



# Creating an Interprofessional Education Experience Through Short-Term Study Abroad

Sarah A. Manspeaker, PhD, LAT, ATC\*; Sarah E. Wallace, PhD, CCC-SLP†

\*Department of Athletic Training, Rangos School of Health Sciences and †Department of Speech Language Pathology, Duquesne University, Pittsburgh, PA

**Context:** Student interest in and national recognition for the value of global education is expanding. Opportunities for interprofessional education (IPE) are a required component of athletic training education and education of other health care professions.

**Objective:** To describe the development of a short-term study abroad IPE course in the international setting of Australia.

**Background:** While some literature is available for discipline-specific study abroad experiences, limited information is available for implementing IPE in the international setting.

**Description:** Two faculty leaders from athletic training and speech language pathology, with IPE experience, designed and conducted a 17-day immersive study abroad experience for 12 students from 7 health care professional programs (athletic training, nursing, physical therapy, physician assistant studies, premedical, occupational therapy, and speech language pathology).

**Clinical Advantage:** Students desire unique, global learning experiences but may have trouble studying abroad for full semesters due to the lockstep nature of curriculum within their professional education programs. Having students learn from, with, and about each other in an international setting may enhance their preparation for collaborative practice.

**Conclusions:** Short-term study abroad opportunities offer an alternative to satisfy student interest in global education while meeting programmatic requirements for IPE. Inclusion of faculty leaders from different disciplines fosters interprofessional learning.

**Key Words:** International, Australia, interprofessional, communication

*Dr Manspeaker is currently Assistant Professor in the Rangos School of Health Sciences at Duquesne University. Please address correspondence to Sarah A. Manspeaker, PhD, LAT, ATC, Department of Athletic Training, Rangos School of Health Sciences, Duquesne University, 600 Forbes Avenue, Pittsburgh, PA 15282. manspeakers@duq.edu.*

## Full Citation:

Manspeaker SA, Wallace SE. Creating an interprofessional education experience through short-term study abroad. *Athl Train Educ J*. 2019;14(4):315–322.

# Creating an Interprofessional Education Experience Through Short-Term Study Abroad

Sarah A. Manspeaker, PhD, LAT, ATC; Sarah E. Wallace, PhD, CCC-SLP

## KEY POINTS

- Study abroad experiences that include faculty leaders from different health care professions may provide a good model for interprofessional learning.
- Development of a study abroad experience should address factors including the following: course objectives, location rationale, budget, health, safety, security, and educational content.
- Study abroad experiences help to meet the increase in globalization and respect for cultural diversity seen in athletic training and other health care professions.

## INTRODUCTION

Given that globalization is an evolving emphasis in education, colleges and universities are providing more study abroad programs to promote varied student experiences that include exposure to cultures differing from their own.<sup>1-3</sup> As 1 of the Association of American Colleges and Universities' high-impact educational practices, diversity/global learning presents an opportunity for students to examine diversity topics and intercultural studies in the United States and/or abroad.<sup>1</sup> Athletic training has seen an increase in globalization,<sup>4</sup> recognition of cultural competence, and respect for cultural diversity in both educational competencies and Foundational Behaviors of Professional Practice.<sup>5</sup> Furthermore, there is evidence that athletic training students desire encounters with diverse populations.<sup>6</sup> The expanded opportunities for study abroad in athletic training have solidified the growing emphasis on globalization and the practice of cultural competence.<sup>7-10</sup>

The most common type of study abroad experience in the United States typically lasts under 8 weeks and is classified as short-term.<sup>11</sup> These types of programs appeal to students, particularly those in health care programs, as they may not be able to enroll in a full-semester or yearlong study abroad program due to the cohort-based, lockstep nature of their associated curricula.<sup>7,11,12</sup> Such short-term programs also tend to cost less than their longer-term, semester-based counterparts.

While global awareness has expanded over the past decade, health care education has also seen a concurrent increase in focus on interprofessional education (IPE).<sup>13,14</sup> Benefits of IPE include the ability to enhance transition to practice through professional preparation focused on respect and collaboration among students to serve as flexible, responsive practitioners upon graduation.<sup>15</sup> IPE activities involve a variety of pedagogical techniques that have included students from multiple disciplines within regular courses,<sup>16</sup> while others have been offered as activities that take place outside of the traditional classroom setting.

Many athletic training program directors have reported that IPE initiatives are not occurring on their campuses.<sup>17</sup> Despite this reported lack of IPE implementation, there is evidence

that IPE activities that include athletic training students working alongside other health care students have successfully increased their knowledge of health care disciplines and appreciation for practicing communication.<sup>18</sup> The infusion of IPE with study abroad opportunities provides an innovative mechanism to accomplish the 2 higher education initiatives, while also accomplishing the goal of integrating IPE activities closely into culture and curricula throughout professional preparation programs.<sup>15</sup>

Previous descriptions of IPE and study abroad programs are helpful in considering the development of a blended program. For example, Dressel et al<sup>12</sup> described a short-term study abroad program wherein students from 5 disciplines traveled to Malawi to develop and present interprofessional health education projects to local communities. Similarly, Gilliland et al<sup>19</sup> found that a study abroad elective for nursing and pharmacy students resulted in increased knowledge, awareness, and skills related to IPE. Students also reported that this experience changed their views of travel, other cultures, personal environment, and collaboration with other health care professionals.<sup>19</sup>

Within athletic training, Jutte<sup>9</sup> described the development of a biennial, short-term study abroad program for sports medicine students from different collegiate institutions. These course outcomes suggest that multicultural education is possible through short-term study abroad with the anticipated goal of developing more culturally sensitive future health care providers.<sup>9</sup> Several athletic training programs offer study abroad experiences; results from these offerings demonstrate success in delivering opportunities for professional development and exposure to differing medical practices and health care systems.<sup>8</sup> Furthermore, other athletic training faculty have described direct curricular embedding of international experiences that provide opportunities for enhancement of cultural competency.<sup>7</sup> The purpose of this paper is to describe the development process undertaken by 2 interprofessional faculty members (athletic training and speech language pathology) for an IPE-focused course accomplished through immersion in the international setting of Australia.

## COURSE DEVELOPMENT

### Rationale

Development of this short-term, faculty-led IPE experience in Australia was inspired by the lead faculty member's limited access to study abroad during undergraduate preparation, previous success conducting other athletic training study abroad programs, and available support from the university's Office of International Programs. The second faculty member had participated in study abroad during her professional education, shared an interest in IPE, and valued expanding her teaching portfolio with a short-term study abroad course. Other aspects that made Australia a viable destination included, though were not limited to, the facts that (1) it is

**Table 1. Considerations for Course Development**

Type of Information	Details for Consideration	Examples of Course Details
Proposed program details	Title, location, approximate dates, duration, number of faculty members	Global Perspectives in Health Care— Interprofessional Short Study Program in Australia 2 faculty members (athletic training, speech language pathology)
Program description	Course number, number of credits, prerequisites (if any), course equivalencies with core curriculum, minimum and maximum number of students	3 credits: Global Diversity designation for Core Curriculum, elective in Health Sciences No prerequisites Minimum enrollment: 10 students Maximum enrollment: 20 students
Academic rationale	Goals, learning objectives, teaching methods, pre- and postdeparture activities, description of how intended location enhances the learning objectives, assessment overview	1) Define IPE 2) Identify the members and roles of the rehabilitation team 3) Recognize components of the Australian health care delivery system 4) Describe cultural differences between Australia and the US
Faculty leader(s) information	Languages spoken Experience in the proposed location	English speaking country Faculty 1: Athletic training, prior experience in Australia, leading study abroad to other locations, IPE instruction Faculty 2: Speech language pathology, personal experience in study abroad as a student, IPE instruction
Proposed itinerary <sup>a</sup>	Length of time at each location, educational activities (lecture titles/ topics, readings, site visits, clinical education visits, etc), and other culturally orienting activities	Adelaide, South Australia: 5 d Sydney, New South Wales: 6 d Cairns, Queensland: 5 d

Abbreviation: IPE, interprofessional education.

<sup>a</sup> Itinerary included in Table 3.

an English-speaking country, (2) it has a socialized health care system that offered contrast to that in the United States, (3) the associated university did not have any already established programs in the South Pacific region of the world, and (4) the lead faculty member had an already established research relationship with an institute in Australia. Together, the faculty aimed to develop an IPE opportunity for students from all health care-related programs at the university to be completed over a 2-week period in the summer.

Both faculty members were involved in previous and current IPE initiatives at the university. However, these initiatives were sometimes limited by the scheduling availability of students due to regular courses and clinical education activities. The university offers few IPE experiences early in professional curricula, and many of the experiences are limited to one-time events or single-course activities. The development of the short-term, study abroad experience focused on IPE was envisioned to allow the opportunity to provide IPE experiences over an extended period of time and permit enrollment of students from all stages of their professional academic programs, from first year through to seniors. The faculty also desired to provide an open environment where students could concurrently learn about each other and different health care professions, as well as the cultural aspects of Australia.

## Institutional Support

The Office of International Programs offers two \$2500 faculty development grants annually to explore feasibility of new study abroad experiences. The grant application requires faculty to outline the academic nature of the course, the budget, and associated concerns. For the academic aspect of the grant/course proposal, initial conception of course specifics including anticipated goals, objectives, and activities to satisfy each was required. These topics were reviewed and approved by the Dean of the School of Health Sciences before submitting to the Office of International Programs. Table 1 depicts the type of information to consider when creating a study abroad course.

## Faculty Scouting Trip

Upon approval and receipt of the faculty development grant in March, 2016, the primary faculty member planned the scouting trip to Australia, which occurred in May, 2016. The faculty member used the \$2500 grant to secure airfare, lodging, and some excursions. As part of this scouting trip, the faculty member accompanied a separate university for 1 week of travel with an associated sports tourism company. The areas visited were Sydney, New South Wales; Gold Coast, Queensland; and Cairns, Queensland. During the scouting

trip, the faculty member documented her experience with travel arrangements including ease of use of public transportation, types of educational experiences, student perceptions of activities, engagement of students with professionals/experiences, pros and cons of cities and sites visited, and the timing in each city. This information was valuable in designing the logistics for the resultant trip the following year.

### Selecting Locations for Learning

Although Sydney, Gold Coast, and Cairns were visited during the scouting trip, the lead faculty member had previously visited Adelaide, South Australia, on 2 occasions due to affiliation with a university-based research institute. Given the familiarity with this city, the ample offerings of science and medicine in the region, the walkability of the area, and the geographic difference in comparison to Sydney and Cairns, Adelaide was selected as the third city to visit for educational purposes. These 3 locations were theorized to offer students the best opportunity for exposure to Australian cultural differences while also accomplishing the course objectives.

### Establishing the Budget

To complete the proposed budget, the University Budget Office provided a worksheet outlining all necessary program components including travel costs, lodging, food, entrance fees, Australian visa fee, speaker honoraria, and cultural experiences. When designing the budget, it was necessary to examine the trends related to the dollar value between US currency and the Australian dollar. The faculty followed the suggestion of the Office of International Programs and underestimated student enrollment when designing the budget. The rationale for this approach was grounded in the theory that the price would be slightly higher than needed but would avoid distress in having too little funding to complete the trip as outlined. It was also recommended that money be built in to accommodate contingency funds to cover unexpected expenses (eg, flight problems, currency exchange fluctuations).

With an anticipated cap on the course cost of \$6000, faculty set out to establish approximate fund allocations for round-trip airfare to Australia, 3 flights within Australia, other rail/bus transport, speaker honoraria, some meals, and entrance fees. As part of the overall course fee, students would also receive 3 credits of Global Diversity designation toward satisfaction of the University Core Curriculum. An application and deposit in the amount of \$100 were due from students approximately 8 months before the course, and students were subsequently billed for summer tuition in May of the year of travel. In January, the university established a budget line with faculty oversight for the purchase of all items related to the course. The official course budget as prepared by the faculty leaders was due to the University Budget Office 30 days before departure for the course.

### Addressing Health, Safety, and Security

In an effort to maintain the safety and security of both faculty and students when studying abroad, a review of health and general practices of Australia was conducted. Specific to health, medical concerns unique to Australia and the cities to

be visited (Adelaide, Sydney, and Cairns) were addressed. Global health care assistance insurance coverage was also obtained utilizing university-provided resources. Specifically, executive summary and hospital reports for each city were created. Additionally, high-risk activities that were either direct components of the program or easily accessible to students during their free time (eg, climbing the Sydney Harbour Bridge) were identified and the waiver process was described. University policies regarding alcohol and drugs were also reviewed in detail.

Regarding safety and security, the US State Department Web site (<https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages.html>) was used to determine Australia's status as a safe destination. Specific details regarding proposed lodging including names of venues, contact information, and websites were provided. Faculty evaluated the appropriateness of these venues related to factors such as location, sanitation, and fire exits, which were also shared with the students before departure. Contact information for all faculty and students was filed with the School of Health Sciences and the Office of International Programs.

### Preparation of International Educational Content

In preparation for the course, learning objectives were established as follows: (1) define IPE, (2) identify the members and roles of the rehabilitation team, (3) recognize components of the Australian health care delivery system, and (4) describe cultural differences between Australia and the United States. Applying these objectives, a framework for the study abroad experience was formulated to target experiential learning opportunities that would allow students to learn about health care and teamwork.

The faculty members began to develop contacts with personnel and locations to visit during the study abroad experience approximately 10 months before the trip. They contacted colleagues and professionals in Australia at various facilities and from multiple disciplines to identify potential locations. The primary goal was to identify a mix of educational locations that included rehabilitation facilities, hospitals, universities, and research centers. Additionally, once the disciplines of the students enrolled in the course were known, faculty sought to identify locations that provided experiences related to each of these disciplines to enhance the interprofessional nature of the course. As such, faculty placed a priority on identifying locations that would demonstrate aspects of teamwork and collaboration across disciplines. For ease of transportation, selected locations needed to be accessible via public transportation.

Faculty communication with facilities and individuals was conducted primarily through e-mail and often benefited from colleagues who would reach out to others on their behalf. Some facilities and individuals were permitted to accept the proposed speaker honoraria and gifts, while others were unable to accept any compensation. For example, 1 site was not permitted to accept cash but was permitted to accept textbooks and other learning materials. The faculty expressed their appreciation for the participants' time and effort through items they had brought from the United States. A list of example facilities, the intended purpose of each experience,



**Table 2. Sample Facilities and Types of Activities Students Participated in While in Australia**

Type of Facility or Individual Meeting	Intended Purpose of Selected Location	Example Activities
Institute for Evidence-Based Practice	Review role of evidence in health care; introduce evidence synthesis, transfer, and implementation; establish baseline for evidence-based practice as applicable to all professions	Australian faculty presentations, US faculty presentations, discussion of use of evidence in education and practice including student experiences
Research Institute	Gain an appreciation for health concerns in Australia including Aboriginal health; gain insight into research needs in Australia	Discussion of major health conditions being investigated in Australia; tour of research facilities
Rehabilitation Clinic	Gain firsthand exposure to health care teams treating patients with diagnoses related to traumatic brain injury, stroke, or other neurological and medical disorders	Clinical immersion within a hospital-affiliated rehabilitation center; students directly interact with patients and their care teams; observation of shift change/grand rounds updates on patient status; participation in roundtable with health care professionals on educational practices in the United States and Australia
Practicing Clinician Discussion	Compare clinical education and practice in North America versus Australia; exposure to insurance factors from both the practicing clinician perspective and navigating socialized medicine, as well as informal discussion on their perceptions of cultural differences	Direct discussions with current practicing clinicians in Australia who were originally educated in the United States and Canada; hands-on demonstration of skills by US students and Australian practicing clinicians
University Immersion	Compare 3 different universities, varied disciplines, and educational views/research areas (nursing, speech language pathology, kinesiology, exercise science)	Lecture, classroom discussion, scenario problem-solving activities; comparison of different university initiatives based on geographic location, socioeconomic status, and other area considerations
Olympic Park	Learn about the purposeful planning for the 2000 Olympic Games and future use of venues	Tour Olympic Park, discuss historical aspects of sport in Australia
Fitness Center	Apply nonspecific exercise science skills to Australian wellness goals/needs; appreciation of multifaceted approach to patient wellness	Discussion, tour of facilities, gain experience from an Australian who had studied kinesiology in the United States and is applying his knowledge to wellness in Australia
Hospital and Health Services Center	Experience in-hospital care including an emphasis on Aboriginal health care	Observe team-based care and flow of hospital to benefit patients

and included activities appears in Table 2, while a full itinerary of the course is provided in Table 3.

## DEVELOPING EDUCATIONAL CONTENT

### Predeparture Meetings

In the Spring semester of the travel year, four 1-hour, in-person meetings were held for all students enrolled in the course as part of a zero-credit preparation course. These meetings were intended to allow students to get to know each other, review course objectives, provide required readings, outline safety and organizational procedures, complete all required forms, introduce students to IPE, and outline expectations for assignments and participation. For example, over the course of the 4 meetings, students were required to share information related to their discipline of study. In the first meeting, students introduced themselves, their current

discipline of study, and why they were interested in the course. At the second meeting, students learned from and about each other as they described the requirements of their program of study at the university and the credentialing process for their profession in the United States. Before the third meeting, students were assigned to investigate their closest counterpart profession in Australia, including educational paths and potential jobs. At the final departure meeting, students were provided information related to the universal health care system of Australia and asked to discuss where their discipline might fit into the system.

### Individual Topic Presentations

As part of the predeparture activities, students were assigned an individual topic related to 1 of the planned educational experiences. Students were given 2 months to prepare a brief (less than 10 minutes) presentation on their topic to review

**Table 3. Itinerary of Educational Content and Cultural Experiences in Australia**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day 1 Depart university for airport and trans-Pacific flight	Day 2 Travel day/cross International Date Line	Day 3 Afternoon arrival in Adelaide, South Australia Walking tour of city as a group Dinner as a group to prepare for the week	Day 3 9:00 AM–3:00 PM Evidence-Based Practice Institute Lectures and tour Debrief Clinical case scenarios	Day 4 All-day excursion: Kangaroo Island Student topic presentations on boat during transit	Day 5 9:30 AM Health and Medical Research Institute Tour 12:30 PM Rehabilitation Clinic Grand Rounds and Patient Immersion Experience Debrief	Day 6 6:00 AM Air transport to Sydney, New South Wales 11:00 AM Walking tour of Sydney Harbour to orient 11:45 AM Tour Opera House 1:00 PM Discussion with Australian medical professional 7:00 PM Attend rugby match, observe sports medicine roles and responsibilities
Day 7 10:30 AM Manly Beach surf lesson 1:00 PM Discussion with Australian medical professional Student topic presentations after discussion	Day 8 9:00 AM–3:00 PM University session: classroom immersion, research lab work, professional presentations, afternoon tea with faculty and researchers from the university 5:00 PM Evening clinic visit with Australian medical professional	Day 9 10:00 AM Olympic Park tour and swim, discussion of history of sport in Australia Debrief Free afternoon	Day 10 10:00 AM–3:30 PM University immersion: Care of traumatic brain injuries Exercise science facilities tour and initiatives discussion Student topic presentations and debrief Free evening	Day 11 Morning: Free time 4:00 PM Fitness studio visit and discussion with kinesiology professional Free evening	Day 12 Free day in Sydney 6:45 PM Sydney Harbour dinner cruise	Day 13 6:00 AM Air transport to Cairns, Queensland 11:00 AM Excursion to Kuranda
Day 14 All-day Great Barrier Reef trip	Day 15 9:00 AM University immersion: lectures, discussion, tour of research facilities 1:00 PM Hospital visit and teamwork discussion	Day 16 Free day in Cairns	Day 17 Depart to United States			

with their classmates before the scheduled sessions at selected locations. Knowing that the course would be dynamic in nature, students were instructed that the presentation should be informal and that they should be prepared to share the information on short notice and in atypical settings (eg, during a train ride). Faculty then analyzed the daily and weekly itinerary to identify when presentations might occur. Specifically, travel time to and from some cultural/educational activities was used as a presentation opportunity to accomplish educational information without decreasing other free time available to students. One example included the topic of Aboriginal health concerns. To prepare the class for Aboriginal content anticipated at the research institute and rehabilitation site to be visited the next day, the student assigned this topic delivered the content on a ferry traveling to a cultural destination. Faculty provided further insight and facilitated discussion generated by the students during these presentations.

### Interprofessional Content and Learning

The overall structure of the program, including sites visited and professionals interacted with, assisted in establishing the interprofessional nature of the course through education from, with, and about each other. Specific to the IPE aim of students learning from each other, the predeparture meetings, on-site learning opportunities in Australia, and discussions were utilized. Students were required to share their educational preparation as well as their roles in clinically based scenarios. Tables 2 and 3 further summarize the interprofessional learning activities that were facilitated through cultural exploration. The health care students learned with each other, during immersion in the hospital and university settings. One specific example of this shared learning occurred during the clinical immersion in a hospital-affiliated rehabilitation center. Together, students experienced discussions regarding the interprofessional approach to patient care, directly participated in rehabilitation sessions, and heard from facility health care professionals regarding the educational and practice patterns of Australia. This experience in the rehabilitation setting also permitted students to learn about the work of the 7 represented professions as they witnessed and participated in rehabilitation sessions. Several students commented that they appreciated “seeing the other professions in action.” An example of a combined learning with and about each other opportunity occurred during a visit to a university. A topic of discussion at this location was the role of exercise science/physiology in physiotherapy (similar to physical therapy in the United States). The students learned alongside each other as the Australian students shared their learning process, including their research and laboratory activities. Further learning about each other was accomplished as students engaged in discussions regarding the comparison with US educational programs and the practice settings most common to each profession.

### Debriefing

After educational activities and some cultural activities, the faculty led students in discussions about their experiences. Group reflection and sharing of perceptions expanded students’ learning opportunities and allowed them to learn from one another.<sup>20</sup> The interprofessional nature of what they saw, experienced, and heard during each session was

emphasized. Furthermore, the group discussions were also an opportunity for students to relate experiences to individual presentations and/or to the predeparture meetings. The discussions were often informal, but included all students and faculty.

### Free Time and Cultural Experiences

Free time is an essential component of any study abroad trip to give students, and faculty, an opportunity to informally experience the country they are visiting. Koerning,<sup>21</sup> for example, recommends that students have approximately 20% of the study abroad time to explore on their own. For this course, faculty were diligent in scheduling structured experiences that targeted Australian culture while also providing the needed free time. In South Australia, for example, a structured visit to see kangaroos and view geographical landscapes was scheduled, while a scuba diving excursion to the Great Barrier Reef was scheduled in Queensland. Faculty provided suggestions for each city but also permitted students to investigate options and gain faculty insight. One such opportunity occurred in Cairns, where a majority of the group expressed interest in canyoning and the faculty assisted in arranging this activity. During free time in Sydney, many students elected to participate in the event Vivid Sydney, which features displays of art and technology throughout the city that are free to the public and accessible by foot or public transportation.

### Other Considerations

Meeting enrollment requirements can be difficult for international courses. This specific university requires a minimum of 10 students for international opportunities with 2 accompanying faculty. Two faculty are required for safety in case of student illness, faculty illness, or other issues that may arise. Sports medicine programs offered in the international setting frequently recruit students from multiple universities to meet enrollment minimums.<sup>9,10</sup> Offering this course through an interprofessional lens provided an opportunity to recruit and enroll students from this individual university. It may be posited that having students from the same school, but in different disciplines, may have permitted increased buy-in and decreased time students needed to become more comfortable with each other, thus allowing for an enhanced interprofessional experience.

It should be noted that most of the faculty preparation time was spent focusing on aspects related to the logistics of the study abroad portion of the course and not the IPE aspects. As the faculty had more experience in designing and implementing IPE activities and experience working in an interprofessional manner with each other, these facets of the course were more familiar and therefore perceived as easier to make an inherent part of the course. A faculty member who is new to planning and implementing IPE activities might prepare for these activities by reading current literature on the topic and interviewing faculty or students who have participated and/or planned IPE activities.

### Outcomes of the Course

To evaluate course outcomes, a pilot study was conducted with Institutional Review Board approval to evaluate student

readiness for IPE and their perceptions of the study abroad experience. This retrospective survey of the 12 undergraduate students from the 7 health science professional programs utilized the Readiness for Interprofessional Learning Scale (RIPLS)<sup>22</sup> questionnaire and open-ended questions aimed to determine student perceptions of the experience and the associated interprofessional opportunities. Students were asked to complete the RIPLS early in the Spring semester and after the immersion in Australia. Although no significant change in RIPLS scores were noted, positive perceptions of the experience related to teamwork, interprofessional learning, and health care differences between the 2 countries were achieved.<sup>23</sup> The experience did not result in significant change in student attitudes or perceptions about professional identity, collaboration, or roles and responsibilities.

## CLINICAL ADVANTAGE

The treatment techniques, research, and ideologies inherent to athletic training are valuable to the international field, in collaboration with other health care professions, as they all strive to provide the best care to patients.<sup>4</sup> Study abroad experiences that include faculty leaders from different health disciplines have the potential to provide a strong foundation for promoting interprofessional learning.<sup>12</sup> Furthermore, study abroad programs that include students from multiple disciplines offer a novel way to address IPE. Understanding of and appreciation for IPE through a study abroad experience may lead to a better-prepared workforce of health care providers including athletic trainers. The potential increase in cultural competence because of these experiences serves to further enhance the appeal of such offerings. Each of these facets supports the idea that transition to practice may be a foreseeable positive outcome of participation in a study abroad experience with an IPE focus, though more work must be conducted to confirm.

## REFERENCES

1. Kuh GD. *High-Impact Educational Practices: What They Are, Who Has Access to Them, and Why They Matter*. Washington, DC: Association of American Colleges and Universities; 2008.
2. Hanson L. Global citizenship, global health, and the internationalization of curriculum: a study of transformative potential. *JSIE*. 2010;14(1):70–88.
3. Obst D, Bhandari R, Witherell S. *Institute of International Education: Study Abroad White Paper Series. Meeting America's Global Education Challenge: Current Trends in US Study Abroad and the Impact of Strategic Diversity Initiatives*. New York, NY: Institute of International Education; 2007.
4. Ferrara MS. Globalization of the athletic training profession. *J Athl Train*. 2006;41(2):135–136.
5. National Athletic Trainers' Association. *Athletic Training Education Competencies*. 5th ed. Dallas, TX: National Athletic Trainers' Association; 2011.
6. Nynas SM. The assessment of athletic training students' knowledge and behavior to provide culturally competent care. *Athl Train Educ J*. 2015;10(1):82–90.
7. Abe-Hiraishi S, Grahovec NE, Anson D, Kahanov L. Increasing cultural competence: implementation of study away/abroad in an athletic training program. *Athl Train Educ J*. 2018;13(1):67–73.
8. Bennett J, Kugler K. Clinical rotation held in Australia. *NATA News*. 2007; June:46.
9. Jutte LS. Developing a short-term, faculty-led sports medicine study abroad experience. *Athl Train Educ J*. 2011;6(3):163–168.
10. Schneid D. AT programs go international. *NATA News*. 2009; April:12–15.
11. Donnelly-Smith L. Global learning through short-term study abroad. *Peer Review*. 2009;11(4):12–15.
12. Dressel A, Mkandawire-Valhmu L, Dietrich A, et al. Local to global: working together to meet the needs of vulnerable communities. *J Interprof Care*. 2017;31(5):667–669.
13. Abu-Rish E, Kim S, Choe L, et al. Current trends in interprofessional education of health science students: a literature review. *J Interprof Care*. 2012;26(6):444–451.
14. World Health Organization. *Framework for Action on Interprofessional Education & Collaborative Practice*. Geneva, Switzerland: World Health Organization; 2010.
15. Barr H, Freeth D, Hammick M, Koppel I, Reeves S. The evidence base and recommendations for interprofessional education in health and social care. *J Interprof Care*. 2006;20(1):75–78.
16. Breitbach AP, Richardson R. Interprofessional education and practice in athletic training. *Athl Train Educ J*. 2015;10(2):170–182.
17. Breitbach AP, Eliot K, Cuppett M, Wilson M, Chushak M. The progress and promise of interprofessional education in athletic training programs. *Athl Train Educ J*. 2018;13(1):57–66.
18. Jutte LS, Browne FR, Reynolds M. Effects of an interprofessional project on students' perspectives on interprofessional education and knowledge of health disciplines. *Athl Train Educ J*. 2016;11(4):189–193.
19. Gilliland I, Attridge RT, Attridge RL, Maize DF, McNeill J. Building cultural sensitivity and interprofessional collaboration through a study abroad experience. *J Nurs Educ*. 2016;55(1):45–48.
20. Morris J, Stew G. Collaborative reflection: how far do 2:1 models of learning in the practice setting promote peer reflection? *Reflect Pract*. 2007;8(3):419–432.
21. Koernig SK. Planning, organizing, and conducting a 2-week study abroad trip for undergraduate students: guidelines for first-time faculty. *J Marketing Educ*. 2007;29(3):210–217.
22. McFadyen AK, Webster V, Strachan K, Figgins E, Brown H, McKechnie J. The Readiness for Interprofessional Learning Scale: a possible more stable sub-scale model for the original version of RIPLS. *J Interprof Care*. 2005;19(6):595–603.
23. Manspeaker SA, Wallace SE, Shaughnessy G, Kerr J. Fostering interprofessional teamwork through an immersive study abroad experience. *J Interprof Care*. 2019;33(5):598–601.