Chapter 10

International healthcare students in clinical learning environments

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Abstract

Internationalism is becoming an increasingly prominent phenomenon in healthcare education. Growing evidence suggests that cultural and linguistic differences influence international students' learning experiences, particularly in clinical learning environments. We suggest that both students and their mentors should be provided with education in culture and communication to prepare them for professional partnerships in the clinical learning environment. Students also require a well-planned orientation and enough time to adapt to cultural and linguistic differences during their clinical placements. Creating a pedagogical atmosphere which is supportive of cultural differences can enhance students' success in clinical learning. Fostering intercultural sensitivity towards international students enables reciprocal learning to take place between mentors, clinical facilitators and students. Internationalism offers great opportunities for students to receive a richer education and become better professionals. However, educating international students well requires both careful planning of clinical education within the healthcare curriculum and training of clinical mentors to supervise international students effectively.

Keywords: clinical learning environment, clinical mentors, cultural diversity, healthcare education, international students, linguistic diversity

Introduction

For several decades the internationalisation of higher education in healthcare has been growing in line with increasing globalisation. This has enabled people to cross borders and take their professional experience to new countries. Over this period, governments around the world have supported the internationalisation of higher education (de Wit, Hunter, Howard & Egron-Polak, 2015), because it provides a supportive environment for health professionals' development increasing their awareness of diverse cultures, different ways of making decisions (Allen & Ogilvie, 2004) and sharing of cultural experiences (Parker & McMillan, 2007). However, migra-

tion can be challenging in terms of adhering to national regulations for healthcare professionals and maintaining national standards (Cutcliffe, Bajkay, Forster, Small & Travale, 2011). Cultural and linguistic diversity in higher education and professional working environments creates both new possibilities and further challenges (Brown, 2008). These include opportunities for diverse enriching experiences and risks of negative attitude-building, potentially resulting in hidden or open discrimination, social isolation and humiliation (Pitkäjärvi, Eriksson, Kekki, Pitkala, 2012). The greatest challenges arise in clinical placements (Mikkonen, Elo, Kuivila, Tuomikoski & Kääriäinen, 2016a), in which international healthcare students' experiences revolve around their relationships with clinical mentors, other clinical staff and patients.

The clinical learning environment plays a significant role in healthcare students' professional development. The objective of this chapter is to highlight some key factors influencing international students' learning in clinical environments, with a view to helping educators promote an optimal learning environment and good clinical mentorship practices for international students. The chapter addresses three main themes: education in culture and communication in clinical learning environment, learning in the clinical environment, and key players and their functions. Firstly, we discuss the cultural and linguistic considerations that influence students' success in a clinical learning environment. The second part focuses on important factors for promoting students' learning in a clinical placement, including well-planned orientation, clinical activities and student assessment procedures. The third part discusses the roles of clinical mentors, clinical facilitators and international students in meeting the challenges of intercultural learning.

Education in culture and communication in clinical learning environment

Integrating theoretical knowledge into professional settings through clinical placements plays an essential role in higher healthcare education. Providing opportunities for students to apply their knowledge and demonstrate their skills in authentic clinical settings prepares them as future healthcare professionals (Woodley 2013). However, mentoring international students requires a sound theoretical knowledge base and clinical judgment, good interpersonal skills, teaching and evaluation skills, as well as readiness to act as an advocate of cultural diversity and create a welcoming learning environment (Hall-Lord, Theander & Athlin, 2013; Jokelainen, Turunen, Tossavainen, Jamookeeah & Coco, 2011; Mikkonen, Elo, Tuomikoski, Kääriäinen, 2016b).

The clinical component of healthcare education generally builds professional competences in "psycho-social support of a patient, procedures and diagnostic test, [healthcare] interventions, infection control, and pharmacological treatment" (Eriksson, Korhonen, Merasto & Moisio, 2015, p. 63). For international students clinical placements also build their cultural and linguistic competencies. Competence in the language of the country is critical to success in clinical learning: placements provide opportunities for students to connect with patients and to grow and improve in their use of the local language. Positive experiences of using the new language help students to feel like part of a team (Myhre, 2011), facilitate provision of more diverse learning opportunities (Rogan, San Miguel, Brown & Kilstoff, 2006), and help students to consolidate their professional confidence.

Conversely, without culture and language education, the challenges associated with cultural and linguistic diversity may limit students' learning opportunities (Green, Johansson, Rosser, Tengnah & Segrott, 2008; Mattila, Pitkäjärvi & Eriksson, 2010). Feelings of isolation, loneliness and humiliation may arise (Arieli, 2013; Jeong, Hickey, Levett-Jones, Pitt, Hoffman, Norton & Ohr, 2011) and misunderstandings in communication and students' performance may occur (Green et al., 2008; Jeong et al., 2011; Rogan et al., 2006). Examples of potentially difficult situations include talking on the phone, taking care of terminally ill patients, giving handover reports (Miguel & Rogan, 2009), and handling language barriers in an environment where students are not meant to make mistakes (Pitkäjärvi et al., 2012). Students' accents may also be interpreted as a sign of ignorance or lack of healthcare knowledge and the required clinical skills (Sedgwick, Oosterbroek & Ponoma, 2014). At the same time, students sometimes respond positively to linguistic barriers by developing better nonverbal communication skills (Myhre, 2011), and greater empathy towards other people who struggle with language (Koskinen & Tossavainen, 2003a). Additionally, empathy from teachers has been shown to lead to better communication by students because they feel free to ask questions, share their worries, and interact with others (Mikkonen, Kyngäs & Kääriäinen 2015).

'*The Hand Model: Cultural Safety in Your Hands* is a useful tool for fostering *cultural awareness*, *cultural connections*, *communication*, *negotiation* and *advocacy* (Mackay, Harding, Jurlina,

Scobie & Khan, 2012). It could be introduced to international students and their clinical mentors from the beginning of their relationship to build shared understanding and enhance their experience of cultural and linguistic diversity. The aspects of the five levels (aspects of cultural diversity and communication) considered are summarized in Table 1 and outlined below.

Table 1. A Hand Model: Cultural Safety in Your Hands integrated for international healthcare students

SHARED MEANING	
AWARENESS	• Recognition of student's / mentor's own culture • Acceptance of student's / mentor's own culture • Respect for all other cultures • Looking at other cultures' healthcare system and principles
CONNECTION	• Culturally appropriate connection with client, family, other students • Connection through knowledge, communication skills, and acknowledgement of cultural differences
COMMUNICATION	• Verbal and written language • Nonverbal communication • Clinical vocabulary and norms • Collaborative skills
NEGOTIATION	• Reaching out to the other • Mutual understanding with mutual

	agreement • Encouraging student to be self-directed learner • Enhancing autonomy and self-responsibility in learning • Accepting cultural diversity • Creating safe environment for learning
PARTNERSHIP AND ADVOCACY	• Supporting student's interaction with the client • Enhancing client's safety and confidence in student's ability to perform • Building a mentorship relationship

At the *cultural awareness* level students can be taught to recognise their own culture while also learning to respect other cultures. Information about the host country's healthcare systems and providers can be introduced to the students, along with an explanation of the significance and meaning of cultural diversity in that context.

At the *connection* level students learn more about cultural differences by making connections with people from the local and other cultures. Educators can maximise opportunities to bring international students together with domestic students in order to promote peer support.

The *communication* level involves integrating knowledge of the verbal and written language with understanding of nonverbal meanings and clinical vocabulary. It is also important to practice collaborative skills, firstly with other students and then with clinical mentors and other clinical staff. Linguistic challenges in clinical education include learning clinical terminology and abbreviations, knowing how to interact with clinical staff and patients, exchanging health information with patients and other parties involved in their care, documentation, conducting handovers, ask-

ing for guidance from clinical mentors when necessary, and understanding different dialects. Cultural aspects include learning small talk suitable to the host country, reading and acting on non-verbal cues from patients, developing appropriate behaviours and ‘bedside manner’, recognising and being able to apply local social norms, and understanding cultural behaviour patterns (Miguel & Rogan, 2009; San Miguel & Rogan, 2012; Seibold, Rolls & Campbell, 2007; Rogan et al. 2006).

At the *negotiation* level students start to reach out toward the different other by learning to express mutual understanding and mutual agreement. Students are encouraged to be self-directed learners, taking responsibility for their own learning and professional development. The concept of autonomy can pose major challenges for students from collectivistic cultures, who may need therefore more support by clinical facilitators early in their placements. Generally, in the collectivistic cultures characteristic of many Asian and African countries, First Nations, Native American, Arab, Latin and Southern European countries, group goals are prioritised over personal goals and a sense of 'we' is more important than 'I'. By contrast the opposite is true of 'individualistic' cultures which are common in, for example, the United States, Australia and Northern Europe (Thompson, 2012; Thompson 2013).
At the final level, *partnership and advocacy*, the students enter their clinical placement and start interacting with patients, enhancing patients’ safety and growing in their confidence and ability to perform their duties. At this point support from clinical mentors and facilitators to build safe and sustaining relationships with students is needed (Mikkonen & Kääriäinen, 2016c). *A Hand Model: Cultural Safety in Your Hands* may be introduced to and used by clinical facilitators and mentors for this purpose.

By carrying out this kind of cultural and language learning exercise prior to a clinical placement, students have a better understanding of expectations about their performance and behaviour during the placement. Furthermore, such education boosts students’ confidence in problem-solving and decision-making, provides them with a more successful learning experience, and reduces their anxiety about starting a new clinical placement (Miguel & Rogan, 2009; Rogan & San Miguel, 2013). Students may also develop confidence in requesting assistance when unsure of the correct response to a patient’s request for help (Miguel & Rogan, 2009). Finally, students can

learn to challenge any unacceptable staff behaviours, which are not compatible with supporting students' learning needs (Rogan et al., 2006).

Ideally, diverse channels and pedagogical strategies should be used in culture and language education, including visual and audio learning methods, simulations, and accessible online materials, to encourage continual learning and development (Rogan & San Miguel, 2013; Seibold et al., 2007). Intensive language workshops may be offered prior to the first clinical placements (Rogan & San Miguel, 2013), but continued opportunities for language learning may still be needed to address challenges that arise during clinical placements and further develop language proficiency (Miguel & Rogan, 2009; Pitkäjärvi et al. 2012).

Learning in the clinical environment

Orientation

A well-planned and thorough orientation provides students with a clear picture of the function and purpose of a clinical placement. This reinforces the professional nature of their learning, and establishes an atmosphere of appreciation and recognition of the students as future professionals (Robinson, Andrews-Hall, Cubit, Fassett, Venter, Menzies & Jongeling, 2008; Worrall, 2007). The orientation process should include a thorough introduction to the students as this gives clinical mentors critical information about their students, including their cultural background, previous education, and experiences in the healthcare field. This can be accomplished by allowing clinical mentors access to students' professional portfolios. To facilitate easy and quick introduction of individual students some organizations have designed Curriculum Vitae-type documents, which the students keep updated throughout their studies and present as the first step of orientation into a placement. Similarly, the students should have access to essential information about key parameters of the placement, such as daily schedules, routines and traditions, safety regulations, mentorship protocols, and expectations of students' performance (Woodley, 2013).

There is greater risk of misunderstanding and confusion in clinical mentorship when there is inadequate knowledge about the international students' background, their learning outcomes and any regulations set by their higher education institutions. Unorganized clinical learning practices may cause problems with clinical mentoring (Jeong et al., 2011), leading to absenteeism and feel-

ings of frustration (Koskinen & Tossavainen, 2003b). In such situations students may even feel invisible at the beginning of a clinical placement (Sedgwick et al., 2014).

Cultural differences at the start of a clinical placement can cause distress for international students (Green et al., 2008) and engender feelings of helplessness. As suggested above, without appropriate culture and language studies prior to a practice period there are much greater risks that it will have a difficult start or be unsuccessful. International students may critically compare and unfavourably interpret cultural aspects of patients' care that differ from characteristic practices in their native culture (Grant & McKenna, 2003; Green et al., 2008). Students may feel that they have to compromise their own cultural values, for instance finding it uncomfortable to challenge requests from clinical staff because they see them as the 'big boss' (Rogan et al., 2006). That is why international students need additional support from their clinical mentors and require additional time to learn, especially in the beginning of their placement (Mikkonen et al. 2016a).

Whilst adapting, students become more aware of any differences in healthcare practice and nursing culture. On the one hand this may make them appreciate healthcare in their own country more. On the other hand, reflecting on both previous knowledge and new experiences promotes the development of their analytical thinking, and may lead to an appreciation of the positive aspects of a different culture and its approach to healthcare. Comparisons often relate to differences in healthcare professionals' status, hierarchy and level of autonomy between home and host countries (Grant & McKenna, 2003; Green et al., 2008; Myhre, 2011). Students move from a micro to a macro transition over time (Grant & McKenna, 2003), as their focus gradually shifts from critically comparing small details towards a broader understanding of healthcare and its organization in the new country (Green et al., 2008). The transition process can eventually become a rewarding experience (Grant & McKenna, 2003) involving a conscious normalisation of the differences as students become accustomed to new professional ways of working, cultural norms and values, and develop greater tolerance towards the other culture (Green et al., 2008).

Students do not just experience cultural differences at work during their clinical placements but also when socialising with others and interacting with the wider population (Green et al., 2008). Evidence suggests that having international experience gives students a more holistic understand-

ing of patient care (Green et al., 2008), and that linguistic and cultural difficulties help them relate to patients who are helpless in their own situation (Myhre, 2011; Mikkonen et al. 2016a).

Creating meaningful activities

Opportunities for international students to practice their clinical skills may be limited due to the cultural and linguistic challenges. A key constraint can be that students need to consistently prove their own competence and to counter distrust shown to them by staff, patients and domestic students (Jeong et al., 2011; Mattila et al., 2010; Sedgwick et al., 2014). Otherwise, learning opportunities may be limited to observation (Green et al., 2008; Pitkäjärvi et al., 2012), basic patient care, or performing tasks which are not relevant to their learning needs (Mattila et al., 2010). This conflicts with good practice for clinical learning in healthcare education. Due to the constant need for students to prove their ability as responsible learners they can end up learning mainly through trial and error, losing their motivation (Mattila et al., 2010), or even failing the clinical practice period.

These problems are illustrated by the following Cases 1-3 by interviewees in a recent project on international students' experiences in a clinical learning environment. Other illustrative cases drawn from the same source are also reported in this chapter.

Cases 1-3 of international students' experiences in a clinical learning environment

After her third placement a 35-year-old international female student from Europe observed that domestic students received more challenging and more interesting tasks without having to ask for them. She felt that domestic students received higher quality clinical education than international students. She expressed a view that staff were less willing to invest in teaching international students, which she found discouraging.

A similar case was shared by a 44-year-old European female student who expressed frustration and blamed herself for allowing staff and mentors to boss her around. The student demonstrated her willingness to help in situations where she felt that an extra pair of hands was needed. As an exchange student she felt that she was exploited by being expected to help in performance

of basic practical nursing tasks, without getting opportunities to learn the more specialized procedures required for a professional nurse.

A 28-year-old female student from Asia experienced that sometimes, at really busy times of day, mentors did not have time to explain things or even talk with students. She said that during such times, when a student does not understand the clinical situation at all, all he/she can do is follow the mentor around with a blank brain or perform tasks on command like a robot.

Experiences of being from a minority ethnic or cultural group in the host country (Grant & McKenna, 2003; Green et al., 2008) can place students in a vulnerable position and expose them to risks of social isolation and rejection (Jeong et al., 2011). Without creating a system which can foster an atmosphere of belonging for international students (Sedgwick et al. 2014) there is a risk of leaving space for direct or hidden discrimination to arise (Arieli, 2013; Mattila et al., 2010). These issues are illustrated by Cases 4-6.

Cases 4-6 of international students' experiences in a clinical learning environment

A 24-year old European female student felt isolated on the wards, unable to participate in social interactions and afraid to ask questions. The student felt that the language barrier caused her to miss out on learning opportunities. She observed that many of the staff were unwilling to take the time to explain things to her in simpler language or in English. She often felt like a burden to the ward and that they would have preferred that she was not there.

Two female African students in their twenties felt that the wards they worked in were unfriendly and cold towards international students. One of them felt that it had been a mistake to choose healthcare as a major. She expressed discouragement and frustration. She found that language competence was considered more important than the student´s subject knowledge on the

course. She would have liked to have been better appreciated by clinical staff because she was making an effort to learn and speak the domestic language, instead of being despised because of her still-developing language skills. Both students said that discrimination and racism were present on the wards and wished that the schools would intervene or even cancel the international degree programmes altogether rather than allowing students to go through such experiences. The second student felt saddened and worried for her fellow classmates as they had been bullied, mocked and treated very badly. It was shocking to her that some healthcare workers were disrespectful towards international students. She said that it is not easy to quickly adapt to a new country and learn the language straightaway. She also said that the way the students were treated discourages them and affects them in a very negative way so, for example, a little understanding from nurses would help.

A 35-year old African female student felt that international students are not treated well in clinical placements because of language barriers. In her experience isolation was a common issue, with experienced healthcare staff gossiping about her without any justification.

Clinical mentors need to adopt varied and flexible teaching methods in order to mentor international students effectively (Koskinen & Tossavainen, 2003b). International students may take longer to perform a task than domestic students, partly because it takes them longer to assimilate verbal instructions (Jeong et al., 2011). Additional time and patience can create a safe environment for students to ask questions about performing tasks correctly. Positive experiences in clinical settings have a positive influence on the student's self-esteem. For international students such positive experiences have particularly significant and unique value as they promote integration into the society at large (Mattila et al., 2010). Saying good things about a student in the presence of other staff members, allowing autonomy with tasks whenever possible and showing trust are valuable ways of promoting positive learning experiences (Mattila et al., 2010), as illustrated by Case 7 and 8.

Cases 7 and 8 of international students' experiences in a clinical learning environment

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A 26-year-old female student from Europe expressed only positive experiences during her clinical placements. She felt that healthcare staff understood that she was an international student and they responded by speaking a little more slowly to her or using simpler language. She did not experience any differences in attitudes towards her compared with domestic students. She received a lot of support from the staff and they encouraged her to speak more bravely. Patients were also understanding and there were no problems arising from the fact that she did not speak the local language perfectly. Because of the supportive learning environment the student noticed that with every clinical placement her language skills improved.

A 25-year-old male student from Africa said that his clinical practice was great despite the language. He received a lot of support from healthcare staff. His language skills improved a lot and he really loved and enjoyed the clinical practice.

Safety lies at the core of all healthcare. Therefore, overcoming a potential language barrier is important. One way to ensure safe practice is asking the student to explain their intended actions prior to care interventions. Adhering to structured methods of communication while giving oral or written reports about patients' health status (for example the ISBAR mnemonic tool - Identify, Situation, Background, Assessment and Recommendation), helps to ensure clarity of communication. Plentiful use of visual aids supports learning (O'Reilly & Milner, 2015). Dictionaries should be available in all units hosting international students.

Assessment and evaluation

Ensuring that learning outcomes, continuous assessment and final evaluation are thoroughly planned is important for providing students an effective clinical learning experience (Elcigil &

Sari, 2008). Students should receive guidance to plan their own learning outcomes in the clinical environment, and be supportively evaluated by healthcare professionals. Assessment of clinical learning should allow enough time for clinical reflection as this contributes to students' personal and professional development (Myhre, 2011). This involves considering different approaches to care (Green et al., 2008), critical thinking and reflection on theory and practice (Mattila et al., 2010), making connections between basic concepts and healthcare practice, and the student's personal and professional growth (Myhre, 2011). These issues are illustrated by Case 9, with emphasis where assessment and evaluation are poor, and there is inadequate reflection, serious problems can arise for the student.

Case 9 of international students' experiences in a clinical learning environment

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A 27-year-old female student from North America described experiencing formative assessment, when she directly asked her mentor for feedback, as a "false positive" feedback. She gave an example of a time when her mentor said, "Oh yes, you're doing very well. Maybe you could work on this a little." However, when her clinical facilitator from university came to the final evaluation, many problematic issues relating to this student were suddenly raised, regarding for example an occasion when the student was left to take care of patients alone for a day, since her mentor was in charge of the ward. At the end of the shift the mentor wrote a lengthy email about the student being a threat to patient safety. It did not mention that, despite the student being such a safety risk, the mentor her/himself entrusted the care of her patients to the student for the entire day. The mentor recommended that the student be failed and "kindly" timed this recommendation so that it would be received on the day of the student's final evaluation. The student felt frustrated because she had expected honesty from her mentors, and she felt that she had not had a chance to prove her competence: instead, she was just waved off with a confused look on her face.

Reflection helps the clinical mentors to determine students' learning needs (Myhre, 2011) and to provide continual feedback (Mattila et al., 2010). It also helps students to voice possible anxieties about their clinical placement (Miguel & Rogan, 2009), and can be used to help international and domestic students connect and to encourage students to share their experiences of clinical learning (Grant & McKenna, 2003; Rogan et al., 2006). Moreover, reflection can be used by clinical facilitators, clinical mentors and international students to review the purpose of students' learning in their clinical placements, support students to gain confidence (Rogan et al., 2006) and validate both their learning and importance.

Key players and their functions

Intercultural clinical mentor

The clinical mentor's role draws on his/her knowledge in healthcare, clinical judgment and decision-making, and teaching and evaluation skills. Clinical mentorship is also shaped by the mentor's personal characteristics and interpersonal skills (Ferrara, 2012; Madhavanpraphakaran, Shukri & Balachandran, 2014; McIntosh, Gidman & Smith, 2014; Omansky, 2010). An additional element of the clinical mentor's role, for international students, is to be an intercultural mediator who helps them to handle cultural diversity and any differences in patient care whilst adapting to a new cultural environment and connecting with other staff involved in the placement. The clinical mentor has a responsibility to demonstrate intercultural sensitivity and to be aware of the cultural challenges that may arise. Having a mentor who is an effective intercultural mediator may reduce students' stress (Koskinen & Tossavainen, 2003a), help them to understand the culture and behaviours in the host country, and increase empathy and positive humility towards others (Koskinen & Tossavainen, 2003a). The importance of this is illustrated by Cases 10-12.

Cases 10-12 of international students' experiences in a clinical learning environment

A 22-year-old female student from Europe said that her mentors were really kind and attentive to her, despite other staff not wanting to help her. An example was when one nurse shouted at her because she could not understand the student. After the incident the student almost lost her motivation but the mentor

helped her by talking with the nurse.

A 33-year-old African male student was grateful to his mentor for accepting him as a culturally different student. He felt that he had the best mentor with a background of multicultural experiences. He experienced the mentor helping other healthcare staff to consider and respect his own learning goals during the clinical placement.

A 22-year-old European female student mentioned that language barriers were her biggest obstacles to learning. She had to spend a lot of time translating documents and procedural guidelines. All the healthcare staff (especially her mentor) tried to help her, making her feel comfortable and stay motivated to keep learning the domestic language during the clinical placement in order to practice her clinical skills.

Insufficient time and other workload pressures on clinical mentors can increase their stress levels (Pitkäjärvi et al., 2012), creating risks that they may become less tolerant in dealing with students' learning processes and time demands. It may be necessary to increase the motivation, incentives and capacities of clinical staff to mentor international students, for instance by suggesting appropriate pedagogical strategies, reducing patient loads for the duration of a placement (Pitkäjärvi et al., 2012), sharing mentorship responsibilities with other colleagues (Pitkäjärvi, Eriksson & Kekki, 2011), and/or increasing the rewards for mentoring international students (Pitkäjärvi et al., 2012). Offering staff further education in mentoring may also lead to more consistency of experience and understanding around cultural diversity and effective ways to mentor international students. Designating some clinical staff as specialist mentors for international students may enable them to develop better capacities for handling communication and cultural challenges in the clinical learning environment and reducing the stressful situations associated with such placements (Jeong et al., 2011). These issues are illustrated by Cases 13 and 14.

Cases 13 and 14 of international students experiences in a clinical learning environment

A 24-year-old female student from Europe completed a placement in which she had 13 mentors within four weeks: sometimes the mentor changed almost every day. She did not develop any relationship with her named mentor during this placement.

A 32-year-old female student from Africa said that on two occasions her mentor preferred working alone or with fellow colleagues rather than with her, because the mentor could not communicate well with her due to the language barrier.

Clinical staff can enhance opportunities to mentor and work with international students (Jeong et al., 2011) by encouraging reciprocal learning and variety (Pitkäjärivi et al., 2012). Involving students in clinical decision-making as a team member further minimizes the feeling of being an outsider and helps students to mature into future professionals (Mattila et al., 2010). Moreover, a positive pedagogical atmosphere enables students to take pride in being able to take care of their own patients (Grant & McKenna, 2003), taking caring concepts into the placement (Myhre, 2011), and building a bond with patients (Rogan et al., 2006). Students can grow through taking responsibility when they are entrusted with clinical tasks by staff (Myhre, 2011).

Absence of a positive pedagogical atmosphere in a clinical placement can have the opposite effect. Clinical staff may have inappropriate expectations of students' language skills and their ability to perform different types of professional tasks independently (Mattila et al., 2010). Expectations may be too demanding and unfair compared with the demands placed on domestic students (Rogan et al., 2006). Students' confidence may decrease as the pressure builds on them (Miguel & Rogan, 2009), leading to restricted learning (Mattila et al., 2010). International students may be neglected, or left alone without any supervision (Mattila et al., 2010; Rogan et al., 2006). Problems can be caused by telling students what to do instead of including them in decision-making (Miguel & Rogan, 2009), not acknowledging their cultural and professional backgrounds (Seibold et al., 2007), getting angry at them because of language limitations (Mattila et al., 2010), and demanding that they must be active despite being ignored and poorly mentored (Pitkäjärvi et al., 2012). Moreover, any suspicion and apprehensive behaviour by staff may cause patients to

have doubts and treat the international students unkindly (Mattila et al., 2010; Pitkäjärvi et al., 2012), as illustrated by Cases 15 and 16.

Cases 15 and 16 of international students' experiences in a clinical learning environment

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A 46-year-old male student from North America mentioned that when he completed medical procedures in a manner that was not acceptable - including being too slow when attempting to do the steps correctly - he was never offered another chance to do those procedures. The lack of positive reinforcement left him feeling that his mentor thought he was doing everything wrong. He thought he was meeting clients' needs on all levels, but was still left feeling that his work was substandard. By the third week his mentor made it clear that she would rather work without him following her, rather than continue to teach. The student said that while he did not suffer from discrimination because of his language failings, he did feel isolated and often neglected, for instance not being shown any new procedures. He felt it was obvious that the mentor found it too laborious to explain the procedures and allow him to learn.

A 22-year-old female student from Europe experienced negative attitudes. She recognised that mentors were busy and lacked time. She also noted that mentors did not get additional financial rewards for mentoring. At the same time she felt that the staff's behaviour was unfair because they had been students themselves and experienced being on clinical placements in the past. The other issue was time. As the mentor needed to guide the student without her own workload being reduced, she had little time to properly mentor the student and answer her questions. Everything was rushed through and the expectations upon students only grew. This student also experienced a lack of trust, which hindered her learning because she was not allowed to do much with or without her mentor. The negative attitude was also reflected in the way her mentor referred to her as the "student" the whole time.

Clinical facilitator

The clinical facilitator has responsibility for guiding students' learning during their clinical placement. The clinical facilitator seeks to balance the needs and requirements of students with the demands of the clinical placement. In cases where facilitators cannot be present during placements, the university should make other arrangements to provide students with the pedagogical supervision required. During this era of digitalized services video-conferencing and other virtual platforms have been successfully used for such purposes. There is evidence to suggest that the presence of the clinical facilitator promotes a student's confidence in becoming an independent future professional (Rogan et al., 2006). Facilitators' presence may be manifested as visits to the clinical placement, provision of feedback, or taking time to explain and answer questions (Rogan et al., 2006). Evidence further indicates that international students' professional development in placements is enhanced through the facilitators' support, attention and advocacy (Seibold et al., 2007), as illustrated by Case 17.

Case 17 of international student's experiences in a clinical learning environment

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A 27-year-old female student from Asia was hoping for more guidance and involvement from her clinical facilitator, especially in areas where she lacked confidence in her clinical skills. She commented that the learning experience during the placement was otherwise good, improving her knowledge and skills in providing care to patients. However, she felt that this was partly due to her having a previous degree in the same field from her own country, which made it easier for her.

Students

Students develop coping mechanisms despite facing cultural and linguistic challenges in clinical learning environments (Grant & McKenna, 2003). Taking initiative to learn and handle new situations helps students to build their own coping strategies (Grant & McKenna, 2003). International students' determination to succeed and their desire to learn to communicate and behave according to the customs of the host country are reportedly strong (Rogan et al., 2006). Students

also find that staying true to their own values of care keeps them motivated (Grant & McKenna, 2003). Furthermore, making connections between previous and new experiences helps students to learn during clinical placements (Grant & McKenna, 2003; Green et al., 2008). Students need to have opportunities to complete clinical placements with real patients rather than practicing through simulation alone (Miguel & Rogan, 2009). Although international students build individual strategies to cope with any cultural and linguistic difficulties there is still a risk that they may start to minimise any negative experiences such as being treated unfairly in grading (Arieli, 2013), or giving up on their education (Mattila et al., 2010).

Self-determination, self-direction and motivation are known to be important for students' success in clinical learning environments (Koskinen & Tossavainen, 2003a; Koskinen & Tossavainen, 2003b; San Miguel & Rogan, 2012). These qualities may be demonstrated by students taking the initiative and seeming to adjust to the cultural and linguistic differences they experience (Koskinen & Tossavainen, 2003b). They can also be manifested as assertiveness and proactive behaviour, including students taking responsibility for their own learning (San Miguel & Rogan, 2012), as shown by Cases 18 and 19.

Cases 18 and 19 of international students' experiences in a clinical learning environment

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A 19-year-old male student and a 28-year old female student from Europe declared that the only way to learn was through their own motivation. They felt that if they have motivation and positive attitudes it is possible to reach all their targets.

A 36-year-old female from Africa saw learning as a process which required her positivity and urge to learn the language. During her placement she managed to progress and build confidence in her language skills by being patient.

Summary

Higher education in healthcare gives international students opportunities to experience different cultural thinking, ways of making decisions and approaches to solving problems. Students can enjoy the advantage of experiencing patient care from different perspectives while learning to appreciate their own cultural and professional healthcare traditions. Students may gain a sense of achievement from living and working in different countries. Furthermore, they may help disseminate global developments in healthcare. Students can improve their career prospects by gaining a wider range of professional working opportunities. International education gives students valuable experiences such as challenging themselves, connecting previous experiences with new ones, and growing in confidence while facing practical challenges in a new country (Grant & McKenna, 2003; Green et al., 2008). This chapter has identified and discussed some of the key factors involved in ensuring that international students have successful learning experiences in clinical settings. Prior education in communication and culture plays an essential role in reducing experiences of social isolation, stress and dealing with language barriers, thereby improving students' clinical learning. Key players in the clinical learning environment are also critical, specifically intercultural mentors who can help create an environment conducive to learning, clinical facilitators who can support international students particularly in the beginning of placements, and international students themselves who must have determination to learn.

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