

## **COA Position Statement on International Clinical Experiences**

The COA values international clinical experiences that are intended to be primarily learning-oriented with educational considerations taking precedence over any service delivery or revenue generation; however, international clinical experiences (i.e., cases, hours, procedures, and anesthesia time) cannot be counted towards COA case requirements as recorded on the NBCRNA Academic and Clinical Experiences Form. “International clinical experiences” are defined as the ability of graduate students to obtain experience and knowledge of cultural, educational, service and leadership skills in a health care setting outside of the United States territory.

***Cognitive:*** Enhancement of critical thinking skills related to diagnosis and treatment while utilizing available resources or in an austere environment.

Participation in a global experience and exploration of other processes in which problems are solved.

***Cultural:*** Opportunity to gain greater understanding of global citizenship, value systems and health care systems, including care of underserved populations.

***Educational:*** Learn preparation and problem solving skills and the ability to quickly adapt to unfamiliar environments.

***Leadership:*** Development of confidence and leadership qualities through the experience with diverse conditions.

Establishment of academic and professional development networks.

***Physical:*** Become familiar with other settings that contain different equipment. Learn to focus more on physical observations due to limited equipment.

***Knowledge:*** Expand the ability to adapt to limited resources in the international setting and/or underdeveloped countries and be able to perform safe, high quality anesthesia.

Development of cognitive skills that include understanding, reasoning and problem solving in order to provide the safest anesthetic in less than ideal or unfamiliar conditions.

Best practices should be followed during these experiences, with a focus on: student safety and emotional well-being; patient safety; and ethical patient care.

The clinical supervision ratio of students to supervisors should be coordinated to insure patient safety by taking into consideration: the student’s knowledge and ability; the physical status of the patient; the complexity of the anesthetic and/or surgical procedure; the resources of the clinical environment; and the experience of the supervisor.

Individuals supervising students at an international site should be CRNAs or anesthesiologists holding US licenses. These individuals should be immediately available to students in the clinical area.

Programs should have a policy in place to ensure proper student and environmental safety; students should be informed of known risks and have an emergency and medical evacuation plan.

#### Resources:

American Association of Nurse Anesthetists. Mission trip FAQs for CRNAs.  
<http://www.aana.com/resources2/professionalpractice/volunteerism/Pages/FAQs.aspx>. Accessed April 24, 2016.

Health Volunteers Overseas. Role for nurse anesthesia students at HVO sites. Revised 2014. (Internal policy; for copies contact [a.pinner@hvousa.org](mailto:a.pinner@hvousa.org)).

NAFSA: Association of International Educators. Professional resources.  
[http://www.nafsa.org/Professional\\_Resources/Professional\\_Resources/](http://www.nafsa.org/Professional_Resources/Professional_Resources/). Accessed April 24, 2016.

United States Department of State. Students abroad.  
<https://travel.state.gov/content/studentsabroad/en.html>. Accessed April 24, 2016.