to the available locations.

During planning, careful consideration should be given to ensuring the host ambulance services and the nominated mentors are clear regarding the scope of practice and knowledge of the visiting students. An apparent mismatch in expectations resulted in students experiencing potentially avoidable feelings of frustration that could impact negatively on student experience and learning outcomes. For this initiative, this information was provided by the lead University by way of written information in the student placement handbook and also via a series of short videos playable on any smart technology device. Despite this varied approach to informing the mentors, students reported that few were aware of their scope of practice and were happy to provide the student with whatever they deemed to be an appropriate level of clinical exposure. This disconnect between expected scope of practice and existing knowledge, and what the mentor believed was appropriate to deliver has the potential to both expand the student's experience but could also be detrimental by introducing unnecessary stress and risk. It could also affect the assessment of a student's clinical performance because the assessment could be made by the mentor at a level of practice higher than that at which the student is supposed to operate. This might in turn impact on student grades, as placement reports completed by the mentor contribute to overall assessment.

This data also highlights the need to ensure appropriate timing of an international WIL experience with regard to where it is situated within the undergraduate curriculum. In this program, students experienced international WIL as part of their first emergency clinical placement in the second year of their course, but most indicated it would be better suited the final year of study after a domestic placement had been completed. An increasingly crowded higher education paramedicine sector in Australasia has resulted in many programs having limited control over the timing of clinical practica as ambulance services attempt to cope with large student placement numbers. This situation has the potential to impact negatively on student learning experiences by reducing the alignment of practica to the progression of the broader curriculum and producing a disconnect between the two. This issue is of equal concern for domestic WIL, though the more foreign surroundings and sensory inputs inherent to international WIL may exacerbate student perceptions of this outcome.

Contrary to what was expected by the international program team, financial considerations were not raised in any way by the participants. Spending one-month overseas resulted in considerable expenditure for each student, however this issue did not make itself evident. For this program, students were responsible for all associated costs, and all availed themselves of the Federal Government's overseas study loan scheme (Australian Government, 2015).

Finally, a clear outcome of the study was the personal growth described by the cohort of students. This non-clinical personal development is a key goal for international WIL (Graham et al., 2014; Tan B-K, 2014), and was valued amongst the group as highly as the clinical experiences and growth. Such perceptions of personal benefits have been described previously by Graham et al in relation to nursing and paramedicine students on short term international WIL (Graham et al., 2014; Smith, 2015) and by Gribble et al in relation to students from a range of allied health disciplines in Western Australia (Gribble, Dender, Lawrence, Manning, & Falkmur, 2014).

LIMITATIONS

As with all research, there are limitations to this study that should be borne in mind when considering the findings. First, the study reports on an international placement program at a single university and may not therefore be representative of international placement experiences generally. Generalization and representativeness were not outcomes this study was designed to produce – the qualitative design aimed to simply report the experiences of this particular group of students participating in this specific initiative. Second, only the experiences of the students are reported here, not the preceptors hosting the students during their placements. The experiences of the preceptors would be well worth understanding, as they are pivotal players in any placement experience. It is possible that while students had a positive experience, the preceptors could have experienced other difficulties or issues in managing a student from another country and system that might need to be addresses or mitigated to ensure program sustainability and ongoing success. This was beyond the scope of the grant supporting this evaluation, however ongoing evaluations of future cohorts will provide opportunity to explore that aspect of international placements in more detail. An interesting dimension to explore in future research would be comparisons of student experiences by location of placement, particularly given the inherent difference one might expect between locations such as New Zealand and South Africa. That was not possible with this study, as the de-identified nature of the focus group participants and transcriptions used in the analysis prevented such data being collected. Finally, we were unable to compare the experiences of those students who undertook international placements with those who experienced domestic placements. This would be a valuable stream of future research that might elicit distinctions between the international and domestic placement experience that may not have been apparent in this analysis.

CONCLUSION

This evaluation of a short-term international WIL program suggests a successful initiative as perceived by participating students. Substantial clinical and non-clinical benefits were described, though concerns were expressed regarding appropriate timing of an international WIL experience within the framework of an undergraduate degree. Appropriate selection of

individual students, the student groups in which they will travel, and the location of international WIL are paramount in setting a foundation for successful programs.

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