

Echoes of the Grand Tour: Shared international experiences in nursing education

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The pandemic-induced suspension of international study tours in 2020 permits space within which to examine the specific role of the study tour supervisor and student learning. While there is a significant body of literature on student experiences, relatively little attention has been devoted to the supervisor's role. Drawing on a first-hand account by a nurse educator on Australia's New Colombo Plan (NCP) international study tour program, this paper reveals the role's shifting complexities and uncertainties. This discussion provides the basis from which to explore the dynamics of supervisor-student relationships within unfamiliar overseas settings. The original Grand Tour, particularly the advice provided by Sir Francis Bacon in the early 17th century, serves as a frame of reference against which to evaluate the experiences shared by supervisors and students on international study tours. The frequently hazardous situations they face together required them to assume increasing responsibilities. The paper assesses the strategic and theoretical implications arising from this exercise of responsibility, which is grounded in nursing ethics and the goals of public health.

Keywords: *international study tour supervisors; the Grand Tour; New Colombo Plan; nursing education; shared learning experiences; responsibility.*

Introduction

In 2014, Australia's then Foreign Minister, Julie Bishop, announced the New Colombo Plan (NCP) amid some fanfare. The NCP provides scholarships for Australia's 'brightest and best' – undergraduates aged mainly between 18 and 28 – to embark upon educational tours to the Asia-Pacific region. The Liberal-National government's core hope for the NCP was that its 'talented and adventurous' participants would become 'excellent student ambassadors for Australia' (Bishop, 2014). By establishing new educational, economic, cultural and policy networks, they would extend Australia's international influence.

From its inception, the NCP expanded hugely from its initial 2014 pilot scheme in four destination countries (Indonesia, Japan, Singapore and Hong Kong). With approximately 10,000 students participating annually by 2018, it grew to encompass a dazzling array of 40 countries in the Asia-Pacific region (from Bhutan to Fiji, Sri Lanka to Japan). In 2018, the Department of Foreign Affairs and Trade (DFAT) projected that by the end of 2020 there would be 40,000 NCP alumni (DFAT, 2018). Of course, the onset of the coronavirus pandemic has rapidly deflated such optimistic projections of international student mobility. Not only have foreign students been unable to enter Australia since March 2020, engendering financial crises for many Australian universities; the prospects of domestic students travelling overseas in any foreseeable future have also dimmed dramatically. Yet the suspension of international travel permits a space for reflection on international study tours such as the NCP, focusing here on the tour supervisor role and student learning experiences.

Expectations and responsibilities

There is nothing especially new about international mobility as an essential element of a young person's education. As early as the opening decades of the seventeenth century, the belief in travel abroad as a necessary educational experience was firmly embedded among the

English aristocracy. This was the basis of what came to be known as the Grand Tour, from which mass tourism at least partially emanated (Brodsky-Porges, 1981; Towner, 1985). In his essay of the period, 'Of Travel', Sir Francis Bacon exhorted the (male) brightest and best of his day to seek the guidance of a more experienced, knowledgeable companion before embarking on their foreign sojourns:

Travel, in the younger sort, is a part of education, in the elder a part of experience. He that travelleth into a country before he hath some entrance into the language, goeth to school, and not to travel. That young men travel under some tutor, or grave servant I allow well; so that he be such a one that hath the language, and hath been in the country before; whereby he may be able to tell them what things are worthy to be seen, in the country where they go; what acquaintances they are to seek; what exercises, or discipline, the place yieldeth. (Bacon, 1625/2019: 100)

The Grand Tour went on to become, as late as the opening decades of the twentieth century, an almost obligatory finishing experience for well-to-do young ladies and gentlemen. Invariably accompanied by a chaperone or counsellor, their adventures (and frequent misadventures) became immortalised in such literary incarnations as E.M. Forster's *Room with a View* (1908/2007). Think of the 1985 film version with Dame Maggie Smith as Miss Charlotte Bartlett, the stern but ultimately – ultimately – kindly companion to the free-spirited Lucy Honeychurch (Helena Bonham Carter), on her Italian travels (Ivory, 1985).

Today this phenomenon lives on, albeit modified, with the NCP, the Colosseum and the canals of Venice replaced by Tiananmen Square and Ha Long Bay. The NCP also requires the extension of the chaperone-counsellor role, performed in large part by academic staff, to include tens of thousands of undergraduate students. International study tours have attracted considerable critical scrutiny, on issues ranging from their 'global citizenship' and social justice possibilities to their neo-colonial implications (e.g., Heron, 2019; Neilsen and Weinmann, 2020; Schulz & Agnew, 2020). Within the nursing context, this has particular relevance with respect to the application of Western medicine in NCP host nations.

The reported benefits for students accruing from international study tours have included: enhanced cultural competence; a feeling of

connectedness to others; a heightened awareness of healthcare issues in Australia and internationally; enhanced leadership skills; emotional development; and personal growth (Ferranto, 2015; Halcomb, Antoniou, Middleton & Mackay, 2018; Olave-Encina, Moni & Renshaw, 2020; Tran, Stafford, Soejatminah & Gribble, 2020). The challenges students may face on study tours include communication barriers; culture shock; and feelings of isolation (Halcomb et al, 2018; Matthew & Lough, 2016). The emerging literature on supervisor experiences has emphasised the importance of appropriate preparation of students, the provision of quality supervision and the development of good practice guidelines for the supervisor role (Abery & Agnew, 2018; Browne & Fetherston, 2018; Tan, Flavell, Jordan & Ferns, 2016; Winchester-Seeto, Rowe & Mackaway, 2016). The predominant emphasis has remained on the student experience, as in evaluations of the NCP's effectiveness commissioned by the Department of Education and Training (DET), in consultation with DFAT (e.g., ACIL Allen Consulting, 2016). To complement this literature, we focus on the role of the international study tour supervisor in relation to student learning. Therefore, the primary unit of analysis is the evolving supervisor-student relationship, within a context of unfamiliar overseas settings and experiences.

A note on method

The method we adopted to explore these issues was, in contrast to Bacon's lyrical depiction of the tutor's role, doggedly prosaic. Still, mindful of Bacon's advice to 'let diaries be brought in view' to encourage young travellers' learning (1625: 101), we drew mainly upon the first-hand diary account of a nurse supervisor, supplemented by students' diary entries and a short on-tour video in which students reflected upon their experiences.

The adoption of a first-person narrative as our primary source may suggest an autoethnographic approach, a method that has been implemented in several higher educational settings (e.g. Gale, Pelias, Russell, Spry & Wyatt, 2013; Golding & Foley, 2017; Hains-Wesson & Young, 2017; Taylor, Klein & Abrams, 2014; Warren, 2017). However, we might hesitate in presenting our approach as purely autoethnographic: the research process leading to the first-person narrative emerged from a collaborative process with other international study tour supervisors from several disciplines and institutions. We sought advice from them on the

most appropriate ways to evaluate the role's effectiveness in relation to student learning. We also subsequently sought confirmation from them that the first-person account accorded with their own experiences. In short, the primary criterion was whether or not the account 'rang true' – with the respondents affirming that it did. Hopefully, this approach should alleviate concerns about drawing general observations from a personal account (Walford, 2004: 209), while the inclusion of student reflections adds a further dimension to the analysis.

Both the international nursing study tour supervisor and students can face **daunting health situations and experiences, often requiring them to assume unexpected responsibilities.** These include hygiene standards; availability of equipment; workplace health and safety; the suitability of different medical procedures; and interactions with patients and hospital staff. They also extend to religious and political differences (such as, in this case, attitudes toward abortion in host locations). The list of **additional, often informal duties required of the nursing supervisor** comprises extended pastoral care (such as personal counselling); travel planning and administration; crisis management; cultural liaison; medical interventions; compliance assurance in overseas locations; monitoring hazards; conflict resolution; and frequently protracted negotiations on sensitive issues. Nor is this list exhaustive; readers will no doubt identify other work demands, including parallels with their own work experiences, in the following first-person narrative.

Planning and preparation: learning the hard way

I have worked at four different universities and have taken undergraduate students, predominantly nursing students, on ten field study trips over the past twelve years, most of these study trips funded with NCP grants. I have found the field study trips to be exhilarating and exciting. Yet the past year has been too much of a rush, with three field study trips in under a year – the field study trip organising and planning takes up way more than my inadequate workload allocation. It has been difficult to be organised in time to meet the spending requirements for NCP funding of up to AUD\$3000 per student. The admin tasks fall to my school – I have some assistance with this. However, I must double-check everything, and I am also the person ultimately responsible when things go wrong. I have not stopped working on the study tour all year and it is exhausting.

Work commences on NCP grant applications from early March. I need to read copious information, obtain quotes for potential flights, and find a university preferred third-party provider with a contract. Third party providers are usually non-government organisations with connections in the country we plan to visit. The third-party provider arranges the schedule; if no suitable provider is available, we organise the schedule, in collaboration with a university in the destination country. A proposal needs to include components such as a budget, risk management, due diligence requirements, timetable, and benefits to the university. Next is sending out emails to all students inviting expressions of interest and then meetings with various stakeholders to discuss criteria for selecting study tour participants, followed by interviews with, and selection of, student participants. We then organise workshops for the successful students and verify their eligibility (e.g., current Working with Children Checks). I keep a list of past students and invite some to talk about their experience to the students going on the next field study trip. The list goes on.

The complexities and costs of taking students on tours have increased steadily in recent years. I have needed to 'let go' a bit – I was told I need to delegate more work to administrative staff. Yet this is difficult, as we have very few due to recent restructuring, leading to greater workloads for supervisors. I am on call 24/7 during study trips and often get contacted during the night or on weekends. There is very little, if any, time off. I also have a corporate credit card; so, if students are sick and we need to pay upfront, I need to be there and get the documentation, then when I get back home apply for a refund from the insurance company. On my first few trips I also paid for my own meals until an academic from another university advised me all costs were reimbursed; so, since then, I have been claiming back and keeping every receipt (translated from different languages). I learned the hard way.

While supervising several international study tours in recent years, I have witnessed the transformation of students into more culturally aware, future professionals. They observe poverty in villages and assist local health workers, particularly NGOs offering health care clinics and health camps. Students provide services such as taking patients' histories via an interpreter; they also learn to use basic language to ask questions, record and assess physical observations, including blood pressure, pulse, perhaps a temperature, urinalysis, height, weight. They sometimes sit in with local health practitioners who may identify a

health issue and recommend medication or possibly a hospital referral; referrals aren't always possible as they depend on availability, transport and cost. Occasionally students have donations they use to assist with referrals or other patient services; the local chief may need to be consulted about this or sometimes it may be funded by a local women's cooperative. Students learn about the value of health care and the use of non-traditional medicines, which may be the only available option. They also learn to appreciate the strengths of Western medicine.

Occasionally, students experience their own serious health problems. Several years ago, I was faced with a very unwell student with undiagnosed diabetes. The local hospital had very basic care provided in twenty-bed open wards, where there were bedpans under beds with faeces and a ventilated patient in another bed opposite, no infection control and no basic testing. Unconvinced by a diagnosis of tick-bite originating in Australia, we requested a transfer to a larger private hospital. I accompanied the student for the transfer, while my co-supervisor stayed and counselled the other distraught students. I remained with the sick student from around 7.00 am to after 10.00 pm each day for over a week. I have been with students having blood tests or intravenous therapy and, although I requested health staff use sterile gloves and wash their hands, even offering my own antibacterial gel, such requests were ignored. It is difficult to watch this happen, helplessly.

On most trips I have had no difficulties with student behaviour, although I have had issues of students fighting with each other, inviting men or women back to the hotel or having wallets stolen. I have been woken up in the middle of the night to deal with students who are drunk, homesick or experiencing various other problems. On a couple of occasions, I have had to share my room – for example, once when a student revealed thoughts of self-harm to me. I always have my own room with two beds, if possible, just in case such situations arise. When there are any issues, students are all counselled, shown the code of conduct they signed and told they could be sent home if there are any further problems. Occasionally, students are sent for medical care and it is usually me who goes with them. Students are asked to disclose health issues, in confidence, to the supervisor before the trip; however, they do not always disclose issues, particularly mental health concerns, until we are on the trip. There are many benefits and some risks involved with the supervisor role.

A typical week

Heading off on another international study tour to South-East Asia with twenty undergraduate students. Two supervisors are required on each field trip: the main supervisor does all the planning, preparation and administration, while also mentoring the co-supervisor, who usually has not been on a study tour before. I have observed that supervisors new to study tours often, like students, find problems such as communication barriers, culture shock and isolation deeply confronting.

Finding another staff member to come with me is always fraught with difficulty – I usually talk someone into it, to be honest. I try to paint a positive picture about the benefits for students and staff, but it's a big ask. Interestingly, there have been no male supervisors on any trip I have been involved with – the field study supervisor role in nursing appears to be women's domain (see Britton, 2017; Gill & Donaghue, 2016); perhaps part of a pastoral role expected of women but which **limits their promotion possibilities?**

I am feeling confident we are organised for this trip. I requested information about how to get the train from the hotel to the destination university. I do not want the students to be concerned about this and need to at least look like I know what I am doing! We need to arrive in time for the early morning orientation session and buy transport system cards. This field study is different from most others, with no third-party provider to arrange transfers, which makes things difficult. My leadership skills are tested to the max on these trips. I can delegate some tasks to **administrative staff and the co-supervisor, but a great deal still rests on me.** This responsibility can be onerous, and I have to be organised.

As a consequence of having to deal with sick students in the past, I always interview students personally to discuss the reasons why they want to come, what they will bring, any health issues and travel requirements (e.g., additional insurance). I have to manage waitlists of students keen to still come if others withdraw. I have to be mindful of the possible loss of deposit money and how much the university needs to pay on top of costs of flights for staff. I sent out reminders early on the day we leave, for students to wear their university T-shirts so we can find each other. I also **remind them to bring their passports and to check their ticket details are correct.** One was not: a bit frustrating. Things like late check-out and early check-in have not been arranged yet. I doubt I will get much sleep.

We meet at the International Airport gate three hours before our flight. The length of tours varies but I try to keep it to 18 days as no extra workload hours are allocated for longer trips. There are usually very limited 'free' days on field study trips and even this time involves meetings with my students or colleagues and students from one of the overseas universities we're partnered with, in addition to being asked to do presentations at the last minute. It's very difficult to refuse to attend additional meetings or events and there is often politics at play behind the scenes that I am not always privy to – so my work includes being strategic.

Day 1

Our first day here. My co-supervisor and I enjoy exploring the town, checking out shops and having a couple of meals together. It is good having time to get to know other academics on these trips – we just do not get time to socialise at our home campus, given the current workloads. It is also good to get to really know the students. They're great so far, although a couple of them enjoy an alcoholic drink or three, I suspect – so I need to be mindful. Difficult to balance the approach as these students are all over eighteen and adults, yet they are here with NCP funding, so some responsibility is required. Off to bed. Early start tomorrow.

Day 2

Excited about today. Hope students didn't party or stay up too late last night – we want a good introduction with our hosts. Another Australian university's staff and students are here on the same tour with us. All wearing their nursing uniforms. We were not aware of this – difficult. Also, the University advised us to bring cards, not gifts, but the local university staff have brought gifts for us. Embarrassing! Etiquette is always challenging on the first visit to a new country. Smothering versus caring again: one of our students has a health issue but wanted to be a model for one of the lecturers to perform acupuncture. Concerned, I advised the student to let the lecturer know but the reply was 'I have had it before'. You have to be mindful of issues, while also wanting students to make well-informed autonomous decisions. A good first day, albeit busy and heat is sticky. Applying for a more senior University position – closing date while I am here, so I have to work nights and weekend to submit on time.

Day 3

All going well. The day was a bit slow – we went to a local village; ended up doing our own tour, as the local university had not organised the scheduled visit. It rained; we ended up waiting for ages to get Ubers back, as both our hosts and the other Australian university people had left. Very hot and steamy; no pool and hotel air-conditioning faulty and centrally controlled, so we cannot bring the temperature down. Walked 15,597 steps today. Feet killing me but OK!

Day 4

Lots of lectures and talks but no contact with real patients. I realise the need to protect patients, especially in this private health setting, but surely, we can have a bit more of an interesting agenda. One student **became upset this afternoon after ringing home: homesick and did not want to chat**; we offered support and her fellow students gathered around her on the train to provide support. One younger student who has not been overseas before was experiencing some culture shock. Chatted to her about her feelings – she is enjoying the trip but was hoping for more hands-on experience. Hot and steamy again and we all have to wear full uniform. Just stayed in my room tonight – tired!

Day 5

Excursions planned for today were cancelled. Had a beautiful day, though, as one of the students arranged an impromptu tour. Visited several local villages and a little town in the middle of a still-active railway line. Students decorated and released lanterns into the sky – but we found out releasing lanterns is illegal, although no one gets fined. Police came along and told us to stand back from the railway tracks, just before an actual train came. It was rather exciting – again balancing the safety of students against the cultural experience. One student has a headache – probably too much heat, so I encouraged the student to stay in the shade and rehydrate – encouraging self-care but also keeping an eye on any potential concerns. Got back to the hotel about 6 pm. One student crying; had received bad news about a family member with cancer. We discussed options, together with my co-supervisor (with the student's consent). The student will decide tomorrow whether there is a need to fly home early or not. Students are a great bunch so far, enthusiastic and prepared to ask

questions of hosts. Need to nip in the bud any bitching or gossiping and not take sides – being diplomatic and supportive.

Day 6

Taking students to the local Indigenous area closest to where we are staying. We will also visit the Indigenous Museum. I need to ensure students are not just sitting around but get to experience the traditional people here, which they will not get just listening to lectures. Students also want more hands-on at this clinical placement. Difficult as local hospital staff not letting our students even see any patients; just being taken through wards and then having talks – they need more. Students wearing their stethoscopes in the hope they can take some blood pressures or listen to hearts or lungs, under strict supervision and with patients' consent. Looks like not for this trip?

Day 7

Interesting day. One student went to the loo and sat on a blood clot that had been left by someone on the toilet seat – we gave her antiseptic wipes and advised her to keep an eye out for infection. I finally asked one of our host Registered Nurses – via a student interpreter – if our students could please talk to a patient (with patient consent). I thought she was going to collapse when I asked, but she did broach the issue with several of her colleagues. Eventually, students were permitted to talk to a young, English-speaking, Pacific Island patient. He said he had been in hospital for two weeks and had not talked to anyone; so, he was very happy to talk to the students. I wonder if the nurses here talk to patients much. Nurses do not appear to do many of the tasks we do in Australia, medical dominance here is big-time. Abortions are not performed here – maybe in other hospitals, although local staff did not want to discuss this. It is 11.30 pm and I just found out about a typhoon warning, with strong winds and rain headed to where we are staying tomorrow. Not wanting to alarm the students but one of them already saw the warning and posted it on social media. Just reading my info about typhoons: keep passport with you, wrapped in plastic, and follow all weather warnings. Have to think about things like water and food if the electricity goes off – and keys may not work for the hotel! Yes, an interesting day.

This field study passed quickly, as they all do, the days fly. The students have experienced a different culture and had time to discuss quite a few of the health issues they observed. We debriefed regularly and students kept field study logs to write up their final assessment on our return home. I completed all the hard copies of the clinical summary assessments with the students. Behind with my emails back in Australia – will catch up when I get home.

Home again

Feeling normal again after a few days back in Australia. It is exhausting constantly thinking about the students and wanting to make the study tour experience thought-provoking and challenging yet within their scope of practice. I want to be a mentor as well as their supervisor, counsellor and mediator. Good to stop issues from escalating, talking to both sides, while being supportive. Constantly need to think about students' safety, their learning and finally their transformation into tomorrow's nursing leaders. The field studies help shape the students' perspectives about the 'other', taking them out of their comfort zones as they see and become immersed in different cultures and health systems. Supervision is pleasant, enlightening and can be exhausting yet fun, educational – and you never stop learning. I love to watch the students become more confident in their own leadership abilities, developing into lifelong learners, and become much more culturally literate and aware of the needs of others 'different' from themselves. Hopefully, I also inspire the students to keep learning.

Postscript: A poisoned chalice?

On returning from the field studies, I am expected to be up and ready for work within a day or so. I have the usual unit coordination role as well, which includes setting and marking assessments. I also have a field study presentation session where students invite family, friends and academic staff to presentations – songs, music, reflections and also an opportunity to debrief and catch up again. I also offer students a debrief session on their return, if needed.

I was told by a male colleague when I submitted an expression of interest to take on the supervisor role the first year I arrived at the University (several years ago) that I had been given 'the poisoned chalice' and indeed sometimes

it does feel like that. I have applied on several occasions for a senior academic role and have been knocked back. It feels at times that international study tour supervision is considered neither a leadership role nor worthy of promotion. During the past eighteen months, I have attempted to recruit a colleague to share the supervisory role, for succession planning, as I do not intend to keep this role for an additional three years. No one volunteered for the role; however, after offering to mentor another academic as part of succession planning, I may be finally able to step out. It does appear there is a fear of the poisoned chalice. Staff members don't seem to be given much credit for field study supervision – I think it's viewed as a privilege. Maybe it is – but it is also so much additional work. I often feel invisible.

Adventures and misadventures, responsibility and resilience

For the supervisor, then, 'learning the hard way' emerges as an insistent mantra, the role's unanticipated demands revealed only through its performance. Students' reflections on their study tour participation should help to amplify the complexities of the role, with a particular focus on the supervisor-student relationship and learning outcomes. Despite occupying very different worlds over a century apart, both Lucy Honeychurch's fictional exploits in *A Room with a View* and these nursing students' experiences exhibit a common 'coming of age' quality. Like Lucy, the students are embarking on a journey driven by curiosity and discovery, punctuated by a series of challenging events that inspire reflection. A brief excursion into the novel's most pivotal scene (Sullivan 1976: 217) may help illustrate these shared characteristics and their significance for international study tour participation.

Having ignored the dire warnings of more seasoned Pension Bertolini residents, Lucy ventures unchaperoned into the potentially dangerous streets of Florence. On reaching the Piazza Signoria, she witnesses a harrowing scene: a fight between two young men, culminating in one being stabbed – fatally. Lucy then spots her fellow guest and emerging love interest, George Emerson (a conveniently passing plot device); he approaches, whereupon she faints into his arms. For Lucy, her first encounter with death – in a foreign land – is life-changing, inspiring 'the thought that she, as well as the dying man, had crossed some spiritual boundary.' She feels compelled to reassess her priorities and ambitions, charting a new, more adventurous future for herself, in which she assumes responsibility for the outcomes (Forster, 1908/2007: ch. 4).

Several of these student nurses experienced comparable epiphanies, also in unfamiliar territory, albeit in less romantic circumstances. This transformative sense imbued their subsequent observations, recorded in diary entries and the short on-tour video, in which students reflected on their inextricably related personal and professional development. When faced with death for the first time, they, like Lucy, were motivated towards a re-evaluation of the world and their places within it. As one said, 'I learned more about death in a different culture and gained a greater sense of respect for life.' In contrast to Lucy, though, fainting was not an option. Death assumed a rawer, protracted, less dramatic form, heralding a probable future of daily care for the sick, injured and dying.

Examination of these students' comments rendered this 'coming of age' dimension undeniable, as they explained the shifts in their previous medical, cultural and social orientations. To varying degrees, their views on Western and traditional medicines, 'developed' and 'developing' nations, gender relations, health funding and the relative status of nursing were confirmed, strengthened or undermined. Greater openness to other perspectives surfaced, as the unavoidably global nature of health issues (even before the pandemic) and the need to draw on multiple sources of public health knowledge emerged as recurrent themes. Students affirmed how their immersion within an unfamiliar setting had deepened their cultural awareness and appreciation of 'the other', accelerating their in-depth learning and their ability to assume decision-making roles. This 'coming of age' quality was also evident in the supervisor's observation that, while the students were all adults, they were still maturing personally and professionally.

Illustrative comments included: 'Seeing the world from more than just one perspective'; 'I am very privileged to have been a part of this trip. I have learned about a new culture and their health care system, met new people and created new friendships'; 'Recognising the value of our own health system'; 'The trip was something I will always remember and, though it was hard at times, I learned a lot in the communities and developed my communication skills'. On occasion, their comments are reminiscent not only of Bacon but of his celebrated predecessor, Montaigne (1575/1993: 57), who cautioned against the limitation of 'mere bookish learning'. In one student's words:

Being in the field gave me a quality experience and better understanding of critical issues affecting healthcare delivery in developed and developing countries that classroom learning would not have provided me.

The multi-faceted character of the international study tour experience was captured by students' comments. They expressed intermingled sensations of excitement ('Dive in', 'Jump in'); apprehension ('prepared for the shocking'); and adventure ('pushed out of my comfort zone'); but also contemplation on a life-changing experience ('something that will stay with us forever'); assuming new responsibilities ('taking the lead'); and ensuring cultural sensitivity ('be mindful of surroundings, maintain respect in a foreign country').

Therefore, students consistently expressed their appreciation of their study tour experiences, while several emphasised the critical importance of the supervisor-student relationship to maintaining their personal safety and enhancing their learning possibilities:

I personally struggled with some aspects of the field study trip although the supervisor made herself available 24/7 to those who needed it.

The supervisor was enthusiastic, experienced and provided hands on education and allowed us to direct the way in which we wanted to participate and learn to ensure we got the best out of our experiences.

The supervisor facilitated time for reflection and debriefing with students, if they wished to, that I found vital to coping with some of the field study trip experiences.

These nursing students experienced an intense series of events that could be extremely confronting. Their resilience was repeatedly challenged, while often being deepened; thus students, on seeing the limited facilities in their host communities, committed to becoming more resourceful and responsive to patient needs – for example, 'I'll be far more empathetic towards my patients'. Their personal and professional development was extended, occasionally in unanticipated ways, beyond the limits of campus-based learning. They assumed increasing but still supervised responsibility, with the need for

supervision diminishing commensurately. As with Lucy, managed misadventures could be not only anticipated but welcomed, as avenues for the learner to acquire knowledge and experience on ‘the branching paths of Youth’ (Forster, 1908/2007: 53).

Echoing the Grand Tour

Hopefully, the supervisor’s first-hand narrative, coupled with the students’ reflections, should illustrate both the possibilities afforded by international nursing study tours and also the problems they pose. These problems can be particularly intense in overseas medical settings. The nursing supervisor role, in particular, requires the repeated navigation of confronting situations, often involving differences in cultural, political and medical beliefs and practices. Students, too, are repeatedly venturing into unknown territory, geographically and experientially, encountering situations that may diverge hugely from their initial expectations. Their learning experiences include the increasing assumption of responsibility – but still managed by the supervisor. They are both, then, ‘learning through life experiences as distinct from learning through the academy’ (Golding & Foley, 2017: 384) – but also within the academy. The supervisor’s comment, ‘to at least look like I know what I am doing’, is instructive in this regard: the appearance of experienced, knowledgeable supervision is essential to students’ confidence and ability to cope with such challenges as ‘culture shock’.

Evaluating student observations in conjunction with the supervisor’s narrative highlights students’ increasing assumption of responsibility, or responsabilisation (Gastmans, 1999; McLintock, 1995; Selznick, 2002; Shamir, 2008; Warren, 2017). Students recognised that their experiences could be confronting, arduous, demanding and fun – often simultaneously – and that their growing self-management of these complex elements was integral to their learning processes. This process of managed responsabilisation (the ‘balancing act’ described by the supervisor) is one to which both supervisor and students contributed. The learning possibilities afforded by international study tours were consequently inseparable from shared supervisor-student experiences, through which a sense of collective purpose and solidarity, often including host communities, was constructed. Students’ progressive responsabilisation was underpinned by the practical expression of nursing ethics (for example, ensuring patient consent) and the global goals of public health.

As noted in this paper's introduction, the pandemic-enforced suspension of international travel has permitted space for reflection on international study tours, the work performed by academic tour supervisors and student learning outcomes. Following the pandemic's onset, the issues highlighted above – hygiene standards, availability of equipment, workplace health and safety, the suitability of different medical procedures, and interactions with patients and hospital staff – have assumed massively greater significance and new, potentially life-threatening dimensions. As front-line workers, nurses have had to reappraise their roles and their inherent hazards. The responsibilities of the international study tour supervisor demand commensurate reappraisal, with no return to a post-pandemic world on any foreseeable horizon.

The evolving supervisor and student roles are inextricably linked, **their shared experiences contributing to the development of students' growing responsibility and resilience.** Consequently, the supervisor role and students' learning experiences should be understood with respect to these interrelationships. A strategic re-design of the role, clearly linked to career planning and development, would prioritise the supervisor-student relationship and its importance to learning outcomes, reducing the role's 'poisoned chalice' aspects. This would also increase the role's visibility and attractiveness to potential future supervisors. Previous student international study tour participants, with their unique experiences, knowledge, and insights, could make valuable contributions to the role re-design process – for example, in identifying what personal qualities should be seen as essential.

Conclusion: shared learning experiences and outcomes

Each international study tour offers a unique set of possibilities, often involving a process of self-discovery and personal re-evaluation for all concerned. This uniqueness is both attractive and intimidating, as both supervisors and students are largely alone in a foreign setting. The benefits students can gain from participation in international study tours are potentially life-changing, their experiences of other cultures enhancing their educational, career and personal development. In the specific case of undergraduate nursing students, knowledge of non-Western medicine within diverse health settings can prove especially invaluable.

The study tours can also present significant, often unforeseeable problems and challenges. Yet, suitably managed by an experienced supervisor, these can provide important learning outcomes for students, with their development of increasing responsibility and decision-making abilities. As detailed here, the international supervisor role affords the opportunity to contribute in multiple ways to educating an emerging generation of nursing professionals. The difficulties it may pose, even within a currently uncertain future, should not be allowed to obscure its intrinsic public health contribution and its value for student learning. These can be enhanced by a consistent focus on the crucial supervisor-student relationship.

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