



## Contribution of Short-Term Study Abroad Programs to College Education: Insights from United States Students

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*Although short-term study abroad programs are currently the most common type of undergraduate study abroad in the United States, little is known about their potential for contributing to education at the college level. To obtain initial information on this issue, reflections and opinions were extracted from essays that University of Washington students submitted at the end of a three and half week **Exploration Seminar on Public and Mental Health Care in Chile**. These anonymous reflections illustrate, in the students' own words, that short-term abroad programs can have a profound impact on college student's opinions and attitudes toward health and social issues. Although brief, the abroad experience seems to have been sufficient to raise their level of awareness regarding health care issues in Chile as well as in other countries, including the United States. Students came back not only with significant knowledge about how Chile provides public health care, but also with the determination to engage in health care debates taking place now in the U.S. The findings illustrated in this report suggest that short-term study abroad programs can effectively contribute to education at the college level.*



**SECTIONS:** Introduction • Methods • Findings • Reflections on Overall Experience • Visit to Mental Health Care Centers • Visit to

Substance Abuse Therapy Centers • Home Visits by Family Doctors and Medical Students • Final remarks and conclusions • Acknowledgements • References



## Introduction

Short-term study abroad experiences lasting less than eight weeks have become the most common type of undergraduate study abroad in the United States. However, little is known about the effectiveness of short-term study abroad programs as teaching tools because widespread participation in these programs is a relatively new phenomenon (Donnelly-Smith, 2009). Some may argue that short seminars abroad may fail in their basic objective by not allowing students to gain sufficient knowledge about the host country and culture on issues relevant to the seminar. This would especially apply to seminars focusing on complex issues, such as health care. For instance, students would not be able to form opinions on the health care system in the host country that are vivid or solid enough to warrant meaningful comparisons with health care systems in other countries, including the U.S. Some insight into this issue comes from the recently introduced [Exploration Seminars](#) program at the University of Washington. This program offers 3-4 week-long seminars on a variety of topics in countries around the world. The author of this report organized a four-week Exploration Seminar focusing on Public Health in Chile. In 2009, as part of the final grade, each student was required to write a 10-15 page essay centered on major themes covered in the seminar. In these essays, students expressed, often candidly, surprise and even disbelief about the extent to which their experiences changed their outlook on some health care issues. Many also articulated strong opinions regarding the health care system in Chile and how it compares to that in the U.S. These data, illustrated here by reflections and opinions extracted from the students' essays, provide evidence that the learning experiences afforded by short-term study abroad programs can have a significant impact on college students.

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## Methods

The seminar, entitled "A Changing Public and Mental Health Care System in Chile" took place from August 23rd to September 16th, 2009. The participants (14 women and 6 men) were all UW students coming from either undergraduate ( $n = 19$ ) or graduate programs ( $n = 1$ ), and ranging from 18 to 27 years of age (average = 20.5 years). Actual or planned majors/professions included Pre-Medicine, Psychology, Nursing, Social work, Biochemistry, Biology, Anthropology, International Studies and Law. Students were able to seek economic assistance from UW programs to cover the seminar's expenses. Through lectures and visits to hospitals, small clinics and local communities, the participants studied how public and mental health services compare in urban and remote areas, as well as in wealthy and

poor communities. The activities included and regions visited are described in more detail on the [UW Exploration Seminars website](#). Each student was required to write a 10-15 page essay on major topics covered by the seminar. The choice of topics and style used in the essays was left to the students. They were not specifically asked to compare the health care system in Chile with that in other countries, including the U.S., nor were they required to include personal feelings elicited by their experiences. Comments and reflections extracted from these essays include those judged to illustrate best the impact that the experiences in Chile had on the students' beliefs on health care. Comments in this paper come from ten students who have authorized the author to use portions of their essays in anonymous form. In order to remain as faithful as possible to the participants' insights and feelings, their statements are reported verbatim. At times, however, small grammatical corrections were introduced, taking care not to compromise the intended meaning. To protect students' identities and to identify comments made by the same students, the names of participants were replaced with numbers.

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## Findings

Although several themes emerged from the students' comments, for reasons of space, only some of these themes are illustrated in this report, including reflections on the overall experience, and comments on visits to mental health care centers, substance abuse therapy centers, and on home visits by family doctors and medical students.

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## Reflections on Overall Experience

**Student #1.** "Looking back, I think I was not mentally prepared for the impact this trip to Chile had on me, and did not expect that an abroad class could alter the way I think and act towards other countries. I learned so much about not only the health care system of Chile, but about myself and how I looked at other countries. I will admit that while flying down to Chile I felt like I was going to be a tourist who took pictures while getting a great education from another country. But I realized that I had the naive mentality of those who think that the United States has the best health care system. Chile opened my eyes to see that there is not a right way to maintain a country's health. Chile may take a preventative health approach by emphasizing their primary care and the United States may focus a lot on specialized diseases, but no system is right or perfect. One system will lack what another system is flawless in, and vice versa. Every country is different, from health demands, to demographic challenges, to native traditions. Countries do not need to point fingers at bad health systems and do not need to brag about their own. The point of

health care is to tend to the citizen's need and every country can learn from each other to make sure those needs are met."

**Student #2.** "Before I left for Chile, I didn't have a very good understanding of how health care works in the U.S. I did know that there are two ideas that two different political groups support; Republicans want the freedom and choice of individualized healthcare, whereas Democrats believe health care should be a right, and that through government programs and taxes, everyone would have access to it. Having fairly conservative, Republican parents, I supported individualized health care due to a lack of my own personal experiences and revelations. Even though most of my beliefs still support conservative ideas, after my experience in Chile I strongly believe that everyone, independent of income, should have some form of health care in order to maintain a healthy lifestyle. Chile has done a very good job implementing this into their health care system. In Chile, health care is treated as a right and the concept of prevention is greatly emphasized. Moreover, people have the freedom to choose whether they want public or private health care.

While in Chile I formed a passionate opinion on national and global health. Prevention is huge. The United States puts out billions of dollars every year to treat diseases, completely neglecting their origin and why a particular disease may have developed in a person. The fact that the United States spends much more on health care than any other nation, but has the same statistics of infant mortality rate and leading causes of death as many other successful countries, including Chile, indicates that the use of our money needs to be reevaluated and redirected to other areas. Awareness and prevention need to start early. We saw that children daycares and health centers promote early preventive health care by educating children and parents through collaborative workshops."



**Student #3.** "As a prospective nurse, the seminar in Chile was a grounding experience because my views of "health" in health care were altered. My experience on health care has come mainly from working in U.S. hospitals, which has narrowed my perception of how broad and interlinking health care is with other aspects of life and community. I was never fully aware how much culture is entwined in health care, as far as what is important and how it is treated. Though it may seem like common sense, the trip to Chile brought me from my desensitized state back to the heart of what is important in health care: the patient and the surrounding community.

In Chile, health care is viewed as a right, not as a business. Health care should not be grouped in the same category, or with the same rules, as car manufacturers for instance. Personally, that was a revelation for me, even though the concept seems so simple. I am confident that I will retain the ideas of preventive actions, community based ideology, and a determination to keep pushing for a better health care system. Eventually I want to treat patients, and feel I am more prepared to accomplish this after my experience in Chile."

**Student #4.** "In this seminar we learned that Chile's health system offers a model mixing publicly- and privately-funded options. Some may claim that, following Chile's example, creating a public option in the U.S. would bring accessible health care and treatment to all Americans. However, our exploration seminar in Chile made it clear that it is not the simple existence of a public option that makes the country's approach to health care advantageous. More important is Chile's biopsychosocial approach to medicine and treatment – an attitude that examines how psychology and social factors interact with biology to determine health outcomes. This approach differs greatly from the biomedical model featured in the United States, which looks at

health outcomes predominantly as products of biology and addresses problems by prescribing medicine. Also important are Chile's attempts at reaching across income levels, focusing on family and community, and decreasing rates of disease via strong preventive strategies. Incorporating all these factors into health care – instead of just focusing on treatment and biology – allows Chile's health system to move beyond the level of care that pure biomedicine can ever accomplish alone. If the United States can change the dialogue surrounding health care reform to incorporate these Chilean attitudes, we will go much further in achieving true benefits than by simply creating a public option that follows the current U.S. health care business model.

For the United States to adopt a Chilean approach to health care, there would also need to be a shift in the way medical treatment is viewed – from the biomedical model to a biopsychosocial approach. People in the United States have become almost obsessed with medication, in no small part because insurance companies advertise their medicines directly to the consumer, implanting desire for medicines by making them seem like a quick and simple solution to any physiological discomfort. Increased patient demand for medication has led doctors to feel pressured into prescribing medicine more frequently than necessary, which feeds into the idea that medicine is actually needed for all health concerns. Because of this, the biomedical model of individual pathology and medication has become deeply ingrained in the U.S., and it is hard to convince anyone that any more efficient approaches exist. For this reason, a biopsychosocial health care system might be difficult to implement in the U.S. without completely changing the mindset about medical treatment, as Americans tend to feel that psychosocial approaches to treatment are less valuable or ineffective because they are not based on biological processes. Health care programs promoting psychosocial interventions would probably need to be introduced very gradually, along with broader education about the positive effects of biopsychosocial approaches on reducing rates of disease."



**Student #5.** "From this seminar abroad I gained a cultural awareness that I didn't expect. I was astonished by how much a society's culture could affect the way Chileans view health care. One valuable lesson we can learn from Chile is that health should be viewed as a job not only of doctors. Chileans' idea of a biopsychosocial approach to health care is to focus not on the specific biology and pathogenesis of diseases, but on what were repeatedly called the "social determinants of health." These social determinants include poverty and education—concepts with which I was familiar in the United States. But they also include much more, the most important of which seemed to be probably familial, communal, and personal relations. Because these relationships are so complex, their analysis requires many different types of professionals. As a result, we saw many instances of attempts at interdisciplinary approaches to delivery of health care. Many primary health care centers seemed to have a wealth of different personnel: not just doctors and nurses, but also social workers, psychiatrists, psychologists, nutritionists, dentists, medical technicians, physical and occupational therapists, and more. In one Family Health Center, health personnel increased communications between the community and the center by recruiting representatives that served as liaisons between the care center and the rest of the community. It became obvious to us that family and community involvement in the treatment of a patient was of paramount importance. This humanist intent and focus on non-biological factors seems to be the key to Chile's success."

**Student #6.** "Chile shares many of the same health indicators as America: low rates of infant mortality and few cases of infectious diseases like polio, tuberculosis, and malaria. These two countries also share the same common causes of mortality: mainly chronic conditions like circulatory system diseases and cancer. However,

unlike the American healthcare system, which is largely driven by generating profit for healthcare providers, the Chilean healthcare system is motivated by the philosophy that healthcare is a right for all of its citizens."

**Student #7.** "During this time of change, the United States should turn to other countries to examine their health systems. After spending time in Chile learning about the health system, I would suggest health and government officials from the United States devote more time to examining Chilean health care. I believe they should focus on biopsychosocial approaches taken by Chile because it seems that by using these approaches to medicine, Chile is doing "more with less."

**Student #8.** "During my visit to Chile, I gained a much more educated perspective and reverence for the field of primary care and those physicians who choose to enter it. I was left with the impression that primary care in Chile is much more comprehensive than that in the United States. Health care in Chile often takes into consideration vast amounts of environmental and social health factors and has developed models to effectively deal with them. While the United States sits in the middle of its own health care debate, it will not only be interesting to see how it turns out but to see what is done to combat the severe shortage of primary care physicians in our country today. My incredible reverence for primary care acquired through this trip is allowing me to realize just how scary this shortage is."

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## Visit to Mental Health Care Centers

**Student #9.** "In my opinion, visiting mental health hospitals and meeting patients directly was one of the best experiences of the entire trip because we actually had a chance to sit down and discuss some issues with the patients themselves. I feel there is a difference between simply learning the facts about mental illness during a lecture and actually being able to meet the people who are dealing with mental illness every day of their lives. While everyone sat in a circle facing each other, it was awkward at first but slowly we broke the ice and started having conversations about our experiences so far, how we felt about Chile, and how the food that we ate there differed from the foods we consume in the United States. After a while, one of the patients performed Chile's traditional dance (the cueca) with her therapist, and shortly one of our student peers joined her as well. While watching all this, I remember thinking to myself that these patients are just like us in many ways even though it may not



seem like it. I feel like experiences such as these really help people understand each other better, and all the prejudices that we hold against people with mental illnesses is broken. Getting a chance at knowing them at a personal level really opened my eyes to the fact that everyone should go through a similar experience to gain more knowledge and be more open-minded about mental illness."

**Student #1.** "We were fortunate to visit a mental health clinic and sit in a circle with the patients to share about ourselves and ask questions of each other. The patients here could be suffering from depression, addictions, eating disorders and anxiety. People shared their stories and likes/dislikes of the facility. We learned quite a bit of personal information and it took me a couple days to realize how fortunate we were not only to hear the personal stories, but to learn from them. There would be way too many legal issues to experience this in the United States."

**Student #6.** "On a visit to a psychiatric rehabilitation center, we had the opportunity to actually interact with psychiatric patients. One of the most surprising things I noticed was that my preconceived notion of psychiatric patients was completely wrong. For the most part, these patients seemed normal. I think Chile recognizes this common misconception and utilizes centers such as this to keep psychiatric patients connected and engaged with society."

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## Visit to Substance Abuse Therapy Centers

**Student #1.** "We also visited a substance abuse therapy center. As conditions leading to drug abuse are often associated with social problems, this and similar centers adopt a community mental health model in order to reintegrate patients to their communities. The patients themselves help run the place by taking turns cooking, serving the meals and cleaning up afterwards. I was overwhelmed with how wonderful patients were. I felt so welcome. We got to sit and eat with the patients, and attempted to have conversations about their lives and how they got to be there. A man I sat with told us he had a wife and a daughter and that he realized that he was ruining his family life with his drug addiction. This experience blew my mind and it was the point where I started to understand the methods of a community approach. The patients were so real with life and were so ready to talk about why they were there and what they had learned. They seemingly had nothing to hide. I feel that in centers like this, drug abuse patients are more likely to regain a

more secure outlook at life because there is no sense of shame and secrecy, and they feel that they do not have to deal with their conditions alone."

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## Home Visits by Family Doctors & Medical Students

**Student #5.** "We had the fortune of accompanying a family doctor and medical students on house visits. Here, again, the medical students were encouraged to pay attention to environmental factors that might affect the patient. Does the patient live on a large hill that might be difficult to climb for an old woman? Does the patient live far from a bus stop, which may hinder that patient's ability to transport himself or herself to the clinic for his or her routine checkup? Is there evidence of violence in the home? Is the home clean? How does the patient interact with us and with his or her own family? This is just one other example of efforts to focus on social determinants of health, which seems to be just as important, if not more important, in the practice of primary health care."

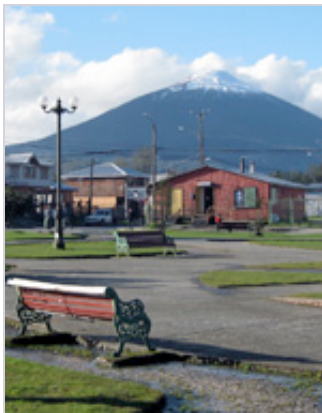
**Student #10.** "For me, the most memorable experience had to do with what I think was one of the best programs in the public health system in Chile: the house visits for patients with multiple health care problems. The philosophy behind house visits is not only to provide support, but also to create a better and more comprehensive health care program for the individual by understanding the living arrangements and sanitary conditions in the home and neighborhood, the family relationships, and the community support. This program is one of the best examples of how Chile is providing community-based access to preventive health care."

**Student #6.** "On one of our house visits, we discovered the patient we were trying to visit had passed away. Instead, we spent the better part of an hour comforting her widower and evaluating his health situation. The family doctor with us said visits like those were just as important as normal house visits because it allowed her to connect with a new patient in a more humane way. That house visit was a unique experience to me because it really showed the importance of primary healthcare."

**Student #3.** "My most memorable day was when we joined a group of medical students on their periodic visits to patient's homes. Though they were modest homes, we were welcomed in and received with hospitality. It was somewhat shocking to be placed in such a real world setting, in the home of a sick person,

but I enjoyed the wake up call. Without the hospital backdrop it somehow felt more tangible and organic. I felt alien sitting there looking at my surroundings and petting the house cats. There are practical benefits with these visits, as the doctors in training are able to get a real glimpse of the patient's environment, and see first hand factors relevant to health care, such as living conditions, sanitation, food availability, etc. This type of information usually is not made available when patients themselves visit the clinics." For instance, in one of the home visits, another student noticed that there were many egg cartons stored in the patient's kitchen, an observation that was probably related to the patient's high cholesterol level.

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## Final remarks and conclusions

As the world becomes increasingly interconnected through globalization, academic, business and government institutions have recognized the need to increase the number of U.S. students participating in study abroad programs. At present however, U.S. students are not meeting the challenges of globalization. Indeed, the percentage of U.S. students studying abroad lags far behind that of most highly industrialized countries (Lewin, 2009). As a percentage of all U.S. students, study abroad participation has actually not increased significantly over the last decade. In this scenario, the increasing popularity of short-term study abroad programs may lead to a significant increase in the number of U.S. students incorporating experiences abroad as part of their college education. Short-term programs are increasing in popularity for several reasons: they are generally more affordable than longer programs, they appeal to students who might not be able or willing to commit to a semester or a year abroad, and they allow students in structured academic programs like engineering, nursing, and education to study abroad without falling behind in their programs (Donnelly-Smith, 2009). However, doubts remain as to whether short-term study abroad programs can help college student meet the globalization challenge by effectively contributing to their education.

An array of students' reflections on their experiences abroad was presented here as a way to gain initial information on the impact of Exploration Seminars on UW students. This, as well as other qualitative approaches can be particularly helpful when little is known about a certain issue because the knowledge gained may lead to the formulation of hypotheses that can be later tested through especially designed quantitative studies (Krathwohl, 1993; Polit & Hungler, 1995, McGrath & Henderson, 2009). Moreover, approaches similar to that used here can yield insights on the quality and effectiveness of health care programs, as well as information useful for assisting in program improvement (Patton, 2002; Holloway, 2008).

Collectively, the set of representative reflections and comments

extracted from the students' essays illustrate that short term abroad programs can have a profound impact on the opinions and attitudes that college students have on issues related to health care. It is important to note that while much can be learned about the Chilean health care system from the students' essays, the primary purpose of this report is not to educate the reader on the health care systems in Chile or the U.S. Indeed, some statements made by students regarding health care systems in Chile and the U.S. may be either debatable or not entirely correct. Instead, this report uses students' own words to illustrate the impact that short-term abroad programs can have on students' learning. The relatively brief experience in Chile raised the students' level of awareness regarding health care issues and offered a reference framework from which to evaluate health care in other countries including the United States. Students came back not only with significant knowledge about how Chile provides public health care, but also with the determination to engage in health care debates taking place now in the U.S. Some of them admit that they are now passionate about certain ideas such as health care being a right of all persons rather than a business, or about the role that biopsychosocial factors in families and communities have in the design of effective health preventive measures. From these strong testimonials it is clear that many students will not soon forget their experience abroad, and it is highly likely that the impact of their experiences will further fuel their interest on health and social issues.

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