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Enhancing Nursing Education through Multi-Specialty Faculty Clinical Placements in Oncology, Emergency and Critical Care Nursing

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Abstract

Background: Internationalization of nursing education provides opportunities for faculty development, knowledge exchange, and exposure to alternative approaches to academic and clinical practice. However, evidence documenting lecturers' experiences and the potential educational value of international faculty exchange, particularly in resource-constrained settings, remains limited. This study describes lecturers' experiences during a multi-specialty international academic and clinical exchange.

Methods: The experiences of three faculty members from the University of Zambia, School of Nursing Sciences, who participated in an international capacity-strengthening exchange programme under the Strengthening Health Professional Workforce Education Programs for Improved Health Care in Zambia initiative where documented. The exchange was conducted in collaboration with Birmingham City University (BCU), United Kingdom, from 12 August to 8 September 2024. Participants were faculty involved in postgraduate nursing education in oncology and palliative care, trauma and emergency nursing, and critical care nursing. Data were derived from participants' written accounts, structured placement schedules, and an exchange mission report documenting academic activities, simulation-based learning, professional engagements, and observational clinical placements across BCU and National Health Service institutions in Birmingham and surrounding areas.

Results: The exchange provided exposure to postgraduate nursing curricula, simulation and skills laboratory education, multidisciplinary practice, patient pathways, clinical protocols, mentorship, advanced nursing roles, and specialist clinical services. In oncology and palliative care, participants observed chemotherapy, radiotherapy, acute oncology, apheresis, stem-cell services, Peripherally Inserted Central Catheter line care, hospice care, and oncology research. Emergency and critical care experiences included patient navigation, triage, resuscitation, sepsis management, advanced monitoring, mechanical ventilation, renal replacement therapy, standardized protocols, checklists, multidisciplinary reviews, and critical care outreach. Participants identified several practices with potential for contextual adaptation, including structured mentorship, simulation-based education, clinical protocols, patient navigation, quality improvement, and strengthened clinical reasoning.

Conclusion: International faculty exchange provided valuable opportunities for professional learning, reflection, networking, and identification of contextually relevant approaches to strengthening nursing education. Sustained institutional support, structured knowledge translation, and evaluation of post-exchange implementation are recommended.

Keywords: *Clinical Placements, critical care, Emergency and trauma, experiences, Multi-Specialty Faculty, nursing, Nursing Education, Observations, Oncology*

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1. Background

Nursing is an increasingly globally connected profession, with growing demands for nurses to possess the knowledge, competencies, adaptability, and intercultural awareness required to practise effectively across diverse national and healthcare contexts (Raghavan, 2025; Yatsu & Saeki, 2022; Baker et al., 2021). In this context, the internationalization of nursing education has become an important strategy for strengthening the preparation of nurses and nurse educators for rapidly changing healthcare environments. Globalization is increasingly recognized as an important dimension of higher education and a means of maintaining educational quality, promoting knowledge exchange, and strengthening institutional capacity (Ul Hassan et al., 2025; Tight, 2021; Enskär et al., 2011). Internationalization of nursing education can therefore provide opportunities for faculty to develop a broader global perspective while critically examining their own educational and clinical practices.

The internationalization of healthcare has similarly facilitated the exchange of knowledge, expertise, educational approaches, and professional practices across national boundaries (Wei, 2024; Lee et al., 2018). International faculty and lecturer exchange programmes represent one mechanism through which this ex-

change can occur. Such programmes can expose nurse educators to alternative approaches to curriculum development, clinical education, simulation, professional practice, mentorship, multidisciplinary collaboration, and service delivery. Evidence suggests that participation in international exchange may contribute to broader global awareness, intellectual development, professional learning, cultural understanding, and personal growth among academic staff (Enskär et al., 2011). However, internationalization opportunities remain unevenly available across countries, and evidence concerning the outcomes and longer-term educational impact of faculty exchange programmes remains limited (Rumbley et al., 2023; De Wit et al., 2021; Li et al., 2023).

Recent experiences from an international nursing exchange between the University of Zambia (UNZA) and Birmingham City University (BCU) provide a practical illustration of the potential value of such programmes. The exchange incorporated academic orientation, simulation and skills-laboratory exposure, networking with academic leaders, and observational clinical experiences within several United Kingdom healthcare institutions. In oncology and palliative care, participants were exposed to chemotherapy services, radiotherapy, stem-cell transplantation, apheresis, peripherally inserted central catheter care, acute oncology services, patient pathways, hospice care, and oncology research. The experience highlighted the importance of multidisciplinary care, clearly established patient pathways, structured clinical processes, and patient navigation across the cancer-care continuum.

The exchange also provided exposure to emergency and critical care nursing practices. Participants observed emergency department organization, patient navigation, triage and assessment processes, resuscitation, sepsis management, patient monitoring, simulation-based education, and multidisciplinary approaches to emergency care. In critical care settings, exposure included advanced monitoring and ventilatory support, complex medication management, standardized protocols, clinical checklists, infection-prevention practices, and critical care outreach services. The report particularly identified structured mentorship, specialization, clinical reasoning, decision-making, quality improvement, standardized protocols, and greater nursing autonomy as important areas for consideration in strengthening critical care nursing education and practice in Zambia.

Importantly, the exchange was not limited to individual professional exposure but generated opportunities for institutional learning and potential adaptation. Participants identified practices that could potentially be contextualized within Zambian nursing education and healthcare settings, including greater involvement of clinical staff in skills-laboratory teaching, dedicated skills laboratory personnel, structured mentorship and competency checklists, expanded capacity building activities, patient navigation systems, clinical protocols, outreach programmes, and strengthened simulation-based learning. The exchange also resulted in opportunities for continued collaboration and mentorship, including potential academic contributions in palliative care and cardiac nursing, as well as opportunities for clinical orientation and knowledge sharing in areas such as acute oncology and Peripherally Inserted Central Catheter (PICC) line care.

Despite these potential benefits, much of the literature on international nursing faculty exchange has focused on programme development, implementation, and participant perceptions, with comparatively limited evidence examining what lecturers actually experience during international exchanges and how these experiences influence their professional learning and perspectives (Crites et al., 2025). Although faculty generally perceive international exchange initiatives as valuable, they may also experience challenges associated with adapting to different educational systems, professional roles, clinical environments, organizational structures, and cultural contexts (Li et al., 2023). Furthermore, exposure to practices in a high-resource healthcare and academic environment does not automatically translate into their adoption within another context. Understanding what lecturers observe, learn, value, and perceive as transferable is therefore essential for determining the educational and professional contribution of international exchange programmes.

For institutions in resource-constrained settings, documenting lecturers' experiences of international exchange may provide important insights into how international exposure can contribute to nursing education, faculty development, clinical teaching, and institutional collaboration while informing contextually appropriate improvements (Tscherne 2026). The exchange report itself identified the value of exposure to an alternative healthcare and education system in helping participants identify strengths and gaps in nursing academic and clinical education at UNZA. It further recommended continued institutional support for exchange programmes and the development of a formal institutional approach to supporting lecturers' participation in such opportunities. Nevertheless, there remains a need to understand these experiences from the lecturers' perspective rather than relying solely on programme outputs or institutional reports. Exploring lecturers' experiences can highlight the professional, educational, cultural, and institutional dimensions of international exchange and identify lessons that may be transferable to nursing education and practice in Zambia. Therefore, this study aimed to describe lecturers' experiences during an international nursing education and clinical exchange programme.

2. Materials and Methods

This manuscript reports a capacity-strengthening academic exchange programme implemented through the Strengthening Health Professional Workforce Education Programs for Improved Health Care in Zambia (SHEPIZ) initiative. The experiences of three faculty members from the University of Zambia, School of Nursing Sciences, who participated in an international capacity-strengthening exchange programme under the Strengthening Health Professional Workforce Education Programs for Improved Health Care in Zambia initiative where documented. The programme was undertaken through collaboration between the University of Zambia (UNZA) and Birmingham City University (BCU), United Kingdom, with the aim of strengthening faculty capacity to support postgraduate education in Oncology Nursing and Palliative Care, Critical Care Nursing, and Trauma and Emergency Nursing.

The exchange incorporated academic orientation, faculty engagement, simulation-based learning, structured professional meetings, and observational clinical placements within National Health Service (NHS) institutions. The study visit took place in the United Kingdom between August and September 2024, with the report documenting placements undertaken from 12 August to 8 September 2024. The activities provided participants with exposure to postgraduate nursing education, simulation and skills-laboratory approaches, clinical education systems, multidisciplinary practice, patient pathways, clinical protocols, and advanced nursing roles.

The exchange involved faculty members from the UNZA School of Nursing Sciences participating in specialist nursing education

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and clinical observation activities. The participants were exposed to three principal areas of postgraduate nursing practice: oncology and palliative care, trauma and emergency nursing, and critical care nursing. The programmme was designed as a reciprocal learning and capacity-development activity, enabling UNZA faculty to observe established educational and clinical practices in the UK and identify approaches that could potentially be adapted to the Zambian context.

At BCU, participants received orientation to the Faculty of Health, Education and Life Sciences, postgraduate nursing curricula, nurse education, simulation facilities, and the NHS healthcare system. Faculty networking sessions were also undertaken with senior academic and clinical personnel. Simulation and skills-laboratory activities included basic life support and choking management, while additional academic sessions addressed areas relevant to emergency and critical care practice, including sepsis recognition and management, burns management, neurological management, drug administration, electrocardiogram interpretation, and paediatric cardiac care. English-language testing was also undertaken for faculty participating in postgraduate certificate-related activities.

Clinical exposure was undertaken across several NHS facilities and was observational in nature. In oncology and palliative care, participant visited Queen Elizabeth Hospital Birmingham (QEHB), Wolverhampton, Walsall, and Birmingham Hospice. Activities included orientation to oncology services and patient pathways, observation of stem-cell transplantation and harvesting, apheresis, chemotherapy, PICC-line care, pre-chemotherapy assessment, chemotherapy administration, radiotherapy pathways and treatment planning, acute oncology services, haematology pathways, hair cooling, oncology research, and hospice care. The oncology placement also provided exposure to the roles of pharmacists and nurse researchers in chemotherapy and clinical trials.

For trauma and emergency nursing, observational activities were undertaken in accident and emergency departments at QEHB and other NHS hospitals. Exposure included emergency department organisation and patient navigation, immediate needs assessment, patient stabilisation, pain management, emergency resuscitation, sepsis management, airway management, burns, myocardial infarction, blood-gas sampling, paediatric emergency care, triage, emergency preparedness, and referral pathways. Participants also observed the roles of emergency nurses and multidisciplinary teams in managing acutely ill and injured patients.

Critical care placements were undertaken at QEHB, Royal Wolverhampton/New Cross Hospital, Heartlands Hospital and Walsall Hospital. Observations focused on the role and autonomy of critical care nurses, management of critically ill patients, advanced monitoring and ventilation, continuous renal replacement therapy, complex medication management, weaning from mechanical ventilation, haemodynamic monitoring, management of patients with raised intracranial pressure, infection prevention, and multidisciplinary clinical review. Participants were also exposed to advanced equipment and technologies, including extracorporeal membrane oxygenation, ventricular assist devices, advanced ventilators, infusion systems, and temperature-management equipment.

The exchange used experiential and observational learning to facilitate comparison between the UK and Zambian academic and healthcare environments. Learning occurred through structured meetings, clinical orientation, observation of clinical practice, simulation activities, discussions with academic and clinical personnel, and exposure to institutional policies, protocols, checklists, patient pathways, and clinical education practices.

Particular attention was given to systems that support quality and continuity of care. These included multidisciplinary working, structured patient pathways, clinical protocols, patient navigation, mentorship, simulation-based education, emergency preparedness, and quality improvement approaches. In critical care, participants observed the use of standardised protocols and checklists for procedures and equipment, multidisciplinary board reviews following ward rounds, and critical care outreach services.

Following the observational experiences, participants identified educational and clinical practices that could potentially be adapted within UNZA and the Zambian healthcare context. In oncology and palliative care, identified areas included pre-chemotherapy assessment, PICC-line insertion and care, acute oncology services, oncology protocols and rotas, apheresis, stem-cell services, electronic patient information systems, hospice care, and nurse-led clinical research.

For trauma, emergency, and critical care nursing, potential adaptations included strengthening simulation and skills-laboratory teaching, introducing structured mentorship and competency checklists, improving emergency preparedness, strengthening critical-care protocols and checklists, establishing critical-care outreach teams, incorporating quality-improvement assignments into master's-level education, and strengthening advanced clinical reasoning, decision-making, and clinical autonomy among specialist nurses.

The exchange activities and learning experiences were documented through structured placement schedules and an exchange mission report. The documentation captured participating institutions, clinical departments, educational activities, areas of clinical observation, and lessons identified for potential application in Zambia. The report also documented broader outcomes of the programme, including strengthened professional networks and collaboration, increased faculty capacity, exposure to alternative academic and healthcare systems, and opportunities for future joint research, exchange programmes, and resource sharing. The exchange was subsequently rated highly by the participating team because of its educational value and its contribution to preparing lecturers to support the specialist nursing programmes. The report specifically identified the experience as valuable for recognising strengths and gaps in nursing academic and clinical education at UNZA.

The clinical component of the exchange was observational, and participants were not required to provide direct nursing care during the oncology and palliative care, trauma and emergency and critical care nursing placements. The activities therefore primarily involved observation, academic engagement, simulation, professional discussions, and exposure to established clinical and educational systems. Any additional ethical approval, institutional permissions, participant consent procedures, or formal research governance processes should be reported separately if they were obtained for the evaluation or publication of the exchange.

3. Results

The lecturer exchange programme achieved its intended objectives, with all three participating lecturers gaining exposure to diverse academic, clinical, and healthcare environments. The exchange provided opportunities to observe and participate in classroom-based learning, simulation activities, skills laboratory sessions, curriculum orientation, clinical education, and professional net-

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working. Exposure to these alternative educational and healthcare systems broadened the lecturers' understanding of approaches to nursing education and clinical practice and provided opportunities to identify strengths, gaps, and practices with potential relevance to the Zambian context.

The lecturers were exposed to innovative teaching approaches, simulation-based learning, structured skills laboratory activities, and postgraduate nursing education. At BCU, activities included orientation to the skills laboratory, basic life support and choking training, nurse education, an overview of the National Health Service, oncology curriculum orientation, and academic networking with senior university staff. These experiences strengthened the lecturers' appreciation of simulation and skills-based education as complementary approaches to classroom teaching. The exchange also highlighted opportunities for strengthening nursing education at the UNZA. Identified areas included greater involvement of clinicians in skills laboratory teaching, dedicated staffing for skills laboratories, more comprehensive assessment through fewer but more integrated Objective Structured Clinical Examination (OSCE) stations at master's level, structured mentorship and competency checklists in clinical areas, and increased capacity-building activities in emerging areas of oncology, emergency, and critical care nursing.

The oncology and palliative care component involved observational visits to oncology and palliative care services, including radiation therapy, chemotherapy, apheresis, stem cell transplantation, acute oncology, and hospice care. The lecturers also observed chemotherapy pre-assessment, PICC-line insertion and care, chemotherapy administration, patient pathways, oncology research, and the role of pharmacists and nurse researchers. The experience provided insight into the organisation and layout of oncology services and the coordination of multidisciplinary care across different stages of the cancer care continuum. A key finding was the importance of multidisciplinary care and clearly established patient pathways in improving coordination and continuity of cancer care. The exchange further identified several practices with potential for contextual adaptation, including pre-chemotherapy assessment, acute oncology services, oncology rotas and protocols, PICC-line services, electronic management of patient information, hospice care, nurse-led clinical trials, and patient navigation systems.

The emergency and trauma placements provided exposure to accident and emergency departments, intensive care units, simulation centres, and classroom teaching. The lecturers observed patient navigation, primary and secondary patient assessment, emergency preparedness, ambulatory care, patient monitoring, resuscitation, sepsis management, pain management, airway management, and management of critically ill and injured patients. Exposure to different emergency departments also provided insight into the organisation of emergency services, patient flow, clinical protocols, and the multidisciplinary roles involved in emergency care.

The experience demonstrated the value of structured patient pathways, standardised protocols, simulation-based preparation, and multidisciplinary teamwork in emergency and trauma care. It also identified potential areas for strengthening local practice, including basic life support training before students' first clinical placement, improved emergency preparedness, use of checklists, and strengthened patient navigation systems.

The critical care component exposed the lecturers to the roles of critical care nurses, advanced monitoring systems, ventilatory support, complex drug therapies, renal replacement therapy, infection prevention practices, and critical care protocols across several hospitals. The observations demonstrated a high level of nursing autonomy in selected critical care activities, supported by specialised knowledge, clinical competence, mentorship, and structured professional development.

Standardised protocols and checklists were observed for several critical care procedures and processes, including sepsis management, mechanical ventilation weaning, early mobilisation, emergency preparedness, and equipment management. Multidisciplinary board discussions following ward rounds were also observed as a mechanism for reviewing patients and coordinating care. In addition, a structured critical care outreach programme demonstrated how specialist nursing expertise could extend beyond the intensive care unit to support patients and clinical teams elsewhere in the hospital.

These observations informed several areas for potential adaptation within the Zambian context, including strengthening critical care education in clinical reasoning, critical thinking and decision-making; introducing quality-improvement assignments for master's students; establishing critical care outreach teams; developing and monitoring nursing quality indicators; introducing structured mentorship; and strengthening the availability and use of clinical protocols and checklists.

Across the three areas, the exchange highlighted the importance of multidisciplinary collaboration across the continuum of care. The lecturers reported that exposure to different academic and clinical systems encouraged reflection on existing nursing education and clinical practice at UNZA and generated ideas for contextual adaptation rather than direct replication of international practices. The experience also strengthened professional confidence, cultural awareness, peer learning, and exchange of pedagogical and clinical ideas.

The exchange resulted in strengthened relationships with BCU and other participating institutions. The report identified opportunities for continued collaboration, including online palliative care teaching, further collaboration in master's-level cardiac nursing, and potential orientation of Ministry of Health staff in PICC line insertion and acute oncology. These relationships were identified as potential platforms for future research, staff exchange, sharing of expertise, and capacity building.

Overall, the findings indicate that the lecturer exchange programme provided meaningful academic and clinical exposure while identifying specific opportunities for strengthening nursing education and practice in Zambia. The experience particularly emphasised multidisciplinary teamwork, structured patient pathways, simulation-based learning, clinical mentorship, standardised protocols, patient navigation, and continuing professional development as important components for improving the quality and relevance of nursing education and healthcare delivery.

4. Discussion

This study described lecturers' experiences during an international academic and clinical exchange involving oncology and palliative care, trauma and emergency nursing, and critical care nursing. Overall, the findings suggest that international faculty exchange can function as a valuable capacity-strengthening strategy by exposing nurse educators to alternative approaches to postgraduate education, simulation, clinical practice, multidisciplinary care, mentorship, clinical protocols, and professional collaboration. The findings are consistent with literature suggesting that internationalization of higher education can broaden academic perspectives,

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facilitate knowledge exchange, and contribute to professional and institutional development (Tight, 2021; Rumbley et al., 2023). They also support previous findings that lecturers participating in international exchanges may experience professional, intellectual, cultural, and personal development (Enskär et al., 2011).

A prominent finding was that the exchange enabled lecturers to compare their existing educational and clinical practices with those observed in an alternative healthcare and higher education system. Rather than simply acquiring new technical knowledge, participants identified strengths and gaps in their own educational and clinical environments and generated ideas for possible contextual adaptation. This finding is important because the value of internationalization extends beyond physical mobility; meaningful international engagement can facilitate reflection on existing practices and stimulate institutional learning (Tight, 2021; Rumbley et al., 2023).

The exchange combined university based learning, simulation, academic networking, and observational clinical placements. At Birmingham City University, participants were exposed to skills laboratory activities, basic life support training, postgraduate nursing education, curriculum orientation, and engagement with academic leaders. These activities enabled participants to observe how academic and clinical education were integrated across settings. The exchange report similarly identified the experience as valuable for recognizing strengths and gaps in nursing academic and clinical education at the University of Zambia. These findings are consistent with Enskär et al. (2011), who reported that international exchange experiences can broaden lecturers' perspectives and contribute to professional and personal development. They also complement evidence that international faculty knowledge sharing can contribute to improvements in local academic capacity and teaching practices (Li et al., 2023). However, the present findings suggest that knowledge sharing may be most meaningful when exchange participants are subsequently able to reflect on what they observed and identify practices that are feasible within their own institutional and healthcare context.

The lecturers' exposure to simulation and skills-laboratory education emerged as an important educational learning experience. Participants identified opportunities for greater involvement of clinicians in skills-laboratory teaching, dedicated skills-laboratory personnel, and strengthened simulation-based education at UNZA. The exchange also highlighted the potential value of more integrated assessment approaches at postgraduate level, including fewer but more comprehensive OSCE stations. The emphasis on simulation is supported by evidence demonstrating that simulation-based education can contribute to knowledge acquisition, psychomotor development, confidence, and critical thinking when appropriately integrated into nursing curricula (Cant & Cooper, 2010; Cant & Cooper, 2017). More recent evidence also suggests that simulation can support clinical decision-making among nursing students, particularly by providing opportunities to practise situations that may not be encountered frequently in routine clinical placements.

The relevance of this finding to the present exchange is that the lecturers were not simply exposed to simulation as a teaching technology; they observed how skills-laboratory activities formed part of a broader educational system involving clinical education and professional preparation. Consequently, the potential lesson for UNZA may be less about acquiring sophisticated simulation equipment and more about strengthening the educational processes surrounding simulation, including faculty preparation, structured assessment, integration with clinical learning, and involvement of practising clinicians. Such an approach may be particularly relevant in resource-constrained settings where sustainable educational innovation requires contextual adaptation rather than direct replication of high-resource models.

The oncology and palliative care experience provided exposure to a broad continuum of cancer services, including chemotherapy, radiotherapy, apheresis, stem-cell transplantation, acute oncology, PICC-line care, pre-chemotherapy assessment, hospice care, and oncology research. The lecturers particularly identified multidisciplinary care and clearly established patient pathways as important features of cancer service organization. This finding highlights an important dimension of international clinical exchange: participants gain insight not only into individual procedures but also into how services are organized around patient journeys. The observation of multidisciplinary patient navigation and structured pathways enabled the lecturers to consider potential approaches for strengthening coordination and continuity of cancer care in Zambia. The report subsequently identified patient navigation, acute oncology services, oncology protocols, pre-chemotherapy assessment, PICC-line services, electronic patient information systems, hospice care, and nurse-led clinical research as areas for potential adaptation. The finding is particularly relevant to low- and middle-income settings, where strengthening specialist services may require attention to organization, coordination, referral pathways, and multidisciplinary practice alongside investment in infrastructure and equipment. However, contextual differences must be considered. Evidence from South Africa demonstrates that implementation of integrated palliative care is influenced by local organizational and health-system context (Krause et al., 2024). Thus, the exchange should be understood as generating ideas for contextual adaptation rather than providing a model for direct transplantation into the Zambian healthcare system.

The emergency and trauma component exposed lecturers to different emergency department structures, patient navigation processes, triage, primary and secondary assessment, resuscitation, sepsis management, pain management, airway management, emergency preparedness, and multidisciplinary teamwork. The experience also highlighted the role of simulation and structured protocols in preparing healthcare professionals for acute clinical situations. These observations led participants to identify several educational and clinical priorities for the Zambian context, including basic life support training before students' first clinical placement, improved emergency preparedness, use of checklists, structured patient pathways, and patient navigation. These proposed adaptations are consistent with the broader principle that competency-based health professional education should integrate knowledge, technical skills, clinical reasoning, and preparedness for complex clinical situations (Baker et al., 2021).

An important implication is that international exchange can help faculty recognize educational needs that may be less visible when teaching and clinical practice are viewed only from within one institutional system. Exposure to different models of emergency care enabled participants to critically examine patient flow, preparedness, clinical organization, and educational approaches. Nevertheless, these findings represent lecturers' observations and proposed adaptations rather than evidence that implementation of the identified practices would improve emergency outcomes in Zambia. Future work should therefore evaluate the feasibility, acceptability, cost, and educational effectiveness of specific adaptations.

The critical care placements generated particularly strong observations regarding nursing autonomy, specialized knowledge,

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mentorship, protocols, checklists, and multidisciplinary practice. Participants observed critical care nurses undertaking complex patient monitoring and participating in advanced aspects of patient management. The exchange report attributed this level of autonomy to strong knowledge and skills supported by structured training and professional development. The finding reinforces the importance of postgraduate specialist education that extends beyond theoretical knowledge to advanced clinical reasoning, decision-making, and professional accountability. Participants subsequently identified strengthening critical care education in critical thinking, clinical reasoning and decision-making, introducing quality-improvement assignments for master's students, establishing critical care outreach teams, strengthening clinical protocols and checklists, and introducing structured mentorship as priorities for the Zambian context.

The emphasis on mentorship is supported by evidence that structured faculty mentorship can contribute to professional development and should incorporate clearly defined goals, appropriate mentors and institutional support (Crites et al., 2023). In the present context, mentorship may therefore represent a relatively feasible strategy for strengthening specialist nursing education and clinical practice, particularly when combined with competency-based assessment and opportunities for reflective practice. The observed critical care outreach model was also notable. Participants observed a structured outreach programme led by critical care nurses and identified the potential establishment of similar services as an area for local consideration. Such an approach could potentially extend specialist nursing expertise beyond the intensive care unit; however, its feasibility in Zambia would depend on staffing levels, specialist preparation, institutional organization, referral systems, and available resources. The present study therefore supports further investigation rather than direct implementation based solely on the exchange experience.

Across all three specialties, multidisciplinary collaboration emerged as a cross-cutting feature of the exchange. In oncology, participants observed multidisciplinary approaches across chemotherapy, radiotherapy, acute oncology and palliative care. In emergency and critical care, they observed multidisciplinary assessment, clinical reviews, board discussions and collaborative management of complex patients. The exchange report emphasized multidisciplinary care as particularly important across the cancer-care continuum and highlighted structured patient pathways as an important feature of coordinated care. This finding reinforces the understanding of nursing education as extending beyond individual technical competencies to include communication, teamwork, coordination and professional roles within complex health systems. International collaboration can provide nurse educators with opportunities to observe these relationships in practice and subsequently incorporate interdisciplinary perspectives into teaching. The reported exposure to nurse researchers, clinical educators and other healthcare professionals also illustrates how international exchange can broaden lecturers' understanding of the roles of different professionals in patient care. The exchange further identified patient comfort and pain management, appropriate use of personal protective equipment, patient navigation and clearly defined clinical pathways as potential areas for local strengthening. These observations suggest that participants interpreted the exchange through a patient-centred lens, rather than focusing exclusively on technology and advanced clinical equipment.

One of the most important implications of the findings is that international exchange should be viewed as a process of contextual learning rather than direct transfer of practices from high-resource to lower-resource settings. The participants observed advanced equipment and services, including sophisticated critical care technologies and specialized oncology services, but the adaptations they identified were not limited to expensive technologies. They also identified relatively system-oriented practices such as protocols, checklists, mentorship, patient pathways, simulation, clinical involvement in teaching, quality improvement, and patient navigation. This distinction is important because internationalization can risk becoming a one-directional transfer of knowledge if local context is not considered. The participants' identification of practices for adaptation suggests a more reciprocal and reflective model in which international exposure stimulates critical appraisal of local needs and resources. Such an approach is consistent with the broader literature on internationalization, which emphasizes the importance of meaningful engagement and context-sensitive approaches rather than mobility alone (Rumbley et al., 2023; Tight, 2021). The findings also indicate that contextual adaptation requires institutional mechanisms. The exchange report recommended continued institutional support for lecturer exchange and highlighted the importance of a formal policy to consistently support staff participation. Thus, the benefits of international exchange may be maximized when institutions provide opportunities for participants to disseminate learning, integrate relevant lessons into curricula, establish collaborations, and evaluate subsequent implementation.

The exchange generated relationships with Birmingham City University, Queen Elizabeth Hospital Birmingham, Birmingham Hospice and other participating institutions. The report identified opportunities for continuing collaboration through online teaching, further postgraduate nursing collaboration, clinical orientation, research, staff exchange and resource sharing. These outcomes demonstrate that international exchange can extend beyond a time-limited visit and become a platform for longer-term institutional partnerships. This finding is consistent with literature describing internationalization as a mechanism for knowledge sharing, institutional networking and professional development (Li et al., 2023; Wei & Sumettikoon, 2024). Importantly, the sustainability of such partnerships depends on institutional commitment, funding, reciprocal engagement and clearly defined objectives. The report's recommendation for continued institutional support therefore has practical significance. Without mechanisms to maintain relationships and translate learning into educational or clinical initiatives, the benefits of a short-term exchange may remain largely individual rather than becoming embedded within the institution.

The findings have several implications for postgraduate nursing education in Zambia. First, international exchange can support faculty development by exposing educators to alternative approaches to curriculum delivery, clinical education, simulation, mentorship and specialist practice. Second, exchange experiences can stimulate curriculum review by identifying areas where postgraduate programmes could place greater emphasis on clinical reasoning, decision-making, quality improvement and advanced practice. Third, exposure to multidisciplinary models can strengthen the integration of teamwork, patient pathways and care coordination into nursing education. Fourth, the findings suggest that exchange programmes should incorporate structured mechanisms for knowledge transfer after participants return. Participants could be expected to conduct seminars, curriculum-review sessions, skills demonstrations, clinical mentorship activities or quality-improvement initiatives based on relevant lessons from the ex-

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change. Finally, institutions should consider formal policies that support faculty participation in international exchange while requiring appropriate dissemination and evaluation of learning. These approaches could help transform individual mobility into institutional capacity strengthening.

The findings should be interpreted in light of several limitations. The exchange involved three lecturers from one institution and was based primarily on written accounts, structured placement documentation and observational experiences. The clinical placements were observational rather than hands-on, and therefore the findings should not be interpreted as evidence of direct acquisition of clinical competence or improvement in patient outcomes. The study also did not include systematic pre- and post-exchange measures of knowledge, attitudes, teaching practice or clinical performance. Consequently, the identified benefits primarily represent perceived learning, reflection and potential opportunities for adaptation. In addition, the exchange occurred within a high-resource healthcare and higher education environment, and differences in infrastructure, staffing, financing, technology and health-system organization may limit direct transferability of some practices. Nevertheless, the strength of the experience lies in its capacity to generate contextually relevant questions and potential improvement strategies rather than to provide a prescriptive model for the Zambian setting. Future studies should examine how exchange-derived innovations are implemented after participants return, whether they are sustained, and whether they result in measurable changes in faculty teaching, postgraduate student competencies, clinical practice and patient-care processes.

5. Conclusion

The findings demonstrate that international faculty exchange can provide a meaningful platform for professional learning, reflection, networking and capacity strengthening in nursing education. Exposure to oncology, palliative care, emergency, trauma and critical care services enabled lecturers to identify educational and clinical practices with potential relevance to the Zambian context, particularly simulation-based education, structured mentorship, clinical protocols and checklists, patient navigation, multidisciplinary collaboration, quality improvement and advanced clinical reasoning. The central contribution of the exchange was therefore not simply exposure to a different healthcare system, but the opportunity for lecturers to critically compare systems, identify gaps and strengths, and generate contextually relevant ideas for strengthening nursing education and practice. Sustaining these benefits will require institutional support, structured knowledge translation, continued international partnerships and evaluation of adaptations after implementation. Future research should move beyond documenting exchange experiences to examining how international faculty mobility translates into sustainable improvements in nursing education and healthcare delivery.

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