

**CASE STUDY OF CHINESE UNDERGRADUATE NURSING STUDENTS ON AN
EXCHANGE PROGRAM AT THE UNIVERSITY OF PITTSBURGH:
LESSONS ABOUT PROGRAM PARTICIPATION AND SATISFACTION**

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William Brian Greene, Ed.D.

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The literature reports that Chinese undergraduate students studying in U.S. higher education institutions (HEIs) exhibit *deficits* (owing to, for example, language competence, coping mechanisms, and differences between U.S. and Chinese academic culture), which create problems for faculty and administration (e.g., lack of classroom engagement and low grades). Nevertheless, the number of Chinese undergraduates studying in U.S. HEIs continues to increase—as do the numbers of U.S. HEIs initiating engagement activities (e.g., exchange programs and capacity-building activities) with Chinese universities. Against this backdrop, the University of Pittsburgh (Pitt), School of Nursing (SON) has begun to host a small cohort (i.e., three to six students annually) of Chinese undergraduate exchange students from a partner HEI in Beijing: Capital Medical University, School of Nursing (CMUSON). As U.S. nursing education and practice both pose unique challenges to English language learners, this dissertation in practice utilized a case study approach and qualitative methodology to evaluate how the Pitt SON-CMUSON exchange program is proceeding vis-à-vis (1) providing the CMUSON students

with a satisfying U.S. clinical experience and (2) allowing the Pitt SON faculty members and domestic students to gain an international nursing perspective. Data sources comprised (1) monthly semi-structured interviews with the CMUSON students, (2) a survey of the clinical instructor(s) during the fall and spring semesters, (3) a survey of domestic students and PhD students who interacted with the CMUSON students, and (4) weekly field notes of incidental input from stakeholders. Thematic analysis of the interview data identified seven themes that—in conjunction with results from the surveys and data from the field notes—document how the CMUSON students, Pitt SON instructors, and other stakeholders responded to the challenges of teaching and learning implicit in the exchange program. For example, the passive behavior of Chinese students reported in the literature actually masked the active learning strategies used by the CMUSON students. These findings inform (1) recommendations (e.g., the use of communicative simulations with standardized patients) for subsequent iterations of the exchange program, which will be communicated to stakeholders via the development of a faculty-student program guide, and (2) implications for similar programs and related scholarship.

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LIST OF ABBREVIATIONS AND ACRONYMS

ADSS	Associate Dean of Student Services
ADUE	Associate Dean of Undergraduate Education
ASD-BSN	Accelerated Second-Degree, Bachelor of Science in Nursing
BSN	Bachelor of Science in Nursing
BICS	Basic interpersonal communication skills
C1, C2, C3	Cohort 1, Cohort 2, Cohort 3
CALP	Cognitive academic language proficiency
CDC	Centers for Disease Control and Prevention
CMUSON	Capital Medical University, School of Nursing
DNP	Doctor of Nursing Practice
EFL	English as a foreign language (i.e., English language instruction for ELLs in a country in which English is not the official language—e.g., China)
ELL	English language learner
ESL	English as a second language (i.e., English language instruction for ELLs in a country in which English is the official [de facto or de jure] language—e.g., the United States)
FAAN	Fellow of the American Academy of Nursing
HEI	Higher education institution
HESI	Health Education Systems Incorporated (i.e., a company that provides multiple-choice exams that predict likely success on the NCLEX-RN)
Med-Surg	Medical-surgical nursing (Med-Surg is a cornerstone course in the ASD-BSN program)
MOU	Memorandum of understanding
MSN	Master of Science in Nursing
NCLEX-RN	National Council Licensure Examination—Registered Nurse
Pitt	University of Pittsburgh
Pitt SON	University of Pittsburgh, School of Nursing
RN	Registered Nurse
UPMC	University of Pittsburgh Medical Center

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1.0 PROBLEM OF PRACTICE STATEMENT AND INQUIRY QUESTIONS

This dissertation in practice is a case study of an undergraduate exchange program being exercised between the University of Pittsburgh (Pitt), School of Nursing in the United States and the Capital Medical University, School of Nursing (CMUSON) in Beijing, China. As of June 2017, the exchange program enables Chinese CMUSON undergraduate students to complete 1 year of nursing coursework (both didactic and clinical) in the Accelerated Second-Degree (ASD), Bachelor of Science degree in Nursing (BSN) at the Pitt, SON—coursework for which the students receive credits that are applied toward their graduation requirements for the BSN at CMUSON. The following sections of this chapter introduce the problem area, inquiry setting, stakeholders, problem of practice, and inquiry questions of this dissertation in practice.

1.1 PROBLEM AREA

Studies over the last 9 years document that students from China now constitute the largest number of international students pursuing studies at higher education institutions (HEIs) in the United States (Bartlett, 2011; EAB, 2014; Fong, 2011; IEE, 2014, 2015, 2016; McMurtrie, 2012; Perreault, 2008); moreover, the number of Chinese *undergraduate* students seeking education in U.S. HEIs is on the rise (IEE, 2014, 2015, 2016). Currently, a number of these Chinese undergraduate students are experiencing barriers to academic success vis-à-vis language

competence, coping mechanisms, and differences in academic culture between China and the United States (Bartlett, 2011; EAB, 2014; Karzunina, Bridgestock, & Philippou, 2016; Lucenta, 2012; Tsai & Wong, 2012; Yang & Cahill, 2008). Simultaneously, although U.S. HEIs are actively enrolling these Chinese undergraduate students, these institutions—especially schools in the health sciences—possess varying degrees of capacity to provide these students the additional support they may need to succeed academically and culturally (Hagedorn & Zhang, 2010; Scheele, Pruitt, Johnson, & Xu, 2011; WholeRen Education, 2014, 2015, 2016).

Meanwhile, the purpose of the education provided by these HEIs spans an ideological spectrum, which informs the educational context in which these students—and the instructors who teach them—operate. For neoliberals, the purpose of education is to prepare students to be competitive in the global workforce, which can positively affect national economies (Brown, Lauder, & Ashton, 2011; Hanushek, Peterson, & Woessmann, 2013; Harber, 2014; Hunter, 2004). For humanists, education is to prepare students to be global citizens, which can enable them to collaborate with peers to solve the *wicked problems* (viz., problems that are complex to solve yet too important to ignore, such as the aging global population or climate change) of contemporary and future societies worldwide (Chomsky, 2012; Harber, 2014; McClure, 2014; Reimers, 2006; Tyack, 2003). Nevertheless, as a professional field of study informed by (1) the humanistic tradition of Florence Nightingale (Fitzpatrick, 1992), (2) the positivism of evidenced-based practice (Benner, Sutphen, Leonard, & Day, 2010), and (3) the neoliberal marketization of healthcare (Collyer & White, 2011), nursing and nursing education present their faculty, students, and practitioners with several competing imperatives for teaching and learning. Against this backdrop, this case study aims to determine (1) what University of Pittsburgh (Pitt) School of Nursing (SON) faculty members need to know to support the undergraduate Capital Medical

University, School of Nursing (CMUSON) students in learning clinical skills as part of the Pitt SON-CMUSON exchange program, (2) whether or not there are differences in performance expectations and evaluation of the undergraduate CMUSON students between *culturally congruent* and *culturally incongruent* Pitt SON clinical instructors, and (3) what benefits Pitt SON faculty members and domestic students gain from working with the undergraduate CMUSON students.

Here, *culturally congruent* and *culturally incongruent* are concepts that were identified in the qualitative data collected and analyzed (1) informally during the pilot phase (i.e., 2015–2016 academic year) and formally during the research stage (i.e., 2016–2017 academic year) of this dissertation in practice. Moreover, these concepts are consistent with the American Nursing Association’s (ANA) standard of culturally congruent practice for nurse practitioners and nurse educators, which defines culturally congruent practice as “the application of evidence-based nursing that is in agreement with the preferred cultural values, beliefs, worldview, and practices of the healthcare consumer and other stakeholders” (Marion, Douglas, Lavin, Barr, Gazaway, Thomas, & Bickford, C., 2017, para 8). Because some of the Pitt SON faculty are from countries outside the United States or have acquired international experiences in education, while others are relatively inexperienced in terms of study abroad and international education, this dissertation in practice defines *culturally congruent* to mean the proclivity to anticipate, understand, and empathize with the experience of an international student—in particular, the CMUSON exchange students. On the other hand, *culturally incongruent* suggests unfamiliarity with the needs of international students. The goal of including these concepts is to avoid the deficit metaphor that is prevalent in the literature concerning Chinese students pursuing studies at U.S. HEIs: in other words, problems with an exchange program are often viewed in terms of

the international students needing fixing rather than gaps in organizational capacity (McKay & Devlin, 2016). This deficit metaphor is discussed in Chapter 2.

Additionally, accelerated second-degree programs and the students who study in them differ from traditional undergraduate nursing programs and their students (Weitzel & McCahon, 2008; Deng, 2015). Weitzel and McCahon (2008) explain that “as more faculty are teaching accelerated students, information about students’ attitudes and perceptions could help faculty assist these students as they matriculate through a demanding educational program” (p. 85). This certainly is relevant to the Pitt SON-CMUSON exchange program and its English language learners (ELLs), who must quickly adjust to the student- and patient-centered U.S. nursing curriculum, after only 2 years of teacher- and theory-centered nursing education in China (Deng, 2015).

1.2 INQUIRY SETTING

The Pitt SON describes itself as being ranked 12th among schools of nursing worldwide for its academic reputation, employer evaluation, and research impact (University of Pittsburgh, School of Nursing, 2016; QS, 2016), which are reflected in a variety degree and certificate programs at both the graduate (e.g., Doctor of Nursing Practice—DNP) and undergraduate (e.g., Bachelor of Science in Nursing—BSN) levels. The Pitt SON has responded to the academic (e.g., Benner, Sutphen, Leonard, & Day, 2010; Jacob, Sutin, Weidman, & Yeager, 2015) and professional (e.g., AACN, 2015; Shaffer, Davis, To Dutka, & Richardson, 2014) calls for globalization by initiating an international undergraduate exchange program with CMUSON in Beijing, China.

Under the auspices of the memorandum of understanding between Pitt SON and CMUSON, small cohorts of three to four CMUSON undergraduate students are able to come to Pittsburgh and complete courses in nursing that comprise the Pitt SON ASD-BSN program, which compresses 3 years of undergraduate nursing coursework (i.e., clinical and didactic courses) into a demanding schedule (i.e., 27–30 hours of instruction per week) over three academic terms (e.g., fall, spring, and summer). The purposes of this exchange program are (1) to provide the CMUSON students with a study abroad experience that incorporates clinical nursing practice and (2) to provide Pitt SON faculty members and students with an exposure to an international perspective in nursing (personal communication, Pitt SON Dean, December 13, 2016). The first cohort (C1) of four students completed the program over the 2015–2016 academic year, and the second cohort (C2) of three CMUSON students arrived on 17 August 2016. During the 2015–2016 academic year, I informally collected pilot data from the first cohort (C1) of four CMUSON students (i.e., pilot phase) to examine issues of feasibility and inform the eventual inquiry methods of this dissertation. For example, three of the C1 CMUSON students (i.e., Julie, Maggie, and Suzie) reported that the demanding schedule often prevented them from not only taking the extra time necessary to prepare for classes as ELLs, but also meeting personal developmental goals (e.g., making American friends) beyond those set by the official curriculum. On the other hand, the fourth C1 CMUSON student (i.e., Keesha) exhibited a different set of personal and academic attributes that allowed her to simultaneously meet both her personal goals and the academic benchmarks set by the exchange program. Incidental information about the program also was informally collected from other stakeholders (e.g., Pitt SON instructors and administrators—see Section 1.3). During the 2016–2017 academic year, I formally collected data from (1) the second cohort (C2) of three CMUSON students via semi-structured interviews, (2)

Pitt SON clinical instructors, domestic ASD-BSN students, and PhD tutors and mentors via surveys, and (3) other stakeholders (e.g., Pitt SON instructors and administrators—see Section 1.3) (i.e., research phase) via conversations that I recorded in my field notes. Approval for this dissertation in practice was granted by the Pitt Human Research Protection Office (HRPO), Institutional Review Board (IRB). See Appendix B for documentation of the Pitt HRPO IRB approval.

1.3 STAKEHOLDERS

The stakeholders of this dissertation in practice comprise (1) the seven (i.e., the four C1 students and the three C2 students) CMUSON undergraduate students, (2) the Pitt SON Associate Dean for Undergraduate Education (ADUE) and Assistant Dean for Student Services (ADSS) who are responsible for executing the memorandum of understanding (MOU) on behalf of the Pitt SON Dean and the CMUSON Dean, (3) the Pitt SON clinical and didactic instructors who deliver the courses in the Pitt SON ASD-BSN program attended by the CMUSON students, (4) the PhD academic tutors, undergraduate peer mentors, and visiting scholars from CMUSON who have been made available to provide academic and cultural support to the CMUSON students as needed, and (5) the author, who has become an ad-hoc consultant and coordinator among these stakeholders through his various interactions (e.g., semi-structured interviews with the CMUSON students, informal consultations with the ASD-BSN clinical and didactic instructors, and administrative activities for the ADUE and ADSS) with each of them.

1.4 PROBLEM OF PRACTICE

During the pilot phase of this dissertation in practice (i.e., during 2016–2016 with C1), I identified several preliminary concepts from (1) informal interviews that were conducted with the four C1 CMUSON students and (2) informal conversations with other stakeholders. These concepts relate to (1) the ultimate purpose of the exchange experience (i.e., because the CMUSON students neither earn a BSN nor sit for the NCLEX-RN at the end of the ASD-BSN program to become a certified RN in the United States as do their American classmates, then why are they in this program?), (2) the time-intensive nature of the ASD-BSN program (i.e., the schedule is so tight that these ELLs do not have the time necessary to either carry out the extra preparation that ELLs often need to succeed in classes (e.g., looking up new words and doing background reading) or pursue extracurricular goals (e.g., making friends), (3) the academic and cultural support that is arranged for the students (i.e., they especially find the interview sessions meaningful and useful), (4) learning strategies that the exchange students use to keep up with the classes (e.g., listening to *how* their classmates talk rather than always listening to *what* they say in order to improve pronunciation and fluency; using a month-at-a-glance calendar to make sense of the complex weekly course schedule; previewing class PowerPoint slides before didactic lectures and reviewing the slides following the lectures), (5) the curricular and cultural differences between U.S. and Chinese nursing education and practice (i.e., the students are thrilled to finally be able to actually put theory to practice in the clinical context through being responsible for the care of patients—this does not occur in China until the final year of the curriculum, and the role of the nursing students is still quite limited), and (6) the different experiences reported by the faculty members about working with the CMUSON students, which have resulted in the aforementioned concepts of culturally congruent and culturally incongruent.

Meanwhile, although some of the ASD-BSN didactic and clinical instructors reported that the CMUSON students exhibited *language barriers*, other ASD-BSN didactic and clinical instructors reported that the CMUSON students were performing satisfactorily and improving, despite being ELLs. Even with the reports of these language barriers, all of the ASD-BSN instructors reported that the CMUSON students were engaged. More specifically, with her personality, confidence, and communicative ability, Keesha was a standout student among the instructors, although her clinical performance and teamwork with domestic classmates could have used improvement. Meanwhile, Julie, Maggie, and Suzie made gains in clinical skill and communicative competence, and their instructors reported no major barriers to academic performance, although these three students were compared unfavorably to the domestic students in the program in terms of clinical skill and communicative competence. Because of this difference in skill and competence, some of the instructors during the 2015–2016 academic year reported that they had to not only spend more time with the C1 CMUSON students than the domestic students in clinical, but also evaluate the CMUSON students differently than the domestic students, which revealed a tension between delivering the curriculum as usual and the student-centered instruction necessary to work with ELLs.

All Chinese students are not the same, regardless of the common labels of deficiency that they frequently receive in the literature (e.g., Bartlett, 2011; EAB, 2014; Guhde, 2003; Karzunina, Bridgestock, & Philippou, 2016; Lucenta, 2012; Scheele, Pruitt, Johnson, & Xu, 2011; Tsai & Wong, 2012; Yang & Cahill, 2008), and the C1 CMUSON students clearly reflect this. Academic and cultural support for Chinese undergraduate students must be tailored to fit not only their specific needs and goals, but also the specific needs and goals of their program of study. Against this backdrop, this dissertation in practice was designed and conducted to evaluate

how the Pitt SON-CMUSON exchange program is proceeding and point it in the right direction as necessary. In particular, the dissertation in practice formally collected data during the 2016–2017 academic year with C2 CMUSON students to answer my three inquiry questions (see section 1.5). The answers to these inquiry questions will be used for two purposes: (1) they will inform the continued development of a program guide for the students and faculty members participating in the program as the demonstration of scholarly practice component of this dissertation in practice; (2) they will inform future quality-improvement projects to sustain the CMUSON students’ program satisfaction in subsequent iterations of the Pitt SON-CMUSON exchange program—for example, the development of support packages (e.g., nurse-patient communication training simulations with standardized patients) to help the CMUSON students transition to study at Pitt SON in a way that is commensurate with the capacity of the organization and stakeholders involved.

1.5 INQUIRY QUESTIONS

Listed below are the specific questions that guided the inquiry featured in this dissertation in practice. These inquiry questions were formulated in response to the review of literature (see Chapter 2) and in consultation with stakeholders (see Chapter 3).

1. What do Pitt SON faculty members need to know to support the undergraduate CMUSON students in learning clinical skills?
2. Are there differences in performance expectations and evaluation of the undergraduate CMUSON students between *culturally congruent* and *culturally incongruent* Pitt SON clinical instructors?

3. What are the benefits to Pitt SON faculty members and domestic students from working with the undergraduate CMUSON students?

2.0 REVIEW OF LITERATURE TO SITUATE PROBLEM OF PRACTICE

In the previous chapter, the problem area, inquiry setting, stakeholders, problem of practice, and inquiry questions of this dissertation in practice were introduced. In this chapter, a review of the literature that informs and situates the problem of practice central to this dissertation in practice will be presented.

2.1 INTRODUCTION

The number of international Chinese undergraduate students seeking education in U.S. higher education institutions (HEIs) is on the rise (IEE, 2014, 2015, 2016), and a number of these students are reported to have difficulties with study vis-à-vis language competence, coping mechanisms, and differences in academic culture between China and the United States (Bartlett, 2011; EAB, 2014; Karzunina, Bridgestock, & Philippou, 2016; Lucenta, 2012; Tsai & Wong, 2012; Yang & Cahill, 2008). Simultaneously, U.S. HEIs are actively enrolling these Chinese undergraduate students and pursuing engagement with universities in China, yet these U.S. HEIs possess varying degrees of capacity to provide these Chinese undergraduates the support they may need to succeed academically and culturally (Hagedorn & Zhang, 2010; Scheele, Pruitt, Johnson, & Xu, 2011; WholeRen Education, 2014, 2015, 2016).

2.2 NURSING EDUCATION AND GLOBALIZATION

2.2.1 University-level globalization

The calls for globalization in education present themselves in different guises. For neoliberals, the purpose of education is to prepare students to be competitive in the global workforce, which can positively impact national economies (Brown, Lauder, & Ashton, 2011; Hanushek, Peterson, & Woessmann, 2013; Harber, 2014; Hunter, 2004). For humanists, the purpose of education is to prepare students to be global citizens, which can enable them to collaborate with peers to solve the *wicked problems* (viz., problems that are complex to solve yet too important to ignore, such as the aging global population or climate change) of contemporary and future societies worldwide (Chomsky, 2012; Harber, 2014; McClure, 2014; Reimers, 2006; Tyack, 2003). As with other public institutions of education, and higher education in particular, the University of Pittsburgh (Pitt) is coming to grips with—or already in the grips of—globalization. Pitt’s mission statement reflects its global initiatives, executed by the Provost. For example, according to this mission statement, the university is to offer, among other things,

superior graduate programs in the arts and sciences and the professions that respond to the needs of Pennsylvania, as well as to the broader needs of the nation and the world; [and] make available to local communities and public agencies the expertise of the University in ways that are consistent with the primary teaching and research functions and contribute to social, intellectual, and economic development in the Commonwealth, the nation, and the world. (University of Pittsburgh, 2005)

Meanwhile, the Pitt Chancellor’s statement on planning (University of Pittsburgh, 2015) announces that despite the “tremendous progress the University of Pittsburgh has achieved over

the past two decades, . . . [w]e also face new challenges and opportunities stemming from our rapidly changing region and the global landscape of higher education” (para. 1), which has resulted in a “University-wide strategic planning initiative” (para. 1).

This initiative is being responded to by schools, departments, and programs across campus. For example, the Pitt, School of Nursing (SON) is currently implementing curricular change in response to not only the Chancellor’s statement, but also projected changes in healthcare. One dimension of this change addresses globalization and the importance of providing Pitt SON students with opportunities to build global competence, which they can draw upon to provide better patient care in the future context of healthcare.

2.2.2 Nursing-level globalization

With its concerns for not only effectively training nursing students for the job market and healthcare system, but also properly treating the individual patient, the nursing curriculum straddles the domains of the neoliberal marketization of healthcare (Collyer & White, 2011) and the humanistic compassion for the individual in need (Fitzpatrick, 1992). Reflecting an aging global population and increasing diversity in higher education, the mission statement of the American Association of Colleges of Nursing (AACN) features goals and objectives that urge U.S. schools of nursing to include global elements in their respective curricula. For example, the AACN 2014–2016 strategic plan suggests that schools of nursing “develop faculty and other academic leaders to meet the challenges of changing healthcare and higher education environments” (AACN, 2015, para. 6) and “implement initiatives to increase diversity among nursing students, faculty, and the workforce” (AACN, 2015, para. 7). Meanwhile, Shaffer, Davis, To Dutka, and Richardson (2014) assert that recent Institute of Medicine (IOM)

recommendations to globalize nursing education in the United States stem in part from the increase in internationally educated nurses who are expected to migrate to work in U.S. health care to fill the anticipated nursing shortage in the coming years.

In terms of changing educational and healthcare environments, Guhde (2003) reports that “with the growing number of foreign-born residents in the United States, nurse educators [not only] face the challenge of educating students who may have difficulty with the English language” (p. 113), but also must train nursing students “to insure the quality of healthcare [delivered] to an increasingly diverse population” (p. 113). As a result, improving the cultural competence of nurses vis-à-vis globalization is an ongoing policy conversation in U.S. healthcare.

2.2.3 Current state of Pitt SON curriculum vis-à-vis globalization

The Pitt SON describes itself as being ranked 12th among schools of nursing worldwide for its academic reputation, employer evaluation, and research impact (University of Pittsburgh, School of Nursing, 2016; QS, 2016), which are reflected in a variety degree and certificate programs at both the graduate (e.g., Doctor of Nursing Practice—DNP) and undergraduate (e.g., Bachelor of Science in Nursing—BSN) levels. The Pitt SON has responded to the academic (e.g., Benner, Sutphen, Leonard, & Day, 2010) and professional (e.g., AACN, 2015) calls for globalization by initiating an international undergraduate exchange program with Capital Medical University, School of Nursing (CMUSON) in Beijing, China.

With the reauthorization of Higher Education Act (HEA) in 2008, accreditation bodies are required to establish standards for measuring student outcomes in higher education and given the latitude to develop their own rules for determining compliance (University of Pittsburgh,

School of Nursing, 2014). As a result, Pitt created requirements and timelines for programs across the university to measure student-learning outcomes; moreover, Pitt has set measureable goals for all graduates (i.e., student-learning outcomes), and these outcomes must be consistent with those set by the university (University of Pittsburgh, School of Nursing, 2014). Among these outcomes, Pitt graduates “should be able to understand and appreciate diverse cultures (both locally and internationally)” (University of Pittsburgh, School of Nursing, 2014, p. 434). Points of the Pitt SON mission and philosophy statement (e.g., “By providing a diverse and global perspective and raising the professional and social conscience of our students, they will become healthcare leaders” [University of Pittsburgh, School of Nursing, 2015, para. 2]) also reflect this Pitt mandate. Moreover, faculty committees at the Pitt SON have framed this outcome within the context of nursing practice and research, and specific competencies are being identified, along with methods for assessing them (University of Pittsburgh, School of Nursing, 2014). To date, Pitt SON undergraduate students have been surveyed on their confidence with global health topics such as cultural competency—understanding how cultural background, socioeconomic status, and language barriers can influence access to care and health outcomes. Students contact such knowledge through courses such as *Introduction to Professional Nursing*. In addition, the Pitt SON is pursuing international partnerships with schools of nursing in Asia, Europe, and Latin America. The memorandums of understanding supporting these partnerships have resulted in not only the Pitt SON hosting international visiting scholars, but also an undergraduate exchange program with CMUSON. This is a formal agreement that is an example of community engagement in higher education as defined by Jacob, Sutin, Weidman, and Yeager (2015) as “sustainable networks, partnerships, communication media, and activities between HEIs and communities at local, national, regional, and international levels” (p. 1), which can

include engagement between units within HEIs such as Pitt SON and CMUSON. Moreover, these types of international partnerships frequently are based on and initiated by individual faculty members (Jacob, Xiong, & Ye, 2015), and the Pitt SON-CMUSON exchange partnership is no exception—see Section 2.2.5.

2.2.4 Here come the CMUSON undergraduate exchange students

Reporting directly to the Pitt SON Dean, I was privy to select information about the progress of the exchange program as the Pitt SON Dean and the CMUSON Dean worked out their exchange contract in the 6 to 8 months prior to the arrival of first cohort (C1) of CMUSON students in late August, 2015. According the Pitt SON Dean, the two had become acquainted several years before at a conference in Shanghai and maintained contact (personal communication, April 9, 2015). Every 4 to 6 weeks during this process, I asked practical questions such as “How many students will come?” “What is their English level?” “Which classes will they take?” “Where will they live?” and “When will they arrive?” The SON Dean took notes and responded that she did not yet have answers. Subsequently, she initiated a communication channel between me and the Pitt SON Associate Dean for Undergraduate Education (ADUE) and Assistant Dean for Student Services (ADSS). I asked them, for example, whether or not he could contact the students to begin a pre-matriculation dialogue, but he was told to wait until the acceptance letters for the first cohort students were generated—which did not occur until 2 weeks prior to arrival. Meanwhile, according the Pitt SON Dean, to satisfy the CMUSON Dean’s desire for the CMUSON exchange students “to take as many classes as possible,” (personal communication, April 9, 2015), it was decided—note the passive grammatical structure—that the students would be placed in the Pitt SON Accelerated Second-Degree BSN (ASD-BSN) program, which

compresses 3 years of undergraduate nursing coursework into a demanding schedule (i.e., 27–30 hours of instruction per week) over three academic terms (e.g., fall, spring, and summer). Although the Pitt SON has trained a number of Chinese students at the graduate level and currently has two Chinese students enrolled in the regular undergraduate degree program, this is the first time for the school to host Chinese undergraduate exchange students from a partner school of nursing in China—let alone international students in the intensive ASD-BSN program, which is designed for domestic students who already hold a bachelor’s degree or higher and desire rapid entry into the field of nursing.

In addition to the typical difficulties (e.g., language competence, coping mechanisms, and differences in academic culture) reported in the literature (e.g., Bodycott 2012; Tsai & Wong, 2012; WholeRen Education, 2014, 2015, 2016) that are associated with Chinese undergraduate students pursuing studies at U.S. universities, the nursing literature reveals additional challenges that are specific to nursing education at the university level among English-as-a-second-language (ESL) and English-as-a-foreign-language (EFL) students. The first of these is the clinical coursework that they must complete. Due to the high density of specialized vocabulary items and the communicative competence necessary to interact with not only healthcare personnel (i.e., nurses, doctors, and technicians) with a number of accents, but also patients from a broad variety of cultural and socio-economic backgrounds, Chinese ESL nursing students in English-speaking healthcare environments, despite meeting or exceeding required language proficiency exam (e.g., TOEFL [Test of English as a Foreign Language] or IELTS [International English Language Testing System]) scores, often report linguistic difficulty and problems with miscommunication (Guhde, 2003; Scheele, Pruitt, Johnson, & Xu, 2011). Additionally, these students consistently exhibit a lower pass rate on the NCLEX-RN exam, which is the licensing exam to be a nurse

practitioner (Guhde, 2003; Scheele, Pruitt, Johnson, & Xu, 2011). According to the Pitt SON ADSS (personal communication, April 9, 2015), both of these challenges have been issues at the Pitt SON. Although the CMUSON students will not be required to take the NCLEX-RN, they will nonetheless, take exams in their didactic classes that are based on and formatted like the NCLEX-RN. Moreover, they have numerous clinical opportunities, which challenge their communicative and cultural competence through interactions with patients and hospital staff.

2.3 SINO-U.S. EDUCATIONAL EXCHANGE: ISSUES AND TRENDS

2.3.1 New demographic of Chinese undergraduate student

Studies over the last 9 years document that students from China now constitute the largest number of international students pursuing studies at HEIs in the United States (Bartlett, 2011; EAB, 2014; Fong, 2011; IEE, 2014, 2015, 2016; McMurtrie, 2012; Perreault, 2008); moreover, the number of Chinese *undergraduate* students seeking education in U.S. HEIs is on the rise (IEE, 2014, 2015, 2016). Bartlett (2011) argues that rising economic prosperity, recruiting agents and application agencies, and “studying for the test” in China frequently result in Chinese students who are accepted to U.S. universities and then struggle with English, group work, and discussions with American students (p. A1). Other sources (EAB, 2014; Lucenta, 2012) suggest not only pre-matriculation unpreparedness in general, but also unrealistic expectations about study abroad among these Chinese students. Others (Yang & Cahill, 2008) rely on essentializing notions of East and West to account for why, for example, Chinese students have difficulty expressing themselves *clearly*, and still others (Badenhorst, Moloney, Rosales, Dyer, & Ru, L,

2015; Gram, Jaeger, Liu, Qing, & Wu, 2013) suggest that the problems stem from structural assumptions and stereotypes. These factors, of course, can lead to possible performance barriers for Chinese undergraduates in the United States. For example, Tsai and Wong (2012) assert that “limited access to familiar support systems” (e.g., family and friends), “difficulties adjusting to unfamiliar American educational systems,” and encounters with “stereotypes, prejudice, and racism” (p. 144) contribute to the acculturative stress that Chinese international students (both graduate and undergraduate) face in pursuing U.S. higher education.

Historically, U.S. higher education has been highly valued in China and has attracted the brightest and most motivated Chinese students (Fong, 2011; Gaule & Piacentini, 2013; Li, 2008). This trend in international education began in the mid-19th century, when Chinese reformers determined that Western learning would equip China with the knowledge necessary to effectively manage and overcome the dynastic decline and foreign encroachment that had resulted in China being labeled *the sick man of Asia* (Bevis, 2014). Indeed, by the early 20th-century, China had a sizeable number of U.S.-educated individuals working in key positions of government, finance, and politics, who included Hu Shi, the influential pragmatist scholar who had studied under John Dewey at Columbia University (Bevis, 2014). World War II and the Cold War interrupted the flow of Chinese students to the United States through the second half of the 20th-century until Deng Xiaoping “called for China’s education to be geared toward the world” in December 1983 (Yang & Xie, 2015, p. 72). From then until the first decade of the 21st-century, the flow of Chinese students to U.S. institutions of higher education has resumed (Bevis, 2014), and this has been particularly true for top Chinese students pursuing graduate education in scientific disciplines because “an undergraduate degree from one of the top Chinese universities is a de facto requirement for entry into a U.S. PhD program” (Gaule & Piacentini, 2013, p. 700);

moreover, these top Chinese universities are extremely selective—so selective, in fact, that MIT undergraduates would not have standardized test scores high enough to be granted admission. However, demographic shifts in China are driving a growing number of Chinese, singleton (i.e., only children born in the wake of China’s one-child policy) high school students from the growing middle class to forgo the grueling and competitive national college entrance exam and pursue U.S higher education instead (Fong, 2011; Nelson, 2013). In fact, Nelson (2013) reports that the growth of Chinese undergraduates in the United States is up 26% compared to the 2011–2012 academic year, which is echoed by the Institute of International Education (IEE, 2014, 2015, 2016). Many of these students are unfamiliar with the policies and procedures at U.S. universities because admission is the major goal (Hagedorn & Zhang, 2010). Additionally, because the typical English language learner (ELL) in a university setting need approximately 2 years to first develop *basic interpersonal communication skills* (BICS), after which they need 5 to 7 years to then develop *cognitive academic language proficiency* (CALP) (Cummins, 1983), EFL training prior to arrival in the United States, which often involves test preparation, often falls short in allowing international students to immediately excel in the U.S. university classroom. For these reasons, a growing number of Chinese undergraduate students are facing academic dismissal due to low GPA (WholeRen Education, 2014, 2015, 2016).

Published studies in the literature of nursing education in both the United States and the Commonwealth (i.e., Australia and the UK) provide some of the demographic facts underwriting the AACN’s goals and objectives that urge U.S. schools of nursing to include global elements in their respective curricula. For example, Scheele, Pruitt, Johnson, and Xu (2011) assert “Asia has provided the greatest share of international nursing students to the United States” (p. 244), and, despite the diversity they bring to programs, these students, as EFL learners who are native

speakers of languages with unique grammatical features (e.g., no inflection for tense, aspect, or number) vis-à-vis English, often not only “have problems speaking and understanding English when they enter the U.S. educational system” (p. 244), but also “face cultural barriers their non-ESL peers may not experience” (p. 244).

2.4 ASSUMPTIONS IN THE LITERATURE AND WAYS FORWARD

Filled with descriptors such as *struggle with*, *unpreparedness*, *unrealistic expectations*, *difficulty with*, *limited access*, *sick man of Asia*, *unfamiliar with*, *falls short*, *have problems*, and *face barriers*, the literature presented above concerning Chinese students in the United States reflects an underlying assumption of deficit. In other words, these Chinese students have problems that are in need of a solution.

Badenhorst, Moloney, Rosales, Dyer, and Ru (2015) assert that this deficit metaphor locates perceptions of problem and solution solely “in notions of deficit in individuals and not in the broader embedded and sometimes invisible discourse practices” that inform and inscribe all fields of academic inquiry and professional practice (p. 1). Moreover, as Jin and Cortazzi (2011) reveal, although a growing number of these studies of “Chinese students in the West . . . do pay attention” to the needs of the students, these studies, nonetheless, “do not attend to intercultural adaptation and issues of research methodology” (p. 4).

As such, this dissertation in practice adopts critical pedagogy (Freire, 1970) and a constructivist epistemological frame (Young & Paterson, 2007) to not only confront the deficit metaphor in studies of Chinese students at U.S. HEIs, but also provide its primary stakeholders (i.e., the CMUSON students) agency in the examination the Pitt-SON-CMUSON exchange

program to sustain program satisfaction. Moreover, in a departure from other recent dissertations about Chinese students pursuing studies at U.S. HEIs that utilize a phenomenological approach (e.g., Barg, 2013; Chan, 2006; Exposito, 2015; Li, 2013; Shu, 2008), this dissertation of practice adopts the framework of program evaluation in public health promulgated by the Centers for Disease Control and Prevention (CDC, 1999) for one main reason: the phenomenological approach primarily seeks to understand how a group or community interprets the world and life around them (Mertons, 2010); however, this dissertation in practice sought—and continues to seek—to take a next step: leverage this interpretation to provide theoretical explanations that can guide quality improvement efforts for the exchange program. The CDC evaluation framework not only “encourages an approach to evaluation that is integrated with routine program operations” (p. 6), but also features a multi-step iterative process that concludes by sharing “lessons learned” with stakeholders (p. 7). This sharing of lessons learned is commensurate with the demonstration of scholarly practice component of this dissertation of practice, which will be the continued development of a Pitt SON-CMUSON exchange program guide. This guide will contain information to assist stakeholders with maintaining the desired direction of the program.

Following the CDC evaluation framework, data collection and analysis (e.g., coding of interview transcripts, open-ended survey item responses, and field notes) occurred simultaneously in an iterative, constructivist fashion to identify concepts that provide theoretical explanation of a phenomenon of interest (Merriam, 1998) (see Figure 1). Moreover, the concept of “lessons learned” in the CDC evaluation framework is congruent with Baxter-Magolda’s (2004) conceptualization of epistemological reflection, which stems a 16-year, constructivist, and longitudinal study of undergraduate student development that utilized the epistemological

reflection model (Baxter-Magolda & Porterfield, 1985). For Baxter-Magolda (2004), the constructivist conceptualization of student experience featured three principles:

Validating learners as knowers, situating learning in learners' experience, and defining learning as mutually constructing meaning. Affirming learners' ability to construct knowledge, although not necessarily the knowledge that had currently constructed, welcomed them into the knowledge construction process. (Baxter-Magolda, 2004, p 41)



Figure 1. The CDC evaluation cycle (CDC, 2016, October 27).

According to Jorgensen and Phillips (2002), in qualitative, discursive studies such as this one that eschew positivist epistemology, “the interview is regarded as a form of social interaction which both researcher and respondent contribute to shape . . .” and “is seen as a way of investigating the meaning that all participants create in social interaction” (p. 123). In this sense, the interviews in dissertation in practice provided the space for the CMUSON students to make meaning regarding the exchange program in terms of lessons learned. In addition, other stakeholders, through responding to surveys, had the opportunity to not only reflect on coping

and growth in the program, but also shape some of the details of the program, all of which can contribute to program satisfaction.

2.5 PLAN OF ACTION FOR EXCHANGE PROGRAM

Consistent with the teaching-English-to-speakers-of-other-languages (TESOL) and second language acquisition literature, studies of ESL and EFL nursing students (Abriam-Yago & Kataoka-Yahiro, 1999; Guhde, 2003; Scheele, Pruitt, Johnson, & Xu, 2011; Thompson, 2013) demonstrate the benefit that having frequent opportunities to listen to and speak authentic English in authentic nursing contexts has on ESL and EFL nursing students. Only with both the BICS and CACP dimensions of language proficiency in place will an international student be able to effectively participate in “context-embedded communicative situations” that are part and parcel of full membership in an academic community (Abriam-Yago & Kataoka-Yahiro, 1999, p. 145). For example, Guhde (2003) reports of a peer-based tutoring program that was tested with a Chinese international nursing student at a U.S. school of nursing. This scaffolded, 10-week, one-on-one tutorial targeted listening and speaking skills in a clinical environment, using audio recordings of patient reports and physician instructions. The student not only self-reported a gain in communicative competence that enabled her to interact with increasing frequency in study groups during the term, but also demonstrated a 20% increase in comprehension of verbal patient reports and physician instructions (Guhde, 2003).

Prior to the arrival of the C1 CMUSON students in August 2015, as part of the Pitt SON-CMUSON MOU, three domestic undergraduate Pitt SON students visited CMUSON in May 2015 for a 2-week study tour, and they were accompanied by one of the Pitt SON international

faculty members from China. These Pitt SON students were provided a historical overview of 20th-century China to contextualize the current state of healthcare and healthcare reform in China. Once in Beijing, these Pitt SON met the CMUSON students during exchange activities, which included a question-and-answer session, that provided a modicum of a pre-matriculation (i.e., presojourn) dialogue to promote a transition to study in the fall semester. Moreover, two of these three students were recruited by me to be peer-mentors for the C1 students for 2015–2016. The same Pitt SON international faculty member will take another small group of domestic Pitt SON undergraduates to CMUSON in May 2017, this time for 1 month, and I again encouraged those students to not only meet the C3 students in Beijing prior to their departure, but also serve as peer-mentors for the C3 students after their arrival in Pittsburgh.

Through structured interaction with domestic students, either pre-departure or post-arrival, Chinese undergraduate students gain access to authentic language and academic and/or procedural support for both the academic and extracurricular strands of student life. Whether from assigned peer mentors or other classmates, according to input I received from six Chinese international students at Pitt (personal communication, April 14, 2015 & April 16, 2015), these opportunities for processing and producing contextualized, authentic language are welcome ways of not only gaining communicative confidence, but also attending to logistic issues that are only covered briefly during international student orientation such as setting up bank accounts, signing up for telephone plans, and figuring out how to see a doctor at UPMC, which are procedurally different than they are in China.

These types of structured interactions (e.g., peer mentor meetings, academic tutorials, or semi-structured interviews) occur within what Tinto and Pusser (2006) denote as the *expectational climate* (see Figure 2). It is here in which *institutional commitment* (e.g., allocation

**Action Plan: Capital Medical University, School of Nursing (CMUSON) Exchange Students at the
University of Pittsburgh (Pitt), School of Nursing (SON)**

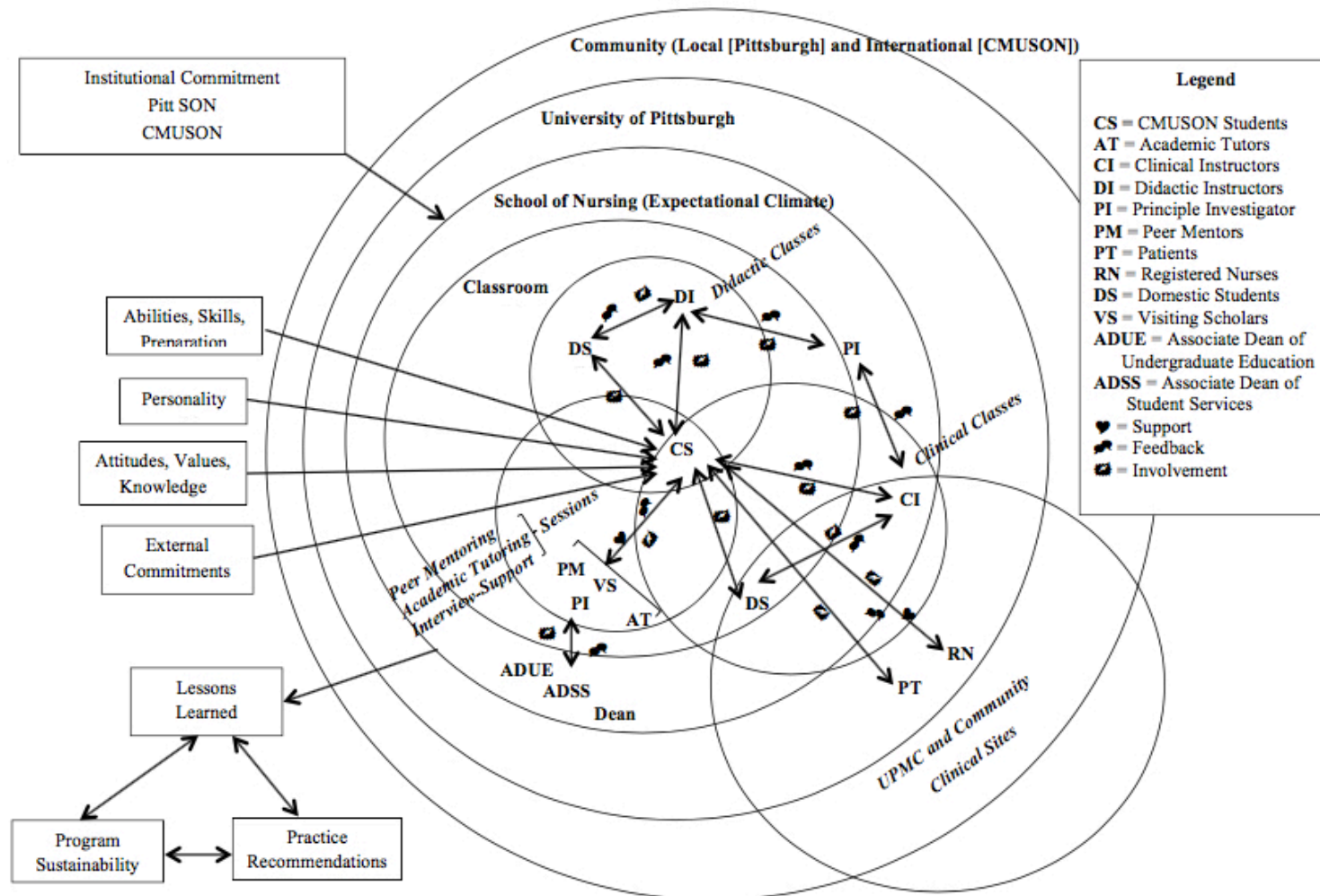


Figure 2. Action plan for CMUSON undergraduate exchange students at Pitt SON. *Note.* Adapted by the author (i.e., PI in the figure) from *Moving from theory to action: Building a model of institutional action for student success* (p. 9), by V. Tinto and B. Pusser, 2006. Washington D.C.: National Postsecondary Educational Cooperative.

of resources through Pitt SON Student Affairs), student attributes (e.g., *abilities*, *skills*, and *preparation*), and the interactions between students, faculty, peer mentors, and the academic tutor as well as the support, feedback, and involvement supplied (i.e., interaction) all play a role in influencing *learning* and *teaching*, which ultimately results in (or not) the identification of lessons about program participation through interviews and surveys with the CMUSON students and the Pitt SON instructors (Tinto & Pusser, 2006, p. 9). Additionally, the CMUSON students' academic and cultural transition to the demands of the ASD-BSN program as ELLs were monitored through the lessons that surfaced in the interviews with the CMUSON students. At this stage of this partnership agreement, program sustainability is reflected in the capability of (1) the CMUSON student to receive passing credit for the didactic and clinical courses they are taking as part of the Pitt SON ASD-BSN program and (2) the peer mentor, academic tutorial, and interview sessions to provide the CMUSON students the agency to be “active creators or constructors of their own understandings” (Grubb et al., 2012, p. 5). The assumption is, of course, that this sort of student-centered support, mediated through mentors, tutors, and I, who respond to the specific needs of the CMUSON students, as they arise, will ease the transition to study at the Pitt SON for these students, which will, subsequently, be reflected in program satisfaction.

Consistent with the CDC (1999) evaluation framework, the qualitative data gathered from interviews with the CMUSON students has been—and will continue to be—analyzed thematically (Braun & Clarke, 2006) to address not only the inquiry questions presented in Chapter 1, but also the following types of inquiry questions in future iterations of the exchange partnership: (1) Do the CMUSON students exhibit the transition challenges as reported in the literature? If not, why? (2) How are the presojourn and postsojourn expectations of the

CMUSON students aligned and/or misaligned? Could presojourn support be provided to address misalignments? (3) What types of support do the CMUSON students request during the peer mentoring and academic tutorial sessions? Do they feel that their needs are being met? (4) To what extent do the CMUSON students feel that peer mentoring and/or academic tutoring enables their involvement in the expectational climate and/or community? Does self-perceived confidence play a role in this process? (5) From whom do the CMUSON students seek assistance for particular transition issues? How do the students balance support from domestic and international students?

Through this cultural and academic support of the CMUSON students, the Pitt SON is building a mechanism by which (1) to ameliorate any potential linguistic, cultural, procedural, and psychological difficulties these students may experience, which will improve their experience and the experience of subsequent exchange students from CMUSON and (2) to promote cross-cultural exchange among Pitt SON students, which will prepare them not only for the global nursing workforce, but also to be global citizens, both of which are part and parcel of the Pitt SON's current institutional mission to pursue international community engagement.

2.6 REFORM OF HIGHER EDUCATION AND HEALTHCARE IN CHINA

Globalization in education and professional practice brings together several push (e.g., Confucianism, demographic shifts, and education trends in China) (Fong, 2011; Gaule & Piacentini, 2013; Li, 2008) and pull (e.g., educational finance, mission statements, and memorandums of understanding) (Keshavan, 2012; Ota, 2013) factors that underwrite not only the increases of the Chinese undergraduates pursuing study at U.S. HEIs, but also the

participation of the HEIs themselves. Moreover, in the coming decades, China faces unprecedented demographic challenges in domestic healthcare, which is driving ambitious policy formulation and implementation among Chinese medical colleges and universities (Dong, Christensen, & Painter, 2014). Furthermore, in the wake of the massification of higher education in China, these Chinese HEIs, such as CMUSON, are actively pursuing policies to increase their respective capacities to participate in international education (Fang, 2012; Jacob, Xiong, & Ye, 2015). This push for capacity is bound up with China's *peaceful rise* to position itself as a regional center for trade, education, and healthcare through continued investment in infrastructure, human capital, and global competence (Pan, 2014; Vaz-Pinto, 2014).

Recent literature on several waves of healthcare reform in China (Cooke & Zhan, 2013; Li, Chen, & Powers, 2012; Liu, Ma, & Xu, 2015; Tourigny, Baba, & Wang, 2010; Shobert, 2012) reveals the following themes vis-à-vis nursing:

1. Increased equity, efficiency, and access in urban and rural contexts;
2. Decentralized budget, yet retention of centralized control;
3. Healthcare is a public good like education and social security;
4. Increasing accountability and (over-)marketization;
5. Barriers to foreign investment and an aging population;
6. Hospitals must generate their own revenue;
7. Revenue targets (for physicians); nurses considered a cost;
8. Growth of a performance-based compensation structure;
9. Attract patients with best staff (i.e., BSN-trained nurses)
10. Confidence in providers, yet low social status of nurses (see Figure 3);
11. Maintaining hospital-university affiliations;

12. Promoting capacity building (i.e., facilities, technology, and procedural [i.e., management] innovation);
13. Nurses must “develop new skills to serve the needs of the higher income group who demand better care” (Tourigny, Baba, & Wang, 2010, p. 2742);
14. Government funding for international exchange partnerships in nursing education.

Moreover, barriers of licensure and curricula impede the potential flow of BSN-trained nurses—and those being trained—between the United States and China (Benner, Sutphen, Leonard, & Day, 2010). For example, a nurse trained and licensed in one of these countries is unable to practice in the other. Additionally, because of highly structured nursing curricula in both countries, reciprocal study abroad opportunities for U.S. and Chinese BSN students are impractical. Nevertheless, these opportunities, which embody culture, language, and clinical practice, certainly would enhance the capacity of the healthcare systems in both countries.

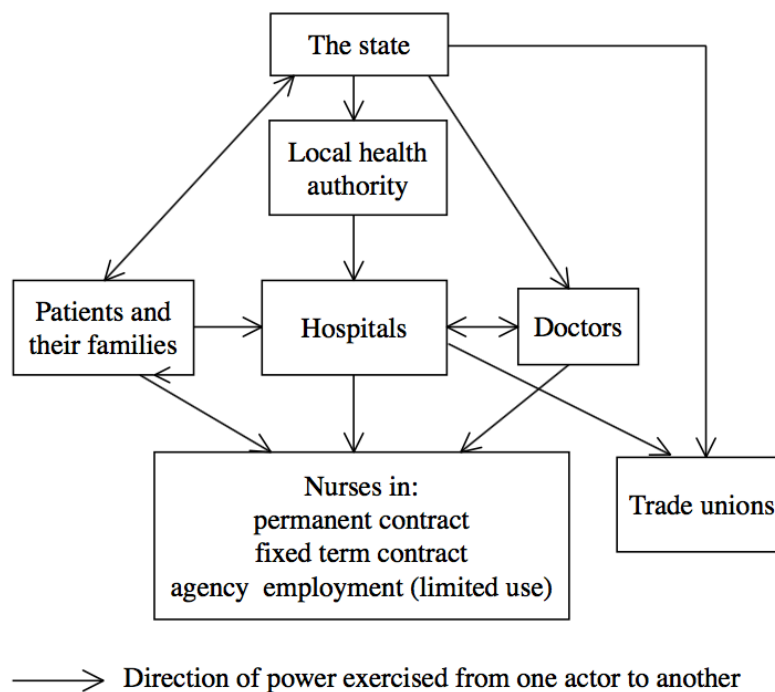


Figure 3. Power relationships in the Chinese healthcare system (Cooke & Zhan, 2013, p. 3182).

CMUSON is responding to these themes in its efforts to educate growing numbers of BSN-equipped nurses to meet the demands of patient-centered care and evidence-based practice and (2) feed the pipeline to nursing graduate programs necessary to generate doctorally-trained nurse researchers who will educate the next cohorts of BSN-trained nurses. As such, as of the completion of this dissertation in practice, CMUSON will send another cohort (C3) of its undergraduate students to Pitt SON for 2017–2018.

2.7 CONCLUSION

As a professional field of study informed by (1) the humanistic tradition of Florence Nightingale (Fitzpatrick, 1992), (2) the positivism of evidenced-based practice (Benner, Sutphen, Leonard, & Day, 2010), and (3) the neoliberal marketization of healthcare (Collyer & White, 2011), nursing—and nursing education—presents its faculty and students with several competing imperatives for teaching and learning. Simultaneously, U.S. and Chinese HEIs continue to forge collaborative associations through international university-community engagement (Jacob, Sutin, Weidman, & Yeager, 2015). Against this backdrop, this dissertation in practice sought to (1) to evaluate how the Pitt SON-CMUSON exchange program is proceeding and (2) provide recommendations for the management of the program in upcoming iterations.

3.0 INQUIRY METHODS

The previous chapter situates the problem of practice addressed in this dissertation in practice vis-à-vis a review of the relevant literature. This chapter outlines not only the approach taken by this dissertation in practice, but also the alignment of the inquiry questions examined with the evidence collected. See Appendix A for a table that presents the alignment of inquiry questions with the evidence collected and the analysis of that evidence.

3.1 APPROACH

With its small sample size (i.e., seven exchange students and approximately 10–15 instructors), contextualized inquiry setting, and reliance on qualitative methodology, this dissertation of practice is a case study (Yin, 2014) that aims to (1) guide teaching, learning, and policy in the Pitt SON-CMUSON exchange program and (2) provide comparative practical knowledge to other schools of nursing or related healthcare practice that host international students. As mentioned in Section 2.4, rather than adopt the phenomenological approach featured in many case studies (e.g., Barg, 2013; Chan, 2006; Exposito, 2015; Li, 2013; Shu, 2008) of Chinese students engaged in study at U.S. HEIs, this dissertation in practice adopted the approach of program evaluation in public health promulgated by the Centers for Disease Control and Prevention (CDC, 1999) for its suitability to assess a program in the health sciences. This CDC

framework not only “encourages an approach to evaluation that is integrated with routine program operations” (p. 6), but also features a multi-step iterative process that concludes by sharing “lessons learned” with stakeholders (p. 7) (see Table 3.1). This sharing of lessons learned is commensurate with the demonstration of scholarly practice component of this proposed dissertation of practice, which will be the continued development of a Pitt SON-CMUSON exchange program guide. This guide will contain information to assist stakeholders with meeting the needs of the program.

Table 3.1 CDC Evaluation Framework Steps vis-à-vis Activities Taken

Step	Activity Example
1. Engage stakeholders	Meet all stakeholders to introduce project; present on exchange program at BSN Council
2. Describe the program	Create the action plan diagram (see Figure 2)
3. Focus the evaluation design	Adopt case study approach after review of literature
4. Gather credible evidence	Conduct interviews and surveys using approved instruments
5. Justify conclusions	Propose recommendations from thematic analysis
6. Use and share lessons learned	Craft content for exchange program handbook
<i>Note.</i> (CDC, 2011)	

The adoption of the CDC evaluation framework also was influenced by its affinity to action research, which I employed during the pilot phase of this dissertation in practice. Action research is not only “a disciplined process of inquiry conducted by and for those taking action” (Sagor, 2000, quoted in Buss & Zambo, 2014, p. 5), but also a “systematic inquiry conducted by . . . stakeholders to understand how their [school operates], how they teach, and how well their students learn” (Mills, 2013, quoted in Buss & Zambo, 2014, p. 5). As I gradually became an ad-hoc coordinator and stakeholder in the Pitt SON-CMUSON exchange program during the pilot phase, action research functioned as a useful way of conceptualizing the inquiry at hand, especially in light of the fact that this dissertation in practice had the goal of understanding a

context of practice and implementing formative change during the “unfolding of procedures” (Barab & Squire, 2004, p. 4) to support the stakeholders involved.

Because identifying as a stakeholder began to blur the boundaries between the potential emic and etic dimensions of inquiry, I was further motivated to adopt the CDC evaluation framework for the research stage, because doing so established a less ambiguous, etic frame of inquiry. Nevertheless, as the interviews with the CMUSON students provided a space in which the participants constructed meaning through social interaction (Jorgensen & Phillips, 2002; Young & Paterson, 2007), I could still attend to Milner’s (2007, p. 396) calls for “engaged reflection and representation” in education research. In other words, the qualitative approach embedded in this dissertation in practice not only addresses the research positionality of the author (i.e., stakeholder yet scholarly practitioner), but also provides the CMUSON students a voice (i.e., agency through constructivism) by which—and a forum in which—to articulate and reflect on their learning experience. Through this agency, the C2 CMUSON exchange students had—and the C3 students will have—not only an opportunity to identify their strengths to leverage and weaknesses to improve, but also an ability to inform and shape the program to better deliver the support that is desired in this specific educational context. Surveys of clinical instructors, domestic ASD-BSN students, and PhD mentors *and* conversations with other stakeholders (e.g., Pitt SON didactic instructors and CMUSON visiting scholars) provided data to triangulate the interview data (Mertens, 2010; Yin, 2014). Moreover, through the iterative inquiry cycle of the CDC framework, the lessons learned by stakeholders are brought to bear on justifying conclusions and making recommendations (CDC, 2011) for the organization, rather than exploring phenomenological issues for their own sake, and these conclusions and recommendations will feed directly to demonstration of scholarly practice component of this

dissertation in practice: the continued development of a Pitt SON-CMUSON exchange program guide.

Finally, in light of the interaction of stakeholders and capacity that comprise the Pitt SON-CMUSON exchange program that is shown in Figure 2, Lipsky's (2010) notion of street-level bureaucrats provides a useful way of not only interpreting the interview and survey data vis-à-vis the inquiry questions and setting, but also applying the results of this interpretation to generate recommendations for the exchange program, which are to be articulated in the Pitt SON-CMUSON exchange program guide. Lipsky (2010) argues that the individuals working in public institutions (e.g., schools) who interact with citizens (e.g., students) must exercise discretion in the making daily decisions involving policy implementation because these "street-level workers [lack] the time, information, or other resources to respond properly to the individual case" (p. xi). Furthermore according to Lipsky, the work of and decisions made by these street-level workers or "street-level bureaucrats," along with the "routines they establish, and the devices they invent to cope with uncertainties and work pressures, effectively *become* the public policies they carry out" (p. xiii). As we will see in Chapter 4, the major findings of this dissertation in practice can be understood in terms of Lipsky's construction of street-level bureaucracy.

3.2 PARTICIPANTS

The primary participants of this dissertation in practice comprised (1) the seven (i.e., the four C1 students and the three C2 students) CMUSON undergraduate exchange students and (2) the

approximately 10–15 Pitt SON clinical instructors who deliver the clinical courses in the Pitt SON ASD-BSN program that is attended by the CMUSON students.

The secondary participants comprised (1) the academic tutors, peer mentors, and visiting scholars from CMUSON who have been made available to provide academic and cultural support to the CMUSON students as needed, and (2) the Pitt SON ADUE and ADSS who are responsible for executing the MOU on behalf of the Pitt SON Dean and the CMUSON Dean.

3.3 INSTRUMENTS

This dissertation in practice featured two primary data-collection instruments: (1) an interview protocol that governed the semi-structured interviews with the CMUSON undergraduate students; (2) a survey of the Pitt SON clinical instructors that targeted the performance of the CMUSON students—the survey consisted of a 22-item questionnaire that was distributed and analyzed using the Pitt-approved Qualtrics survey system.

The interview protocol was developed to surface facilitators and barriers to program performance reported by the CMUSON students vis-à-vis those reported in the literature (e.g., language competence, coping mechanisms, and differences in U.S. and Chinese academic culture). For example, the interview included items such as “What are things that are making your work as a student easy?” and “What are things that are making your work as a student difficult?”

The survey instrument was developed by examining (1) the evaluation forms that Pitt SON clinical instructors use to grade their students’ performance vis-à-vis communication and clinical skills and (2) the literature reporting the differences between U.S. and China nursing

education and clinical practice (e.g., Deng, 2015). The 22 items of the questionnaire comprised both closed-ended (e.g., “Compared to other domestic nursing students whom you have taught, what do you think of the Chinese student's clinical skills?” [much lower, somewhat lower, about the same, somewhat higher, much higher]) and open-ended (e.g., “Are there differences in the way you need to interact with the Chinese students vis-à-vis the domestic students? If yes, describe these differences and comment on their possible causes below.”) items.

This dissertation in practice comprised two secondary data collection instruments: (1) a one-item survey of the academic tutors, peer mentors, and ASDBSN program domestic classmates concerning their interactions with the students each term; (2) a weekly diary that was used to record any information about the program gathered through any conversations that occurred between me and any of the secondary participants.

3.4 PITT HRPO IRB APPROVIAL PROCESS

Detailed information about and materials related to the proposed project (i.e., statement of minimal risk, abstract, descriptions of resources and facilities, objective, specific aims, background, significance, analytic approach, recruitment methods, data-gathering instruments [i.e., interview protocol and Qualtrics surveys], electronic data security assessment, and biographical statement) were submitted to the Pitt Human Research Protection Office (HRPO), Institutional Review Board (IRB) for project approval and assigned the identifier IRB# PRO16070622. Upon review, HRPO IRB Staff member Allison Gerger determined that this dissertation in practice qualified as a program evaluation, rather than research, because hypotheses were not being tested; therefore, Pitt HRPO IRB oversight was not required for the

dissertation in practice. See Appendix B for the Pitt HRPO IRB Memo that authorized me to conduct the dissertation in practice.

3.5 METHODS OF DATA COLLECTION

Semi-structured interviews with the students were conducted on a monthly basis, beginning at arrival and ending prior to departure. The interviews, which were 30 minutes in duration, were audio recorded, and notes were taken during the interviews. Audio recordings were transcribed.

For the survey of not only the clinical instructors, but also the academic tutors, peer mentors, and ASDBSN program domestic classmates concerning their interactions with the students each term, the Qualtrics survey system was used to distribute the survey and record the responses to each of the items on the questionnaires. The email that was sent to the respondents that explained the purpose of the surveys was reviewed and approved by the Pitt HRPO IRB.

Content from conversations with (1) the academic tutors and peer mentors about student performance, (2) the clinical and didactic instructors concerning student performance, and (3) the Pitt SON Dean, ADUE, and ADSS concerning questions of academic support and program policy, throughout the exchange program as needed, was recorded in a weekly diary.

3.6 METHODS FOR DATA ANALYSIS

Transcripts and notes from the semi-structured interviews with the CMUSON students were examined using thematic analysis as described by (1) Menter, Elliot, Hulme, Lewin, & Lowden

(2011), which comprises the stages of *familiarization, identifying a thematic framework, indexing, and charting* (p. 219), and (2) Braun and Clarke (2006), which comprises the stages of *familiarizing yourself with your data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report* (p. 87). Themes revealed facilitators and barriers to program success identified by the students vis-à-vis those reported in the literature (e.g., language competence, coping mechanisms, and differences in U.S. and Chinese academic culture). Transcription was accomplished in Word files, and line numbers were inserted. Words and phrases related to the inquiry questions were color highlighted in the text, and a column was added to insert key categories, codes, and themes in the text. Finally, indexed text and relevant quotes were extracted from the text and placed in another Word file that was organized by thematic categories vis-à-vis the inquiry questions.

For the surveys of not only the clinical instructors, but also the academic tutors, peer mentors, and ASD-BSN program domestic classmates concerning their interactions with the students each term, descriptive statistics were obtained for closed-ended questionnaire items. Responses to open-ended questionnaire items were examined, using thematic analysis as described by Menter, Elliot, Hulme, Lewin, & Lowden (2011) and Braun and Clarke (2006), to ascertain themes from the responses. Themes revealed facilitators and barriers to program success identified by the clinical instructors vis-à-vis those reported in the literature (e.g., language competence, coping mechanisms, and differences in U.S. and Chinese academic culture), which were triangulated though descriptive statistics gathered from responses to closed-ended survey items.

Notes about the conversations with (1) the academic tutors and peer mentors about student performance, (2) the clinical and didactic instructors concerning student performance,

and (3) the Pitt SON Dean, ADUE, and ADSS concerning questions of academic support and program policy that were recorded in the weekly diary were examined, using thematic analysis as described by Menter, Elliot, Hulme, Lewin, & Lowden (2011) and Braun and Clarke (2006), to ascertain emergent themes from the notes. Themes revealed facilitators and barriers to program success identified by the academic tutors and peer mentors vis-à-vis those reported in the literature (e.g., language competence, coping mechanisms, and differences in U.S. and Chinese academic culture).

3.7 ANALYSIS AND INTERPRETATION

The qualitative interview and qualitative/quantitative survey instruments deployed in this dissertation in practice comprised items that reflect not only the facilitators and barriers reported in the literature concerning Chinese undergraduate students at U.S. HEIs (i.e., open-ended interview questions), but also the items on Pitt SON clinical skills assessment rubrics (i.e., closed-ended survey items).

According to the CDC, Program Performance and Evaluation Office (2016), the purpose of evaluation “is to determine [the] effectiveness of a specific program or model and understand why a program may or may not be working; [the] goal is to improve programs” (para 1). In particular, the CDC program evaluation framework is designed for “guiding public health activities” which include health education and capacity building to improve “social equity through public health action” (CDC, 1999, p. 6). As this dissertation in practice sought to determine how well the Pitt SON-CMUSON exchange program is meeting its needs (i.e., not only providing the CMUSON students with a meaningful U.S. clinical experience, but also

allowing the Pitt SON faculty members and domestic students to gain an international nursing perspective), the CDC program evaluation framework was well suited to guide the project. The CDC program evaluation framework features a six-step, iterative process (i.e., *engage stakeholders, describe the program, focus the evaluation design, gather credible evidence, justify conclusions, and ensure use and share lessons learned*) (CDC, 1999, p. 7), and supporting details for each of these steps are presented (CDC, 2011). The right-hand column of the table presented in Appendix A lists the specific type of analysis to be employed to interpret the evidence collected for the middle column. For example, the transcripts of semi-structured interviews with the CMUSON students were examined using thematic analysis as described by Menter, Elliot, Hulme, Lewin, & Lowden, (2011), which comprises the stages of *familiarization, identifying a thematic framework, indexing, and charting* (p. 219). The six-phase approach to thematic analysis described by Braun and Clarke (2006), which comprises the phases of *familiarizing yourself with your data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report* (p. 87), also was consulted. Transcription was accomplished in Word files, and line numbers were inserted. Words and phrases related to the inquiry questions were color highlighted in the text, and comments were added in an adjacent column to identify key categories, codes, and themes in the text. Finally, indexed text and relevant quotes were extracted from the text and placed in another Word file and organized into thematic categories vis-à-vis the inquiry questions.

For the surveys of clinical instructors, descriptive statistics were obtained for closed-ended questionnaire items. Responses to open-ended questionnaire items were examined, using thematic analysis as described by Menter, Elliot, Hulme, Lewin, & Lowden (2011) and Braun and Clarke (2006), to ascertain themes from the responses. These themes reveal insight into the

direction of the exchange program as identified by the instructors vis-à-vis those reported in the literature (e.g., language competence, coping mechanisms, and differences in U.S. and Chinese academic culture), which were triangulated via the descriptive statistics gathered from responses to closed-ended survey items.

4.0 MAJOR FINDINGS

This chapter presents the major findings from the interviews, surveys, and weekly notes described in Chapter 3. The major findings from these sources of data are presented and discussed in relation to each of the inquiry questions appearing in Chapter 1. Table 4.1 presents the pseudonyms of the CMUSON students appearing in this chapter.

Table 4.1 List of Pseudonyms

Pseudonym	Cohort	Age (Arrival, Departure) in Years	Gender	Years of Study at Arrival	Clinical Experience at Arrival	City of Origin	Siblings	Personality
Crystal	C2	20, 21	Female	2	Observation 1–2 times/week for 8 weeks	Tier 1	Older step- sister	Outgoing with friends; timid with strangers; high self- esteem
Janie	C2	20, 21	Female	2	Observation for 1 week	Tier 3	No	Positive; has confidence to overcome challenges
Julie	C1	20, 21	Female	2	Observation 1 time/week for 8 weeks	Tier 1	No	Sensitive; independent; talkative
Keesha	C1	20, 21	Female	3	Observation 1–2 times/week for 5 weeks	Tier 2	Younger brother	Outgoing; laidback
Maggie	C1	21, 22	Female	3	Observation 2–3 times/week for 8 weeks	Tier 2	No	Careful with everything; shy with strangers; not talkative in public

Table 4.1 (continued)

Pseudonym	Cohort	Age (Arrival, Departure) in Years	Gender	Years of Study at Arrival	Clinical Experience at Arrival	City of Origin	Siblings	Personality
Suzie	C1	20, 21	Female	3	Observation 1 day/week for 16 weeks	Tier 3	Older sister & younger brother	Easy-going; has a sense of humor
Yenmay	C2	20, 21	Female	2	Observation for 1 month total	Tier 4	Younger sister	Outgoing; warmhearted; easy-going
<i>Note.</i> Chinese cities are ranked by tier—the higher the tier of a city, the higher the population and administrative significance of the city. Descriptions of personality were self-reported.								

4.1 PARTICIPATION, LEARNING, AND TEACHING

This section addresses the findings of this dissertation in practice in relation to the second inquiry question: What do Pitt SON faculty members need to know to support the undergraduate CMUSON students in learning clinical skills?

Data to address this question were drawn from three sources: a primary course and two secondary sources. The primary data source comprised the interviews with the three CMUSON students, which were conducted once a month from August 2016 to March 2017. The interviews were semi-structured (see Appendix C for the interview protocol), approximately 30 minutes in length, and recorded and transcribed. The transcripts were analyzed according to the method described in Chapter 3, which generated the themes listed and discussed below. The two secondary data sources comprised (1) the survey of the Pitt SON clinical instructors who taught the C2 CMUSON exchange students (see Appendix C), which was conducted twice (i.e., once in the final month of fall semester 2016; once in the final month of spring semester 2017), and (2) the weekly notes capturing conversations I had with stakeholders (e.g., Pitt SON didactic

instructors) throughout the same time period in which the interviews with the CMUSON students were conducted. These two sources of data contribute to the findings described in this section.

Thematic analysis of the interview transcripts generated seven themes: (1) background, (2) language disadvantage, (3) academics, (4) cultural difference/awareness, (5) Chinese-characteristic learning/teaching, (6) out-of-school support, and (7) interaction. These themes and their underlying codes are shown in Table 4.2, and the findings of this section in relation to the first inquiry question are organized accordingly.

Table 4.2 Themes and Underlying Codes Generated by Thematic Analysis

Theme	Codes
Background	Student skills and previous training Personality Family background (e.g., single-child or has sibling) Family support (e.g., living expenses) / City support (e.g., tuition) Maturity level Program selection evaluation is not evidence-based Independence Pre-departure training Career plan
Language disadvantage	Orientation understanding Homework instruction and focus Bilingual/bicultural tutor and clinical instructor helps Small talk with patients is difficult Unable to communicate with patients like domestic classmates Reading comprehension (e.g., find Chinese version of textbook to supplement reading) Unable to form complete sentences and/or express ideas Communication methods affect comprehension (e.g., fact-checking questions vs. yes-no questions) Vocabulary Fast talking speed Idioms, jokes, and cultural background in class Prompt questions Reading in English is slow and time consuming
Academics	Uncertain of what to do in the future Learning environment (e.g., location and participants) Heavy workload and busy schedule; lack of time Not enough time to prepare for classes Stress and time management Class instruction Too much reading Preparing before class / Reviewing after class Acclimating to the learning situation

Table 4.2 (continued)

Theme	Codes
Academics	<p>Domestic classmates answer questions and offer help</p> <p>Bicultural/bilingual clinical instructor and tutor; peer mentors</p> <p>Use of social media (e.g., Facebook information sharing)</p> <p>Curriculum adjustment</p> <p>Incidental learning from patients</p> <p>Clarification of procedural difference</p> <p>Making progress on test scores</p> <p>Program instruction (e.g., what will be covered in the second semester)</p> <p>Exam review (e.g., more structured, more effective)</p>
Cultural difference/awareness	<p>Purpose of study (e.g., passing exams or learning)</p> <p>Chinese group/network (e.g., eases communication)</p> <p>Purpose of asking questions</p> <p>When to ask questions during class</p> <p>Equivalence of clinical class in China</p> <p>Note taking on computer vs. on paper</p> <p>No respect (e.g., not working hard enough to gain status)</p> <p>Test preparation focus</p> <p>Homework assignments and notifications</p> <p>Hands-on clinical experience</p> <p>English-speaking practice</p> <p>Cross-cultural communication</p>
Chinese-characteristic learning/teaching	<p>Hard working</p> <p>Good test taker</p> <p>Take opportunity (e.g., city scholarship for capacity building)</p> <p>Quiet effort in class (e.g., listening and taking notes)</p> <p>Low overt participation in class (e.g., answering questions)</p> <p>Results oriented</p> <p>Learning process yields scores, grades, and ranking</p> <p>Observing instead of doing in clinical to avoid mistakes</p> <p>Shortcuts to high score on the final exam</p> <p>Avoid communication if unable to express clearly</p> <p>Encouragement from instructors motivates students</p>
Out-of-school support	<p>Accommodation assistance</p> <p>Food and eating options; ability to cook</p> <p>Shopping guidelines</p> <p>Off-campus safety knowledge</p> <p>Clear instructions for support</p> <p>Handling relationships with patients</p> <p>Family support financially and spiritually</p> <p>SON buys new computer for student after break-in</p> <p>Health Center</p> <p>Troubleshoot old landlord procedure and lease agreement</p> <p>Information sharing with C1</p> <p>Nurses in clinical are nice and supportive</p> <p>APA paper template from PI</p> <p>Payment of tuition and fees</p> <p>Activities to relax</p>

Table 4.2 (continued)

Theme	Codes
Interaction	Ask classmates/teachers questions after class Gain class information on social media from classmates Encouragement and positive feedback from instructors is a motivator Extra-curricular contact Fast speech, paraphrasing, and understanding Communication methods affect comprehension Avoid communication if unable to express clearly Review homework with classmates

4.1.1 Background

As reflected in the codes listed in Table 4.2, background comprises aspects of both psychology and preparation. The preparation of the CMUSON students for the ASD-BSN program prior to their arrival at Pitt SON not only can leave them unfamiliar with certain taken-for-granted staples of the program, but also remains somewhat unknown to the faculty. For example, when asked whether or not she was prepared for this program before she came, Janie said, “Definitely not. I even don't know what CourseWeb is before.” Because CMUSON does not use course management software such as BlackBoard (i.e., CourseWeb is Pitt’s licensed version of CourseWeb), Crystal and Yenmay (and the C1 students) expressed initial confusion about using CourseWeb. Moreover, members of the Pitt SON faculty have expressed an unfamiliarity with not only the specifics of the CMUSON nursing curriculum (i.e., specific courses take prior to arrival), but also the nature of the Pitt SON-CMUSON exchange program. For example, clinical instructors (I) commented in the following ways concerning the purpose of the exchange program and why the students participate:

I1. No idea.

I5. Actually, I have been wondering about this very question. My understanding is that they have had some nurse training prior to coming here, and will return to finish their

Chinese nursing training at the end of this academic year. So that makes me guess that they are here specifically to have the rapid training that comes with the 2nd degree program, but I don't know why that is not available in China.

Furthermore, Crystal, Janie, and Yenmay all mentioned their parents and feelings of homesickness throughout the interviews. This is the first time that these young women have been away from their parents for an extended period of time in a faraway place. Despite the dangers of making generalizations about Chinese culture, Chinese learners, and Confucian heritage culture (Zhao & Bourne, 2011), the CMUSON students indeed receive moral and financial support from their parents, and the students work hard to hold up their end of the bargain. Much younger and much less independent than their domestic ASD-BSN classmates, the CMUSON students reflect a background that should be better understood by some members of the Pitt SON faculty.

4.1.2 Language disadvantage

As ELLs, this theme of language disadvantage reflects a central element of the Pitt SON-CMUSON exchange program. Not only did members of the Pitt SON faculty (both clinical and didactic) frequently mention “language barriers,” but also the C2 students revealed challenges they faced related to English language competency. For example, during the fall semester, Janie explained why Pharmacology and Med-Surg were the most difficult classes:

Janie. Pharm is like what I just said, a lot of names of drugs and I'll mix them. Med-Surg, I think it's not as difficult as Pharm now. But there's still a lot of new words. I think it's language, language, language. Yeah it's difficult. There are many many, so many new medical words that I haven't hear before. I have when I look the book, the e-book, I need to almost, always look up the dictionary what it means, what it means and then, after that,

I still can't understand or remember it. There are many new medications, very long words that make me very confused.

In fact, the language disadvantage lies more in the realm of vocabulary than listening and speaking skills during the first 3 months of the program. For example, by December, Crystal revealed that she could communicate “much better” with patients in clinical settings, and that she made this progress by “just talking with patients in clinical.” Moreover, by September, despite the continued challenge that vocabulary posed in Pharmacology, Yenmay made the following observation for her progress in the class:

Yenmay. Because the first 2 weeks I wasn't familiar with the pattern. But this week, I found if I can read the PowerPoint before the class, understand little bit of this class, it'll be a lot easier for me to understand what the instructor said.

Nevertheless, progress with listening and speaking can be perceived as slow by the CMUSON students during the first semester as a result of their identity as ELLs. For example, the interviews reveal that because the students think their spoken English skills are not very good, they try to speak less so that they make fewer mistakes or avoid being offensive to patients. In other words, they often avoid communication if they cannot express their thoughts clearly. The reflections of Crystal, Janie, and Yenmay all reveal this situation:

Crystal. You know, sometimes, we just don't know how to say it in English, so don't.

Janie. I think sometimes I still can't, I don't dare to speak in front of many people. I think I need to practice more my spoken English. Many times I still don't dare to speak [in public]. So my chance to practice may be less because I fear that I would speak something wrong.

Yenmay. Because if I can't understand the patient, if the patient says something that I can't understand then I can't react. I feel awful. So I'd like to avoid misunderstandings. I tried to not talk anything.

Although one of the clinical instructors (i.e., I5) reported during the final month of spring semester that “the communication issues are a bit more significant than they were with prior [i.e., C1 students] Chinese students,” by November or December of 2016, the C2 students not only were perceived by most faculty as beginning to overcome their language disadvantage, but also were perceiving themselves as doing better with their English. These perceptions are related to academic adjustment and support, which are presented in the next section.

4.1.3 Academics

Overall, it appeared that the C2 CMUSON students performed better than the C1 students—especially in two of the key courses of the ASD-BSN program: Pharmacology and Med-Surg. During the pilot phase of this dissertation in practice, the instructors of both of these courses frequently visited me with concerns (e.g., the students were struggling with exams) and questions (e.g., what strategies could we use to support the students) vis-à-vis the C1 CMUSON students. In contrast, during the research phase of this dissertation in practice, the visits from these instructors decreased significantly in number—especially from the Med-Surg instructor. In late March 2017, I met briefly with the Med-Surg instructor, who inquired about the C3 CMUSON students. When I asked the instructor whether or not hosting C2 had been smoother than C1, the instructor, without hesitation, replied, “Yes. In my view, from my course, the students have done better.” Additionally, during the first semester of the research phase, the Pharmacology instructor explained that the C2 students were able to more quickly acclimate to the exams in his course

and move past the danger of earning too few points to pass the class compared to the C1 students. The Pharmacology instructor is not sure whether or not this improvement has roots in (1) the students (i.e., he notes that they more actively engaged him to ask about exam questions they had difficulty with), (2) curricular change (he introduced a new online study tool for 2016–2017), or (3) a combination of both.

From the interviews with the C2 students, it is clear that they tended to adjust to the academics of their participation in the exchange program after 2 to 3 months of being in Pittsburgh. The following reflections of the C2 students from mid-October to mid-December 2016 support this assertion.

Crystal. I feel very comfortable right now, so I'm getting used to the process, like I can handle it.

Janie. I can understand more in class [now]. I can capture the focus on the important things.

Janie. Now I have more confidence to talk with patient, and I'm willing to stay with them and know more about them. About their conditions, their families, and then I know the overall about this patient. And I think I can take more, better care of them than before.

Yenmay. Yes, this week I feel much better because my pharmacology grade. Last Friday, we took the pharmacology exam, and we heard grade has come out, and my grade was 36, and the average of the class is 34, so, I can see the progress. This week I tried to read the pharmacology textbook. Before, I only read the Chinese book, not the pharmacology textbook in English. This week, I tried to read in English. Even though I read very slowly, but it made me feel that I can do it. So, these two things make this week feels much better.

Yenmay. Foundations is different from other classes. It has a lot of things you need to do in CourseWeb and in the Skills Lab after the class. At the beginning of the semester, I didn't know what I should do after class, but after this semester, I think I can totally understand what the Foundations class and the instructor wants us to know.

In the Pitt SON ASD-BSN program, all students have one clinical class in the first semester and four clinical classes in the second semester, each taught by a different instructor. During the pilot phase of this dissertation in practice, the C1 CMUSON students were assigned to a domestic (i.e., non-international) Pitt SON faculty member for the first semester, and they were taught by a bicultural, bilingual (i.e., a member of the Pitt SON faculty who immigrated from China and received graduate-level training in nursing in the United States) instructor in one of their clinical classes during the second semester. In contrast, during the research phase of this dissertation in practice, the bicultural, bilingual instructor was assigned to work the C2 CMUSON students as a unit, which seemed to have a positive effect in helping the C2 students acclimate academically and perform clinically. The students responded positively to the bicultural, bilingual clinical instructor, as shown in the following reflections on learning:

Crystal. Speaking in Chinese is helpful. We can express it in Chinese and [the instructor] can answer us.

Janie. My instructor teaches us lots of things, and I learn a lot from her, whether in hospital or in the class. I think is okay [that the three of us are together with access to Chinese]; it can help me more quickly into the clinical.

Yenmay. We can do more [with our instructor]. In China, you're only allowed to watch. When you asked the nurse if you could do something? Maybe they will give you a little thing, very easy, like take vital signs, things that don't do harm to the patient—something

like that. But here, you can do something really important, such as give the medication or give the IV.

During the 2016–2017 iteration of the exchange program, a new PhD tutor was assigned to the C2 CMUSON students, and this seemed to play an important role in increasing the C2 students' use of the tutor, compared to the amount the C1 students used their tutor. Although both PhD tutors were bilingual and bicultural, the tutor assigned to the C2 students seemed to communicate better with the students, and they went to her for more support compared to the tutor assigned to the C1 students. The C2 students has the following to say about the PhD tutor vis-à-vis academics during the interviews:

Crystal: The tutor has a method that makes my work easier. She really helps a lot. We meet her once a week for about 3 hours. She also attends Med-Surg class.

Janie. I think the result of my Med-Surg is related to [the tutor's] help. She helped me a lot I, think. And Yenmay also helped me. Every time I have questions, first I'll try to fix it by myself. If I really don't know, I'll ask Yenmay. She maybe knows. If she doesn't know, I'll ask other classmates, and they will help me. Or [the tutor] can help.

Yenmay: [The tutor] is helping me [with writing]. She said that's not a big problem. She said it's easy for her.

In fact, the Pharmacology instructor arranged a domestic graduate student to tutor the C2 CMUSON students after one of the exams in late October 2016, and when I asked Janie whether or not it was helpful, she replied with the following:

Janie. I don't think so because some question I can't explain very well to her, and she can't understand what I'm asking.

Nevertheless, in spite of the literature (Jin & Cortazzi, 2011) that places a negative spin on the practice of Chinese students abroad communicating with other Chinese students in Chinese, the support that the C2 CMUSON students received from the bicultural and bilingual clinical instructor and PhD tutor provided connections to help them gain independence with the native-speaking clinical groups of the second semester. For example, the bicultural and bilingual clinical instructor encouraged and challenged the C2 students to communicate with patients:

Crystal. [The clinical instructor] did the mid-term evaluation for us, and she told us some problem we have. And most important, the most problem we have is the communication with patients or the staff that work in the hospital. Communication.

Janie. And she [the clinical instructor] tries to tell me, every week in the post-conference, she will tell us something that's new. For example, the surgery, she maybe let us look some videos about the surgery our patient is on. Maybe some ways to give medication, like heparin or some new things. And she tries to make us have more communication with our patients, the nurse. So I think every week we can improve a little more.

Moreover, this bilingual urging lead to breakthroughs for the C2 students—breakthroughs that inspired the students, gave them confidence and direction, and set them up for working more independently in the coming semester.

Janie. When I finish my homework on research Monday night, it's about one a.m., and then I can't fall asleep because the jet lag, and I'm worried about the old stuff, and until three a.m. the outside became, they are construction is noise, and I can't sleep about four-thirty maybe? Then, I sleep for about 2 hours maybe? Then, I went to clinical. I'm really worried because, you know, I stay a whole day in clinical, and I have to talk with my patient. I don't want to give them my negative emotion. But that day I met a very very

kind patient. She is so nice, and we talk a lot, and I think she made my day. And after that, my emotion become different from the day before, and I know that I just need to focus. There are so many kind persons, and my patient has tumor, her left ear is deaf and she thought she was, maybe her situation is worse, but then I know that there are many people that experience more difficult things than me, and I should be positive and bring my positive emotion to others and make their life happier. After that, I just—before that I always worry about all things I have to make up, all exams. After that, I know that I just need to focus on one thing I need to finish tomorrow. Like tomorrow I have exam, I just focus on that but don't need to worry the exam on Friday, so that life become easier. And I think this the kind person made my work [as a student] easier.

By January 2017, the C2 students were able to articulate how clinical during the first semester indeed had prepared them for clinical in the second semester.

Crystal. Since we started this semester in clinical, I really appreciate [the bicultural, bilingual clinical instructor]. She really taught us a lot of things that make, that made us more confident in clinical, especially when there's no other Chinese students in your group—only yourself.

Yenmay. So, all the things we've done in last semester [in clinical], we can handle everything by ourselves, and if we have some specific question about that unit, the students are glad to help us.

In summary, having access to a Chinese-speaking clinical instructor during the first semester was reported as being helpful by the C2 CMUSON students; moreover, the support of this bicultural, bilingual instructor appears to have helped the C2 CMUSON students transition to the full-time English experience of clinical in the second semester.

4.1.4 Cultural difference/awareness

Although a certain degree of overlap exists between this theme and the next theme (i.e., Chinese-characteristic learning/teaching), *cultural difference/awareness* touches on how the C2 CMUSON students (and Pitt SON instructors) perceived differences related to culture in general (rather than education) and reacted to these differences, which provides another window into the workings of the Pitt SON-CMUSON exchange program.

The C2 CMUSON students—as did the C1 students—recognized the value placed on and the expectations associated with being active students in the United States. They also recognized the need to communicate with patients in the hospital setting—both from observing their clinical instructors, domestic classmates, and staff nurses *and* from being pushed to do so by the bicultural, bilingual clinical instructor.

After experiencing an observation-centered clinical experience in Beijing before arrival in Pittsburgh, all seven of the CMUSON students expressed their joy in being able to do things in clinical. Moreover, the CMUSON students wanted to communicate with their patients like their domestic classmates could, but they often felt they were unable—not merely because of the language disadvantage, but because of cultural difference. In other words, engaging with patients during clinical assessment in the United States is all about small talk, and small talk often requires a certain shared cultural background. For example, Crystal expressed this recognition of culture in this way:

Crystal. Communicating with patients, I think that's a big problem. Like my other classmates in clinical, they will talk with patients while they are doing a nursing assessment. But I can't. They can just normally talking, but I just—I have nothing to say with a patient.

In fact, Crystal was close to having a breakthrough with patient communication. Similar to the breakthrough Janie had that was described in the previous section. Crystal reflected on this experience in this way:

Crystal. My patient is a 70-year-old gentleman, and I spent all day in his ward to talk with him, and, finally, I think we became friends. He gave me his contact, his email, his phone number, and we text after the clinical day. And he also invited me to his house someday. That day I was really moved. I feel inspired—encouraged. Encouraged. We really talk all day.

This experience led Crystal to (1) realize in the moment of describing it that her English was perhaps good enough to communicate all along, and that it took a happy experience to start doing it and (2) strike up a connection with a local person that resulted in being invited to a Thanksgiving gathering. This sort of interaction between healthcare providers and patients—or between many civil servants and members of the public—in China is quite commonplace. However, UPMC policy sets a different standard for nurse-patient interaction, and I was able to assist Crystal with negotiating this area of cultural difference. For example, in the interview subsequent to Crystal's breakthrough, Crystal explained that she sometimes does not understand what Americans are saying. In other words, she wanted to know whether or not Americans really mean what they are saying when they say it.

Crystal. Do I need to promise to visit someone if they ask me to visit them? Do I really need to do that? It really confuses me.

In the ASD-BSN program, students are expected to ask for help when they need it. Indeed, my weekly notes are filed with instances of Pitt SON didactic and clinical instructors reporting how they have told the C2 CMUSON students that if they need any help, they should

ask them; however, the instructors also report that the students do not always take them up on the offer. In the interviews, the students have explained that they often lack the time to go ask for help or do not want to impose. Nevertheless, Crystal's experience with building nurse-patient communication and then seeking advice from me about negotiating cross-cultural communication with an American demonstrates one path by which the CMUSON students adjust to the obligation of actively seeking out help when needed.

A final example of the ability of the C2 CMUSON students to negotiate cultural difference and awareness is through their experience with grades and exams in the ASD-BSN program. In a nutshell, the C2 students revealed in the interviews that they needed to adjust to demonstrating their abilities (e.g., critical thinking and clinical judgment vis-à-vis nursing knowledge) on exams rather than merely earning high scores. At CMUSON, final exams for courses can be passed with high marks with only 1 day of preparation; in the ASD-BSN program, passing exams requires dedication to learning the material. The C2 CMUSON students explain this as follows.

Crystal. Sometimes the instructor emphasizes a point in class that is not included in the exam. And I think all of us, like Janie and Yenmay also agree with me. We all think that maybe this part is important to remember what we learn, but something else is really not relevant included in the exam. I think that's my problem for not getting a high grade for Med-Surg. So maybe this is the difference between America and China?

Janie. In China, we only study before the exam. Memorize those things, those things are the most critical things, for the class. Memorize them, and sometimes that helps me understand more here, I think.

Yenmay. For me, I almost don't listen to anything in class [in China] because we only have one exam at the end of the semester and before the exam we would just read the book and take the exam.

Yenmay. [In China,] I don't need to spend much time on the semester—I only need maybe 1 week or half a week before the exams. I studied the whole day, and I got the top grade. But [here], even though we only need to pass, I also want me to be the top. Because the classmates haven't learned anything about nursing, but we did. We learn 2 more years. We know what teacher wants to say. We know what the teachers want us to catch. We already learned what they told us. We already know. So I think maybe the grade should be better.

In summary, these reflections of the C2 CMUSON students demonstrate their active engagement with the cultural differences between study in China and the United States and their negotiation of the roles of testing and performance in both contexts, which are part and parcel of the perceived attributes of the *typical Chinese student* discussed in Chapter 2. However, as we can see from the evidence presented in the next section, these attributes—often glossed as deficit—indeed are a source of strength to leverage.

4.1.5 Chinese-characteristic learning/teaching

Although a certain degree of overlap exists between this theme and the previous theme (i.e., Cultural difference/awareness), *Chinese-characteristic learning/teaching* touches on some characteristics of the C2 CMUSON students that are products of larger institutional forces at work, which provide another window into the workings of the program. For example, as participants of a teacher-centered and party-controlled educational system in China, the

CMUSON students come to the expectational climate at Pitt (see Figure 2) equipped with certain preparation and values that inform not only their interaction with the policies and practices of the program, but also the ways in which they are perceived by the instructors and administrations in the program.

All seven of the CMUSON students have been described by Pitt SON instructors as *hard-working*. Indeed, despite the intensive schedule, challenges posed by being ELLs, and questions of the appropriateness of the ASD-BSN curriculum vis-à-vis their preparation, the CMUSON students exhibit a tenacity to “keep going,” as Crystal expressed it, no matter how overwhelmed they may feel. Much of this has to do with their *Chinese characteristics* as students, and perhaps the *Chinese characteristics* of their home institution, CMUSON.

For example, the interviews with the C2 CMUSON students—and conversations with the CMUSON visiting scholars—have revealed their role in a larger capacity-building effort in higher education and health care in Beijing. The municipal Beijing government provides CMUSON with the funds to pay the tuition of the CMUSON students at Pitt SON. Because CMUSON is affiliated with 30 major hospitals in Beijing, graduates of CMUSON are tracked to these hospitals upon graduation. As part of healthcare reform in China, these hospitals now demand high clinical competencies of their respective nursing practitioners, who must hold, at a minimum, a BSN degree. By paying the tuition of the CMUSON students at Pitt SON, the Beijing municipal government is able to staff some of its major hospitals with BSN graduates who have received state-of-the-science training in evidence-based nursing practice, which will allow the hospitals to meet higher outcomes of care.

This tuition benefit comes at a price for the CMUSON students. In order to participate in the Pitt SON-CMUSON exchange program, the students are obligated, by CMUSON, to sign a

contract that stipulates the following conditions: after the year abroad at Pitt SON and upon graduation from CMUSON a year later, the students will either (1) work in one of the 30 major Beijing hospitals with which CMUSON is affiliated for a period of 2–5 years, or (2) apply and be accepted to the master's program in nursing at CMUSON, or (3) pay back the amount of the tuition benefit to CMUSON. In this study abroad opportunity with *Chinese characteristics*, there really is no room for failure for the students at Pitt SON. If they were not to successfully complete the courses of the ASD-BSN program, they would be at risk for not being able to graduate at CMUSON, which would result in being obligated to return the tuition benefit.

Moreover, because fees and living expenses at Pitt SON are not covered by the CMUSON tuition benefit, the CMUSON students are responsible for them, which means their parents are paying. This, in turn, obligates the students to their parents, to a certain extent. As such, successful completion of the Pitt SON-CMUSON exchange program is seen by the students also as a duty or burden to their parents. Janie and Yenmay expressed it in this way:

Janie. The most important reason I want to come here is that I want to promote my English abilities, since it's not very good, but English is very important for my future and my career. I also want to experience the American lifestyle and make friends with them, and I want to have a try in the American hospitals. I want to see if there's any difference between the United States and China hospitals, since I don't want to be a nurse in China, and it's not my first choice to major in nursing—I always wanted to be a doctor, but my grades are not high enough, and my family also don't want me to be a nurse because they think that in China, the nurse is someone with low status. In China, I don't think the nurse is that high. One of my cousins, she graduated from middle school, and she is a nurse now. So my family thinks that if I want to be a nurse, I don't really need to go to the

university—just the middle school. So they think, I work hard in high school and the university, and then after I graduate I'll also be a nurse? They think that's not worth it.

Yenmay. I always think that I used my parents too much money. My mom and dad are getting a divorce, and my Dad paid for me, but he didn't have enough money, so sometimes I get money from my mom. I also have a younger sister. She belongs to my mom, so if I use my mom's money, I would feel guilty about her. So I don't want to spend too much money.

Another dimension of this Chinese-characteristic learning/teaching that has been identified in the data relates to the passive learning typical of the teacher-centered teaching methods of Confucian-heritage cultures (Li & Cutting, 2011). Indeed, the Pitt SON didactic and clinical instructors have reported—more so at the beginning of the academic year, and less so toward the end of the academic year—the hallmark behavior of the stereotypical Chinese student: less participatory in class. However, as the interview excerpts from C2 CMUSON students in previous sections demonstrate, the C2 CMUSON students are anything but passive learners in and out of class. For example, their efforts to listen and take notes in class and preview and review PowerPoint slides before and after class demonstrates a level of active engagement that may be masked by less oral participation. Moreover, the proclivity of these ELLs to participate in spoken English in class is tempered by not only cultural considerations (e.g., not wanting to waste class time), but also previous English language training. For example, Yenmay had this to say about her English language training before coming to the United States:

Yenmay. Even though we study English in China from middle school, it's not what you think. We study only for the test. If you can read and you can understand what the test says, then you can pass.

A final element of this Chinese-characteristic learning/teaching are the CMUSON visiting scholars who are sent to Pitt SON. One visiting scholar was present during spring 2016 for C1, and another was present during spring 2017 for C2. In general, Chinese visiting scholars receive round-trip airfare and a living stipend that allows them conduct informal studies or research at a HEI abroad at little to no out-of-pocket expense. The two CMUSON visiting scholars who came to Pitt SON were MSN-trained nursing instructors at CMUSON. Although both ostensibly were here to complete research, it seems likely they also were here to study the ASD-BSN curriculum. Indeed, during the pilot phase of this dissertation in practice, I assisted the visiting scholar in her communications with the ADUE to make slight adjustments to the curriculum for the C2 students. However, as these visiting scholars ill-defined roles in the Pitt-SON exchange program, their interaction with the CMUSON students could bring with it some sort of authority. The C2 students revealed in the interviews that they have had to meet with the visiting scholar once a week. They reflected on meeting with the visiting scholar in this way:

Crystal. The [visiting scholar] expects us to doing as well as the American student in clinical. And from my perspective, that's impossible. And I argue that I can't do as perfect as the other student do in clinical because they can communicate easily with patients and with nurses. I can't do that. At first, she said to us maybe she'll take classes with us to help us to understand more, but at the second meeting, she told us she won't. She has her own project to finish, and her leader assigned her to something else. But we have to report to her, and that really made me uncomfortable.

Janie. We just talk about life. And she asked about the interview with you. I might not tell her about everything I do.

In summary, this section has demonstrated several of the pedagogical realities (e.g., prior EFL training in China) and cultural dynamics (e.g., surveilling visiting scholars) that the CMUSON students grapple with on the Pitt-SON exchange program with respect to Chinese characteristic learning/teaching. Some of these characteristics inform how the CMUSON students are perceived (e.g., the students initially may feel unequipped to speak in class because ELL training in China targets test performance rather than authentic communication), and some inform how the students operate (e.g., obligations to CMUSON and family vis-à-vis the exchange program). An awareness and understanding of these Chinese characteristics of teaching and learning will help Pitt SON faculty teaching in the ASD-BSN program to enhance their realization of culturally congruent practice, which can promote the sustainability of the exchange program.

4.1.6 Out-of-school support

As shown in Table 4.2, the C2 CMUSON described several sources of support that they accessed from August 2016 to March 2017. Unlike the C1 CMUSON students, the C2 CMUSON students had limited access to peer mentors because of a lack of volunteers. The C2 students consistently reported during the interviews that they had little time for socializing outside class; moreover, socializing with their ASD-BSN domestic classmates occurred very little because these students tended to be older and generally left campus to return home right after class or clinical. As such, one central source of out-of-school support for the C2 students was family and friends through Internet technology. Research in ESL/EFL and second-language acquisition (Brown, 2014) suggests that describing events that occur in second-language context using his or her first

language can help a language learner acquire the target language. The following quotes from the C2 students illustrate this mode of out-of-school support:

Crystal. Talking with my friends in China [on WeChat] and walking around by myself help me relax.

Crystal. I started missing home maybe 3 weeks ago. Before that, I really don't want to go home in the vacation. But somebody died suddenly, so I feel like I really want to go home to see my family, my friends. All of them said I should come home for holiday. That's the major reason that made me homesick. My mom also wanted me to go home, and my boyfriend, you know.

Janie. I have a very close relationship with my parents. I won't show my negative feelings with them—just something positive. When I meet some challenges, I always try to do it by myself. Only when I can't solve it very properly, then I'll ask them for help.

Janie. The time when I finished homework, I pass my exam, I call my parents and my friends, that all makes me happy, especially when I finish my homework. I just talk to them about what I think I can understand and I can't communicate very well, how I always miss homework at first, and the people I meet.

Janie. I checked my Med-Surg results this morning, and they are much better than last time, so I'm very happy, and I call my parents and tell them this good news

Yenmay. Today, I get up at six-thirty. Then I FaceTimed with my family. It's almost until ten. Then I prepared for the exam. Then I cooked lunch and ate, and then took a shower, and I came here.

Although not the only source of out-of-school support that the C2 students reported (see corresponding codes in Table 4.2), interacting with parents, family members, and friends using

Internet technology such as FaceTime and WeChat was mentioned frequently during the interviews. This not only reflects the importance of the family in relation to education that is typical of Confucian heritage cultures (Li & Cutting, 2011), but also reveals an opportunity: knowledge of this type of out-of-school support can allow stakeholders in the Pitt-SON exchange program, for example, to engage the CMUSON students about the support they receive back home, which obligates the students to reflect and report in English (as occurred during the semi-structured interviews). Frequent opportunities to practice English of this sort are part and parcel of the larger processes of second-language acquisition, which ultimately enable ELLs to transition from the stage of BICS to the stage of CALP (Cummins, 1983) in an academic context.

4.1.7 Interaction

As visually depicted in Figure 2, the C2 CMUSON students were engaged in various types of interactions with various stakeholders in the expectational climate of the Pitt SON during their study in the ASD-BSN program. Additionally, they engaged in other interactions outside the Pitt SON and in the community. Whether these various interactions occurred with locals, domestic students, or other Chinese speakers, they are part and parcel of the C2 students' process of constructing meaning as exchange students in nursing (Young & Paterson, 2007), and their reflection on this process facilitated by the monthly interviews can provide the Pitt SON faculty members another portal through which to appreciate the learning of the students in a culturally congruent (Marion et al., 2017) fashion. The following quotes illustrate the role that interaction played for the C2 CMUSON students:

Crystal. After I met [the patient], and [my clinical instructor] also said to me, you improvement after you met [the patient]. I think that's a turning point. Now I get positive attitude from patients.

Crystal. Actually, since I talked to you, you taught me something very serious. After that, he [a patient who friended her on Facebook] contacted me once, and just told me "I'm in Pittsburgh now," and do you know, that really made me feel weird. And he asked me "How's your exam," something like that? And I just answered. And then, no more conversations.

Crystal. I enjoy this conversation. [PI asks why.] I need to communicate with someone else. Maybe some way of releasing stress?

Janie. Nurses they are all kind to us. I think it's just when we find the patient has something abnormal, then we will tell the nurse, and they maybe do something, and we can look how they do.

Janie. On Tuesday, [clinical instructor] ask me to do assessment for my patient, but I can't remember how to do that; it's messy in my brain. But by my patient, she has been done lots of assessments by others. She know more than me; she teach me how to do that, and she give me some directions, and I follow that; she tell me how to do, and I can gradually think about what I have learned, and, after that, I was really thankful to her, and she show me her dogs and her grandchildren, and then, on Thursday, I saw she was really upset because she has spent a whole 7 days, and she was really upset, and she was worried about her situation, and I think that I need to make her happier that day, so I think maybe I can taught her what I experience these days, and it's sad experience, and I want to let her know that not just her experience is difficult, and then we keep talking.

Janie. I have found a friend in [Carnegie Library] Let's Speak English. He's from Iran. His English is not that good, just like me, so I feel free to talk to him. Yesterday we had dinner together, and we talked a lot, and I think it helped a lot.

Yenmay. Last second-degree program, they give us some guidelines for the test exams. They also gave us last semester, but I don't know. I forgot to use them, but this semester, every test, they have the specific guideline, so it's much easier for us to study.

Yenmay. All the instructors told us that they know how difficult it is to study in a different language, but I don't think they know how difficult it is, how difficult it could be.

Yenmay. Crystal and I went to a party once, and, last week, my classmate had another party, but in a bar, so when we went there, because we're under 21, we couldn't go in.

From hanging out with classmates to providing care to patients, the CMUSON students are learning and constructing meaning in an interaction-rich environment. Indeed, the need for the students to converse with patients in clinical is one of the features of the Pitt SON-CMUSON exchange program that sets it apart from other exchange programs or study abroad experiences in other academic disciplines in which Chinese students may not need so speak and listen to authentic English in a high-stakes environment. Supporting and encouraging the CMUSON students with all the various interactions they have while living and learning in Pittsburgh is central to the sustainability of the program, and interviewing them is an effective way to keep abreast of their growing skills and specific needs—many of which fall in the domain of the clinical experience, which is addressed in the next section.

4.2 CULTURAL CONGRUENCE

This section addresses the findings of this dissertation in practice in relation to the second inquiry question: Are there differences in performance expectations and evaluation of the undergraduate CMUSON students between *culturally congruent* and *culturally incongruent* Pitt SON clinical instructors?

The survey of the Pitt SON clinical instructors who taught the C2 CMUSON exchange students (see Appendix C) was conducted twice: once in the final month of fall semester 2016, and once in the final month of spring semester 2017. Because only one instructor taught the students in the fall semester, the results of that survey were combined with the results of the spring semester survey. A total of 11 instructors were invited to participate in the survey, and six completed the survey, for a completion rate of 55%.

In terms of clinical skills (i.e., item 3: How good are the clinical skills of your Chinese student(s)? Zero means that she is the most incompetent nurse you have ever seen, and 100 means that she is as competent as an experienced RN.), the six instructors provided an average score for the C2 students of 64 on a 0–100 point scale. To put this score into perspective, when asked to compare the clinical skills of the C2 students with those of domestic nursing students (i.e., item 4: Compared to other domestic nursing students of similar program level whom you have taught, how would you rank the clinical skills of your Chinese student(s)?), 83% of the instructors selected the descriptor *about the same*.

In terms of the C2 students' communicative skills in the clinical setting, the instructors were asked to respond to two items: one item concerning communication with patients and other healthcare providers (i.e., item 7: Compared to other domestic nursing students of similar program level whom you have taught, how well do you think your Chinese student(s)

communicates with patients and other healthcare providers?), and one item concerning communication with the instructor and the domestic students of the clinical group (i.e., item 8: Compared to other domestic nursing students of similar program level whom you have taught, how well do you think your Chinese student(s) communicates with classmates and you?). For the former item, 100% (i.e., $n = 6$) of the instructors selected the descriptor somewhat lower; for the latter item, 50% of the instructors selected the descriptor *somewhat lower*, and 50% selected the descriptor *about the same*. Moreover, when asked whether or not the C2 students had shown any improvement during the term (i.e., item 9: Has your Chinese student(s) shown any improvement [in communication, skill, or other area] compared to the beginning of your clinical class?), 100% of the instructors responded with the descriptor *yes*. Furthermore, when elicited to expand on this improvement in an open-ended fashion (i.e., item 10: What are the improvements? Briefly describe them below), all six of the instructors (I) provided examples reflecting communication:

- I1. I felt as though she comprehended what I was saying; however, only having her a few times (3 to be exact) for clinical isn't too much time to truly judge her learning.
- I2. Slightly more confident when working with members of the health care team, offering to help other students, asking question to me or other members of the health care team.
- I3. More confident in her skills, I think, allows her to feel more sure that what she has to say is important.
- I4. Much more able to communicate therapeutically with patients and confident doing so.
- I5. It is easier to understand her now—she will slow down when speaking, and try to restate any words that seem to be blocking our ability to understand her. However, her written and clinical skills are very good—impressive, really. I can't imagine going to a foreign country and doing as well as she has been doing here.

I6. Improved communication skills with patients, nursing knowledge, and clinical skills.

In order to specifically address Inquiry Question 2 (i.e., Are there differences in performance expectations and evaluation of the undergraduate CMUSON students between *culturally congruent* and *culturally incongruent* Pitt SON clinical instructors?), the cross tabulation function in Qualtrics was used to contrast the item about differences in expectations/expectations (i.e., item 12: Have you needed to evaluate your Chinese student(s) differently or set different expectations for her compared to your domestic students?) with the two survey items related to cultural congruence (i.e., item 17: In the past, have you taken part in any study abroad experiences?; item 19: Before working with your Chinese student(s) this semester, had you worked with other international or Chinese nursing students?). The cross tabulation is shown in Table 4.3.

Table 4.3 Evaluation and Expectations vis-à-vis Cultural Congruence

		Have you needed to evaluate your Chinese student(s) differently or set different expectations for her compared to your domestic students?		
		Yes	No	Total
In the past, have you taken part in any study abroad experiences?	Yes	1	0	1
	No	2	3	5
	Total	3	3	6
Before working with your Chinese student(s) this semester, had you worked with other international or Chinese nursing students?	Yes	2	3	5
	No	1	0	
	Total	3	3	6
<i>Note.</i> The term “student(s)” is used because some instructors may have taught more than one CMUSON student.				

Table 4.3 shows a clean split among the six instructors vis-à-vis whether or not they had to evaluate the C2 CMUSON students differently or set different expectations for them compared to their domestic students, and this split bears no clear correlation with the indicators

of cultural congruence: having had a study abroad experience or having worked previously with international or Chinese students. Of course, this result has much to do with not only the small sample size of the respondents (i.e., $n = 6$), but also the variations among the skills of the three C2 students. Nonetheless, this result also demonstrates that although the majority of the clinical instructors have not had a study abroad experience of their own, they have at least worked with international or Chinese students before, which can contribute to culturally congruent practice. Moreover, the clean split vis-à-vis different evaluation and expectation among these Pitt SON clinical instructors can be interpreted using Lipsky's (2010) notion of street-level bureaucrats.

As the Pitt SON-CMUSON exchange program is rather new, many specific curricular policy practices and procedures have yet to be officially articulated, which can leave instructors unclear about how to address particular issues of teaching as they arise. For example, in the ASD-BSN program, students take practice exams (i.e., the HESI exam prior to fall 2016, and Kaplan exams from fall 2016) throughout each semester to prepare for the NCLEX-RN at the completion of the program, and the scores of these practice exams typically are factored into course grades. When C1 CMUSON students were observed to have difficulties scoring well on the HESI exams (because of the format of the test), which would negatively impact their course grades, it was decided by the Dean and the ADUE that the CMUSON students did not need to take the HESI exams—indeed, these students would neither be taking the NCLEX-RN nor earning a BSN, so the HESI exam had no purpose for them. As a result, instructors were left to determine how to calculate final grades for the CMUSON students in the absence of points earned from the HESI exam. Several instructors approached me for advice on how to apply the policies of their respective course syllabi equitably among the CMUSON students and the domestic students. Having a line of communication with the Dean and ADUE, I was able to

confirm with these instructors that assigning the CMUSON students alternative assignments would be an acceptable way to supplement the missing HESI exam points. Other instructors exercised their own judgment in addressing the issue. For example, in April 2017, when another instructor asked me (1) why the C2 CMUSON students had failed to show up to take the Kaplan exam and (2) how she was supposed to give them a final course grade without the Kaplan points, I explained that assigning the CMUSON students an alternative assignment was the way to negotiate the problem. In fact, I used WeChat to confirm with the C2 students in that moment how other instructors had been handling the Kaplan exams with them, and the C2 students revealed that some instructors had assigned them alternative assignments, and some had not. In other words, the instructors had to exercise their own discretion in making daily decisions involving policy implementation in the absence of information (Lipsky, 2010), and the split between different evaluation and expectation shown among the Pitt SON clinical instructors in Table 4.3 is exemplary of the same process of street-level bureaucracy. Below are some descriptions of how expectations and evaluation specifically differed for the C2 CMUSON students as articulated by the clinical instructors:

I1. I usually expect less of my Chinese students versus domestic students, and sometimes have an issue with [the] language barrier. It's something to work through, and I feel once again that having 3 weeks of clinical with these types of students is definitely not enough time to determine if they are going to sink or swim.

I2. When grading written work, I understand that English is not her primary language and give some leeway when reading her summaries or descriptions of medical procedures.

I6. My understanding was that they were to be treated the same, so she has passed meds the same number of times, turns in the same papers, has had a 2-point assignment, and

has had a mix of easier patients and challenging patients, depending on the available patients on the floor on our day of clinical.

Another source of data that reveals a varied sense of culturally congruent practice among the clinical instructors come from the weekly field notes concerning a faculty development session held in February, 2017 at the Pitt SON. Every Monday afternoon during the semester, scholar practitioners give lectures and workshops to interested Pitt SON faculty members on a variety of topics that comprise pedagogy (e.g., creating engaging PowerPoint presentations), research (e.g., conducting systematic reviews), and clinical practice (e.g., coordinating changes in care delivery). Following my suggestion, the Dean invited an instructional designer from the Pitt University Center for Teaching and Learning to give a workshop on understanding Chinese learners. Pitt SON clinical instructors and administrators were present, who included the ADUE, the ADSS, and several of the instructors who teach in the ASD-BSN and traditional BSN program.

In this workshop, to give the attendees an improved sense of the perceived behaviors of their Chinese students in the classroom, the presenter (1) provided an overview of the collectivism and Confucianism that inform the habitus of Chinese students, (2) showed videos that depicted a typical Chinese classroom and a Chinese teacher using Chinese teaching methods to manage a room of British students, which revealed cultural difference, and (3) arranged for a panel of two Chinese nursing students (i.e., the C1 PhD tutor and the C2 visiting scholar) to describe their past education in China and field questions from the attendees regarding teaching Chinese students. The presenter also supplied some useful information about communicating more clearly to Chinese students vis-à-vis ESL/EFL teaching methodologies.

The attendees were very engaged, and their reactions revealed a split in cultural congruence commensurate with the data shown in Table 4.3. Approximately half of the clinical instructors present commented that they not only were pleased with the progress being made by the CMUSON students, but also felt comfortable working with the students to navigate the challenges they face with respect to language and culture in the clinical setting. In contrast, the other half of the clinical instructors present raised tough questions for the presenter and panel that are embodied in the following two paraphrased statements: (1) If Chinese students are socialized to not express their thoughts directly, this causes a safety issue in clinical—if we ask them whether or not they understand a particular procedure and they say *yes* to save face but actually do not understand the procedure, then a patient could die; (2) If Chinese education and culture is so stifling because of teacher-centered learning and Confucianism, then how are we ever going to be able to teach Chinese students here to think critically?

4.3 INTERNATIONAL PROGRAM; DOMESTIC BENEFIT

This section addresses the findings of this dissertation in practice in relation to the third inquiry question: What are the benefits to Pitt SON faculty members and domestic students from working with the undergraduate CMUSON students?

Data to address this question were drawn from three sources: (1) a survey of the domestic ASD-BSN students who take courses with the C2 CMUSON students (see Appendix C); (2) a survey of the two Pitt SON PhD students who have served as tutors for the C1 and C2 CMUSON students (see Appendix C); (3) a survey of the Pitt SON clinical instructors who taught the C2 CMUSON exchange students (see Appendix C).

The surveys of the domestic ASD-BSN students and Pitt SON PhD students were conducted during the final month of spring semester 2017. A total of 28 domestic ADS-BSN students were invited to participate in the survey, and 13 completed the survey, for a completion rate of 46%. Both of the two Pitt SON PhD students completed the survey, for a completion rate of 100%. The survey of the Pitt SON clinical instructors was conducted twice: once in the final month of fall semester 2016, and once in the final month of spring semester 2017. Because only one instructor taught the students in the fall semester, the results of that survey were combined with the results of the spring semester survey. A total of 11 instructors were invited to participate in the survey, and six completed the survey, for a completion rate of 55%.

All three of these surveys comprised two items: the first was a closed-ended (i.e., elicited either a *yes* or *no* response) item to ascertain whether or not the respondent gained benefit from exposure to the CMUSON students (e.g., Has exposure to the Chinese international students in your second-degree program cohort benefited your educational experience in any way?); the second was an open-ended item that allowed the respondent to provide an example (or examples) of that benefit if he or she responded *yes* to the first item.

In the survey of domestic ASD-BSN students, 85% (i.e., 11) of the respondents responded *yes* to the survey item (i.e., Has exposure to the Chinese international students in your second-degree program cohort benefited your educational experience in any way?), which suggests that the exchange program indeed is accomplishing the Pitt SON's goals related to international education (i.e., in relation to Inquiry Question 3). Moreover, 10 of these respondents provided a response to the subsequent open-ended item (i.e., Please give an example [or two] of how your exposure—or interaction with—the student[s] has benefited your educational experience.).

The reflections of the domestic ASD-BSN students (S) in response to the item reveal at least two types of benefit: one related to academics, and the other related to cultural congruence.

These responses from the domestic students primarily related to academics are as follows:

S1. I really enjoyed learning about Chinese culture and the similarities and differences from my own. It has been educational learning about how both education and nursing are done differently in China. All three of our classmates have been wonderful about answering questions and being open about their experiences here in the United States as well.

S2. I have had to explain numerous topics, assignments, projects, etc. to the Chinese students throughout the program. It has helped me learn things better to teach them to these students; however, the students were not adequately prepared or supported to participate in this program. Our entire cohort witnessed them getting lost in class, and being extremely overwhelmed after being dropped into this accelerated program.

S6. It has allowed me to teach back a lot of the material in a slower, more comprehensive manner, which has helped me to reinforce the information. Seeing things from a new perspective, such as the nurse's role in China, has enriched my educational experience.

S9. It has been very beneficial to see how different the education is in China. It is also interesting to see how they prioritize patient care differently.

For example, the comments of S1 (i.e., “helped me learn things better”) and S6 (i.e., “helped me to reinforce the information”) demonstrate that working with the CMUSON students provides an opportunity for domestic students to strengthen their grasp of the academic content of the program.

The responses from the domestic students (S) primarily related to cultural congruence are as follows:

S3. My experience with the Chinese exchange students has been nothing less than enlightening. I consider them my friends, and I enjoyed helping them keep on top of things because it would also keep me responsible. I even learned about the differences in nursing between China and the United States from them, during conversations we shared at clinical. I believe that for the field of nursing to advance as a whole, it is important to collaborate with professionals of all cultures. It was satisfying intellectually to have shared goals and education in the nursing research and evidence-based practice, while also developing friendships during my time with the exchange students.

S4. It's nice to see the interaction and the language barrier breakdowns between the nursing students and their patients.

S5. Being able to work with students from another country opened my eyes to how nursing works in another country.

S7. Not only has interacting with these girls made me more patient and grateful as a nursing student going through a stressful program, but it has also helped me learn more about all of the cultural differences between our country and theirs.

S8. They explained how nursing is different in China.

S10. [I benefited from learning about] cultural differences in nursing in China.

For example, the comments S3 (i.e., “collaborate with professionals of all cultures”) and S5 (i.e., “opened my eyes to how nursing works in another country”), as well as S1 (i.e., “learning about how both education and nursing are done differently in China”) above, demonstrate that working with the CMUSON students provides learning experiences for domestic students that are

commensurate with expectations of not only the mission statements of Pitt and the SON (i.e., “understand and appreciate diverse cultures [both locally and internationally]”) (University of Pittsburgh, School of Nursing, 2014, p. 434), but also the ANA (e.g., “[understanding] how culture influences one’s health beliefs, health practices, and communication patterns at each stage of the nursing process”) (Marion et al., 2017, para 19) vis-à-vis culturally congruent practice.

In the survey of the two Pitt SON PhD students who have served as tutors for the C1 and C2 CMUSON students, both of the respondents responded *yes* to the survey item (i.e., Has exposure to the Chinese international students from Capital Medical University, as part of your GSA assignment, either in 2015–2016 or 2016–2017, benefited your educational experience as a PhD student in any way?); however, neither of these respondents provided a response to the subsequent open-ended item (i.e., Please provide some examples of how your exposure to—or interaction with—the student(s) has benefited your educational experience.).

Because serving as a tutor for the CMSON students was tied to their graduate funding, it is unlikely that the two Pitt SON PhD would have responded *no* to the survey item. Conversely, we can reasonably conclude that the PhD tutors perhaps found benefit in working with the CMUSON students as it indeed provides financial support for their study at Pitt SON. Either way, without their response to the open-ended item of the survey, we are unable infer how the experience of working with the CMUSON students specifically benefited the educational experience of the PhD tutors.

In the survey of the Pitt SON clinical instructors who taught the C2 CMUSON exchange students, 45% (i.e., five of 11) of the respondents responded *yes* to the survey item (i.e., Has your practice as a nurse educator benefitted from working with your Chinese nursing student[s]?), and

one responded *no*. To provide continuity with Table 4.3 above, these responses are presented in cross-tabulation format in Table 4.4 below.

Table 4.4 Benefit to Practice vis-à-vis Cultural Congruence

		Has your practice as a nurse educator benefitted from working with your Chinese nursing student(s)?		
		Yes	No	Total
In the past, have you taken part in any study abroad experiences?	Yes	1	0	1
	No	3	1	4
	Total	4	1	5
Before working with your Chinese student(s) this semester, had you worked with other international or Chinese nursing students?	Yes	4	1	5
	No	0	0	0
	Total	4	1	5
<i>Note.</i> The term “student(s)” is used because some instructors may have taught more than one CMUSON student.				

Of the five clinical instructors who responded *yes* to the to the item regarding whether or not working with the C2 CMUSON students benefitted their practice as nursing educators, all provided a response to the subsequent open-ended item (i.e., Please describe any benefit to your practice as a nurse educator that you have gained by working with your Chinese student[s].). These responses from these instructors (I) appear below. Note that I5 does not appear among the responses because this is the clinical instructor who responded *no* to the item in question.

I1. I would say that needing patience and maybe trying to explain things in a different manner are more helpful to getting points across to these types of students.

I2. Has enabled me to trial [*sic*] different teaching methods and exposed me to a different culture than I am used to.

I3. Just experiencing her perspectives and comparing our ways to the Chinese way.

I4. More open-minded in my teaching methods, rather than relying on solely verbal communications or solely written communications for assignments.

I6. Understand the Chinese nursing education system.

Of these responses, three (i.e., I1, I2, and I4) reflect pedagogical benefits gained by the clinical instructors, one (i.e., I3) reflects a benefit gained related to culturally congruent nursing practice, and one (i.e., I6) reflects a benefit gained vis-à-vis comparative international education. These responses—and the responses presented in this section—suggest that the Pitt SON-CMUSON program, international in scope, has provided benefit to its domestic participants, both in terms of comparative international education and clinical practice and pedagogy.

This chapter has presented the major findings of this dissertation in practice vis-à-vis three categories (i.e., participation, learning, and teaching; cultural congruence; and international program; domestic benefit), each of which correspond to the three inquiry questions of the case study. In the next and final chapter, the conclusions, recommendations, and implications of this dissertation in practice, based on its major findings, are presented.

5.0 CONCLUSIONS, RECOMMENDATIONS, AND IMPLICATIONS

This chapter presents the conclusions, recommendations, and implications of this dissertation in practice that are based on the major findings and aligned with the seven themes identified.

5.1 CONCLUSIONS AND RECOMMENDATIONS

This section presents the conclusions and recommendations of this dissertation in practice that are based on the major findings and aligned with the seven themes identified.

First, to address the challenge faced by the CMUSON students in communicating with patients in the clinical context—especially during the first 3 months of their study in the ASD-BSN program, extra language practice could be provided through clinical simulation with standardized patients. Standardized patients are used at the Pitt School of Medicine to provide domestic medical students with strategies for communicating with a wide range of patients in a low-stakes environment. Moreover, the School of Medicine provides this standardized-patient training to its international visiting scholars and medical students as a way for them to not only improve authentic, communicative competence in English, but also gain insight into how healthcare professionals are trained in the United States. Recent literature (Gram et al., 2013; Turkelson, Aebersold, & Redman, 2016; Wang, Liang, Blazeck, & Greene, 2015) demonstrates the promise that this sort of problem-based simulation learning holds in helping Chinese

students—in particular, those pursuing studies in the health sciences—make the transition to communicating effectively in English. This recommendation is in alignment with the themes of language disadvantage and cultural awareness/awareness.

Second, observations of the CMUSON students in the clinical context could be implemented to evaluate the efficacy of the standardized patient training. Moreover, in light of the observations of the bicultural, bilingual clinical instructor that some staff nurses seem to be reluctant to interact with the CMUSON students, these observations could be designed to collect data to (1) further understand the dynamics of the problem-based learning taking place in the clinical context and (2) leverage that understanding to smooth the CMUSON students' transition to study in the Pitt SON ASD-BSN program. This recommendation is in alignment with the themes of cultural awareness/awareness and Chinese characteristic learning/teaching.

Third, to address the challenges with vocabulary that the C1 and C2 CMUSON students reported with respect to Pharmacology, the CMUSON who plan to study in the Pitt SON ASD-BSN program could begin learning the Pharmacology vocabulary prior to arrival. This recommendation is in alignment with the themes of background and language disadvantage.

Fourth, to address some of the confusion expressed by the CMUSON students (e.g., unfamiliarity with using CourseWeb and the intensive schedule pre-arrival) and Pitt SON clinical faculty (e.g., unawareness of which Chinese students are CMUSON students and how the NCLEX-RN requirement has been waived for the CMUSON students) with respect to the Pitt SON-CMUSON exchange program, additional orientation activities could be conducted at the beginning of each semester. The information provided in these orientation activities could be drawn from the exchange program handbook for students and instructors that was produced as

the demonstration of scholarly practice in relation with this dissertation in practice. This recommendation is in alignment with the themes of background and academics.

Fifth, the Pitt SON instructors working with the CMUSON students in the ASD-BSN program would benefit from a deeper understanding of the second-language acquisition process. This understanding would address some of the issues observed in relation to the themes of language disadvantage and Chinese characteristic learning and teaching. Information about the second-language acquisition process could be not only presented in one of the Monday afternoon Faculty Forums scheduled each semester at the Pitt SON, but also included in the exchange program handbook for students and instructors.

Sixth, although the earlier arrival of the C2 CMUSON students vis-à-vis the C1 students resulted in a smoother transition for the not only the students, but also the instructors, potential CMUSON students for the program need to be recruited and selected earlier by CMUSON. The Pitt Office of International Studies (OIS) presses departments and schools at Pitt to supply the names and email addresses of incoming international students by the beginning of March each year because the student application deadline falls at the end of March. Because of delays in obtaining IELTS scores and a protracted recruiting process, CMUSON did not supply OIS with the names and emails of the C3 students until the middle of April, 2017. Although OIS was still able to accommodate the late selection of the C3 students, this is—as of the moment this document was published—likely to affect the students’ selection of on-campus housing. This recommendation is in alignment with the theme of out-of-school support.

Seventh, student peer mentors for the CMUSON should be recruited from the small group of domestic Pitt SON students that visit CMUSON during summer semester as part of the Pitt SON-CMUSON MOU. Student peer mentors were recruited for the C1 CMUSON students,

and the C1 students reported their usefulness. Because no Pitt SON domestic students visited CMUSON during summer semester 2016, student peer mentors were unable to be recruited for the C2 CMUSON students. However, four domestic Pitt SON will be visiting—as of the moment this document was published—CMUSON during summer 2017, and these students should be approached to consider serving as student peer mentors for the C3 CMUSON students during their study in the ASD-BSN program for 2017–2018. This recommendation is in alignment with the theme of academics and interaction.

Eighth, because of the misalignment of the Pitt ASD-BSN program and the CMUSON BSN curriculum, the Transitions course of the ASD-BSN program has been substituted with an independent study for the C2 CMUSON students. This independent study provides a way by which to seize three potential opportunities: (1) assess the effectiveness of problem-based learning (Gram et al., 2013) among the CMUSON students; (2) produce truly student-centered orientation materials for the C3 CMUSON cohort; (3) conceptualize the continued integration of the Pitt SON ASD-BSN and CMUSON BSN curricula. This recommendation is in alignment with the themes academics and Chinese characteristic learning/teaching.

5.2 IMPLICATIONS

This section presents the implications of this dissertation in practice for not only other related programs in international education or programs hosting non-traditional students, but also scholarly practice grounded in the literature on which this dissertation was based.

Although the sample size of the case study featured in this dissertation in practice was small, and its context was specific to nursing and nursing education, the findings of this

dissertation in practice have import for other international programs in education—especially those that place a premium on oral communication in English. Moreover, the findings of this case study suggest that the Pitt SON-CMUSON exchange program is progressing in the intended direction, from not only the program satisfaction reported by the CMUSON undergraduates, but also the benefit to teaching and learning reported by the Pitt SON instructors and domestic students involved in the program. This progress reflects both the various lines of support provided to the CMUSON students *and* the consideration of their abilities, skills, and preparation as exercised in the expectational climate of the program (see Figure 2). Other international programs in education that host ELLs would benefit from engaging the potential cultural difference as surfaced through not only regularly-scheduled interviews with the students, but also the use of additional qualitative methodologies among the other stakeholders.

This dissertation in practice is unique in its evaluation of one of few—if not the only—international exchange programs in U.S. nursing education that places Chinese undergraduate nursing students into an accelerated second-degree program designed for domestic students who already hold bachelor’s degrees. Moreover, the resulting evaluation, which strove to grant the Chinese students agency through engaging them about their learning throughout the program via semi-structured interviews, presents themes (e.g., Chinese-characteristic learning/teaching—see Table 4.2) that reveal the tensions implicit in a program designed to bring together *Chinese students* and *American instructors*. For example, as the findings of this case study demonstrate, the passive behavior of CMUSON students reported by the instructors, which is consistent with the literature on the topic, actually masked the active learning strategies used by the students as revealed through our interviews. This finding suggests that the prevalent binaries of, for example, *Chinese student* vs. *American student* or *Chinese learning/teaching* vs. *Western*

learning/teaching, are inadequate to not only comprehensively understand dynamics of the expectational climate in such a program, but also accurately represent the student stakeholders.

Indeed, Wang and Byram (2011) assert that the dichotomy between Western and Confucian approaches to education “is less than real” (p. 407), based on their findings of Chinese students engaged in studies at an HEI in the UK, which reveal how the “students brought certain concepts of learning with them, acquired new ones, and found ways of combining the two” (p. 407). Although this dissertation in practice set out to challenge the deficit metaphor prevalent in the literature concerning Chinese students pursuing studies at U.S. HEIs, this dissertation perhaps did not go far enough in breaking down the binaries and assumptions implicit in not only the literature on the subject, but also among the stakeholders in the case study. For example, the CMUSON student praised most frequently by the Pitt SON didactic and clinical instructors for her clinical and academic aptitude was Keesha, who was described by the instructors as being “more like an American student.” A description of this sort raises several questions about the assumptions of the instructors (e.g., Is the U.S. educational system unconsciously privileged?), the experience of the student (e.g., To what extent was Keesha’s *Americanness* a result of her actively combining concepts she brought with concepts she acquired?), and the design of the study (e.g., Where exactly was I grounded in the methodology to make the claims I did about my findings?). Questions such as these must be addressed in subsequent study.

In addressing these questions (and related shortcomings of this dissertation in practice), I suggest four focus areas of further development and extension. First, the distinction between the emic and etic approach taken in the case study must be clarified. Although I explain in Chapter 3 that I adopted the CDC framework to position the case study as more etic in nature, I contradict this by identifying myself as a stakeholder, which not only blurs the distinction between etic and

emic, but also creates ambiguity with respect to my analysis of data. As Wang and Byram (2011) indicate, cross-cultural studies of this type, “whether quantitative or qualitative, are still largely etic in nature, based on analyses of observations by researchers and the theories and concepts they bring to their analyses”; nonetheless, “an emic examination for the words that students use is needed . . . to explore the meaning they attach to them” (p. 409). Foregrounding and clarifying this position would be useful for the scholarly audience.

Second, in light of these aforementioned words that students use and to which they assign meaning during international education, subsequent study would benefit from gathering interview data from the CMUSON students (or international students traveling to a host HEI abroad) in China prior to departure to further understand the attitudes, values, and knowledge they bring to study at the Pitt SON. Doing so would better illuminate the process by which the students combine prior knowledge with acquired knowledge to create a new, personal epistemological frame through which they construct their educational experience. Simultaneously, more data also could be gathered about the home HEI to further understand its institutional commitment and capacity to execute more comprehensive pre-departure orientation and preparatory training.

Third, as this educational experience is occurring in the context of comparative, international education (i.e., the premise of Pitt SON-CMUSON exchange program is for both HEIs to build capacity through international cooperation), subsequent study would benefit through an engagement with Paulston’s (2003) notions of social educational change vis-à-vis conceptual frameworks. Again, although I proclaim to having adopted a constructivist position in Chapter 2 of this dissertation in practice, I make little effort to link this to the equilibrium and conflict theories/paradigms residing at the core of the social foundations of education. Grounding

my approach more explicitly vis-à-vis these central theories/paradigms would strengthen the analysis and interpretation of the evidence gathered in this case study, which also would enhance the applicability of its findings to other educational contexts. In addition, exploring Paulston's (2003) notion of the reflexive practitioner in relation to the data interpretation inherent in comparative education would further clarify the emic vs. etic dimensions of this case study.

Finally, engaging the scholarship on culturally responsive pedagogy would not only expand the applicability of the findings of this case study, but also strengthen its treatment of agency and binaries. Of culturally responsive teaching, Gay (2013) argues that “the education of racially, ethnically, and culturally diverse students should connect in-school learning to out-of-school living; promote educational equity and excellence; create community among individuals from different cultural, social, and ethnic backgrounds; and develop students’ agency, efficacy, and empowerment” (p. 49). Although Gay’s (2013) work has grown from the support of African-American and minority students in U.S. education, the concept of culturally responsive pedagogy applies to any minority group pursuing studies in an educational setting defined by a majority group. Indeed, Gay (2013) points to how her work could and has been applied to international education, and an application of culturally responsive pedagogy to the Pitt SON-CMUSON exchange program (or other similar program) could improve student satisfaction and enhance the lessons gained in the expectational climate by the other stakeholders. Moreover, this application of culturally responsive pedagogy would foster connections between studies of international education and studies of social justice, and this cross-pollination could strengthen subsequent scholarship in both domains.

In summary, any educational programs for Chinese students in which faculty members and administrators are inclined to rely on simple binaries to understand what is going on with

teaching and learning in the program would benefit from the findings of this case study, which demonstrate that Chinese students certainly bring strengths to U.S. programs. Moreover, the students synthesize these strengths with new acquired knowledge, and this process of learning should receive more focus. A deeper understanding and better appreciation of this active transformative process would enhance the lessons about learning and teaching germane to not only Sino-U.S. educational exchange, but also any educational program featuring racially, ethnically, and culturally diverse students who must operate in an expectational climate potentially demarcated by cultural binaries.

APPENDIX A

ALIGNMENT OF INQUIRY QUESTIONS WITH EVIDENCE COLLECTED AND ANALYSIS OF EVIDENCE

Table A.1 Inquiry Questions, Evidence, and Analysis of Evidence

Inquiry Question	Evidence Collected and Associated Details		Analysis to Interpret Evidence
1. What do Pitt SON faculty members need to know to support the undergraduate CMUSON students in learning clinical skills?	<p>▲ Semi-structured interviews with the students, collected on a monthly basis, beginning at pre-arrival or arrival and ending prior to departure.</p>	<p>Questions such as the following:</p> <ul style="list-style-type: none"> ☛ What did you do yesterday? (The narrative response to this warm-up question can be used to assess markers [e.g., pronunciation, vocabulary, tense, time markers, and cohesive devices] of language progress.) ☛ What are things that are making your work as a student easy? What are things that are making your work as a student difficult? ☛ Tell me about communicating with your clinical instructor, your classmates, and your patients. ☛ You have been studying in the United States for a full semester now. Compared to the beginning of the semester, what do you think has changed the most? 	<p>Interviews will be audio recorded, and notes will be taken during the interviews. Audio recordings will be transcribed. Transcripts and notes will be examined using thematic analysis as described by (1) Menter, Elliot, Hulme, Lewin, and Lowden (2011), which comprises the stages of <i>familiarization, identifying a thematic framework, indexing, and charting</i> (p. 219), and (2) Braun and Clarke (2006), which comprises the stages of <i>familiarizing yourself with your data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report</i> (p. 87). Themes will reveal facilitators and barriers to program</p>

Table A.1 (continued)

Inquiry Question	Evidence Collected and Associated Details		Analysis to Interpret Evidence
		☛ What else would you like to share not already included in this interview?	success identified by the students vis-à-vis those reported in the literature (e.g., language competence, coping mechanisms, and differences in U.S. and Chinese academic culture).
	▲ Communication with the students on WeChat throughout the exchange program as needed.	WeChat is a popular Chinese mobile text and voice messaging communication service with 650 million active users. The students can be reached quickly on WeChat for the purposes of research (e.g., answers to questions) and administration (e.g., making announcements and arranging meetings) as the need arises. Information gathered from WeChat will compliment interview data and be recorded in a weekly diary by the author.	Notes about WeChat communications in the weekly diary will be examined, using thematic analysis as described by Menter, Elliot, Hulme, Lewin, and Lowden (2011) and Braun and Clarke (2006), to ascertain emergent themes from the notes. Themes will reveal facilitators and barriers to program success identified by the students vis-à-vis those reported in the literature (e.g., language competence, coping mechanisms, and differences in U.S. and Chinese academic culture).
	▲ Conversations with the academic tutors and peer mentors about student performance throughout the exchange program as needed.	As the ad-hoc coordinator of this exchange program, the author meets with the tutors and mentors as needed to monitor support activities. Information gathered from these conversations will be recorded in a weekly diary by the author.	Notes about the conversations recorded in the weekly diary will be examined, using thematic analysis as described by Menter, Elliot, Hulme, Lewin, and Lowden (2011) and Braun and Clarke (2006), to ascertain emergent themes from the notes. Themes will reveal facilitators and barriers to program success identified by the academic tutors and peer mentors vis-à-vis those reported in the literature (e.g., language competence, coping mechanisms, and differences in U.S. and Chinese academic culture).
Inquiry Question	Evidence Collected and Associated Details		Analysis to Interpret Evidence
2. Are there differences in performance expectations and evaluation of the undergraduate	▲ Surveys of the clinical instructors concerning student performance—once each term for the three terms of	Questions such as the following: ☛ How good are the Chinese student's clinical skills? The higher number, the	Descriptive statistics (i.e., mean, range, and standard deviation) will be obtained for closed-ended

Table A.1 (continued)

Inquiry Question	Evidence Collected and Associated Details	Analysis to Interpret Evidence
<p>CMUSON students between “culturally congruent” and “culturally incongruent” Pitt SON clinical instructors?</p>	<p>the program. The survey consists of a 22-item questionnaire that will be distributed and analyzed using Qualtrics.</p> <p>▲ The survey instrument was developed by examining (1) the evaluation forms that Pitt SON clinical instructors use to grade their students’ performance vis-à-vis communication and clinical skills and (2) the literature reporting the differences between U.S. and China nursing education and clinical practice (e.g., Deng, 2015).</p> <p>better the skills.</p> <p>☛ Compared to other native nursing students whom you have taught, what do you think of the Chinese student's clinical skills? (much lower, somewhat lower, about the same, somewhat higher, much higher)</p> <p>☛ How confident is the Chinese student when interacting with patients and other healthcare providers? The higher the number, the higher the confidence.</p> <p>☛ How confident is the Chinese student when interacting with her classmates and you? The higher the number, the higher the confidence.</p> <p>☛ Compared to other native nursing students whom you have taught, how well do you think the Chinese student communicates with patients and other healthcare providers? The higher the number, the better the communication.</p> <p>☛ Compared to other native nursing students whom you have taught, how well do you think the Chinese student communicates with her classmates and you? The higher the number, the better the communication.</p> <p>☛ Has your Chinese student shown any improvement (in confidence, communication, or skill) compared to the beginning of your clinical class? If yes, what are the improvements? Briefly describe them below. If no, what do you think might help her improve? Briefly describe below.</p> <p>☛ What is your overall impression of the Chinese student’s clinical performance? Briefly describe below.</p>	<p>questionnaire items. Responses to open-ended questionnaire items will be examined, using thematic analysis as described by Menter, Elliot, Hulme, Lewin, and Lowden (2011) and Braun and Clarke (2006), to ascertain emergent themes from the responses. Themes will reveal facilitators and barriers to program success identified by the instructors vis-à-vis those reported in the literature (e.g., language competence, coping mechanisms, and differences in U.S. and Chinese academic culture), which also will also be revealed though descriptive statistics gathered from responses to closed-ended survey items.</p>

Table A.1 (continued)

Inquiry Question	Evidence Collected and Associated Details	Analysis to Interpret Evidence
		<p>☛ Your Chinese student is part of an international exchange program between the Pitt School of Nursing and the Capital Medical University, School of Nursing in China. What do you think the purpose of this exchange program is?</p> <p>☛ Are there differences in the way you need to interact with the Chinese students vis-à-vis the domestic students? If yes, describe these differences and comment on their possible causes below.</p> <p>☛ Other than the questions above, are there any other themes, problems, or successes that you have noticed while working with your Chinese student?</p>
	<p>▲ Conversations with the clinical instructors concerning questions of academic support and program policy throughout the exchange program as needed.</p>	<p>As the ad-hoc coordinator of this exchange program, the author meets with the clinical instructors as needed to monitor student progress and field questions. Information gathered from these conversations will be recorded in a weekly diary by the author.</p>
Inquiry Question	Evidence Collected and Associated Details	Analysis to Interpret Evidence
<p>3. What are the benefits to Pitt SON faculty members and native students from working with the undergraduate CMUSON students?</p>	<p>▲ Surveys of the clinical instructors concerning their interactions with the students twice each term—once around midterm exams and once around final exams.</p>	<p>Open-ended questions such as the following:</p> <p>☛ In what specific ways has the experience of working with the Chinese undergraduate student(s) contributed to your continued development as a nursing educator?</p>
<p>Responses to open-ended questionnaire items will be examined, using thematic analysis as described by Menter, Elliot, Hulme, Lewin, and Lowden (2011) and Braun and Clarke (2006), to ascertain emergent themes from the responses. Themes will</p>		

Table A.1 (continued)

Inquiry Question	Evidence Collected and Associated Details		Analysis to Interpret Evidence
			reveal facilitators and barriers to program success identified by the instructors vis-à-vis those reported in the literature (e.g., language competence, coping mechanisms, and differences in U.S. and Chinese academic culture).
	▲ Conversations with the academic tutors and peer mentors about student performance throughout the exchange program as needed.	As the ad-hoc coordinator of this exchange program, the author meets with the tutors and mentors as needed to monitor support activities. Information gathered from these conversations will be recorded in a weekly diary by the author.	Notes about the conversations recorded in the weekly diary will be examined, using thematic analysis as described by Menter, Elliot, Hulme, Lewin, and Lowden (2011) and Braun and Clarke (2006), to ascertain emergent themes from the responses. Themes will reveal facilitators and barriers to program success identified by the academic tutors and peer mentors vis-à-vis those reported in the literature (e.g., language competence, coping mechanisms, and differences in U.S. and Chinese academic culture).
	▲ Surveys of the academic tutors, peer mentors, and ASD-BSN program domestic classmates concerning their interactions with the students each term.	An open-ended question such as the following: ☛ In what specific ways has the experience of working with the Chinese undergraduate student(s) contributed to your understanding of nursing education and nursing practice?	Responses to this open-ended questionnaire item will be examined, using thematic analysis as described by Menter, Elliot, Hulme, Lewin, and Lowden (2011) and Braun and Clarke (2006), to ascertain emergent themes from the responses. Themes will reveal facilitators and barriers to program success identified by the academic tutors and peer mentors vis-à-vis those reported in the literature (e.g., language competence, coping mechanisms, and differences in U.S. and Chinese academic culture).
	▲ Conversations with the Pitt SON	As the ad-hoc coordinator of this	Notes about the conversations

Table A.1 (continued)

Inquiry Question	Evidence Collected and Associated Details		Analysis to Interpret Evidence
	Dean, ADUE, and ADSS throughout the exchange program as needed.	exchange program, the author frequently receives requests from these stakeholders to field questions, provide progress reports, and arrange administrative activities. Information gathered from these conversations will be recorded in a weekly diary by the author.	recorded in the weekly diary will be examined, using thematic analysis as described by Menter, Elliot, Hulme, Lewin, and Lowden (2011) and Braun and Clarke (2006), to ascertain emergent themes from the conversations. Themes will reveal facilitators and barriers to program success identified by the administrators vis-à-vis those reported in the literature (e.g., language competence, coping mechanisms, and differences in U.S. and Chinese academic culture).
<i>Note.</i> The instruments used to collect data associated with this table were developed as part of EDUC 3008 (Inquiry Practicum), during summer term 2016. The table itself was developed for the dissertation in practice proposal document and meeting during fall term 2016, which explains the future-tense verbs used.			

APPENDIX B

PITT HRPO IRB MEMO

From: IRB
Sent: Friday, August 26, 2016 3:35 PM
To: Greene, William B <WBG3@pitt.edu>
Subject: PI Notification: Your research study has been withdrawn

University of Pittsburgh Institutional Review Board
PI and Staff Notification: Study was withdrawn and no further reviews will be conducted
"Please do not reply to this e-mail directly as it is an automated notification from OSIRIS"
If you wish to respond to this message, go to the study workspace and click on the "History" tab to identify and obtain the contact information for the sender of this message.
To: William Greene
From: IRB
Date: 8/26/2016 3:34 PM
IRB#: PRO16070622
Title: Case Study of Chinese Undergraduate Nursing Students on an Exchange Program at the University of Pittsburgh, School of Nursing

The above referenced research study has been withdrawn from the review process and no further reviews will be completed. The study will remain in OSIRIS for archival purposes. To view this research study, click here [PRO16070622](#)

The reason the study was withdrawn:

The project qualifies as a program evaluation, rather than research, and IRB oversight is not required; therefore, the IRB application should be withdrawn, accordingly.
Reviewer (Allison Genger, IRB Staff) Notes Logged: According to the federal government defines research as "a systematic investigation, including research development, testing and evaluation, designed to develop and contribute to generalizable knowledge" (45 CFR 46.102).

To further clarify, the Belmont Report designates the term research as "an activity designed to test an hypothesis, permit conclusions to be drawn and thereby to develop or contribute to generalizable knowledge (expressed, for example, in theories, principles, and statements of relationships). Research is usually described in a formal protocol that sets forth an objective and a set of procedures designed to reach that objective." The following is "Guidance on Activities Not Under the Jurisdiction of the Institutional Review Board":

http://www.irb.pitt.edu/sites/default/files/Guidance%20on%20Activities%20Not%20Under%20the%20Jurisdiction%20of%20the%20Institutional%20Review%20Board_0.pdf

It is clear that you will be collecting information in a systematic manner, however, based on the information provided, the intent your project is for subsequent program development (e.g. to improve program effectiveness and to inform decisions about future program development), which does not contribute to 'generalizable knowledge'. For this reason, this project qualifies as a program evaluation, rather than research, and IRB oversight is not required. Withdraw this application accordingly. Note, because this project does not meet the definition of research, you and your research team cannot call this research, publish as research or treat it as research.
If you require technical assistance, please contact the OSIRIS support team via email at irb@pitt.edu

A private message from
OSIRIS

Online Submission for Institutional Reviews
(www.osiris.pitt.edu)

irb@pitt.edu

Figure 4. Pitt Human Research Protection Office (HRPO), Institutional Review Board (IRB) approval memo for the dissertation.

APPENDIX C

INTERVIEW AND SURVEY INSTRUMENTS

INTERVIEW PROTOCOL

Semi-Structured Interviews with CMUSON Exchange Students

I. Introduction

“Hello. My name is _____ and I am a/the _____ at the University of Pittsburgh, School of Nursing. Today is _____, and it is _____. I am interviewing _____.”

“I would like to record this interview because I forget things, and the recording will let me listen to you without having to write everything down. Is it okay if I record this interview?”

[If yes, continue recording. If no, turn off recorder.]

“This interview is optional. If you do not want talk with me, you do not have to. You can stop talking at any time. You can tell me as much or as little as you want to. Everything you tell me is confidential—it is a secret. Your name will not be connected with anything that you tell me. I will not tell anyone else what you said. Your teachers and other people here in the school will not know what you said. What you tell me will only be used to help me understand how you are doing and help me improve the exchange program here.”

“This interview is part of ongoing research to improve the exchange program. This interview will give you an opportunity to tell me what you are thinking and what you have experienced. This interview will give you an opportunity to think about the similarities and differences between study and life in China and study and life in the United States. This interview will give you the opportunity to tell me about what is good and what is bad about study and life here.”

II. Rapport Building

“Now I want to get to know you better.”

[Questions below can be selected based on the timing of the program and the amount of rapport established.]

1. “Tell me about your family and background.”
2. “What do you hope to learn as a nursing student at Pitt, SON, and how will you use what you learn back in China?”
3. “How has your day/week been going?”
4. “How was Thanksgiving/winter/Spring break?” [Options depend on timing during semester]
5. “How did the tests/orientation/barbeque go?” [Options depend on timing during semester]

III. Warm Up

1. What did you do yesterday/today? [This question will be asked during every interview. This question allows the Chinese-speaking interviewee to craft a narrative using appropriate verb tense, adverbs, and logical connectors. As his/her English improves throughout the exchange program, the use of these linguistic features should make for more coherent narratives. Use “yesterday” if interviewing in the morning, and use “today” if interviewing in the afternoon.]

IV. Surfacing Possible Facilitators and Barriers to Study and Life

1. “Being a student is like have having a job. You have a lot of work to do every day. For example, you need to go to class, study for tests, and wash your clothes. Tell me about the work you need to do every day.”
2. “You have a lot of work do every day. What are some things that are making your work easy? What are some things that are making your work difficult?”
3. “What classes are going well and not as well?” [Ask follow-up questions to try to elucidate underlying causes—for example, “You mentioned that pharmacology is difficult/going well. Tell me more about this. Can you give me some examples?”]
4. “In clinical, how do you feel about communicating with patients, your instructor, and your classmates?” [Ask follow up questions to try to elucidate underlying factors (e.g., listening, speaking, and/or cultural reasons)—for example, “You mentioned talking with patients is difficult/easy. Tell me more about this. Can you give me some examples?]
5. “How are your classes going so far this semester?” [Alternate question]
6. “Tell me about communicating with patients and healthcare providers.” [Alternate question]
7. “Do you think your instructor understands you? In other words, what you need as an international student.”

8. “You have been here for [XX] months now. Looking back to when you got here and before that in China, what would make the experience better for you?”

9. “Do you think you were prepared for coming here to study?”

V. Specific “Check-In” Questions vis-à-vis Academic and Cultural Support Mechanisms

1. “Have you met your peer mentor recently? If so, was it useful? If not, do you plan to?”

2. “Have you met with a tutor recently? If so, was it useful? If not, do you think you will in the coming weeks?”

3. “Have you gone to your professor’s office hours? If so, tell me about that.”

4. “How did the review session for the exam go?”

VI. Specific “Probe” Questions vis-à-vis Communication and Nursing Competence

1. “Compared to other nursing students in your clinical group, how would you rate yourself in terms of nursing knowledge? How would you rate yourself in terms of communication?”

2. “How is it like to be in the same clinical group with other Capital Medical students? Does it make your clinical experience easier/harder? Which one do you prefer? Do you communicate with each other in English or Mandarin?” [The Chinese exchange students attend some of their clinical classes with domestic students, and some with their Chinese classmates and a Chinese clinical instructor—a curricular decision made at the department level. This question is to reveal the students’ perceptions of this grouping strategy.]

3. “From 0 to 10, how confident are you in didactic class? How about in clinical?”

VII. Questions to Reflect on Experience and Check-In on Extracurricular Life

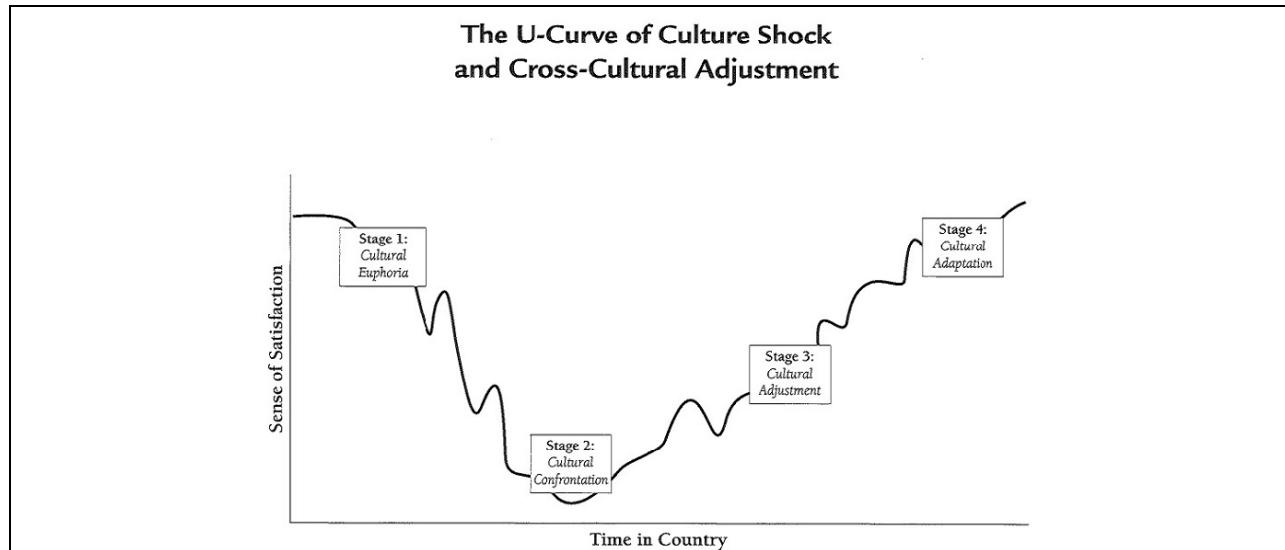
1. “How is living off campus?” / “How is living in the dorm?”

2. “Are you worried about anything?”

3. “Is there anything about living here that you find confusing?”

4. “You have been studying in the US for a full semester now. Comparing to the beginning of the semester, what do you think changed the most?” [Ask this question during second semester]

5. “Study abroad is a process of adjustment and satisfaction.” [Show interviewee the attached graph] “Where do you think you are right now in the process?”



6. “What else would you like to share not already included in this interview?”

7. “Do you have any questions you would like to ask me?”

VIII. Conclusion

“Thank you very much for taking the time to talk with me. If you have any questions, you can contact me at any time.”

SURVEY INSTRUMENT FOR CLINICAL INSTRUCTORS

This survey was distributed and analyzed using Qualtrics.

1. From the beginning of this semester (Spring, 2017) up until now, how many of the Capital Medical University Chinese students (hereafter, "Chinese student(s)") have you worked with in your clinical class?

One [if one, skip logic to 3] Two [if two, skip logic to 2] Three [if three, skip logic to 2]

2. If you have had more than one Chinese student in your clinical class this semester (Spring, 2017), then you can combine the students together in answering the closed-ended items that follow. For the open-ended responses at the end of this survey, you can comment on the students individually, if necessary.

3. How good are the clinical skills of your Chinese student(s)? Zero means that she is the most incompetent nurse you have ever seen, and 100 means that she is as competent as an experienced RN.

[0–100 slider in Qualtrics]

4. Compared to other domestic nursing students of similar program level whom you have taught, how would you rank the clinical skills of your Chinese student(s)?

1 = Much lower; 2 = Somewhat lower; 3 = About the same; 4 = Somewhat higher;
5 = Much higher

5. How competent is your Chinese student(s) when interacting with patients and other healthcare providers? The higher the number, the higher the competence.

[0–100 slider in Qualtrics]

6. How competent is your Chinese student(s) when interacting with classmates and you? The higher the number, the higher the competence.

[0–100 slider in Qualtrics]

7. Compared to other domestic nursing students of similar program level whom you have taught, how well do you think your Chinese student(s) communicates with patients and other healthcare providers?

1 = Much lower; 2 = Somewhat lower; 3 = About the same; 4 = Somewhat higher;
5 = Much higher

8. Compared to other domestic nursing students of similar program level whom you have taught, how well do you think your Chinese student(s) communicates with classmates and you?

1 = Much lower; 2 = Somewhat lower; 3 = About the same; 4 = Somewhat higher;
5 = Much higher

9. Has your Chinese student(s) shown any improvement (in communication, skill, or other area) compared to the beginning of your clinical class?

Yes [if yes, skip logic to 10] No [if no, skip logic to 11]

10. What are the improvements? Briefly describe them below.

[response text box in Qualtrics]

11. What do you think might help her improve? Briefly describe below.

[response text box in Qualtrics]

12. Have you needed to evaluate your Chinese student(s) differently or set different expectations for her compared to your domestic students?

Yes [if yes, skip logic to 13] No [if no, skip logic to 14]

13. Briefly describe how your evaluation or expectations have differed for your Chinese student(s) compared to domestic students.

[response text box in Qualtrics]

14. What is your impression of the overall performance of your Chinese student(s)? Briefly describe below.

[response text box in Qualtrics]

15. Your Chinese student(s) is/are part of an international exchange program between the Pitt School of Nursing and the Capital Medical University, School of Nursing in China. What do you think the purpose of this exchange program is?

[response text box in Qualtrics]

16. Other than the questions above, are there any other themes (e.g., safety), problems (e.g., time spent), or successes (e.g., development) that you have noticed while working with your Chinese student(s)?

[response text box in Qualtrics]

17. In the past, have you taken part in any study abroad experiences?

Yes [if yes, skip logic to 18] No [if no, skip logic to 19]

18. Briefly describe when, where, and why you studied abroad OR briefly describe your involvement with a domestic study abroad program.

[response text box in Qualtrics]

19. Before working with your Chinese student(s) this semester, had you worked with other international or Chinese nursing students?

Yes [if yes, skip logic to 20] No [if no, skip logic to 21]

20. Comment briefly on how the student(s) compares with the other international or Chinese nursing with whom you have worked.

[response text box in Qualtrics]

21. Has your practice as a nurse educator benefited from working with your Chinese nursing student(s)?

Yes [if yes, skip logic to 22] No [if no, skip logic to 23]

22. Please describe any benefit to your practice as a nurse educator that you have gained by working with your Chinese student(s).

[response text box in Qualtrics]

23. Thank you very much for your time and input.

SURVEY INSTRUMENT FOR DOMESTIC ASD-BSN STUDENTS

This survey was distributed and analyzed using Qualtrics.

1. Has exposure to the Chinese international students in your second-degree program cohort benefited your educational experience in any way?

Yes [if yes, skip logic to 2] No [if no, skip logic to 3]

2. Please give an example (or two) of how your exposure to—or interaction with—the student(s) has benefited your educational experience.

[response text box in Qualtrics]

3. Thank you very much for your time and input.

SURVEY INSTRUMENT FOR PITT SON PHD STUDENT TUTORS

This survey was distributed and analyzed using Qualtrics.

1. Has exposure to the Chinese international students from Capital Medical University, as part of your GSA assignment, either in 2015–2016 or 2016–2017, benefited your educational experience as a PhD student in any way?

Yes [if yes, skip logic to 2] No [if no, skip logic to 3]

2. Please provide some examples of how your exposure to—or interaction with—the student(s) has benefited your educational experience.

[response text box in Qualtrics]

3. Thank you very much for your time and input.

BIBLIOGRAPHY

- Abriam-Yago, K., & Kataoka-Yahiro, M. (1999). The Cummins model: A framework of teaching nursing students of whom English is a second language. *Journal of Transcultural Nursing, 10*(2), 143–149.
- American Association of Colleges of Nursing (AACN). (2015). Mission and values. Retrieved from <http://www.aacn.nche.edu/about-aacn/mission-values>
- Badenhorst, C., Moloney, C., Rosales, J., Dyer, J., & Ru, L. (2015). Beyond deficit: Graduate student research-writing pedagogies. *Teaching in Higher Education, 20*(1), 1–11.
- Barab, S., & Squire, K. (2004). Design-based research: Putting a stake in the ground. *The Journal of the Learning Sciences, 13*(1), 1–14.
- Barg, S. J. (2013). *Expectations v. reality: A study about Chinese students' expectations and experiences at a midwestern university in America*. (Master's thesis). Retrieved from Educational Administration: Theses, Dissertations, and Student Research, University of Nebraska—Lincoln.
- Bartlett, T. (2011). Big influx of Chinese students proves a tricky fit for U.S. colleges. *Chronicle of Higher Education, 58*(12), A1.
- Baxter-Magolda, M. B. (2004). Evolution of a constructivist conceptualization of epistemological reflection. *Educational Psychologist, 39*(1), 31–42.
- Baxter-Magolda, M., & Porterfield, W. D. (1985). A new approach to assess intellectual development on the Perry scheme. *Journal of College Student Personnel, 26*, 343–351.
- Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A call for radical transformation*. Stanford, CA: The Carnegie Foundation for the Advancement of Teaching.
- Bertram, D. M., Poulakis, M., Elsasser, B. S., & Kumar, E. (2013). Social support and acculturation for Chinese international students. *Journal of Multicultural Counseling and Development, 42*(2), 107–124.
- Bevis, T. B. (2014). *A history of higher education exchange: China and America*. New York: Routledge.

- Bodycott, P. (2012). Embedded culture and intercultural adaptation: Implications for managing the needs of Chinese students. *Journal of Higher Education Policy and Management*, 34(4), 355–364.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Brown, H. D. (2014). *Principles of language learning and teaching: A course in second language acquisition* (6th ed.). London: Pearson Education
- Brown, P., Lauder, H., & Ashton, D. (2011). The global auction: The broken promises of education, jobs, and incomes. Oxford: Oxford University Press.
- Buss, R. R., & Zambo, D. (2014). *A practical guide for students and faculty in CPED-influenced programs working on an action research dissertation in practice*. Carnegie Project on the Education Doctorate (CPED).
- Centers for Disease Control and Prevention (CDC). (1999). Framework for program evaluation in public health. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved from <https://cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>
- Centers for Disease Control and Prevention (CDC). (2011). Program evaluation steps. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved from <https://www.cdc.gov/eval/steps/index.htm>
- Centers for Disease Control and Prevention (CDC). (2016, October 27). Framework for program evaluation. Atlanta, GA U.S. Department of Health and Human Services. Retrieved from <https://www.cdc.gov/eval/approach/index.htm>
- Centers for Disease Control and Prevention (CDC). (2016, December 1). Program performance and evaluation office (PPEO)—Program evaluation. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved from <https://www.cdc.gov/eval/index.htm>
- Chan, I. (2006). *Psychological adaptation of mainland Chinese female international students: A phenomenological inquiry*. (Doctoral dissertation). Retrieved from Trace: Tennessee Research and Creative Exchange.
- Chomsky, N. (2012, January 24). *The purpose of education* [Video file]. Retrieved from <https://www.youtube.com/watch?v=DdNAUJWJN08>
- Collyer, F., & White, K. (2011). The privatization of Medicare and the National Health Service, and the global marketization of healthcare systems. *Health Sociology Review*, 20(3), 238–244.
- Cooke, F. L., & Zhan, C. (2013). Between market and bureaucracy: Public healthcare reforms in China and nurses' terms and conditions. *International Journal of Human Resource Management*, 24(16), 3178–3195.

- Cummins, J. (1983). Academic achievement and language proficiency. In J. Oler (Ed.), *Issues in language and testing and research* (pp. 11–129). Rowley, MA: Newberry House.
- Deng, F. (2015). Comparison of nursing education among different countries. *Chinese Nursing Research*, 2(4), 96–98.
- Dong, L., Christensen, T., & Painter, M. (2014). Health care reform in China: An analysis of development trends and lack of implementation. *International Public Management Journal*, 17(4), 493–514.
- Education Advisory Board (EAB). (2014). *Supporting international students on campus: Navigating successful campus transitions*. Washington, D.C.: The Advisory Board Company. Retrieved from [http:// http://www.eab.com/Research-and-Insights/Student-Affairs-Forum/Studies/2014/Supporting-International-Students-on-Campus](http://http://www.eab.com/Research-and-Insights/Student-Affairs-Forum/Studies/2014/Supporting-International-Students-on-Campus)
- Exposito, J. A. (2015). *A phenomenological study of the international student experience at an American college*. (Doctoral dissertation). Retrieved from NSUWorks, Abraham S. Fischler College of Education.
- Fang, W. (2012). The development of transnational higher education in China: A comparative study of research universities and teaching universities. *Journal of Studies in International Education*, 16(1). 5–23.
- Fitzpatrick, J. J. (1992). Reflections on Nightingale’s perspective of nursing. In F. Nightingale, *Notes on nursing: What it is, and what it is not* (pp. 18–22). Philadelphia: Lippincott Williams & Wilkins.
- Fong, V. L. (2011). *Paradise redefined: Transnational Chinese students and the quest of flexible citizenship in the developed world*. Stanford: Stanford University Press.
- Freire, P. (1970). *Pedagogy of the oppressed*. New York: Continuum.
- Gaule, P., & Piacentini, M. (2013). Chinese graduate students and U.S. scientific productivity. *The Review of Economics and Statistics*, 95(2), 698–701.
- Gay, G. (2013). Teaching to and through cultural diversity. *Curriculum Inquiry*, 43(1), 48–70.
- Gram, M., Jaeger, K., Liu, J., Qing, L., & Wu, X. (2013). Chinese students making sense of problem-based learning and Western teaching—pitfalls and coping strategies. *Teaching in Higher Education*, 18(7), 761–772.
- Grubb, N., Boner, E., Frankel, K., Parker, L., Patterson, D., Gabriner, . . . Wilson, S. (2012). *Basic skills instruction in community colleges: The dominance of remedial pedagogy*. (Working Paper: Basic Skills Instruction in California Community Colleges). Stanford, CA: Policy Analysis for California Education (PACE).

- Guhde, J. A. (2003). English-as-a-second language (ESL) nursing students: Strategies for building verbal and written language skills. *Journal of Clinical Diversity*, 40(4), 113–117.
- Hagedorn, L. S., & Zhang, Y. (2010). *The use of agents in recruiting Chinese undergraduates*. Center for Enrollment Research, Policy and Practice: University of Southern California.
- Hanushek, E. A., Peterson, P. E., & Woessmann, L. (2013). *Endangering prosperity: A global view of the American school*. Washington, D.C.: Brookings Institution Press.
- Harber, C. (2014). *Education and international development: Theory, practice, and issues*. Oxford, UK: Symposium Books.
- Hunter, W. D. (2004, Spring). Got global competency? *International Educator*, 6–12.
- Institute of International Education (IIE). (2014). Opendoors 2014 “fast facts.” Retrieved from <http://www.iie.org/Research-and-Publications/Open-Doors/Data/Fast-Facts>
- Institute of International Education (IIE). (2015). Opendoors 2015 “fast facts.” Retrieved from <http://www.iie.org/Research-and-Publications/Open-Doors/Data/Fast-Facts>
- Institute of International Education (IIE). (2016). Opendoors 2016 “fast facts.” Retrieved from <http://www.iie.org/Research-and-Publications/Open-Doors/Data/Fast-Facts>
- Jacob, W. J., Sutin, S. E., Weidman, J. C., & Yeager, J. L. (Eds.). (2015). *Community engagement in higher education: Policy reforms and practice*. Rotterdam: Sense Publishers.
- Jacob, W. J., Xiong W., & Ye, H. (2015). Professional development programmes at world-class universities. *Palgrave Communications*, 1:15002. doi:10.1057/palcomms.2015.2
- Jin, L., & Cortazzi, M. (2011). Introduction: Contexts for researching Chinese learners. In L. Jin and M. Cortazzi (Eds.), *Researching Chinese learners: Skills, perceptions, and intercultural adaptations* (pp. 1–18). Hampshire, England: Palgrave Macmillan.
- Jorgensen, M., & Phillips, L. J. (2002). *Discourse analysis as theory and method*. London: SAGE Publications.
- Karzunina, D., Bridgestock, L., & Philippou, G. (2016). *What matters to international students? Focus on China*. London: QS Intelligence Unit.
- Keshavan, M. (2012). Michigan universities recruit Chinese students to add diversity, revenue. *Crain's Detroit Business*, 28(6), 11.
- Li, H. (2008). *U.S.-China educational exchange: State, society, and intercultural relations, 1905–1950*. New Brunswick, NJ: Rutgers University Press.

- Li, K. (2013). *Identity development of Chinese graduate students in the United States: A phenomenological investigation*. (Doctoral dissertation). Retrieved from ProQuest LLC.
- Li, L., Chen, Q., & Powers, D. (2012). Chinese healthcare reform: A shift toward social development. *Modern China*, 38(6), 630–645.
- Li, X., & Cutting, J. (2011). Rote learning in Chinese culture: Reflecting active Confucian-based memory strategies. In L. Jin and M. Cortazzi (Eds.), *Researching Chinese learners: Skills, perceptions and intercultural adaptations* (pp. 21–42). Houndsmills, UK: Palgrave Macmillan.
- Lipsky, M. (2010). *Street-level bureaucracy: Dilemmas of the individual in public services* (Updated ed.). New York, NY: Russell Sage Foundation.
- Liu, J., Ma, Y., & Xu, J. (2015). An evaluation on equity in current primary healthcare reform in China. *Asian Bioethics Review*, 7(3), 277–291.
- Lucenta, L. (2012). China's higher education lacks higher learning. *The Phi Delta Kappan*, 93(4), 76–77.
- Marion, L., Douglas, M., Lavin, M. A., Barr, N., Gazaway, S., Thomas, E., & Bickford, C. (2017). Implementing the new ANA Standard 8: Culturally congruent practice. *Online Journal of Issues in Nursing*, 22(1), 1–1. doi:10.3912/OJIN.Vol22No01PPT20
- McClure, M. W. (2014). MOOCs, wicked problems, and the spirit of the liberal arts. *The Journal of General Education*, 63(4), 269–286.
- McKay, J., & Devlin, M. (2016). “Low income doesn’t mean stupid and destined for failure”: Challenging the deficit discourse around students from low SES backgrounds in higher education. *International Journal of Inclusive Education*, 20(4), 347–363.
- McMurtrie, B. (2012, November 12). China continues to drive foreign-student growth in the United States. *Chronicle of Higher Education*. Retrieved from <http://chronicle.com/article/China-Continues-to-Drive/135700/>
- Menter, I., Elliot, D., Hulme, M., Lewin, J., & Lowden, K. (2011). *A guide to practitioner research in education*. London: SAGE Publications Ltd.
- Merriam, S. B. (1998). *Qualitative research and case study application in education*. San Francisco, CA: Jossey-Bass.
- Mertens, D. (2010). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods* (3rd ed.). Thousand Oaks, CA: SAGE.
- Milner, R. M. (2007). Race, culture, and researcher positionality: Working through dangers seen, unseen, and unforeseen. *Educational Researcher*, 36(7), 388–400.

- Nelson, C. (2013, November). Chinese students drive record number of international students at U.S. campuses. *China Business Review*, 4.
- Ota, A. (2013). *Factors influencing social, cultural, and academic transitions of Chinese international ESL students in U.S. higher education* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global.
- Pan, C. (2014). The “Indo-Pacific” and geopolitical anxieties about China’s rise in the Asian regional order. *Australian Journal of International Affairs*, 68(4), 453–469.
- Paulston, R. G. (2003). Mapping comparative education after postmodernity. In E. R. Beauchamp (Ed.), *Comparative education reader* (pp. 17–44). New York, NY: RoutledgeFalmer.
- Perreault, H. (2008). Helping Chinese students to adjust to U.S. higher education. *Journal for Global Business Education*, 8, 19–27.
- QS. (2016). QS world university rankings by subject 2016—Nursing. London: Quacquarelli Symonds (QS). Retrieved from [http://www.topuniversities.com/university-rankings/university-subject-rankings/2016/nursing#sorting=rank+region="+country="+faculty="+stars=false+search=](http://www.topuniversities.com/university-rankings/university-subject-rankings/2016/nursing#sorting=rank+region=)
- Reimers, F. (2006). The public purposes of schools in an age of globalization. *Prospects*, 36(3), 275–294.
- Scheele, T. H., Pruitt, R., Johnson, A., & Xu, Y. (2011). What do we know about educating Asian ESL nursing students? A literature review. *Nursing Education Perspectives*, 32(4), 244–249.
- Shaffer, F. A., Davis, C. R., To Dutka, J., & Richardson, D. R. (2014). The future of nursing: Domestic agenda, global implications. *Journal of Transcultural Nursing*, 25(4), 388–394.
- Shobert, B. (2012). The promise and peril of China’s healthcare reforms. *Harvard Asia Quarterly*, 14(4), 66–73.
- Shu, H. (2008). *Sojourners in transition Chinese women undergraduate students at an American university*. (Doctoral dissertation). Retrieved from ProQuest LLC.
- Thompson, C. J. (2013). Improving the educational experience of international clinical nurse specialist students, part III: Using culturally sensitive teaching strategies. *Clinical Nurse Specialist*, 27(1), 44–51.
- Tsai, P., & Wong, Y. J. (2012). Chinese and Taiwanese international college students’ participation in social organizations: Implications for college counseling professionals. *Journal of College Counseling*, 15, 144–156.

- Tinto, V., & Pusser, B. (2006). *Moving from theory to action: Building a model of institutional action for student success*. Washington, D.C.: National Postsecondary Education Cooperative.
- Tourigny, L., Baba, V. V., & Wang, X. Y. (2010). Burnout and depression among nurses in Japan and China: The moderating effects of job satisfaction and absence. *International Journal of Human Resource Management*, 21(15), 2741–2761.
- Turkelson, C., Aebersold, M., & Redman, R. (2016). Improving nursing communication skills in an intensive care unit using simulation and nursing crew resource management strategies. *Journal of Nursing Care Quality*. Advance online publication. doi: 10.1097/NCQ.0000000000000241
- Tyack, D. (2003). *Seeking common ground: Public schools in a diverse society*. Cambridge, MA: Harvard University Press.
- University of Pittsburgh. (2005). Mission statement. Retrieved from <http://www.ir.pitt.edu/factbook/fbweb05/general/MISSION.PDF>
- University of Pittsburgh. (2015). Chancellor's statement on planning. Retrieved from <http://www.pitt.edu/impact>
- University of Pittsburgh, School of Nursing. (2014). Self-study document for the purpose of DNP accreditation. Pittsburgh, PA: Author.
- University of Pittsburgh, School of Nursing. (2015). Our mission and philosophy. Pittsburgh, PA: Author. Retrieved from <http://www.nursing.pitt.edu/about/our-mission-and-philosophy>
- University of Pittsburgh, School of Nursing (2016). Our rankings. Pittsburgh, PA: Author. Retrieved from <http://www.nursing.pitt.edu/about/our-rankings>
- Vaz-Pinto, R. (2014). Peaceful rise and the limits of Chinese exceptionalism. *Revista Brasileira de Politica Internacional*, 57, 210–224.
- Wang, L., & Byram, M. (2011). “But when you are doing your exams, it is the same as in China”: Chinese students adjusting to western approaches to teaching and learning. *Cambridge Journal of Education*, 41(4), 407–424.
- Wang, W., Liang, Z., Blazeck, A., & Greene, B. (2015). Improving Chinese nursing students' communication skills by utilizing video-stimulated recall and role-play case scenarios to introduce them to the SBAR technique. *Nurse Education Today*, 35(7), 881–887.
- Weitzel, M. L., & McCahon, C. P. (2008). Stressors and supports for baccalaureate nursing students completing an accelerated program. *Journal of Professional Nursing*, 24(2), 85–89.

- WholeRen Education. (2014). *Dismissed Chinese students in the United States: Their current status and characteristics* [White paper]. Pittsburgh, PA: Data Research Center, WholeRen Education.
- WholeRen Education. (2015). *Dismissed Chinese students in the United States: Their current status and characteristics* [White paper]. Pittsburgh, PA: Data Research Center, WholeRen Education.
- WholeRen Education. (2016). *Dismissed Chinese students in the United States: Their current status and characteristics* [White paper]. Pittsburgh, PA: Data Research Center, WholeRen Education.
- Yang, L., & Cahill, D. (2008). The rhetorical organization of Chinese and American students' expository essays: A contrastive rhetoric study. *International Journal of English Studies*, 8(2), 113–132.
- Yang, R., & Xie, M. (2015). Leaning toward the centers: International networking at China's five C9 league universities. *Frontiers of Education in China*, 10(1), 66–90.
- Yin, R. K. (2014). *Case study research: Design and methods* (5th ed.). Los Angeles, CA: SAGE Publications, Inc.
- Young, L. E., & Paterson, B. L. (2007). *Teaching nursing: Developing a student-centered learning environment*. Philadelphia: Lippincott Williams & Wilkins.
- Zhao, T., & Bourne, J. (2011). Intercultural adaptation—it is a two-way process: Examples from a British MBA programme. In L. Jin and M. Cortazzi (Eds.), *Researching Chinese learners: Skills, perceptions and intercultural adaptations* (pp. 250–273). Houndsmills, UK: Palgrave Macmillan.