

ABSTRACT

International service-learning provides valuable cultural and clinical experiences to healthcare students. Little is published on best practices regarding the design of international service-learning for maximum learning on this group. This study utilized a mixed methods approach to gather occupational therapy students' perceptions of the pre-trip preparation and experience logistics, supports, and activities during an international service-learning trip to Morocco to guide future experiences for optimal student learning. The quantitative survey indicated participants desired more clinical activities on the experience while keeping the number of cultural activities the same. The qualitative interviews revealed a desire for increased traditional clinical activities that span population, lifespan, and setting. Careful attention to the itinerary to provide balanced time in activities and allow for rest was noted. Participants also indicated qualities of activities that would enhance their learning along with the importance of structured pre-departure meetings. Careful attention to the itinerary to provide a diversity of clinical and cultural activities with appropriate faculty support enhances student learning on international service-learning activities. Participants value quality over quantity, and proper experience design plays a large role in student learning during these experiences abroad.

GRADUATE HEALTHCARE STUDENT PERSPECTIVES OF THE FEATURES OF AN EFFECTIVE INTERNATIONAL SERVICE-LEARNING EXPERIENCE: A MIXED METHODS STUDY

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Service-learning experiences involve a community service component for a population with expressed needs that mutually benefits the host community and involved students while also allowing for reflection on integrated learning objectives (Bringle & Hatcher, 2011; Cipriani, 2017; Naidoo et al., 2020; Pechak & Thompson, 2009; Witchger Hansen et al., 2007). International service-learning contains the same learning and community service components as a domestic experience except it takes place in a foreign country (Cipriani, 2017; Hall et al., 2018). It differentiates itself from volunteer mission trips due to its connection to learning objectives within a curriculum (Cipriani, 2017; Pechak & Thompson, 2009). International service-learning has been explored as an opportunity for healthcare students, such as nursing, physical therapy, dentistry, pharmacy, and occupational therapy, to develop clinical, communication, and therapeutic relationship building skills while also increasing their ability to provide culturally sensitive care (Aldrich & Grajo, 2017; Cipriani, 2017; Hall et al., 2018; Humbert et al., 2012; Johnson & Howell, 2017; Kaddoura et al., 2014; Muñoz, 2007). Benefits for healthcare students also include understanding public health, developing confidence, and increasing general

clinical knowledge (Cashman & Seifer, 2008; Davies et al., 2017; Hall et al., 2018; Mu et al., 2009; Sim & Mackenzie, 2016).

In order to meet these learning objectives, the different aspects of the international service-learning experience need to be designed to optimize student preparation, comfort, and ability to learn. Small factors, such as the amount of sleep and rest allowed by an itinerary, can greatly impact student learning capacity and performance (Curcio et al., 2006). However, there is little information on what constitutes successful logistics of a successful international service-learning experience specifically for healthcare students. Most literature for this population focuses primarily on outcome-based assessments regarding the measurement of student clinical or cultural sensitivity skills (Cashman & Seifer, 2008; Cipriani, 2017; Davies et al., 2017).

Asking for students' opinions can play a key role in understanding the logistical aspects of an international service-learning experience that can positively impact the achievement of learning outcomes. Students who are satisfied with their experience and find personal relevance within it are more likely to be involved and put forth more effort in the learning experiences, which increases their learning and achievement of learning outcomes (Tessema et al., 2012). Other international service-learning experience logistics that correlate to achievement of learning outcomes include pre-experience training on interprofessional collaboration and discussions on cultural and ethical scenarios, social welfare, and community resources (Amerson, 2014; Kaddoura et al., 2014; Saenz & Holcomb, 2009). From a student's perspective, poor orientation to the service-learning experience, lack of preparedness around ethical dilemmas, and even unaddressed anxiety regarding issues such as potential for injury, inappropriate behaviors from patients, and contraction of infectious diseases can negatively impact a program's success at meeting intended learning objectives (Humbert et al., 2012; Naidoo et al., 2019; Reisch, 2011). However, aside from an examination of occupational therapy students' perceptions of the impact of different types of activities on cultural sensitivity and professional development, little has been explored regarding the logistics of a supportive and successful international service-learning experience for healthcare students from a students' perspective. This study addresses this knowledge gap by exploring the lived experiences of occupational therapy students during an international service-learning experience to Morocco regarding the impact of experience logistics on their learning and development of clinical and professional skills related to their future careers in healthcare.

Methods

All occupational therapy students who traveled with a specific service-learning organization on one of five international service-learning experiences to Morocco were invited to participate in a mixed methods study to explore students' perceptions of trip logistics and its impact on their overall learning throughout the entire international service-learning experience. The experience was open to all occupational therapy students enrolled full time and in good academic standing at the institutions partnering with a specific service-learning organization between 2017 and 2018. Twenty-two students responded to the quantitative survey, while seventeen students scheduled and participated in the qualitative interview. All participants identified as female and were

predominantly Caucasian (73%) with a mean age of 26.1 years old. The majority reported being second year students at the time of travel (68%). Institutional Review Board approval was sought and obtained by Philadelphia University.

The international service-learning experience to Morocco lasted nine to ten days, spanning all geographical regions of the country, with an itinerary curated by a Moroccan American occupational therapist. Students spent each day engaged in a purposeful equal split between clinical and cultural activities. Clinical activities included provision of biomechanical and psychosocial interventions in a variety of settings ranging from nursing homes, community centers for people with disabilities of all ages, hospitals, schools, and orphanages. There was a higher concentration of community-based settings over traditional healthcare environments, such as a hospital, due to the novelty of occupational therapy services in Morocco. Cultural activities included mosque visits, guided tours of historical sites, shopping in local souks, camel rides on the beach, traditional dance and music shows, and visits with Moroccan families in their homes for daily tea. Incidental cultural exposure also occurred from interactions with people on the street and following a traditional Moroccan flow of day. All students were required to participate in four pre-experience meetings to educate on culture, language, travel health, and pre-departure information to prepare students for proper etiquette and experience expectations. All information was provided by the service-learning organization and delivered either in person or via email to be reviewed on their own time, depending on the requirements of the study away program of the students' home institution.

Quantitative data was collected via a Qualtrics survey designed by the investigators inquiring after the participants' opinion regarding the number of clinical and cultural activities present on the experience. The data was analyzed using descriptive statistics with Microsoft Excel. Table 1 contains the quantitative questions.

Table 1

Quantitative Survey Questions

Rank the amount of each experience that should be present on future trips:

| | | | | |
|----------|------------------------------|------|----------|------|
| Item 9.1 | Cultural/Tourist Experiences | More | The Same | Less |
| Item 9.2 | Clinical Experiences | More | The Same | Less |

Qualitative interviews were conducted with a researcher not associated with the participants' home institution or specific service-learning experience to reduce response bias. The interviews utilized a phenomenological approach to investigate further into the lived experiences of the participants and collect suggestions and opinions regarding experience improvement, both in terms of general experience logistics and overall learning outcomes (Creswell & Poth, 2018). The interviews were recorded and transcribed verbatim before undergoing a multi-step coding and consensus process with five investigators. The transcripts were coded utilizing NVIVO to identify common themes. Table 2 contains the qualitative interview questions.

Table 2

Qualitative Interview Questions

1. Have you traveled abroad? If so, where have you traveled abroad before? Tell me how those past experiences influenced your participation in this experience.
2. Tell me how this experience to Morocco has impacted your viewpoint on culture and occupation.
3. Tell me about the impact this experience has had on your educational journey.
4. Think back on the entire experience and tell me what lessons you took away from the trip.
5. Tell me about which experiences (either clinical or cultural/tourist) had a greater personal impact on you and why. How did these impact you personally?
6. Tell me which experiences (clinical or cultural/tourist) had a greater professional impact on you and why. How did these impact you professionally?
7. Tell me about your perception regarding your ability to provide culturally sensitive care in your future practice. How has this changed, if at all, since before the trip? What experiences do you feel are responsible for any changes?
8. Which specific experiences do you wish there was more of and why?
9. Which specific experiences do you wish there was less of and why?
10. What suggestions do you have to improve future trips to increase your understanding of culture and healthcare provision or better prepare you for the experience in general?

Results

Quantitative Results

The majority of participants indicated a desire for more clinical activities, with a smaller percentage feeling the number of clinical activities was appropriate. No participants indicated a desire for less clinical activities on the experience. With cultural activities, almost all participants felt the amount of cultural activities to be appropriate with no changes suggested in either direction. Table 3 shows the percentage and count of responses to Items 9.1 and 9.2.

Table 3*Participants' Quantitative Response to Number of Clinical and Cultural Activities*

| Statement | More | The Same | Less |
|---|-------------|-----------------|-------------|
| <i>Item 9.1: Cultural/Tourist Experiences</i> | 5% (1) | 91% (20) | 5% (1) |
| <i>Item 9.2: Clinical Experiences</i> | 64% (14) | 36% (8) | 0% |

Note: n=22. Count of responses in parentheses next to percentage.

Qualitative Results

In all, 17 participants completed the interview process. Five participants did not respond to multiple attempts to schedule the interview and were assumed to no longer be interested in participating. Five main themes appeared in the data: "Additions," "Deletions," "Enjoyable Activities," "During Trip Logistics," and "Pre-Trip Preparation."

Theme 1: Additions

The first theme identified by participants involved additions to the experience, defined in this case as any experience where more options or time spent was identified. The majority of participants indicated a desire for more traditional clinical experiences with increased opportunities to provide hands-on treatment within healthcare settings versus a primary focus on community-based settings. Participants also reported a desire to experience the entire spectrum of care within Morocco across settings, socioeconomic levels, and lifespan.

Participants also expressed a desire to spend more time at single sites, be it in the same day or spanning days. Participants felt the increased duration of time in a single site would also lessen the feeling of being a visitor while providing the opportunity to advance clinical skills by moving past the initial evaluation phase and following through with clients. Participants also noted that within the busy itinerary, they would readily trade cultural activities for more time in the clinical activities.

Within cultural activities, participants indicated a desire to meet and work alongside more Moroccans, especially those who are local healthcare workers or students, for networking purposes. Participants also desired time with local families to better understand the culture. A few participants requested more independent exploration as part of the cultural activities. While they noted the necessity of close faculty supervision for safety and the ability to get lost in traditional Moroccan markets easily, some participants wished to explore Morocco on their own terms and gain their own cultural exposure through their own lens.

Theme 2: Deletions

In addition to increased activity inclusion into future experiences, participants were asked about removals of any particular activity. The vast majority of participants commented on the itinerary's high intensity, challenge, and overall busyness. The

experience was designed to be very busy with activities running from early morning through traditional Moroccan dinner time, with the day often ending around 9:00-10:00 in the evening. However, upon reflection, most stated they had no suggested deletions as they valued all the activities for the breadth of opportunity they provided. They were simply observing that the itinerary felt very busy but that most could not specifically identify any deletions that would result in a more relaxed itinerary without losing a meaningful activity.

The few recommendations for deletions varied based on the itinerary of that specific experience or individual preferences. The only clinical activity for deletion or reduced time was recommended by those on one specific trip who spent more time than others in conferences. Individual preferences were most apparent regarding cultural activities. Two cultural activities were mentioned once by individuals with the suggestion to eliminate: multiple camel rides and a visit to the hammam, a traditional spa. The only cultural activity that was mentioned across years and trips was a reduction in the time spent shopping in the traditional Moroccan markets or souks. This was mentioned by two people who concurrently admitted a dislike of shopping or were mentioning it in advocacy of their peers who did not prefer to shop in general.

Theme 3: Enjoyable Activities

While identifying potential additions or deletions to the program, participants commented on activities they found to be particularly enjoyable or beneficial to them professionally. The majority of participants made general comments about the entire experience being valuable, with no specific clinical or cultural activity identified. A general expression of support for peers who wish to partake in a service-learning experience was shared. Typically, participants made these comments after noting they had no suggestions of changes to activities to improve their learning or professional development.

Participants recognized the benefit of having an international service-learning experience on their resume, the ability to highlight specific clinical activities and the overall cultural immersion in interviews for their first clinical position. The ability for some participants to partake in professional activities was highlighted; January trips had the unique opportunity to present at an occupational therapy conference in Morocco, while other participants were able to present posters at American conferences on research or program development projects related to the experience. These were mentioned by those participants as enjoyable outcomes of their service-learning experience.

Theme 4: During Trip Logistics

Participants had suggestions around the logistics of the itinerary and how to improve their clinical activity experience, separate from increasing the number of clinical activities. The intensity of the itinerary meant long days, and the cities visited were scattered across the country. Participants spent many hours on the bus, traveling between cities. The majority of participants reflected that a focus on quality over quantity would improve the itinerary and overall experience. Reducing the amount of time lost to travel would allow for an increased amount of time to be spent in meaningful educational activities, especially in the clinics. Slowing the pace in cultural activities would allow appropriate time to observe and partake in the activity and giving

participants the opportunity to obtain more sleep. Some participants felt the itinerary was unbalanced in that some cities and activities were allotted too much time, leading them to feel rushed through other cities and activities. Participants also reflected that attention to the pace of activities and cities with a reduction in travel would allow them to be more rested and therefore mentally more available to learn.

Related to the itinerary was suggestions on when the experience would run within the academic year. Participants who traveled mid semester found it difficult to keep up with their other coursework; other participants felt they could have been better contributors to the communities if they had traveled after they finished their didactic coursework, rather than during their first year. Other participants felt challenged by weather, with their experience occurring when it was very hot or very cold; their discomfort and lack of preparation for the weather was noted as negatively impactful on their ability to fully participate in the experience.

Participants made several suggestions to improve the logistics of the clinical activities to better meet their learning needs. The most common suggestion was to increase the number of available interpreters, as typically only one to two interpreters might be available for the entire clinic separate of any bilingual faculty chaperones. Related was an observation that more experienced clinicians on site would be helpful for learning, in addition to a smaller client to participant ratio to allow everyone hands-on learning opportunities. Participants who were completing a fieldwork placement requested more information on the clients they would meet as they found it difficult to prepare and treatment plan ahead of time with the limited information provided by the community clinics. They also noted a desire for the experience to be structured similarly to a typical American Fieldwork I experience as completed by their peers in order to feel as if the experiences were comparable for their learning.

Theme 5: Pre-Trip Preparation

The final theme indicated by participants deal with pre-trip preparation. It is important to note that one university and set of participants were required to undergo pre-trip meetings on specific topics face to face with an experienced faculty chaperone, namely culture and travel health, while other participants from other universities did not have that requirement. Those participants had received the exact same information via email to review on their own time. A clear distinction between the two groups of participants can be seen within this theme.

All participants indicated two suggestions under this theme: a desire to receive more specific clinical skills preparation prior to the trip to prepare them for the specific populations they would meet and more language specific training. Some comments related to clinical skills reflected on their own confidence and comfort due to the majority of participants being either in or just finished with their first year of occupational therapy training. All mentions were framed within the context of a desire to provide the best possible care. With language, no participant expressed a desire to be completely fluent in Arabic or French but wished they had more useful phrases to use in the clinic. They also wished use of the provided phrases were practiced more often with faculty and enforced more strongly during the trip.

The following comments appeared only with the participants who did not have the university mandated hour-long workshops. Participants expressed more exposure to

cultural norms, transparency regarding expectations, and overall logistical preparation for the trip to increase their comfort and ability to prepare for different experiences. Within culture, food was the primary focus, from the types of food typically found at meals to the timings of meal schedules. The fluidity of time also appeared as a Moroccan day is structured very differently from a typical American day. The fluidity of time was stated as challenging, not only from an adjustment standpoint but also knowing when to call home, sleep, or complete assignments if in the middle of the summer semester. In addition to understanding cultural norms, participants in this group expressed a desire for more information regarding travel logistics, packing information from clothing to snacks, appropriate preparation with clothing or electrolytes to handle Moroccan weather, and a detailed list of donations needed by the communities being visited. Expectations regarding professionalism or clinical activities were not mentioned by either group of students.

Discussion

This study explores occupational therapy students' perceptions of the impact of logistics of an international service-learning trip to Morocco on their ability to learn and develop clinical and professional skills related to their future careers in healthcare. While the information gathered is specific to these international service-learning experiences and one group of healthcare students, information gathered here about perceived successes and challenges of the trip logistics can be used to inform the design of other international service-learning experiences for other healthcare students to maximize the student experience and allow them to better opportunities to learn.

When discussing clinical sites, it is worth noting that participants focused mainly on traditional healthcare clinics versus the community-based clinics or activities where treatment was occurring within a natural context. In the interviews, a mismatch between the facilitators' identification of an experience being clinical versus cultural and the participants' classification of the same activity existed, which may have influenced the development of these themes. This occasionally made the activity look like less traditional healthcare provision and more in line with a cultural activity. Other studies across healthcare disciplines acknowledge the challenges in managing student expectations between traditional and community-based practice settings regarding the structure, supervision, and comprehension of their professional roles and identity in community-based practice settings (Baglin & Rugg, 2010; Golos & Twkuzener, 2021; Tanna et al., 2020). Clarity regarding the completion of clinical activities regardless of site would have yielded more accurate information.

However, there were some participants who appeared to understand the differences between traditional healthcare and community-based clinical sites; they still indicated a desire to see more traditional clinics as a means of feeling they have explicitly increased their clinical and professional skills as they would be under the supervision of other healthcare professionals. This aligns with a reported perception from a comparison of occupational therapy students in community-based and traditional fieldworks. Despite no statistical difference between the groups in terms of professional and personal skills, those at the traditional fieldwork placement self-reported a perception of higher skill development compared to their classmates at community-

based placements (Gat & Ratzon, 2014). Despite this, all our participants indicated a positive impact on their professional and clinical skills through exposure to community-based settings, a development which is also supported by the literature (Baglin & Rugg, 2010; Gat & Ratzon, 2014; Golos & Twkuzener, 2021; Tanna et al., 2020). The participants would simply prefer a balance of settings to understand the breadth of healthcare provision within the country while also getting the chance to meet more local clinicians and students.

How time was spent was a frequent discussion across all themes. The quantitative results indicate the majority of students desired more time spent in clinical activities while keeping the cultural activities the same. Participants appeared to be eager for authentic and deep experiences with the opportunity for full and long-term immersion in specific settings, places, and people. The ability to interact with international students is considered an aspect of an international service-learning experience, and one that appears to be desired by the participants (Concepcion et al., 2017). Additionally, this desire to interact on a deeper level with local clinicians, families, and fellow healthcare students aligns with other studies where a desire to build connections and relationships with the local communities and individual clients and meet international students were considered valued experiences of those service-learning trips (Aldrich & Peters, 2019; Amerson, 2014; Chabot et al., 2021; Chabot et al., 2022; Humbert et al., 2012).

It was noted the pace of the itinerary impacted participants' mental capacity to learn and to feel as if they were providing meaningful support to the local communities. An itinerary with more focus on one or two cities with more chunks of time spent in a couple of targeted clinics would meet the expressed desire of participants and respect the quantitative data that requested more time in the clinic but not necessarily less time spent in cultural activities. Namely, this would increase the depth and meaning of clinical immersion and ability to spend time with local clinicians, families, and healthcare students on a deeper level while reducing physical and cognitive fatigue and the impression of being tourists. To determine where to gain time can be a difficult task when the overall results indicate an overall satisfaction and positive perception of all activities. However, aside from a reduction in cities with a consequential reduction in travel time, participants noted a willingness to reduce time in cultural activities, especially shopping trips, in lieu of more time in clinical activities.

Supports with an attention to detailed logistics also appeared as a subtheme across all themes. Discussions related to supporting students appeared in reference to how time was being spent across activities as already mentioned. Additional logistics revolved around increasing participant comfort in the activities to promote their learning with suggestions to increase supports such as overall preparation for travel, increased number of interpreters and clinical supervisors, more clinical skill preparation, and better language preparation especially given the scarcity of interpreters. These are all areas of preparation indicated as important in the literature to ensure a successful service-learning experience (Humbert et al., 2012; Naidoo et al., 2019; Reisch, 2011). The mention of language support and training aligns with other students where it was also desired to have more practice speaking the local languages (Aldrich & Peters, 2019; Amerson, 2014; Reisch, 2011). Participants also indicated not feeling prepared for the number of people in the clinic as once it was known healthcare was being provided, the

clinics would experience a significant increase in clients within a very short time frame. Additionally, most participants were traveling during or after their first year of didactic coursework as that was when it best aligned with fieldwork rotations in individual curricula, however felt they could have been more useful with more clinical skill preparation. The mention of clinical skills reflects typical decreased confidence in professional and clinical skills as anticipated in any healthcare student on fieldwork, however, these experiences can develop that confidence (Andonian, 2017; Chesser-Smyth, 2005; Davies et al., 2017). Confidence building experiences, more attention to language skills, and more preparation of establishment of rapport across language barriers could be added to pre-trip meetings to a potential positive impact.

Also related to timing for optimal student preparation and feeling available to learn is the timing that the experience falls within the academic year. Unfortunately, there appears to be no consensus on the best time to travel as participants from all permutations of travel time expressed challenges with the timing of their specific experience. Participants who went in the summers expressed challenges keeping up with summer coursework and the Moroccan heat; those who went during breaks between semesters expressed other concerns with weather, such as winter cold, or an inability to have downtime between semesters. Mentions of not feeling confident in their skills due to only completing one year or less of didactic preparation also appeared with this theme. Ability to have optimal rest and sleep continues to be a key factor in student learning and is complicated by other variables such as jet lag (Curcio et al., 2006). All these factors could be mitigated through reduction of the itinerary to allow rest, reservation of time to complete coursework if in the middle of the semester, and better preparation for situations, like packing appropriately for weather.

The presence of pre-experience preparation meetings to prepare students for cultural expectations and overall macrolevel trip logistics made a positive impact on student preparation as only the group of participants who did not receive these meetings were the only people to mention a desire for this information. The information provided in these meetings did not influence the presence of themes with the other questions in this study as those were mentioned by the majority of participants across both groups, except for weather related concerns. Basic information around cultural norms, types of food, preparation for weather and potential health needs, and needs for various forms of donations to generally prepare students plays an important role in increasing their comfort and ability to self-prepare for various experiences.

Transparency of expectations regarding learning objectives and professional behaviors supports students' preparedness and performance (Cashman & Seifer, 2008). Other studies also support the importance of pre-experience meetings and preparation to increase student comfort and preparedness, though it is also noted that there is no way to fully prepare for the impact an experience can have on a student personally and professionally (Hall et al., 2018; Humbert et al., 2012; Resich, 2011). This should be a mandatory part of every trip planning.

The results show significant individual preferences, especially when participants were asked about program deletions. Some suggestions appeared only with one to two participants, indicating that some areas of deletion cannot be considered an overarching theme. Examples of these individualized suggestions included times spent in conferences, completing duplicates of activities, and reducing the amount of chaperone

supervision. Participants tended to remark on the value of the overall experience for their professional preparation, preferring to see their time as a holistic experience that benefitted their resumes and professional development. It is acknowledged that making all traveling students happy with every activity is an impossible task. The overall holistic value of an experience is seen upon return after self-reflection with benefits that can last years (Cipriani, 2017; Collins et al., 2019). This study shows that, upon later reflection, all activities had value to the participants, and it is an intentional balance of authentic experiences and attention to logistics that support student learning that is important in the moment to meet learning objectives.

Limitations

Limitations include a convenience and volunteer sample; saturation was reached despite the small sample size (Saunders et al., 2018). The participants were all female, which may have resulted in gendered patterns. Additionally, the participants were homogenous in terms of age and identified ethnicity; generalization to other groups should be done with caution. Since all participants were studying occupational therapy, they may have viewed the experience through a specific professional lens when considering the different activities on the experience. The professional values of other healthcare professions should be considered when applying findings to the design of their own international service-learning experience. Also, while the basic experience was the same between all groups, there were minor variations in activities between groups and years, including changes as a result of ongoing internal evaluation by organizers and faculty chaperones.

Conclusion

International service-learning is viewed by healthcare students as beneficial for their clinical and professional skill development and is generally considered valuable within the context of their educational journeys. An itinerary consisting of intentionally authentic, high quality, and diverse clinical and cultural activities that also allow for a substantial time in each city and setting for full immersion is perceived as most impactful for their learning. Appropriate preparation prior to the experience with plentiful logistical support during clinical settings also supports student learning. With a balanced itinerary, well considered preparation, and plentiful student support, healthcare students will be able to meet learning objectives and return from international service-learning experiences with improved clinical and professional skills and the ability to provide culturally sensitive care.

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