Research

Transformations Abroad: Transformative Learning Captured Within a Chiropractic Humanitarian Program

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Abstract

Purpose. Clinic Abroad (CA) trips result in increased clinical confidence within healthcare. However, few CA trips examine the transformational impact of CA experiences, nor has extant research sought to capture the longitudinal, transformational impact of CA trips. Thus, this study examined the clinical and cultural transformational learning resulting from a chiropractic CA trip.

Methods. The current study utilized qualitative methods to capture data through reality television style video logs during the CA trip, as well as a 6-month qualitative follow-up survey. The study is phenomenological in nature, utilizing deductive reasoning to confirm theoretical underpinnings. Thematic coding of data occurred according to participants’ viewpoints about people and objects within their experience abroad in relation to a three-stage model of transformational learning theory.

Results. The study exhibited an 89% participation rate for video log contributions, and a 75% participation rate for the 6-month follow-up survey, indicating low attrition between data collections. Emergent themes of the study indicated transformational arcs for clinical confidence, cultural awareness, and professional identity development.

Discussion. Results from the current study underscore and support important contributions of CA trips. Interns were more able to trust their clinical skills and understanding, as well as bridge cultural gaps, due to their Fiji experiences, leading toward a developed professional identity.
Conclusion. Given the cost of CA trips, and the increased liability of such trips, this study underscores the need for educators to develop intentional, intercultural, and global learning experiences affordable for those that find the cost of international travel and study prohibitive.

Introduction

Clinic abroad trips (also referred to in the literature as medical mission trips and humanitarian trips abroad) can provide needed goods and services to underserved populations around the world. When clinic abroad trips provide healthcare assistance, such programs can assist healthcare professionals with developing greater clinical prowess, cultural awareness, and personal transformation. Clinic abroad trips are likely to give students experience and opportunities that increase their clinical confidence. In addition to improving clinical confidence, the need for enhanced cultural awareness within healthcare professions is great. For instance, the Institute of Medicine suggested the incorporation of cross-cultural training and other activities for healthcare students that would lessen the cultural barrier and help to develop cultural competence when dealing with U.S. minority populations. Clinic abroad trips have the ability to shore-up this deficit within the U.S. healthcare professions.

Transformative Learning

Humanitarian trips abroad have the potential to be a truly transformative learning experience wherein participating student interns or doctors can synthesize different points of view to arrive at a common ground, reflect on their prior experiences, philosophies, and assumptions while assuming various roles free from coercion. A transformative learning experience is one that is profound and changes the way that people see themselves and the world around them, and can be a powerful tool for understanding how adults learn.

Although there are four main philosophical strands of transformational learning, central to them all is the learner’s meaning-making process. During the act of learning and the meaning-making process, both the content and process of learning can cause disruptions within the learner’s thinking. It is during this phase of cognitive dissonance where the chief developmental task is the learner’s reflection and decision about the potential replacement of old ways of meaning-making for newer ways that may be more appropriate to the task at hand. The result of transformational learning is both a new way of viewing the world and a new way of viewing the self. Thus, the ultimate outcome of transformational learning is the learner’s construction of a new self.

Purpose of the Study

Despite the potentially powerful transformative nature of clinic abroad trips, few studies illustrate this type of transformational education from both clinical and cultural standpoints. Furthermore, needed within these studies is an understanding of the longevity of the transformation. In other words, although some studies have posited the positive impact of chiropractic clinic abroad trips related to the enhancement of clinical skills, few studies evidence the development of greater cultural awareness, nor do they describe the transformative impact of experiencing another culture and how that translates to rooted or stabilized cultural awareness over time.
Methods

Qualitative data collection for the current study occurred as part of a programmatic, co-curricular clinical assessment for an institutional research and assessment program, and was exempted by the Institutional Review Board. Findings from the current study were obtained through data mining and secondary data analysis of the previously collected, de-identified, and transcribed data from the video logs and qualitative surveys.

Participants and CA Trip Location

Eighteen students traveled to Fiji for the chiropractic clinic abroad program during the summer 2013 term. The chiropractic clinic abroad program is an optional program for student interns in the clinical phase of their education. Fijians established highly developed societies well before arriving Europeans, and Fijian people represent a melting pot of indigenous Fijian, Indian, European, Chinese, and other nationalities. Fijian culture is a mixture of several cultures, predominantly Melanesian and Polynesian. Additionally, Fijian culture is a collectivist one, emphasizing the community and family. In rural areas, people do not pass others without saying a word of greeting. Those Fijians perceived as standing in a class above that of the average Fijian often receive special greetings.

Data Collection

During the trip, researchers asked student interns to contribute ongoing video journals, using a Microsoft Surface tablet, during their CA experience. Researchers provided students with structured interview questions that covered four specific areas of their experience. Researchers asked students to discuss, either for the first time or since the time of their last journal entry, what had been their most significant a) challenge, b) “aha” moment, c) point of growth, and d) positive experience. Researchers also asked student interns to complete four journals, one at the beginning of their trip, two in the middle, and one at the conclusion of the trip.

Six-months after interns returned from the clinic abroad trip to Fiji, researchers contacted students to conduct a follow-up qualitative assessment of their Fiji trip. The Qualtrics survey opened in early December 2013 and closed in February 2014. Non-responding participants could have received up to four reminders to complete the survey. The qualitative survey asked five questions, three related to how their Fiji experience may have influenced the way they engage with patients (i.e., patient interaction, taking histories, etc.), their ability to deliver patient care (i.e., applying the tools of chiropractic), and working with diverse patients. The final questions asked them to reflect on their experience and describe elements from the trip they may have integrated into their lives, as well as new revelations they may have had since assimilating back into their US lifestyles.

Data Analysis

The current qualitative study is phenomenological in nature. Phenomenology, in a broad sense, relates to a person’s meaning making of events, people, objects, etc., instead of how those events, people, objects, etc. might exist externally to that person. As such, the focus of phenomenological research is to understand the perceptual meaning of an experience as related to an individual, or group of individuals’ consciousness. Within this framework, qualitative data from the student interns’ video logs and
qualitative survey data were coded thematically, specifically adhering to the "subjects ways of thinking about people and objects" coding scheme outlined by Bogdan and Biklen, with special emphasis toward the hallmarks of transformational learning.

Jack Mezirow developed the most widely known architecture for transformational learning, which is a 10-step transformational process. Empirical examination of Mezirow’s model, however, has indicated that transformational learning doesn’t always conform to a neat and tidy 10-step process, which spawned other theories of transformational learning. Pachamama Alliance, which engages in transformational learning in Ecuador and around the world, articulated a condensed, three-stage model of transformational learning based on Mezirow’s model. Data coding occurred in accordance with the hallmark stages of transformation represented by this three-stage model.

1. An event or an accumulation of events serves as the traditional disorienting dilemma and catalyst for change when those events and a person’s experiences conflict with their previously held worldview. During these events, the learner experiences “aha” moments that leads to their reflections and re-evaluations of previously held understandings and identity.

2. Becoming aware of unconsciously held assumptions, beliefs, and thoughts of their own and others, the learner engages in critical reflection that ushers in an unpacking or disassembling of those assumptions, beliefs, and thoughts that encourages open discussions and a navigation of uncharted waters.

3. The learners’ acknowledgement of newly acquired perspectives, as well as their satisfaction of applying those perspectives, transforms their relationship to the world, and roots their successful and fulfilling shift in consciousness.

Two of the authors thematically coded data, independently, and compared themes to reach consensus of emergent themes. The authors applied deductive reasoning to participant data, within the phenomenological framework, to confirm (or disconfirm) the theoretical underpinnings of transformational learning given the students’ experiences.

Results

Of the 18 participating clinic abroad program (CAP) student interns, 16 contributed video journals (89% participation rate). Of the 16 students that completed video logs, 68.75% (11/16) were female and 31.25% (5/16) were male. Their mean age was 28. Of the 16 participants who contributed video logs, 75% (12/16) contributed reflections of their experiences 6-months post trip.

Analysis of the 64 video journals from the 16 participants indicated that despite each having their own individual experiences in Fiji, all of their experiences culminated into two transformative arcs: clinical transformation and cultural transformation.

All of the students had one common but major disorienting experience after arriving in Fiji. They landed in this new, strange, and exciting place, adopting a new routine with some new people within the clinic abroad program, as well as new people in Fiji, who were different from them, who spoke a different language and possessed a different culture and customs, which is a disorienting experience in itself. However, misrouted luggage during their initial travel set the stage for a more uncomfortable introduction to Fiji for about 50% of the participants. Not only were these student interns separated from the comforts of their typical U.S. lifestyle, they had to exist without the comforts that they had
packed (i.e., clothes, hygiene products, etc.) for their journey for up to three days post-arrival. Essentially, they were in a foreign land, getting ready to put their chiropractic skills to the test, absent the small comforts they intentionally packed to help ease their transitions into this new world. The discomfort and dismay caused by the misrouted luggage consumed the student interns’ first journal entries.

Another challenge which was very, very annoying, I’m sure you’ve seen this and heard this on every single video from [campus name], but me losing my luggage. I love my freaking clothes. I love my own soap. I love my own—well I’m not going to name all of that. But I love everything that was in my luggage and being away from it that long was very, very, very, very, very challenging. How to go and replace everything and not being able to actually enjoy myself from the moment I stepped off the plane here in Fiji. That was very challenging.

Although manifesting in different ways toward clinical and cultural transformations, these disorienting events were the first hallmarks and catalysts of student interns’ transformational learning.

Clinical Transformation

In addition to the disorienting impact of being in an unfamiliar place and not having access to the luggage and other comforts packed for the trip, the student interns were about to embark on practicing their chiropractic craft in an unfamiliar place with unfamiliar people. Often on such trips, interns trade traditional brick and mortar clinics with modern chiropractic tables and other healthcare equipment, for extra space at local hospitals, community buildings, or outdoor tents. Although trip organizers bring some healthcare equipment to clinic abroad program locations, often, interns and accompanying doctors do with what is available. No matter how prepared one might feel before leaving for such a trip, these events can shake interns’ confidence and serve as a second disorienting event and catalyst for clinical transformative change. Consider the following student comments concerning the clinical challenge related to their lost luggage:

The biggest challenge that I faced since getting here would probably be dealing with not having luggage because our luggage was lost somewhere for a day, so it made treating patients difficult because we were limited on table and supplies and notes, etc. So that was kind of tough to deal with, the trip in general for the [campus name] group was really stressful. We were running from gate to gate, we weren’t able to eat or anything so I think we were kind of at a slow start when the trip started.

My biggest challenge so far and how we overcame it would probably be that our luggage didn’t come until last night so we had our first day of clinic along with a lot of time spent here, well a little time spent here without our luggage, uh didn’t have clothes, I personally didn’t have clinic clothes either, we didn’t have enough tables for clinic and we didn’t have clinic supplies and all that good stuff or toiletries or anything.

Starting within their second journal, students commented (81%, 13/16) on how they came to realize the “power of chiropractic,” the “power of touch,” and that “chiropractic is effective.” Most students enter chiropractic because they already believe in the power and effectiveness of chiropractic. Student interns’ video logs did not impart a sense that their belief in the profession had wavered, but rather, in question was whether they could deliver chiropractic care effectively. In other words, despite a strong belief in chiropractic, at an unconscious level, they questioned whether they could deliver chiropractic
care in ways that demonstrated the power and effectiveness they believed chiropractic to possess. This inner process inspired critical reflection on what they learned as chiropractic students and whether they could make the transition from learning about how to be an effective chiropractor to becoming an effective chiropractor.

An ‘Aha’ moment is that chiropractic does work! I know they always tell us that, we joke about it, but it really does work. There was a little kid I saw had like one-hundred and three temperature. I adjusted him and afterwards it was ninety-nine. So that was pretty cool. You know you hear that it works for things but you don’t really see it that much in the States. So that was really cool.

These sentiments signal the second hallmark of the clinical transformation process that peaked at what some student interns called the “miracle patient.” In other words, students’ (69%, 11/16) transformative climax occurred during the interaction with a patient where they had perceived that they had made a significant healthcare contribution to the patient’s life. For instance, consider the excitement of the following intern’s comment:

It was one of those moments that … I don’t know … everybody talks about in chiropractic and they say … you know … a miracle … I guess people say. I don’t know if mine was a miracle or not but it was definitely a moment that I had been searching for, for some time, or waiting for, expecting...

Additionally, consider the following student’s perception of a patient encounter with a young boy who had meningitis from the age of two-months.

He was never able to use the left side of his body at all, and was never able to walk properly. He had like a limp. He was never able to speak without a slur and his neurological system was under such distress. I was immediately overwhelmed and I was like ‘Oh God. What am I going to do?’ I started doubting myself. I had to sit back and think for a minute about my passion for, and philosophy about, chiropractic. I knew that it would take multiple treatments to get the results that I really would want or see. But, out of the grace of God and out of the power of chiropractic, when this individual got up off my table, after I had adjusted him from head to toe, he was able to walk better, speak better, and his eyes were wide open. Everything seemed to just light up inside of him and the fact that he could come to me and hug me and say ‘thank you’ ...

Two interns reported experiencing similar feelings after treating patients for injuries to their arm and frozen shoulder.

But I also had a lady who could barely move her arm, her radial nerve was trapped, and after adjusting her and working on it, her muscle strength improved, her grip strength improved, her reflexes improved, and she actually could actually move her arm, and the pain had decreased in just one sitting so that was you know really phenomenal to see such a dramatic change.

I had a guy with frozen shoulder come in umm he hadn’t he wasn’t able to move his shoulder his arm really at all he had very decreased range of motion I adjusted his thoracic I worked on his shoulder a little bit and after the adjustment he was able to lift his arm and move it like he hasn’t been able to for a few months he said and that really was an awesome experience for me knowing that I was able to help someone.
It was during and after the timeframe of the miracle patient that student interns (87.5%, 14/16) began acknowledging their new perspective of confidence in their ability to deliver chiropractic care, which is the final hallmark of transformational learning. For instance, student interns commented on being able to trust themselves and their clinical skills much more since being in Fiji.

*My biggest challenge since my last video has just been learning to deal with the different types of problems that I’ve seen. I have seen post-stroke patients, people that have had very recent heart attacks, just very unusual problems in general that I would never see in America…I have overcome it by just having good confidence in myself and my abilities and trusting not only the staff doctors around me to be able to back me up if I ever need their assistance, but also just learning to trust myself and my diagnostic skills and my abilities to help people.*

*I didn’t realize how much I actually knew and how much I have attained since getting into clinic until especially today when we had adults with more complicated problems and injuries than the kids we have seen the last two days. It was nice to be able to speak to them and feel confident in what I was saying, especially since it is things that I am pulling out of maybe studying for boards or a class that I haven’t had in over a year so it was really nice to see that I have retained everything that I have learned and maybe haven’t had a chance to use in the Palmer clinics.*

*Chiropractically just my skills have just grown tremendously my confidence has grown, I know that I’m now able to treat some pretty complex issues without you know, someone holding my hand constantly and yeah just an amazing experience to just see you know where you’ve come from and where you are now and obviously repetition is the key and that’s what this trip provided so that was you know something that I knew that was gonna happen but now that it has happened, just super ecstatic about taking everything that I’ve learned here back to my outpatients at clinic.*

**Six-Month Follow-Up for Clinical Transformation**

Examination of data from the 6-month follow-up survey indicated a stable transformation concerning student interns’ (at that time of the follow-up, the interns had graduated and were practicing chiropractors) confidence in their clinical abilities to deliver chiropractic care. Consider the following comments from responding alumni.

*I grew leaps and bounds when it came to applying chiropractic and different techniques. Dr. [CA staff doctor] truly helped me hone in on my chiropractic craft while in Fiji.*

*I became a more confident adjuster after my clinic abroad experience and learned many other tools from my peers and the instructors that I may have never learned about had I not gone on this trip.*

*I think the clinic abroad experience made me a better manual adjuster because I was able to work on so many different body types and problem areas. I also gained more experience with the Activator tool.*

*It [CA trip to Fiji] has improved my ability to deliver good patient care. I was exposed to a much wider variety of patients in terms of both physical characteristics and emotional needs.*
A similar arc that emerged during student interns’ video logs for clinical transformations also emerged within the interns’ video logs related to cultural transformations.

**Cultural Transformation**

In addition to the misrouted luggage and disorientation experienced by all students, a second disorienting event for students was communicating with Fijians while delivering care. The arc of cultural transformation begins with communication challenges with patients. Interns (62.5%, 10/16) reported that despite onsite translators, they resorted to communicating with their patients through an exchange and interplay of bodily and facial gestures. For instance, the following interns’ comments discuss directly their challenges with communicating with Fijians.

> But I will say that today I definitely feel that my biggest challenge has been the ability to communicate with people verbally and just realizing how critical that is to being able to get good information from people and being able to make an accurate assessment of their overall health condition and how I am going to care for them. I feel like I have started to be able to overcome it by using more body language and gesturing with my hands and having people mirror my actions as opposed to trying to communicating verbally which can sometimes be difficult depending on their level of their English speaking ability.

> And so far my biggest challenge I’ve had to overcome is dealing with people and language barrier. It’s harder to get across points that you’re trying to. And it’s really refreshing to see that the people, they need your help, they want your help, and they’re really willing to try and learn. But just that barrier of talking to them and actually being able to communicate clearly what you want them to do or what you’re trying to do. Creates quite a—makes it difficult at times.

> Clinically, I think the biggest challenge was dealing with patients who had the language barrier where they could understand some English but not a lot so it was really difficult to get information from them and to get them to do the things that I had wanted them to do. Whether it was moving a certain way, positioning themselves a certain way. I think that was the single biggest challenge of today.

Although such an experience can surely enhance clinical judgment and confidence by interns’ diagnosis and patient management based on basic, minimal information, and can increase communication skills clinically, communication and interaction of this type can also foster cultural awareness and psychosocial growth as well. For instance, consider the following comments that indicated the role of communication in intercultural awareness.

> Fijians have the eyebrow raised as a “yes” so you really have to actually pay attention to a lot of nonverbal cues which I think that in the United States we take that for granted so it’s actually helped me be much better about paying attention to the whole patient, not just what they are saying. How they are reacting, wincing, and carrying themselves. So that has been a learning experience.
Additionally, by the second or third video journal entry, students (87.5%, 14/16) began making comparisons between American and Fijian cultures and engaged in critical thinking about assumptions they made of Fijian culture. Through such comparisons, they made conscious their unconscious cultural assumptions of Fiji, which hallmarks the second phase of transformative learning. For instance, students noted differences in the behavior of children between American and Fijian cultures as well as the level and types of patient gratitude towards them as healthcare providers. Students noted within almost every video journal entry the Fijians’ appreciation and gratitude for the care that they had received. Many of the Fijians returned after care to give their student intern a small token gift of appreciation. Consider the following student interns’ comments on Fijian gratitude.

I’ve had many, many different patients and all of them have expressed such sincere gratitude for the care that we have given them. That’s just not something you see from your typical American patient; not that I don’t love caring for them as well but the level of expectation is completely different from culture to culture.

The energy is different here. It’s so peaceful here. The people are very, very, very gracious of what we do. They come and they basically worship the care that we give because they otherwise wouldn’t have it. Many of them never have had chiropractic care before and just to see them stand up from the table and even if they’re not one hundred percent, the ten, twenty, thirty, fifty, sixty, eighty percent that you made them improve like they would give their life. They would pay their last dime to you for it. And I’ve never experienced that in the States at all.

Like people are gracious, don’t get me wrong, they appreciate what we do but it’s a whole different world of the gratitude that we get from the care that we provide from one treatment. Absolutely amazing. So I’ve had my patients come back and bring me like small gifts of chips or bread or even a t-shirt, key ring, like just small things just to remember why we came here and the difference that we made here. It’s absolutely amazing, I love it here.

By the final video journal entry, students acknowledged directly their newly acquired perspective that their experience in Fiji was life changing and provided them with a good deal of emotional growth, which hallmarks the final stage of transformative learning. Consider these interns’ final journal entries:

I feel like I’ve become a more humble person. Just realizing how much we have and how much the trip advisors have given up to be here, their family and their comfort to attend to our needs and just the way that their always there for us. Just really eye opening. Just the fact that people here are so grateful, they have nothing but they’re so generous with what they have. This gentleman that I had yesterday, he had Parkinson’s. I really didn’t think I’d done anything for him. Then he came back this morning, with this huge smile on his face, and he waited for me until I was done with this other patient. He gave me a necklace. It was just so simple but so beautiful. And then also this huge Conch shell. He wanted to tell me the name of it and the history of it and everything and through his broken English. It was just a really, really cool thing. He had tears in his eyes; I had tears in my eyes. He was blessing me and my family. It was just awesome. The whole trip has just been amazing. It has made me a more humble, more grateful, less selfish person.

But I’ve grown into a better person, more considerate, more patient, more flexible definitely. So, definitely a better me, a newer me. And I feel good about it. It’s been great, a really good experience. And although things didn’t go perfectly, that’s what made this experience what it was
and I would definitely want to do this again, come back to Fiji. Maybe not on Clinic Abroad but I’m definitely coming back to give back to this community because it’s been absolutely amazing and life changing.

I’ve become very, very, very patient. I have so much faith now. I have so much trust and love for what I do. Not that I didn’t have it before but it’s like a whole new different light about what I do and my calling. I’ve been inspired by the people here. So definitely more inspired, I’ve become more passionate, I’ve become more patient, like I’ve become more humble. Like it’s ridiculous the change that has happened to me in just this small amount of time. It’s absolutely amazing.

I’m just so thankful for the opportunity of this trip and it really is the trip of a lifetime, something I’ll never forget and something that I know helped shape me to become the person I am today and the person that I will be in the future.

Six-Month Follow-Up for Cultural Transformation

During examination of 6-month follow up data, it appears that the cultural impact and transformation the interns experienced (at that time of the follow-up, the interns had graduated and were practicing chiropractors) also had a lasting effect that has rooted a shift in consciousness toward greater cultural awareness. Consider the following 6-month follow up comments:

I feel that since being in Fiji I am able to work with anyone, from any walk of life without hesitating.

I have noticed that I have become more patient, a better listener, and versatile when it comes to interacting with diverse patients.

I think the experience taught me to be more understanding of the fact that cultural norms are incredibly different, not just from region to region, but from family to family.

Professional Identity Development

One unanticipated finding of the current study was the demonstration of interns’ development of a professional identity. The development of professional identity is a process that begins as students embark on their educational journey and continues throughout their professional career. As a part of this process, it is vital for a student to develop a practical understanding of both the opportunities and challenges of their anticipated profession.

Transformational learning leads to changes in self-concept, which results in changes in personal and or professional identity. Professional identity development is very important within the healthcare profession. Forming a professional identity requires an individual to integrate their chosen profession with their own personal values, theories, and beliefs. Changes to self-concept via the integration of professional and personal values, theories, and beliefs equate to the development of a professional identity. For instance, consider the following student intern’s process of integrating their chosen profession with their own personal values, theories, and beliefs:
I’ve grown to be more understanding, more patient, I don’t know, stronger person during this trip. I feel like I’m already becoming a better me, a better doctor, a better diagnostician for sure, and a better person.

Such integrations lead student interns toward their development of a professional identity as a Doctor of Chiropractic:

I realized that I can do this. I can be a Doctor of Chiropractic. My confidence grew so much while on my CAP trip.

I feel that I have grown because I cannot only diagnose better, I can really treat people.

Discussion

Clinical Transformation

The authors attributed interns’ clinical transformation (moving from the realization that chiropractic works to the miracle patient experience) to the fact that U.S. chiropractic student interns may be somewhat limited in the type and variety of patient complaints they see while delivering supervised chiropractic care within an educational clinic setting. Logically, as student interns move from an area rich in healthcare resources to an area where access to healthcare is severely limited to non-existent, they are apt to experience an increased diversity of patient complaints. As such, traveling abroad has allowed them to experience a variety of patient complaints that they would have likely not treated had they not traveled abroad. In many respects, this allows students to convert classroom theory into experiential practice. Other healthcare trips abroad also reflect this concept. For instance, of the surveyed medical physicians that participated in a cleft lip/palate mission during their residency, 64.1% acknowledged that they had not performed surgery on a primary cleft lip prior to their first mission and 92.3% accredited this experience to improving their ability to fix cleft lip/palates.

That the student interns were more able to trust themselves and their clinical skills due to their Fiji experiences supports existing medical mission literature related to increased clinical prowess and transformation based on treating cases atypical within the U.S. population. For example, 84.2% of plastic and reconstructive surgery residents indicated that their medical mission experience increased their self-confidence. Related to chiropractic, two studies found increased clinical skills and decision-making, communication, and clinical management.

One important aspect of transformational learning, one that seems scantily covered within the literature, is whether such a transformation is stable across time. Said differently, has the intern’s experience transformed their relationship and perspectives of the world and has this transformation rooted the learner within a successful and fulfilling shift in consciousness? Although information related to the longevity of clinical transformation is scant within the literature, findings from the current study support a lasting transformative impact of interns’ experiences abroad.
Cultural Transformation

The need for healthcare curricula to address the gap of students’ cultural awareness is real and widespread as evidenced by the Institute of Medicine’s call to action for healthcare institutions to incorporate cross-cultural training and other activities for healthcare students that would lessen the cultural barrier and help to develop cultural competence when dealing with U.S. minority populations.

Although clinic abroad research focuses heavily on clinical outcomes, few studies leverage student interns’ experiences toward greater understanding of increased cultural awareness and transformation. Although qualitative and smaller in scope, this study supports the longitudinal transformative impact of this CA experience toward interns’ development of greater cultural and global awareness.

In the current study, students reflected on aspects of Fijian culture like patience, caring, community, and humility within their video journals and over the course of their stay in Fiji, they openly expressed the willing desire to integrate these attributes into their lives. In this manner, they not only recognized cultural differences, but found value in the assimilation of some of those cultural values into their identity, which supports existing literature. For instance, scores on a pre-post cultural awareness assessment of pharmacy, nursing, and allied health students indicated increased cultural competencies after completing an advanced pharmacy practice experience. In addition, a survey of resident participants after a cleft lip/palate mission rendered similar results, with 92.3% of respondents reporting the belief that their mission experience positively influenced their cultural sensitivity/competence. Such experiences serve to demolish the cultural barriers mentioned by the Institute of Medicine for healthcare students when they begin to practice professionally.

Professional Identity Development

Humanitarian trips abroad can foster increased clinical confidence for Doctors of Chiropractic. Such increases in confidence and self-validation support the integration of the personal self and the professional self. As self-confidence increases, professional identity becomes clearer. This idea is reflected within the current study, as well as a study among counselors, wherein individuals reported that gaining confidence led to the realization that they were able to handle their jobs and understand their limitations.

In one study of chiropractic interns, although not labeled as professional identity development, post-clinic abroad focus groups indicated that transformations by way of professional identity development occurred. “Transformation was the core concept in participants’ stories describing their transition from an unsure student to a confident doctor during the SL [student learning] experience.” Although the findings of professional identity development were unanticipated within the current study, this finding may point to the potentially uncharted linkage between the development of clinical confidence and the evolution of professional identity from student intern to doctor. As interns become more confident within their chosen profession, their identity and consciousness shifts from student to professional, from learner to practicing clinician.
Limitations

First, data from the current study cannot speak to the actual effectiveness of the care delivered to patients, it can only speak to the interns’ confidence when delivering the care perceived as necessary from the interns’ vantage point. In the case of the current study, that the intern perceived care as either effective or not effective was more important than the actual utility of care delivered. In addition, interns speak about patient history, which is not verifiable; however, one aspect of the current study was to examine perceptions of clinical effectiveness and not actual clinical effectiveness.

Typical of qualitative studies, the number of cases in the current study is small, which limits generalizability of findings. This study comprised student interns from one chiropractic institution, which also limits generalizability. However, the findings from this study support findings from other research studies within both chiropractic and other areas of healthcare.

Future Research and Practice

In terms of practice, because of the cost of clinic abroad trips, the transformative effects of this experience are limited to only the few who can afford to go. Furthermore, growing liability concerns for such trips will likely significantly reduce future humanitarian trips of this kind. Although humanitarian travel and educational study abroad seems to have become, within U.S. education, a quick-fix panacea for students’ intercultural education, a rich intercultural experience might be right next door.

“Discussions about intercultural awareness and global learning are superficial if we fail to reach an understanding and valuation of the people and cultures within our own backyard. Most college towns in the United States are ripe with intercultural learning opportunities; educators merely need to tap into them” p. 14; 7. Mandating that healthcare interns rotate within local outreach clinics that deliver healthcare to under-served populations is one way to shore-up the cross-cultural or intercultural training gap identified by the Institute of Medicine, especially for those students who cannot afford educational opportunities abroad. Studying the potential clinical and cultural transformations resultant of such mandated outreach rotations is also a future research recommendation. The goal of such research would be to compare, empirically, students’ outreach experiences with those experiences obtained abroad.

To help educators more intentionally design intercultural and global learning experiences for healthcare students, researchers and theorists should conduct more research within the areas of clinical and cultural transformational learning toward creating a road map and or model for educational best practices.

Conclusion

Few studies have sought to understand how medical mission experiences transform healthcare professionals, which was the goal of the current study. Although chiropractic clinic abroad trips can allow students to complete the curricular requirements of a degree program, such programs can also provide transformative experiences both clinically and culturally.

Although the presence of two disorienting events (i.e., experiencing a new culture and lost luggage for 50% of the participants) contributed to the overall transformation of interns during this trip, the major
force for transformation was the experiential learning within a different cultural context. The experience of cultural immersion contributed to interns’ cultural transformations and the limited healthcare options for Fijians, which allowed interns to see a vast diversity of presenting cases, contributed to their clinical transformations.

The interns that participated within the current study demonstrated transformational learning with regard to their clinical skills, moving from a place of unconscious uncertainty about their own ability and skill when delivery chiropractic care into a position of strong clinical confidence. Also demonstrated within this study were interns’ intercultural transformations and an expanding shift in consciousness toward a much larger worldview from when they arrived in Fiji. These transformations in both confidence and intercultural awareness led to the interns’ development, or solidification of a professional identity as a Doctor of Chiropractic. Although unanticipated, this finding was significant.

The transformations present within the current study underscore the value of such programs for increasing the cultural awareness of healthcare professionals, which may help to mitigate U.S. cultural barriers in practice. This study also underscores the need for educators to develop intentional, intercultural and global learning experiences affordable for those that find the cost of international travel and study prohibitive.

References


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