



# Journal of Study Abroad Experiences

# The India Program



# GLOBAL. POTENTIAL. REALIZED

Albany State University Office of International Education  
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Unsolicited manuscripts are welcomed from all students who studied abroad and their faculty. The deadline for submission is usually two weeks after the study abroad program and the articles are submitted to the Office of International Education ([internationaleducation@asurams.edu](mailto:internationaleducation@asurams.edu)). The study abroad stories should contain information on the countries of study, objectives of the study abroad program, courses taken, major tours, program activities, experiences, cultural lessons learned and one or two recommendations. The stories should be told in two pages with 4-6 pictures included.

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## Editor's Note

With a renewed commitment to academic excellence, Albany State University is creating more access for students to enhance the quality of education they receive before graduation. This volume of Global Issues is yet another evidence of great international experiences from students who studied abroad in different countries: China, Costa Rica, and Trinidad and Tobago. Most of the students are first generation students who have never flown before. Their stories might not be exhaustive, as each student has a limited space to convey a month's experience; however, they



provide us a bird-eye view of the students' experiences and their perspectives of the world they witnessed for the period of their study abroad. This Issue also provide the faculty members' summary report of courses taught, cultural trips, and program outcomes. I invite you to read these enlightening stories, which also provide a rich resource data for international education research, program development and instruction.

**Nneka Nora Osakwe, PhD**

**Director, ASU Office of International education  
Chief Editor, Global Issues**

# Little things make a huge difference

## -Autumn Bryant

### Abstract

Our class attended a study abroad program in India from June 13th- July 4th. We were able to experience the culture in many different aspects. We attended clinical rotations in the hospital, went on different excursions, and also got the chance to have class with other nursing students. We took community health nursing as well as geriatric nursing while we were in India. The program objectives for community health are to analyze concepts of community health and clarify, values, and attitudes. We also had objectives on the nursing process, clinical decision making, therapeutic communication and interventions.

Each day was packed with a new experience and adventure in India. I learned that it was very important for our group to stay together because the native language of Kerala was Malayalam. Everywhere we went, we would have someone who spoke both Malayalam and English. It was common in many of the hospitals we visited for the nurses or doctors to know some English. On the weekends, we would go out on excursions to different places. For instance, we went to an ancient Hindu temple, a palace where kings and the queens reside, and a canoe ride of the back waters that lead to the Arabian ocean. On these tours, we were able to learn about the history of India and get to see many things that are native to India such as elephants. It was exciting to see another part of the world. The views that we saw on the different excursions were picture perfect views and I felt as though I could just stare at the views for days. This trip helped me to become more aware of the different parts of the world and that they all have something different and special to offer.

### Introduction

Studying abroad provides insight into many different parts of the world. I learned that many little things can make a huge difference. There were amazing people with us during our study abroad experience. They were so open and excited to learn about our culture, just as we

We bonded with the nursing students at the school and I believe that was because they were a part of a life changing experience for us. Even on our excursion, it was easy to tell that the people cared about us and were excited about each new experience. I am so thankful that I was able to attend this study abroad program because it is an experience that I will take with me for the rest of my life.

### Why I chose to study abroad

I chose to study abroad because I was looking for an international experience that would be life changing and that is exactly what I got. From all of our different excursions to clinical rotations at the hospital, there was not one moment that I was not learning new information. I wanted the opportunity to learn about another culture, see the cultural differences and appreciate the differences and similarities between cultures. Although the nursing students in India live different lives than we do as far as cultural norms, it was so easy to just sit down play cards and have causal conversation with them. I believed that we learned a lot from each other by doing so as well. I learned that the women in this culture are held to a high standard. Dating is not perceived as a casual activity, the goal is marriage and also marrying someone with an equal social status. I was able to experience various cultures and also observe the differences in interactions with people as a result of these cultural differences.

### Classes and Clinical experience



*Nursing classmates with a patient*

As I stated before, the two classes that we took in India were community health and geriatric nursing. Taking community health nursing in a foreign country provided a perfect cultural learning experience

We took community health in the afternoon at 2:00 or 2:30 and it was taught by a professor at Dr. SMSCI medical college and hospital. We also participated in clinical for this class: we talked to patients, examined their charts, and visited villages. While in the villages, I learned many things. For example, one of the nurses told us before we went into the village that, “water is like gold”, and that was not an understatement. Going into the village and talking to the people I found that they did not have running water and that in order to get water they would have to travel and then bring it back. There was trash and flies everywhere surrounding the houses. I learned quickly that people of this village were accustomed to this way of life and that thought was hard to digest. In community health, we were asked to come up with a diagnosis for the community and interventions in order to make a goal possible. Seeing what these people were experiencing really inspired me to think of a way to lend a helping hand because, for some people, that is the only life that they would know.



*One of the villages I visited*

We also had our geriatric class in the afternoon at 2:00 or 2:30 and it was taught by an instructor at Dr. SMCSI medical college and hospital. We would have class with the other nursing students and the class was taught with a power point. For geriatric nursing, we were able to talk to people at the hospital and also at an aging home. An aging home is similar to a nursing home except that the older adults may not be sick. Almost all of the older adults had been abandoned by their families which was very sad. Whenever we came to the home, they were all so happy to see us. We visited each of the adults in their rooms.

We learned that many of them have responsibilities such as chopping vegetables for dinner, preparing the meats, or sewing clothes. The most valuable thing for them was just to speak and see other people. This part wasn't that different from the United States because there are some adults in the nursing home who have been abandoned by their family. It was nice to be able to bring some joy to their day. We also performed a song while we were there and I think they really enjoyed it. It was great to be able to do something that made a difference in someone else's day.

### **Activities**

We went on several different excursions, most of which were on the weekends. We would leave early Saturday and spend the whole day out going to different places. The first weekend, on July 17th, we went to an ancient Hindu temple and king's palace. In the king's palace, we had to take our shoes off before entering; this is a common practice here.

The palace covered six acres and it had beautiful wooden structures, an indoor pool, and a floor made of coconut oil and lime stone that still looked like it was brand new. It was easy to tell that it was high quality. There was designated rooms for the king, the children, and even the king's mother. I was surprised to see that the last king was in 2013, which was not that long ago. The Hindu temple is a sacred place because it is where the three seas meet. The three seas being the Arabian Sea, the Bay of Bengal, and Indian Ocean. At this temple, we also had to take off our shoes because the ground was also considered sacred. The site was beautiful and there was a constant breeze with a slight sprinkle

of water from the ocean occasionally. On next weekend, on June 24th we went shopping, which was so much fun. First, we went to store to purchase our sari's which is the traditional wear for women in India. They had prices that ranged from \$10 to \$500. Once we picked out our saris we went to eat at dominoes. The pizza tasted like the domino's in America except for the fact that they had no pork or beef. This was different compared with the few other chain restaurants that we tried at the airport, which had different spices from the ones we were used to. We found out that food chains change the spices to cater to the taste of the people of that culture. After that we went to a handicraft store where we were able to buy souvenirs for our family; they were all very unique to the Indian culture. On Friday, we attended a cultural show that was put on by the nursing students. The show included dancing, singing and plays and it was great to see the traditional dress as well as the music. We found out that many of the students



*View from the lighthouse of the Arabian ocean*

are very talented! The next day was Saturday and we got to climb to the top of a light



house that had an amazing view and one could see miles of the city. Once we left there, we went to the shoreline where they had variety of shops. We all

got the last of our souvenirs and some of us learned how to bargain for a lower price. After we left the shops, we went to an Indian buffet. The buffet was very nice. There was masala chicken, beef curry and many other native Indian food. The food was delicious and I would say everyone got at least two plates of food. After we ate, we had tea with the bishop. The bishop is an important person in the church and he was very excited to meet us. We told him about our experiences on the trip and he shared with us the history of the hospital. The meeting was very nice and everyone was welcoming.

### **What I learned studying abroad**

On this study abroad trip, I learned so much. My biggest lesson is to be appreciative of little things. The level of poverty in India is completely different from the United States. Things like clean water and having a bathroom in the house are uncommon for those in poverty. Seeing this was life changing and it prompted me to think of every possible way to help. It also helped me realize the minor problems that I experience in life are miniscule and could easily be fixed. I also realized that I should always be grateful for what I have.

Although while we were there, we had to live without certain things that we were used to such as hot water and air conditioning, the beautiful landscapes and experiences made those discomfort less important. Studying abroad helped me to be more in tune with what was going on in the world and helped me appreciate the importance of obtaining global knowledge.

### **Conclusion**

Studying abroad is a beneficial experience that will have a lasting impact throughout one's life, especially in the healthcare field. Going into this profession we never know what type of patient we may be taking care of. If I had a patient from another country, I would understand the importance of looking up different cultural norms in order to provide the best patient care. For example, in India, a head turn from side to side was used to signify that they understand what the other person was saying. So, if I was doing patient education and the client was doing a head turn, I would know that they understand what I am saying and would not be confused by the gesture

gesture. Once I graduate with my nursing degree, I plan on completing different mission trips. With our profession we are able to lend a helping hand and I would love to be able to go to different countries that are in need and provide health care to those who have limited access to those things.

I think that studying or traveling abroad is something that everyone should do at least once in their lifetime. There are so many different learning opportunities that can take place while doing so. Trying the different foods was a great learning experience. For example, the majority of the people in Kerala were Hindu and many people of this religion view the cows as sacred. So at the different restaurants that we visited, beef was never on the menu. Getting to talk to the people and traveling to the different sites was also a wonderful experience. I would say the most remarkable part of India was the different scenery and landscapes. Being in another country almost felt like we were in another world, because everything looked, smelled, sounded, and tasted so different. I will take this experience and memories with me for the rest of my life and use them in the best way possible. My professor Mrs. Rodd raised money for the hospital in which we were staying at and it made a huge difference not only for the people who worked there, but also for the patients who came to the hospital. One day, I hope to be able to lend a helping hand to people in need. I am so thankful for this experience, and it has inspired me to try and make a difference and know that every little bit counts. I look forward to my next abroad experience!



*Amazing India!*

## **DEVELOP YOUR NURSING SKILLS IN INDIA** **By Jasmine Smith, a Nursing student.**



### **Abstract**

Why is study abroad experience not a required college course for all students to complete before graduation? That is the question of the school year! I knew that many apprehensions that could possibly deter students from a study abroad opportunity included cost, length of time and fear of the unknown in the host country. However, I am a symbol that those doubts could never overshadow the experience of education abroad. Studying abroad is undoubtedly an experience that few college students get the opportunity to participate in. It is an experience that could never be abbreviated into one word; therefore, when someone asks how my trip to India went, I feel obligated to ask if they have about thirty minutes to get all the details. Between the enriched personal life and the enhanced education you'll receive, the impact it offers is substantial. Fortunately, student awareness and participation in study abroad is increasing each year at Albany State. This generates even more incentive to create articles such as this to illuminate the interest in those considering to take the study abroad leap. The intent of this article is to provide readers with detailed reflections of my cultural, spiritual and scholastic experiences while in Kerala, India. Its purpose is also to provide insight about studying abroad, with an aim of ultimately influencing more collegiate students to join in the life enhancing opportunity.

### **Introduction**

My study abroad trip, which consisted of 4 flights until arrival in India, began on June 13, 2017. While there, I would be receiving course credits for both Community Health and Geriatric Nursing. After passing through ten time zones, we made it to India on June 15th. We were graciously welcomed with flowers given to us by fellow Nursing students from our host institution. The realization had set in and the excitement was almost unbearable.

The cameras came out and tons of pictures were taken. At that time, I had hopes of sprouting two sets of eyes and some extra set of hands so that I can engulf all that was there was to appreciate. I thought to myself, “This place is absolutely beautiful!” There were so many sensory captivating colors, noises and smells. Being myself, I could only imagine what the food taste like. My head felt like a spinning top the entire hour long ride to Dr. Somervell CSI Memorial College and Hospital, our new home away from home. The driving was mind-blowing. There were no stop lights, stop signs or officers directing traffic, only horns blowing every 2 seconds. The horns indicated “I’m over here!” so that the other drivers know not to move in that direction. Needless to say, there were many times I simply put my head down in disbelief that such driving actually existed.

### Content

Upon arrival to the institution, we exited the bus and were greeted with smiles and showered with Jasmine flower petals. We were all so enamored by each other’s presence that we couldn’t help but endure the pain in our cheeks from the constant smiling. It felt like a true ‘welcome home’.

meet with the Director of the institution, Dr. Bennet Abraham. He and Reverend Deva Godwin spoke to us about how the institution started with so little and created such a fruitful hospital for the people of Kerala. They also spoke to us about our instructor Jan Rodd’s dynamic support in making the institution what it was that day. I had already been empowered to do great things in the medical field prior to this day, but their stories inspired me to make an even greater impact. The next day, we toured the hospital and got to see the current patients in wards including pediatrics, ophthalmic, medical, gynecology, surgical, ICUs, cardiac and the pharmacy. We were also able to assess conditions of the wards and the effectiveness of nursing care .

*“The best part of the tour was seeing the students’ anatomy lab. There were fetuses with various malformation”*



We went upstairs to our rooms which would be shared between two students, sat and embraced our new home. We were actually in India, and staying for three weeks. After all of the packing, plane rides and airport security, we had finally made it! Nothing could compare to the accomplishment I felt at that moment. We were then told to gather in the courtyard of the hospital where fresh coconuts were waiting to quench our thirst. We drank our coconut water and admired Kerala’s beauty. Nature seemed to humbly wash away the lag of my long journey. After finishing the short lived sit down, we went to

Later that day, we had our first Community class with the institution’s senior nursing students. Thereafter, we took a bus ride to the temple of a historical and notable Indian ruler. The temple had an intricate handiwork and was extremely large. The increased size was because it housed and fed over two-thousand needy individuals multiple times throughout the year. There were giant pickle jars on the bottom floor that once contained pickled fruit and vegetables that were often served. The next day we went to a clinic- not a typical one.

We had to take a bus ride up the mountain and down to the river where a canoe was waiting for us. The canoe would take us across a river and to the other side where we would have to hike just over a mile to reach the indigenous people that lived in a jungle. On our way to the clinic, we were offered fresh coconut water. The people climbed the tree, retrieved the coconuts and brought them back down to serve. It was a surreal experience.

From there we made it to the clinic where many of local people were waiting to be serviced. This was the only opportunity they got to seek care for their health concerns because they had no form of transportation to the city. We provided care and medicines for the patients and helped ease their worries. Many of them expressed their gratitude for having us come to them to help. After that, we canoed back to the other side of the river and had lunch on banana leaves!



We also took excursions to see the museums, other Albany clinics in India that serviced the underprivileged community, and we were also fortunate enough to do home visits in Kerala. The individuals in these communities had no source of clean water for 3 miles. They used the same water to bathe, wash clothes, dump trash and use for cooking. Their homes were only a fourth of the size of an average American home and many of them had no power, only daylight to supply lightning. We participated in collecting urine from the pregnant women in the households to assess for high glucose levels.

Fortunately, none of them had positive results for glucosuria because that is considered a late sign of gestational diabetes. We also saw how damaged the area still was from a tsunami that occurred in 2005 and the families told us how their houses were provided by the government but still did not give adequate living space. Nevertheless, these people were extremely welcoming and thankful for what they did have and for our presence.



One of our last excursion was to Bethany Home of the Aged that housed homeless individuals that families would no longer care for.

*Hearing their stories of being discarded like waste by their families gave them comfort that someone wanted to listen. I enjoyed their company and even sang to them before departing. I could feel their appreciation for our open ears, hearts and minds.*

During the last week of being in Kerala, we worked with students at Dr. Somervell CSI Memorial College and Hospital. There we saw and assessed current patients in the surgical and medical ICUs. We were also able to see a successful labor and delivery process during clinical rotation. There were no private rooms, no pain medications, and every single woman had to get an episiotomy to prevent perineal tearing. I was enamored with how naturally rooted the entire process was. The mother, while at the end stage of labor, had to actually walk from the labor room next door to the delivery room and mount a labor chair in preparation for the birth of her child. She was doused in

antiseptic and draped to avoid any fluids contaminating her clothes. There were so many people involved in the process and it was hectic but ultimately, a handsome, healthy life arrived. During our last weekend in India, the nursing college put on a talent show where students and ourselves were dressed in saris and dhotis, dance and enjoy one another. The traditional Indian dances were so precise, beautiful and elegantly performed by the students.



*Jasmine with her classmates and new colleagues in India*

## Conclusion

The most intimate, heart-warming experiences of the study abroad was the ample opportunities I enjoyed with the people of India.. I could have never gained such cultural experience in the United States and that is why I urge readers to take advantage of this opportunity. Employers ask tons of questions during interviews. But essentially, they only want to know what makes you different from the other candidates? The skills gained from studying abroad, includes cultural awareness which cultivates an open-mind, independence and self-reliance which conveys great management skills, and volunteer involvement. I will be forever grateful for all that I was able to absorb while in India. I want to thank both Albany State University's International Education and the Gilman International Scholarship for making this entire experience possible. Optimistically, I'll be able to take part in the mission trip to India as a professional nurse after I graduate.



*Dr. Rodd and Dr. Childs, the study abroad coordinators and their students*



*Jasmine enjoying the clinical experience at Dr. Somervell CSI Memorial College and Hospital.*

**Never in a million years did I think I would have the chance to go to India! So, when the opportunity presented itself, I had to go." Marisha Dunham (2017).**

**India Study Abroad - June 13th through July 4th of 2017  
Marisha Dunham  
Senior Nursing Student, Albany State University**

**Abstract:**

The purpose of the India study abroad program was to provide nursing students the opportunity to practice and observe nursing practices outside that of the United States, specifically in the areas of community health and geriatric care. The objective of the program was to allow students to shadow and work with nurses, doctors, and nursing students in various settings such as clinic, the hospital, palliative care centers, and personal homes. We were given the opportunity to do hospital rotations in the labor ward, prenatal and postnatal wards, intensive care unit, critical care unit, and dialysis. In addition to the hospital rotations, we attended classroom lectures with the nursing students, where we covered the topics of community health and geriatrics. The healthcare system in this region is much different from that of the United States in that the accessibility of care is significantly lower, even with the low cost. The CSI Medical College and Hospital provide care in communities and villages where most people cannot afford adequate health care on a routine basis.

**Introduction**

Trivandrum (Thiruvananthapuram) is the capital and largest city in the southwest state of Kerala. Kerala has the highest Christian population in all of India, accounting for around 18% which is more than the Christian population of the remainder of India. Also, Kerala has the highest number of schools and colleges in all of India.

Upon arriving at the Trivandrum airport, we were greeted by staff and students at the airport with flowers. We then had to make about an hour drive to where we would be staying. Dr. Somervell Memorial CSI Medical College and Hospital, also known as the Karakonam Medical College. As we got off the bus, the street was lined with beautiful women who threw flowers as we walked by.

It was absolutely breathtaking and made us feel as if we were some type of royalty, but that was their way of showing their appreciation to us for coming to their college.



We started off our time in India with a meeting with Dr. Bennett Abraham, the director of the hospital. He presented a PowerPoint and spoke on the history of the hospital and college. It was interesting to see how much the facilities have evolved over the past 30 plus years. It was also very interesting to see how much Mrs. Jan Rodd and the Albany Medical Mission team has been an asset in that involvement. After that, we took a tour of the campus and hospital.

**Clinical Experience:**

For our community health class, we helped host a clinic in an area known as Vazhichal. This is a tropical, hillside community that houses 76 families. The families there have a difficult time accessing care because their community is across a river from the mainland. The purpose of the clinic was to assess the wellbeing of the people in this community and help distribute some basic medications to help with different ailments that some patients had which were mainly chronic pain and fever because it was the rainy season. Many of the people were elderly so different aspects of geriatric nursing came into play as

We were also given the opportunity to do some home health visits with some of the third year nursing students. We went to a community named Poovar (Pozhiyoor), which is a poor coastal community. I really enjoyed this area mainly because the families were so welcoming. Whenever we entered a house, the residents made sure we had somewhere to sit, even if they had to stand or sit on the floor. Unfortunately, many of these residents did not have proper sanitation in their homes, small living quarters, and incomplete families (such as widows and children without parents) due to the fact that the life expectancy rate is lower in this rural area. Many of the male residents in this community dropped out of school at a young age to become fisherman so that they could have a means to help take care of their families. Also, drug and alcohol abuse is prevalent in this area. Unfortunately, some of these men end up dying while out at the sea due to these conditions.



*Coastal line in Poovar*

We completed rotations in various areas of the hospital: labor ward, pre- and postnatal wards, intensive care unit, critical care unit, and dialysis. While completing these rotations, we had the opportunity to witness a live natural vaginal birth with episiotomy from the beginning to the end, assess patients in the critical care areas, and watch patients go through hemodialysis, just to name a few. We visited numerous wards and causally talked with the patients and learned about their culture at times. We also had experiences in visiting a palliative care center, a leprosarium, and an aging center. While in these areas, we mainly assessed and learned about different disease processes that we may not see as much in the US, such as Dengue Fever and Leprosy. These areas also offered incredible insight into the conditions that the people of Poorva have to deal with on a daily basis.

The patients in these areas were very welcoming and open to us visiting and learning about their conditions

## Excursions



Our first excursion was a day filled with multiple different adventures. Our first stop was a palace located Trivandrum that sat on 26 acres of land. We were not allowed to wear shoes while in the palace, could not take any pictures on personal cameras, and had to pay 200 rupees per non-Indian person. After the palace visit, we went to a wax museum. The wax museum was quite comical in that the quality was much poorer than that of other wax museum in the US, but interesting in that many of the figures, besides Gandhi, were of American celebrities and activists. Next, we went to eat at a local restaurant named Shanghai. We were served some form of curried chicken, rice, and a warm rice pudding like substance. After lunch, we visited an area called Kanyakumari. This is “where the three seas meet”: the Arabian Sea, Bay of Bengal, and Indian Ocean.



Kanyakumari is basically a huge sacred rock that you have to take a ferry boat to get to and it houses a temple where many Hindus come for prayer on a regular basis.

*KanyaKumari Temple*

On our second major excursion, we visited an elephant sanctuary and the Neyyar Dam. The elephant sanctuary was beautiful and it had a sense of serenity written all over it. The Indian government banned the use of elephants for work or human entertainment. So to avoid upsetting some people, we were not allowed to ride the elephants. But, it was still pretty cool to see one of the world's oldest creatures up close. After leaving the sanctuary, we visited the Neyyar Dam. This scenic area housed a tower that was about 6 stories high. We climbed to the top of the tower to enjoy the view and take pictures. The area was beautiful and gave us a chance to sit back and just take in all the beautiful scenery around us.



*Group Selfie at Neyyaar Dam*

On one Saturday, we took a trip to the city for a shopping trip. We went to an area that was much like a mall; it has 9 floors and several different departments. The main things on everyone's mind was purchasing sarees and dhoties. and little did we know that it is a very elaborate process. Then, we walked up the street and had pizza at Dominoes. This was the only time we had cheese throughout the entire time we were in India.



*Women in sari and men in dhoti*

Some other excursions included a riverboat ride through the Poovar Village. We stopped at one area where we were allowed to get out at a beach along the Arabian Sea. We also visited a lighthouse and went shopping in a more touristy area along the beach.



**“Some settings where we were given the opportunity to fully immerse ourselves in the Indian culture were during excursions, in the classrooms, during church service, and in the hospitals .In general, India has more of a collectivist approach to many things. I also find it interesting that in these other countries they take the time to learn other languages, especially English, but it is not the other way around in America.”**

**- Marisha**

### **Conclusion:**

In conclusion, the India study abroad trip was a great opportunity. I was able to observe and learn about the medical field in another country while getting hands-on experience that I can potentially use in my future nursing career. This trip far exceeded my expectations, and was much more than just lectures and average clinical rotations. I hope to visit India again in the future and I hope to reconnect with some of the people that I have met on this journey.



## An exhilarating experience of being exposed to a different type of healthcare In India

-Luke Eady

### Abstract

Our stay at the Dr. Somervell Memorial CSI Medical College & Memorial Mission Hospital proved to be an eye-opening experience. By staying in such a rural non-profit hospital, we were able to see the other side of healthcare: This is the healthcare that lies in the center of the local community, one that you don't normally get to see in the US, and one that places emphasis on the patient and their well-being even with the limited facilities and resources. The objectives of our trip were to analyze the commonalities and differences between the healthcare in the US and India. We analyzed almost all forms of healthcare such as gerontological health, community health, labor and delivery, end of life care, and general medical surgical. The courses offered were community health, labor and delivery, and gerontological health. I chose to take the community health course which focuses on healthcare outside of the individual and moves to the population. We had varied activities every day. Some days we would stay at the hospital and perform clinical rotations while on other days we would take a day trip to an elephant rehabilitation center. We took day trips to see sights, performed clinicals in the hospital, conducted community health visits to poor populations, and experienced India culture that was only possible with the help of our translators and guides. Altogether, it was an amazing experience. Friends were made, my healthcare knowledge increased, and I was pushed out of my comfort zone to do something I would have never been able to do except through Albany State University.

### My Experience

Our study abroad trip was led by two professors: Prof. Jan Rodd and Dr. Donyale Childs. We departed from the Atlanta Airport on June 13<sup>th</sup> and it took two days of travelling to get to our destination. Upon arrival to the Trivandrum Airport, we were greeted by our hosts as well

well as students that were in the school's nursing program. We would come to know them all quite well over the next few weeks. We then took the first of many bus rides to the Hospital which would be our home away from home. We did not have much time to get accustomed to everything before our activities began. On Friday, June 16<sup>th</sup>, we took our first tour of the hospital. Unlike in the US, these hospitals have few resources and facilities. Instead of being isolated, the beds are in one big room together with no curtains. They were not given food, blankets, gowns, or anything additional to their care. That same day, we had our first class.



On Saturday, June 17<sup>th</sup>, we took our first day trip to the southernmost point of India. We visited the Kanyakumari temple as well as the Padmanabhapura palace. We learned about the heritage and culture of the population and saw breathtaking views. Our trip got cut short this day because of the heat and tiredness of my fellow students. The next day, we relaxed and caught up on sleep. We, the students, all got to know each other a little bit better by playing card games and joking around while at the hospital. The next two days were my favorite experiences. On Monday, June 19<sup>th</sup>, we took a trip to visit a tribal village. We had a 1.5-hour bus ride that led to a paddle boat trip across a lake that was finished by a 20-minute hike through the jungle. Once at the village, we helped with a community outreach clinic that was

located in the village's school. We conducted health histories with the help of our translators and led the patients to the doctors for assessment. The villages continued for another 10km through the jungle. They have no access to healthcare and any major health event would not have gotten proper treatment. The next day, we visited a poor fishing village called Poovar. Here, we performed home visits and some of us tested the blood glucose levels and blood pressures of patients. This was my favorite day. Being able to visit their homes and experience how they live was eye-opening. The local population did not have clean water, clean streets, or trash disposal. Their water sources were flooded with trash and human waste. Their main diet was fish so they were nutritionally deficient on many levels. We were able to see the people the way they lived.



On Wednesday, June 21st, we visited a CSI palliative care clinic. Many of the patients were not just there for cancer for treatments but rather to partake in the daily prayer. After this visit, we had to go back to class at the school. The next day, we visited another CSI mission hospital. The CSI hospitals are managed by the Church of South India so they were nonprofit hospitals. We saw patients here and learned about some of the financial aspects of the hospital. Thereafter, we had class. On Friday, June 23<sup>rd</sup>, we saw elephants! We took a bus ride to Kottoor Kappukadu Elephant Rehabilitation Center. These elephants were rescued from work camps and other various outlets that used and abused elephants for lucrative means. We also visited Neyyar Dam and saw some scenic views and took lots of pictures. On Saturday, June 24<sup>th</sup>, we went shopping .

We rode into the city of Trivandrum and shopped at one of their largest stores. The girls bought saris while Tim and I bought dhotis and shirts to match. We ate our first American food today and we had Dominos for lunch. It was not very good. The next day, we had the day off to ourselves. On Monday, June 26<sup>th</sup>, we were able to take part in a traditional Christian India wedding. It was very similar to American Christian weddings with a few differences. The wedding procession was different but the bible readings, songs, and reception were all similar. We also had class that day. On June 27<sup>th</sup>, we began clinicals. We were split into two groups. One group went to ICU while the other went to labor and delivery. My group went to ICU. It was much different than in the US. They were all on monitors but the hygiene of the nurses and healthcare



professional was different. I saw minimal hand washing and use of gloves. Their medications were in jars kept in a small closet and their IV drugs are in breakaway capsules in a med cart. The next day, we visited Bethany Home for the Aged. This was an assisted living home. We met with the residents and spoke about their health histories as well as their lives. We performed a song for them before leaving. On Thursday, June 29<sup>th</sup>, we had another clinical day. The groups switched locations so my group went to labor and delivery. This was an interesting experience. Their processes for birth are much different than at home. Once a woman reaches active labor, she must walk to the birthing room. There was little pain medication for them and every woman having a natural birth gets episiotomy. We saw the birth of a baby boy. Once our

clinical were over, we took a trip to the backwaters of Poovar. This is where the ocean and rivers run over and form backwater channels. We also got to put our feet in the Arabian Sea. On June 30<sup>th</sup>, we took part in a cultural event. Many of the students did various traditional and modern dances. We all dressed up in our traditional Indian garb and performed as well. It was amazing to see all the different performances and to feel the warmth in the air as everyone had a good time. As July 1<sup>st</sup> came, we knew that our trip was coming to an end. We took another day trip to a fishing port, Vizhinjam lighthouse, and we went to see the black sand beach of Kovalam beach. July 2<sup>nd</sup> was our last day to do something. We visited a leprosarium since none of us will see leprosy and its effects in our lifetime. This was our last day trip. Our night was spent saying our goodbyes and farewells to the friends we had made over the weeks.

## Conclusion

In conclusion, the trip was amazing. We met amazing people, did amazing things, and experienced a different culture for three weeks. We were able to see the healthcare differences in a new way that none of us would have probably experienced. We learned but we were also able to teach. We saw how hard acquiring proper access to healthcare can be. By being a country that has one of the highest populations in the world, I learned that some people still suffer. There are not enough government programs to supply proper services to all people. The trip helped me feel grateful for what I have at home, even if it just an air conditioning unit. I made great friends, learned valuable lessons that will last me through my career, and gained experience in an area that most will not. I will never forget my study abroad to India and I urge all students to step out of their comfort zone and become world travelers.

### Courtney Gibby

#### “My dream of doing mission work came to fruition with ASU India Study Abroad trip”



My name is Courtney Gibby and I am currently a senior in the Accelerated RN Nursing Bridge Program at ASU and will be graduating in December 2017. For as long as I can remember, I have always dreamed of doing mission work, but up to this point I have not had the opportunity to do so. So when Mrs. Rodd shared with our class back in November '16, I was so excited to think that this might be something I could actually do! With the support of my family, friends, and the Albany State Study Abroad this dream became a reality, one that I will never forget.

Our trip to India started from the Atlanta airport at 10:00 am on June 13th, after a

long 55 hours, 5 cities, 4 flights, 3 countries, and 1 bus ride later, we arrived safely to the Karakonam Medical College and Mission Hospital safely on June 15th. The welcoming ceremony was heartwarming. We were met at the Trivandrum airport by the hospitality crew, those that were to mainly keep care of us during the three weeks. As we came through the front doors, we were greeted with bouquet of flowers and large welcoming smiles. After an hour drive to the hospital, we were greeted by students in their white saris standing on either side of the road leading to the building where we would stay, each holding a goblet with a candle and flower petals which they tossed towards us.



The next day and a half were filled with orientation to the hospital and to the School of Nursing and College of Nursing. On Thursday afternoon, after having a fresh coconut milk and lunch, we had a meeting with Rev. Deva Godwin and Dr. Bennett Abraham, director of the Dr Somvervell Memorial C.S.I Medical College and Hospital. It was interesting to learn how the hospital was built from a small clinic in a very poor community to a multispecialty teaching hospital with a medical college and two nursing colleges. Reverend Deva also gave us some information on the charity programs that the Chaplains set up to provide help to the villagers and nursing students. They have established programs to assist patients with insurance and medication fees, along with nursing scholarships for the students. Something that really surprised us was the discussion of the insurance system.

***“A year insurance for a family of five costs only \$16.21 in US dollars. Sixteen dollars and twenty one cents! Can you imagine? Yet, this is too much for a large part of the Karakonam population.”***

Towards the end of this orientation they again honored us by placing beautiful flower wreaths around each of our necks.

On Friday morning, the director of nursing guided us through each of the floors, explaining a bit about each. There was such a huge contrast between our hospitals here in the States and the hospitals that we visited while in India. One of the most noticeable differences is that they have mostly open wards and a few private rooms whereas we have mostly private rooms with some that have no more than two or three beds, also no air conditioned wards unless you are a patient in one of their many ICU's. Even though the wards are open, everything was kept clean. In the ICU wards, you have to take off your shoes before entering so as not to bring in dirt and outside filth. Another big difference is that, unlike here in the

United States where meals are provided, the family has to provide food for the patients at their hospitals. So if there is a family that cannot afford to bring food, the patient will go hungry. This is where the Chaplains food program comes into play. They provides meals to patients who do not have food available through their families while they are admitted. Throughout our three week stay, we had the opportunity to visit several different outreach clinics and hospitals that has been provided to the villagers through the Dr. SMCSI Hospital. On Monday, June 19<sup>th</sup> we traveled an hour by bus into the mountains, where we then took a wooden row boat across the river before walking close to a mile and a half to the one room school in Puravimala. Once a month the medical team, from the hospital, provided free clinic and a week worth of medication to the villagers that are seen. The patients travel quite a distance through the mountains to be seen. One lady I talked to said that she had to travel eight hours by foot to reach the clinic. The three most common diagnosis at the clinic was hypertension, diabetes, and "the fever". If the diagnosis is one that needs follow up care, the patient is to make an appointment at the hospital to follow up with prescriptions and care.



On Tuesday, June 20<sup>th</sup>, we were able to accompany the community health nursing students on their clinical day to a fishing village to screen the villagers for diabetes. Some villagers were more receptive than others.

A few of the houses we stopped at they were not willing to do the urine glucose screening or give any medical history but I was able to witness one testing and talk to several families about their history. Because they are reside by the ocean and river, there were a lot of mosquito infestation which caused the Dengue fever to be prevalent. Also, there were no form of waste processing, so it is dumped into the streets and rivers, which causes the perfect place for mosquitos to breed. I asked two ladies, who had just told me that their five year old grandson was at our hospital with the Dengue fever, about types of mosquito repellent that they use. They looked at me with confusion. They have never heard of a bug spray. But even if they have, they most likely would not be able to afford such protection. While at the fishing village, we stopped by a free day care and interacted with the children for a few minutes before heading back for our afternoon class.

***"When I asked one lady how long she has been at the Aging Home, it warmed our hearts to hear her say, I have only been here for two months. But if I did not come here, I would not have been able to meet you, and I feel blessed because of it."***

We also visited the Albany Coastal Clinic in Pozhiyoor, which provides palliative care to the villagers in the area. The doctors, nurses and chaplains provide ongoing medical, mental and spiritual care to their patients and their families.

On another day, we travelled to Bethelgram Home for the aged where we had the opportunity to speak to several different residents. I enjoyed speaking to several different ladies after learning about their family life before coming to the home.

On Thursday, June 22, we visited the CSI Mission Hospital at Kazhakuttom which was about a two hour drive from our hospital. It is a health training center from the program at the medical college. The hospital is known

for their "healing touch." Unlike the USA, hospitals in India have the right to refuse care to patients if they are not able to pay. This hospital will not turn away patients based on their ability to pay. When asked how they are able to stay open, we were told that the only way they are able to do so is "from the sacrifice of our staff." The doctors and nurses are paid 15-30% less than a government hospital would pay, but they remain because they truly have a heart for their people. They work not for profit, but for serving the people.

The place that was most different from what have in the states is the leprosarium that we visited on Sunday before we left. We crossed over into the neighboring states, Tamul Nadu which was a poorer state compared to Kerala. We passed by several pieces of land where tarps were strung between trees for the homeless. The leprosarium is a hospital where patients who are being treated for leprosy reside. Most of the residents have lived here for well over 30 years not only because the leprosy is still active, but also because they are deformed from the disease and the government will no longer allow them to live at home with their families. We were able to see the effects of leprosy in several different stages, from stubs of fingers and toes to the loss of an entire foot, and one of residents' speech and sight is affected.

We were also able to do two clinical days within the hospital. We broke up into two groups and split between OB and the different ICU wards. On my day in gynecology, we were able to talk with several moms and hold a newborn and even able to witness a birth! Aksha, who was the fourth year nursing student from their College of Nursing, was very informative in everything we talked about during the day. The mothers are required to be admitted a week before their due date so they can be monitored and because of the distance they might have to travel, they are sure to be at the hospital when it is time to deliver.

On the weekends we took several different outings to sight see and to shop! Our first Saturday, we traveled to the Cape of Camorin, which is in the southernmost tip of India and it is where the Bay of Bengal, Arabian Sea and Indian Ocean meet. It was a beautiful scenery! Along the way, we stopped by a couple of Hindu

temples, a wax museum with a 9D cinema and even a palace!

The next weekend we traveled into Trivandrum, the capital of Kerala to do some shopping. We shopped for our sari material for cultural night and different souvenirs to take home. Talk about sensory overload! So many colors and fabric to choose from and so many fragrances and bling!

Another day, we had an opportunity to visit an elephant sanctuary and take a boat ride down the Backwaters of India. During the boat ride, we saw several different species of birds and we got to stick our toes into the India Ocean! I saw and learned so much during this trip, more than I could squeeze into this article. There is a vast difference between the two countries not only from a macro level such as road ways, sanitation, and living conditions, but also from a micro level such as interaction between people. I learned that Indians are a very respectful people and they show their respect in a more pronounced way than we do sometimes. For instance, it is disrespectful to call an elderly person by their name, so they are addressed as "Auntie and Uncle", and instructors are addressed as "Mam or Madame." Family is very much valued and it is not uncommon to see three generations living together.

As I mentioned earlier my dream has always been to do some sort of mission work, and this gave me just a taste of the possibilities that lay before me. I look forward to using the knowledge I gained in my career as a nurse, in the years to come. We arrived June 15th as students from the Albany State University, and left as family of the Karakonam family.



**“I can’t believe how similar things are here, yet so different from home”**

**- By Fowler Andrea**

Our trip was made up of nine students from both ASU campuses, from the BSN and the Professional Bridge Programs. The BSN students were enrolled in Community Health, while the Bridge students were enrolled in Geriatric Health. Our main objectives were to study the aging process of the older adult both in the states and abroad. During our time in India, we were fortunate to have numerous opportunities to explore both community nursing, as well as geriatric nursing through activities like rural community health clinics, village home health visits, aging home meet and greet, tours of rural clinics, hospitals, palliative care clinics and a leprosarium, as well as clinicals within the hospital that we were privileged to be staying at. On the weekends and off time, we were able to visit numerous sights around Kerala. We visited Padmanabhapuram Palace, Kanyakumari Vivekanadar Rock Memorial, Elephant Rehabilitation Centre at Kappukadu, attend a wedding as honored guests, sail on the Back Waters to the Arabian Sea, walk the black sand beaches at the Vizhinjam Light House and have gorgeous sarees made to attend a cultural event organized and performed by the nursing students. Over the course of three weeks in India, we were able to gain a firm understanding of the cultural similarities and differences in healthcare, nursing, family dynamics, alternative medications and therapies, and overall Indian values.

Over the course of the months and weeks leading up to our trip, I encountered numerous people with very similar questions: "Why on earth are you going to India? I always had the same answers. "How can I pass up the opportunity to learn and nurse in India? How could pass up this once in a lifetime opportunity to do what I love and experience all that India has to offer?" While I had never been to India myself, my sister-in-law has been very active in both mission and volunteer work throughout Northern and Central India over the past five years. I have never met someone so passionate about a country and their people as she is about India.

I too, had caught the bug! As soon as Mrs. Rodd started her ‘pitch’, I was sold! I was immediately counting down the days until we left on June 13th which also happened to be my 33rd birthday. I was nervous, but I couldn’t wait to immerse myself in the culture and learn as much as I possibly could in the weeks ahead.

We went into this trip not knowing exactly what to expect. As the inaugural group to India, we knew we would have to be flexible. This would be a learning experience for not only us, but also for the faculty and our hosts. Over the next three weeks, we were able to learn a number of different things. On many afternoons, we joined some of the nursing students in their aging adult and community health lectures. During this time, we got to hear about how area nurses and patients approach many of the same issues we face in the United States. I found myself, time and time again, saying, ‘I can’t believe how similar things are here, yet so different from home’. That was a recurring theme throughout the entire trip.



We took a canoe-type ferry across a small river to an island. There was a two-room school house where a monthly community health clinic was held. Here, we quickly learned that the two leading health crises of Southern India were diabetes and hypertension. Again, the similarities to the states were mounting. We went door to door in a coastal fishing community for home health visits, where not a single patient I spoke to turned us away. Every home welcomed us in, even if it is just to spend a few minutes talking about their health histories and current health concerns. We visited the Bethel Gram Home for the Aged and had tea and cake with the residents and spent some one on one time getting to know

***“That experience was one of many that continued to drive home the idea that just because we may not do things the same way, it does not make them wrong, less or lacking.”***

them and a little about their lives. We even had the privilege of serenading (off key I’m sure) them with gospel songs to brighten their spirits. In our host hospital, we had the opportunity to attend a Labor and Delivery clinical where we witnessed some of the biggest differences in healthcare on our whole trip. The birthing process in India was quite different from that of my own hospital. At the end of our rotation, there was a beautiful baby girl and a happy healthy momma!

Before wrapping up our time in India, we were able to visit one last place the day before our long journey home. We visited a leprosarium in Neyoor. On the way there, I was having a difficult time coming to the realization that there was still a need for this type of facility in 2017. We were told that the numbers of patients being cared for was decreasing each year due to fewer and fewer cases and effective treatment. That encounter made me so very thankful for our modern medicine and health practices



back home. It is no surprise to me that many of the nursing and even medical students that I spoke with had the desire to practice abroad for some time

and then travel back to India with the education and skills they hope to obtain. Just like what we hoped to gain by going to India, they also hoped to travel to North America and learn about our culture and healthcare practices. I can only hope that this trip begins to foster a

relationship that will lead to an exchange program between ASU and Dr. SMCSI Hospital in the future. Culturally, we learned so much in a short time. Even though I have traveled to eastern countries in the past, I was intrigued by the prevalence of multigenerational homes. It is often a necessity in lower GDP and socioeconomic areas, however many of the younger, more modern-thinking students I spoke with stated that that is how they would prefer their living situation to be even though they would not require it financially. It was so refreshing to see the different generations taking care of each other in so many facets. Another thing that I enjoyed experiencing was the treatment of the patient as a whole. What I mean by that is the broad range of care being given to patients. Here in the states, we lean towards treating or taking care of the acute medical condition in the hospital setting. At Dr. SMCSI Hospital and Medical College, they offer the patient spiritual, cultural, and medical care. While this is not a new concept, it is not as widely practiced here in the states. On the first floor of the hospital, there was a chapel that mainly catered to the nursing and medical students. However, I was told that patients are more than welcome to join. I feel like this is something that we lack in western healthcare. Patients start to feel like a number here in the U.S. Get them in, get them better and then get them out. Patients were being treated differently at Dr. SMCSI Hospital. While the conditions of the hospital would shock many Americans, I heard nothing but amazing things about the care being provided there. You'll be hard pressed to find that many glowing reviews of public hospitals here. There are definitely things to take away from that.

We were extremely fortunate to have four senior nursing students accompany us on nearly every outing and excursion as guides and translators. A large number of people we encountered either understood or spoke some amount of English. On the rare occasion that we needed complete translation, I realized by body language or tone of voice that these community members were immediately willing to trust me and speak with me about their health concerns. I don't know if it was the scrubs, being told we were with the hospital or the fact that we were

*We have the ability to change lives with our words and hands. Our education and skills, partnered with our passion for helping others can bridge nearly any cultural or language barrier—Fowler*

Americans. It was surprising that we gained their trust and attention immediately. We as nurses can take our position and the influence we hold on our patients for granted.

I realized in a little fishing village in Pozhiyoor that nursing is a universal language. Some things just do not require translation. Our communications may have been a little foggy or my questions and answers may have gotten a little lost in translation at times. However, these people knew we

were there to listen, learn and help them. This was the biggest similarity we encountered. No matter the country, nursing across the globe has the same desired outcome. We all want to be able to provide the best possible healthcare for our patients with our education, training and resources available to us. We may not have seen the newest, fanciest medical equipment being used (often times quite the opposite), but every hospital and clinic we were fortunate to visit was giving outstanding, quality care with what they had.



I will forever have a small place in my heart for India. This study abroad trip gave me memories and life lessons that I will forever remember. As an ER nurse, I see such a large number of patients every shift, from all walks of life. I hope to be able to put into practice many of the cultural traditions that I learned with future patients. I was asked to provide a one hour block on cultural education and sensitivity for our ER's nurse orientation program, utilizing much of the education I earned on this trip. I was excited to be able to share my once in a lifetime experience with other healthcare professionals.

So while I still get asked why I chose to go to India by family, friends, and colleagues, my answers have not changed. However, now I get to tell them exactly why they need to jump at the opportunity to study their passion abroad and how life changing the experience will be.



*Amazing India!*

## **Why I chose to Study Abroad - By Ellsberry Timothy**

Being enrolled in a nursing program means that each person, to some extent, has a desire to help and serve others in their community. Sometimes the exact manner in which they may choose to do this is unknown, so one of the aims of the institution is to expose students to a wide variety of specialty areas. Perhaps the greatest form of this exposure is to encourage a study abroad program. Students in these programs have the opportunity to advance their education while simultaneously experiencing a new country and gaining a holistic scoop of medicine, and for a country as diverse as the United States, teachings of cultural effects on medicine would be most appreciated. The educational teachings gained from these studies evokes new perspectives on health care.

When engaging in medical studies, we are taught to "pattern think." If you see these signs and symptoms

in this pattern, then that will lead you to your potential diagnosis. That is the goal of didactic work.

However, I challenged that notion.

While these teachings are good for most patients and render effective results, they omit a key factor in patient care and that is cultural sensitivity and awareness. Being able to recognize disease processes and utilize corrective treatment to resolve the issues is important, but equally as important is understanding the patient as a whole. Observing and learning cultural behavior is an instrumental piece to medicine. It gives the clinician a deeper insight in understanding the patient and rendering better patient centered care. This insight is made possible by study abroad. In this country, there are a significant number of citizens with Indian heritage, some of whom immigrated to this country and others birthed here. Bringing their

religious practices, diets, medical history and personal geographical footprint with them. Being able to form a holistic picture of these clients to understand how their health is affected by their culture and traditions as well as how they view health is important to the medical field. Learning these behaviors allows for better patient outcomes in these minority populations.

I discovered a great way to avoid didactic burn out while studying abroad. After long hours of studying in our beautiful institutions, we tend to get bored. This experience also brought about new excitement for studying. Horizons have been broadened and reshaped for a bigger picture and greater expectation. There is more than just practicing medicine and your educational specialty here. There is another world outside your comfort zone that has yet to be seen. Often times college graduates look back at the educational experience and are burnt out, no longer desiring to continue educational disciplines due to them dreading to go back to routine study. For others who have cultivated fun and worthwhile experiences in their educational learning, they have avoided this burn out . This constantly reminded us why we chose our field of study and how to obtain self gratification. The best reason to study abroad is because it is extremely fun! The fun started with fund raising to generate enough revenue to fund the trip. Our goal did not match how much we made, however, it was fun working together with a team to make something out of nothing. Next, it is time to meet up with everyone else going abroad from the different institutions. It took us several flights to get to our destination with the plane hopping through four cities and three countries. Our arrival was extremely warm figuratively and literally. Our host met us with flowers and smiles. Eager to meet us and we in turn were eager to meet them. We spent a lot of time together sharing tea and cookies every day. Most of the time we spent apart was during our sleeping hours. Four students

were tasked to be our guides during the entire trip. They were amazing! I believe that we all learned better communication skills by talking to one another. We did not understand their language and they spoke ours very well. We tried so hard not to be southerners in speech. We toured the entire southern tip of India: tasting new foods, engaging in their traditions, and speaking with several high government officials. I learned that the government system and socialization is so different from ours back in the state.

Studying abroad is a life changing experience because it lets you travel the world while simultaneously expanding your education on an international scale. It is all about learning new ways to apply didactic knowledge with a cultural twist. This knowledge is best acquired through experience. So often students are burned out through the rigorous course load of their study that they can become tunneled vision towards their goal and forgo many excellent opportunities that are found outside of the classroom. Keeping young scholars energized to learn encourages them to maintain an open mind. Enjoy learning! Travel the world! Experience something new and worth while! Why NOT? I encourage everyone to pursue a study abroad program. Even if it is not in your educational field you can always do one something that interest you.



*Cultural dance at a wedding*

## **Broadening my horizons** **- Cierra Green**

### **Abstract**

The India study abroad experience helped me and my fellow classmates view the world from a different cultural perspective. During my study abroad trip, I was enrolled in two nursing classes, which are Geriatric Nursing and Community Health Nursing. Throughout the course of the study abroad trip, the main objective for geriatric nursing and community health nursing was for us to learn and understand the knowledge of how the cultures of the United States and India differentiate regarding their community health and geriatric population. In addition, there were other objectives integrated into this study abroad experience. For example, one objective that was incorporated into the geriatric class were to synthesize knowledge of sociocultural variables and health beliefs in assessing environmental forces and client adaptation to the aging process. Community health also had an additional objective included to think critically using the nursing process and synthesize knowledge from nursing, the humanities, sciences, and advances in technology in providing holistic, safe, effective care to individuals, families, groups, and communities across the lifespan. While studying abroad, we also visited the historical and cultural sites in Kerala and Tami Nadu. Some of the sites we visited are but not limited to the following: Padmanabhapuram Palace which is located in the former capital city of the Hindu kingdom of Travancore, Kovalum beach, which is famous for its black sand, and Vadakkunathan Temple. The overall experience from this study abroad trip was remarkably amazing. Words cannot explain how much knowledge I acquired and how much I enjoyed the planned activities during this study abroad experience.

### **Experiences**

Some people ask me why I studied abroad and what benefits does one acquire from studying abroad. However, it has always been my dream to become the first in my family to study abroad, being that I come from a small rural region.

I have always had the vision of studying abroad and I've finally accomplished one of my lifelong goals. Studying abroad in India helped me expand my knowledge of nursing and how to care for people from different countries. Receiving this amazing opportunity of traveling abroad has allowed me to obtain the education and skills that would help me broaden my horizon of becoming a great nurse working with diverse populations. I was greatly inspired by Professor Rodd and Professor Childs who are my nursing professors and who have been inspiring me to study abroad this summer. Professor Rodd has been leading the nursing study abroad since 1981 and therefore has a substantial background in this study abroad experience.



As previously mentioned, while studying abroad in India, I took two nursing courses which are NURS 2601: Introduction to Geriatric Nursing, which was taught by an Indian professor and NURS 4240: Community Health Nursing which was taught also by an Indian professor. Both of these courses were taught at Dr. Somervell Memorial CSI Medical College & Memorial Mission Hospital of South India. Geriatric nursing, which is a three credit hour course, is designed to enhance the knowledge of nursing students regarding nursing care of aged clients. The course work that I was responsible for completing during the twenty-eight days of this trip focused on the multicultural aspects of the aging population. While enrolled in five credit hours for Community Health Nursing, I acquired knowledge of the roles and responsibilities of the professional community health nurse. Within this course, I focused on resources available within the community and I had the opportunity to apply skills and concepts of nursing and community health to individuals, families, and communities.



Our first class was on Friday, June 16, 2017. The class that was taught was community health nursing. We attended the class with the Indian nursing students from Dr. Somervell Memorial CSI College which was taught by their professor in English. The lecture was the basic introduction of community health. The introduction was very much similar to ours in the United States. The very first difference I experienced as far as the classroom setting is the way the students respected the professor. Upon the entrance of the professor, the students stand to give reverence to the professor and remains standing until told to be seated. In addition, once the class has started, before entering the classroom, the students stand at the door and wait for permission by the professor to enter the classroom. Monday, June 19, 2017 we visited a clinic in an isolated tribal area that sees below poverty line individuals and families. Many individuals and families had fever and pain.

Our next clinical setting was on Tuesday, June 20, 2017. On that particular day we visited another poor community where individuals and families have inadequate water supply, poor sanitation, and poor access to healthcare. The Indian community health students were conducting a urine sample to test the individuals of the family for diabetes. However, the method was different from the way we American nursing students conduct a diabetic screening. First the nursing student heated the test tube then added the solution and heated the solution. Next, drops of the individual urine was added to the solution and heated for three to five minutes. Lastly, the nursing student waited on the color outcome of the solution. If the solution does not change color then there was not any glucose present in the urine. The color change indicates the number of presence glucose in the urine. Green indicates 1+ positive for glucose in the urine. Yellow indicates 2 + glucose is present in the urine. Orange

signifies 3 + glucose in the urine and red solution means that the individual has a positive urine sample of 5 + glucose present in the urine.

On Wednesday, June 21, 2017, we went to a clinic named after the hard work and dedication of the Albany Medical team. The clinic is named the Albany Coastal clinic. These patients were seeking palliative care. The next day, we visited another hospital in the area that accepts everyone regardless of the financial status. Our next class day was Monday, June 26, 2017. We attended geriatric nursing which was taught by Professor Renju. The class was an introductory to geriatrics. The introductory was a refresher for what we've already learned prior to the trip. On Tuesday, June 27, 2017, we went to clinical sites within the Dr. Somervell Memorial CSI hospital. My clinical rotation for this day went as follows: intensive care unit, dialysis, and surgical critical care unit. The following day, we visited the nursing home. The residents were delighted to see us and have our presence. I and my fellow classmates and some of the Indian nursing students held personal conversations with the residents about their lives and learned their reasons for being in the geriatric home. At the end of the visit, I and my classmates sang them a church song in English. OMG! The next day, Thursday, June 29, 2017 was one of the best days of my life that I'll forever remember. On this particular day I had another clinical rotation, however, this time it was in the following wards: antepartum, labor & delivery, and postpartum. India is where I experienced my first birth. It was a vaginal birth with an episiotomy. Overall, the birthing was successful and the mother gave birth to a healthy baby boy.



*Hospital wards*

Throughout this trip, we took several tours. Our first tour was on Friday, June 16. The tour was of the Dr. Somervell Memorial CSI hospital in Kerala, India. We toured the different wards of the hospital and met the nurses and student nurses. That same day, we toured the anatomy and physiology lab which had displays of actual human body. The next day was a long planned day. The first tour of the day was the Padmanabhapuram Palace. Padmanabhapuram Palace was the home of the former kings and queens and their families. That same day, we visited the wax museum which had statues of significant people of history displayed. Also, we attended a 3D cinema, visited the statue of the religious leader of Hindu and the area where the Arabian Sea, Bay of Bengal, and Indian Ocean all meet.



Our next excursion trip was to the Elephant rehabilitation center and the Nanyore Dam on Friday, June 23, 2017. The next day was designated for shopping for sarees, souvenirs, jewelry, and more. Then on Monday, June 26, we were invited to a wedding of a former Indian nursing student. The wedding was totally interesting and culturally different from weddings in the United States.

Sadly our cultural trips were coming to an end. On Thursday, June 29, I overcame my greatest fear. We went sailed on Indian backwaters. I'm not a fan of water but I must say it was an awesome experience with beautiful sceneries. The next day, we took a tour of the pharmacology museum. The medicines were similar to that of the United States except for the brand names which were quite different. Later that day, we attended a cultural program hosted by the college of nursing. I and my classmates were invited to perform two cultural dances for the attendees. On Saturday, July 1, we went shopping some more and visited Kovalum beach.

The leprosy clinic was our last tour of the study abroad trip which was on Sunday, July 2. In addition to the tours, we attended English church service every Sunday evening at 6:00pm. Also on Wednesday, June 28, I, my classmates, and professors attended the praise and worship service hosted by the medical students. We were invited to sing two American gospel songs. The service was awesome and very entertaining. The audience gave us a standing ovation.

In conclusion, I am genuinely grateful to have had this remarkable opportunity to study abroad in India. This study abroad experience has given me great insight into the difference between our healthcare and that of India. I have acquired an enormous amount of experience, education, and technical skills that are beneficial and which will expand my horizon of working with diverse populations, something required of all nurses. With this experience, I have the great pleasure of sharing my education and skills with pre-nursing and nursing students, to educate them on the importance of healthcare and prominent diseases that are present in India. This study abroad experience has given me the insight of how blessed and fortunate we are to have proper public health in the United States. In addition, as a prospective nurse it has increased my knowledge of providing care to individuals, families, and communities that are different than myself. I honestly believe that this trip has made me more culturally competent than I was before this superb experience. For that reason, I will enlighten my peers on studying abroad and the benefits gained from studying abroad. The experience is awesome, unique, and incomparable! GO ABROAD!



**ALBANY STATE UNIVERSITY**  
**DEPARTMENT OF NURSING**

**Summer 2017 (India Study Abroad) - Faculty report by Dr. Childs**

**Abstract**

The United States has continued to grow in diversity over the years. Nurses are required to care for the very diverse populations that span the globe. The purpose of the program was to expose students to a cultural experience far different from their own. The experience would provide a foundation to better understand the many different individuals that they may encounter in the nursing profession. There were nine students and two faculty members that participated in this opportunity. While there were no internships that were derived from this experience, the trip did include classroom lectures, clinical rotations, and excursions to several historical sites. Guest lectures from the medical college made time to speak about the aging population, environmental concerns, and medical issues that India faces. Students were required to participate in course work and excursions. Participants were also required to keep journals reflecting on the activities that took place. Daily entries were required as part of the students' participation grade. At the conclusion of the program, it was noted that the majority of students had obtained a greater awareness of self and of others. This realization will assist with providing holistic healthcare to the patients that they care for in the future.

Keywords: India, study abroad

**Program Objectives and Background**

The India Study Abroad venture began with the redevelopment of several courses with the bachelors program for the department of nursing. Nurses are required to care for very diverse populations that span the globe. Courses that were internationalized by Dr. Childs were Community/Public Health Nursing and Adult Health II, and Geriatric Nursing and Nursing Research for Mrs. Rodd. However, the India Study Abroad Team chose to focus on Community/Public Health Nursing and Geriatric Nursing for the summer of 2017. Program objectives included but were not limited to:

**Professionalism**

- P1. Analyze concepts and theories of Community health Nursing and their application to the multi-cultural society.
- P2. Clarify values, attitudes and belief conflict between self and clients.

**Nursing Process**

NP 1. Think critically using the nursing process and synthesized knowledge from nursing, the humanities, sciences, advances in technology in providing holistic, safe, effective care to individuals, families, groups, and communities across the lifespan.

NP 2. Use clinical decision making in a family-centered nursing care plan, which addresses current health problems, environmental stressors, levels of prevention and crises, which affect human responses.

NP 3. Design a plan maximizing use of available resources to improve the quality of health care of clients in relation to age groups, economic standing, or life span.



## **Therapeutic Communication and Intervention**

**TC 1. Utilize therapeutic communication and interventions to provide professional nursing care for health promotion and maintenance, illness care, and rehabilitation of socio-culturally diverse clients in various settings.**

Students that are able to successfully achieve the above objectives should be able to provide safe, effective, culturally competent care to a vast array of individuals that they may encounter during their profession.

Once the syllabi were modified to incorporate internationalization, it was decided by the faculty to pilot a study abroad program for the summer of 2017. The country of India was chosen because it is a high interest area and there were no other groups that were currently focused on exploring this area. The faculty then worked diligently by holding internationalization meetings. These meetings focused on recruitment efforts, informational emails to students, securing MOUs, and creating budgets for the program. The lead faculty member, Mrs. Jan Rodd, was instrumental in communicating with the host university/hospital to secure lodging, transportation, meals, and security for all participants that took part in the 2017 India Study Abroad program.

## **2. -Courses taught abroad; procedure and instructional approach in the foreign country and rationale, any guest lectures, foreign or cultural aspects integrated**

As previously stated, the courses that the nursing faculty chose to teach during the study abroad trip were Geriatric Nursing and Community/Public Health Nursing. Prior to arriving at our destination, arrangements were made with the point of contact (Dr. SMCSI Medical College & Hospital) in Karakonam, India. A tentative schedule was provided that included cultural excursions



to provide the students a first-hand experience with the people of India. Students were also required to attend classes provided by faculty and guest lecturers from the Medical College. The guest faculty were able to provide insight on the topics affecting the aging and overall population of the Indian people. By attending these courses, students were able to compare the two countries and found many similarities related to healthcare.

## **3. Internship-placements, activities and outcomes (If any) N/A**

## **4. Practical course content experiences, including field work, integrated in your instruction abroad**

All nursing students were required to complete what is known as clinical rotations for the study abroad nursing courses. These clinical days included interviewing patients and providing patient care in the acute care, home health, and community clinic settings. These experiences reinforced nursing skills and communication skills between individuals from different cultures.

## **5. Trips, tours, cultural experiences, and educational relevance of trips to the course**

There were several excursions and cultural experiences that were provided during the program. The trips include boat rides on the Waters of Kerala, visits to historical palaces, and some of South India's famous tourist locations. Students also participated in a cultural program that was held on the last Friday of the study abroad trip.

## **6. Assessment methods, grade rubric, and student performances and outcomes**

Each course that was provided during the study abroad trip included several methods of assessment for the students. Courses included course examinations (multiple choice) and written assignments. Those that were enrolled in the Community Health course also had to successfully complete clinical evaluations and a dosage calculations exam that focused on basic nursing skills. Students were also required to complete an essay and daily journal entries for the duration of the trip.



**7. Explain how you can attest that students acquired international and intercultural competence from your study abroad program. Provide examples: narratives, quotes etc.**

The combination of both didactic and the study abroad opportunity has provided our nursing students with additional training that will prove to be beneficial in everyday practice. Because of differences in culture and language, students learned that listening to and individual and hearing an individual are two different things. To hear a person is to process the audible sounds that they are making but to listen is to draw on different cognitive functions that allow a person to interpret and understand what is actually being said. Revelations such as this were noted during group discussions and by reviewing journal entries weekly.



*Students enjoying local food on a coconut leaf*

**8. Program challenges, benefits, and recommendations for others who are planning similar programs.**

There are great benefits to conducting study abroad trips for university students. These benefits include: providing a means to allow students to view cultural norms that are different from their own; experiencing different lands and people allow for periods of enlightenment that can be applied to work place settings; programs such as this also allow for an opportunity to build character, wisdom, and knowledge.

Just as there are great benefits, there were also a few challenges. Some of these challenges were minor such as getting the students to realize that they were living in a tropical environment and that they would not have all of the luxuries/amenities that they have in the United States. (Ex. The air conditioner should not be ran all day on the lowest setting because they were not built for long term continuous use.) Other challenges consisted of reminders of the basic manners of what is acceptable and unacceptable behavior in a foreign country and in a group setting. All of these issues were taken care of by reinforcing the purpose of the program and the expectations that the faculty has for each student.



It was determined by the coordinating faculty that future study abroad trips should be limited to 10 students. (This number is optimal for accommodations and transportation arrangements.) Interviews should also be conducted to allow for an open dialogue between faculty and student. Interviews will also provide the faculty with an opportunity to discuss expectations of the program and setting. It was also noted that students should be required to complete a more detailed health history form. A detailed health history form will provide pertinent information about health issues such as asthma, cardiac disease, etc. in the event that a student needs to be treated while abroad. These are but a few recommendations that were noted thus far.



BENJAMIN A.  
**GILMAN**  
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- Be receiving a Federal Pell Grant or provide proof that he/she will be receiving a Pell Grant during the term of his/her study abroad program or internship
- Be in the process of applying to, or accepted for, a study abroad or internship program approved for academic credit by the student's home institution
- Applicants will be pre-screened to ensure their program of choice is in a country not currently under an official Travel Warning issued by the United States Department of State

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Contact the Financial Aid and Study Abroad advisors at your home college / university to notify them you are applying for the Gilman Scholarship. In order to complete the application online, applicants need advisor certifications and transcripts.

## DEADLINES

For summer, fall & academic year programs

**FIRST TUESDAY  
 OF MARCH**

For spring programs and summer early applications

**FIRST TUESDAY  
 OF OCTOBER**

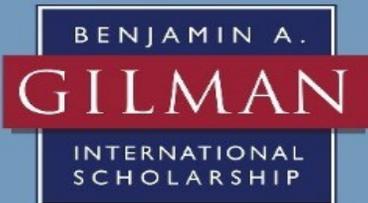
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- Students going to non-traditional countries
- First-generation college students
- Students attending community colleges
- Students participating in credit-bearing internships
- Students with disabilities
- Students participating in fields of study underrepresented in education abroad



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APPLY ONLINE AT [GILMANScholarship.org](http://GILMANScholarship.org)



# Benjamin A. Gilman International Scholarship

## ASU GILMAN INTERNATIONAL SCHOLARSHIP RECIPIENT (2018-2012)

	NAME	CLASSIFICA-	MAJOR	ACADEMIC	COUNTRY
1.	Tamia Hurst	Sophomore	Sociology	2018	Trinidad and Tobago
2.	Asia Clemmons	Junior	Social Work	2018	Trinidad and Tobago
3.	Nikesia Patrick	Sophomore	Psychology	2018	Trinidad and Tobago
4.	Jasmine Sparks	Senior	Teacher Education	2018	Japan
5.	Vivia Johnson	Senior	Psychology	2018	Trinidad and Tobago
6.	Aleshia Thomason	Junior	Nursing	2018	India
7.	Jamarius Allen	Senior	Supply Chain & Logistics	2018	Belize
8.	Edward Carter	Junior	Business	2018	India
9.	Jasmine Smith	Senior	Nursing/Spanish	2017	India
10.	Ladiamond Lett	Junior	Visual and Performing Arts	2017	South Africa
11.	Cierra Green	Senior	Nursing	2017	India
12.	Keshun Lawson	Junior	Marketing	2017	Belize
13.	Markia Brown	Sophomore	Marketing	2017	Belize
14.	Autumn Griffin	Sophomore	Accounting	2017	Belize
15.	Dewayne Gurley Jr.	Junior	Marketing	2017	Belize
16.	Autumn Bryant	Junior	Nursing	2017	India
17.	Vincent Mcpherson	Senior	English	2017	Japan
18.	Amber Barnhill	Senior	Early Childhood Education	2016	Spain
19.	Essence Harris	Junior	Mass Communication	2016	China
20.	Caryn Ivey	Senior	Mass Communication	2016	China
21.	Jamarius Willis	Junior	Business	2016	Belize
22.	Brandi Simpson- Warren	Sophomore	Mass Communication	2016	China
23.	Brenda Simpson- Warren	Sophomore	Mass Communication	2016	China
24.	Cameron Brewer	Junior	Mass Communication	2016	China

25.	Brandon Thomas	Sophomore	Social Work	2015	Trinidad and Tobago
26.	Kayla Belcher	Junior	Spanish	2015	Costa Rica
27.	Catiana Foster	Senior	History	2015	Costa Rica
28.	Kristal Israel	Junior	Mass Communication	2015	China
29.	Angelica Troy	Senior	Sociology	2015	France
30.	Shaqeira Wilson	Junior	Spanish	2015	Costa Rica
31.	Amanda Hardeman	Junior	Social Work	2015	Trinidad and Tobago
32.	Luticha Haley	Senior	Social Work	2015	Trinidad and Tobago
33.	Ireka Jordan	Sophomore	Biology	2015	Costa Rica
34.	Keith Hicks	Senior	Business Management	2015	Belize
35.	Shenelle Forde	Senior	Mass communication	2015	China
36.	Japonica Reese	Sophomore	Nursing	2015	Costa Rica
37.	Taisha McBride	Senior	Mass Communication	2015	China
38.	Amber Kennedy	Senior	Mass Communication	2015	China
39.	Gwendolyn Dorsey	Junior	Social Work	2015	Trinidad and Tobago
40.	Dafene Brown	Senior	Political Science	2015	Japan
41.	Brittany Green	Junior	Marketing	2015	Belize
42.	Keandris Hogan	Senior	Sociology	2014	Trinidad and Tobago
43.	Nickala Kendrick	Junior	Social Work	2014	Trinidad and Tobago
44.	Charles Mcginty	Senior	Mass Communication	2014	Trinidad and Tobago
45.	Candice Price	Junior	Social Work	2014	Trinidad and Tobago
46.	Sidney Wilson	Senior	Middle Grades Education	2014	Trinidad and Tobago
47.	Tahari Hart-Sanders	Sophomore	Nursing	2013	China
48.	Jonathan Payton	Junior	Business Management	2013	China
49.	Jennifer Swan	Sophomore	Arts	2013	China
50.	Tyla Jordan	Sophomore	Spanish	2012	Costa Rica
51.	Bianca Ward	Junior	Business Management	2012	China



## PROGRAM DATES

**June 12 – July 10, 2018**

**COST: \$4,560**

## WHAT'S INCLUDED

**Cultural trips & excursions to historical sites in south India, housing and meals, visas, Airfare and ground transportation in India, plus nursing lectures and clinical experiences.**

## COURSES OFFERED

**NURS 2601: Geriatric Nursing**

**NURS 4240: Community Health Nursing**

For more information contact :

**Mrs. Jan L. Rodd**

Program Coordinator

Phone# 229-317-6828, Email:

jan.rodd@asurams.edu or

**Dr. Donyale Childs,**

Program Coordinator

Phone#229-317-6847, Email:

dbouie@asurams.edu

**ASU**'s Department of Nursing will host a four week study abroad program at The Dr. Somervell Memorial CSI

Medical College & Memorial Mission Hospital of south India. The institution, located in the Karakonam village of the

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In addition to your studies of western and traditional health care methods, the group will also visit:

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- Padmanabhapuram Palace (built in 1601 A.D.) in the former capital city of the Hindu kingdom of Travancore
- Kovalam Beach (famous for its black sand beaches)
- Vadakkunathan Temple

To apply visit the Office of Global Programs' Study Abroad Coordinator

**Patricia Moore (229-420-1035) in Reese Hall, Rm 203 East Campus or email**

**globalprograms@asurams.edu**



**Payment Information—All payments should be made at the ASU's Cashier Window**

**November 30, 2017:**  
**\$200 Application fee to secure your space on the team**

**January 30, 2018:**  
**\$2180 First payment due**

**March 30, 2018:**  
**\$2180 Final payment due**

**Total Program Fees:**  
**\$4560 (not including ASU tuition &**

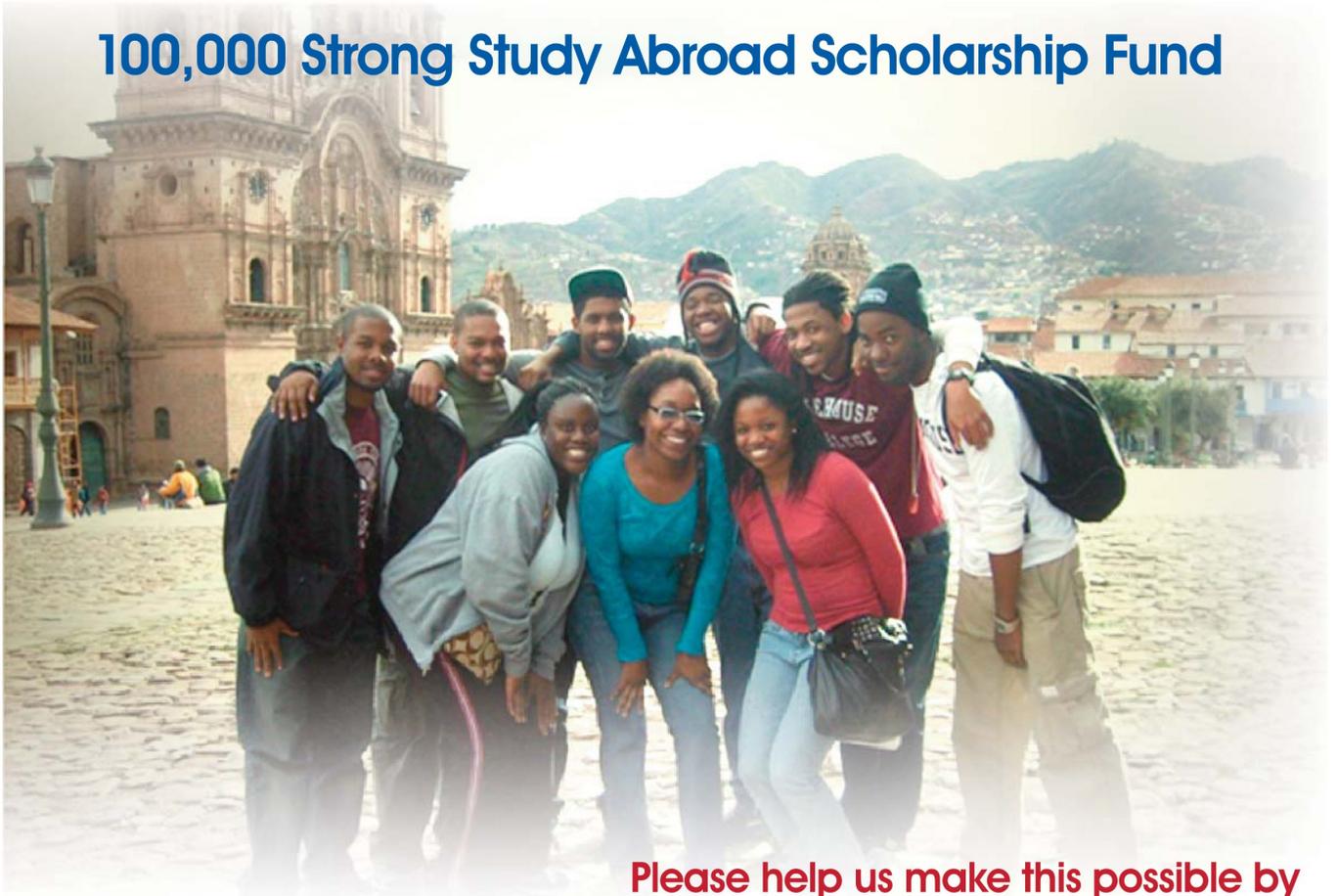
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