Students as Partners in a Service-Learning Program: Speech Pathology Students in Cambodia

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"Students as partners" participating in service-learning programs abroad are uncommon in speech pathology. This study reports on a staff-student collaboration that took place in regional Cambodia in which four final-year speech pathology students participated in a service-learning program over a 10-day period. The team and students worked together, formulating plans and activities for the program and conducting assessments and therapeutic interventions collaboratively. Outcomes of the study were that a "students as partners approach" to mobility programs abroad creates many benefits for students in general and Speech Pathology students more specifically. Additionally, service-learning in this context was an extremely positive experience. This model should be considered in community-based international mobility programs.

Keywords: students as partners, service-learning, mobility programs, global learning, speech pathology, audiology.

The basis of student clinical practice in the Speech Pathology discipline is to equip students with the clinical skills they require for clinical practice. In Australia, there are set standards that students need to acquire to meet accreditation of Speech Pathology Australia (Speech Pathology Australia, 2011). Included in accreditation is showing competency in the clinical placements they undertake which are rated according to standards set by Speech Pathology Australia (Speech Pathology Australia, 2016). Students are required to exhibit specific knowledge, show particular skills and create empathetic relationships with the patients they see in their clinical placements. Students completing their penultimate clinical placement are required to show entry-level proficiency in the four units of: (a) reasoning, (b) communication, (c) lifelong learning and (d) professionalism as per COMPASS®.

Clinical placements conducted internationally are particularly challenging for students to complete since they often require students to adapt their work to suit a culturally and linguistically diverse (CALD) community. The work is further compounded when participating in service delivery in regional or remote impoverished communities internationally. International work and clinical placements are ideal contexts in which students can act as agents of therapy, that is, participate in service-learning programs.

Literature Review

Academic service-learning is bound by the curriculum and is a valuable educational tool according to Bringle (2003). It promotes communication and the achievement of educational goals between educators, institutions, students and communities, and enhances the learning process by encompassing active learning, feedback, collaboration, generalization of principles, transfer of knowledge and practical application. Bringle (2003) also suggests that service-learning "enriches the educational agenda beyond the discipline-specific focus," allowing for interdisciplinary opportunities and recognition of student's development, such as emotional state (p. 4).

Howard (2012) defined service-learning as "a form of the broader model of experiential education, with community service as the fulcrum…focus on community efforts, which makes a difference for individuals in the community and for students' commitment to the general welfare of society" (p. 2). Pribbenow (2005) described service-learning pedagogy as a "link in which students' experiences from the community are brought into the classroom, and content and learning in the classroom are applied in the community" (p. 28). In this way, service-learning is viewed as a method to prepare students for their work life in a realistic manner, while improving student learning and application, and benefitting the educational milieu as well as the community.

For students, service-learning provides them with invaluable experiences and on the job training. Vickers, Harris and McCarthy (2004) explored the benefits of student teacher's service-learning in community-based programs. These authors highlighted the challenges and opportunities for student service-learning and noted that student service-learning enhanced the relationships

between the institution and the educational community, student teachers, and the local community. In order to determine whether service-learning is an effective teaching method in dietetics education, Kim, Clasen and Canfield (2003) conducted a study on 49 undergraduate students. Outcomes of that study suggested that service-learning was an effective educational method enabling students to integrate knowledge learned in the classroom with real-life experience. Service-learning enhanced learning on personal, professional, and spiritual levels and students had a better understanding of community resources and needs.

Similar findings were obtained by Conway, Amel and Gerwien (2009) who conducted a meta-analysis of 103 samples of service–learning. There were 19 studies (N=1,195) analyzed in relation to academic outcomes, 58 studies (N=6,103) analyzed in regards to personal outcomes, 37 studies (N=3,271) analyzed for social outcomes and 55 studies (N=7,384) analyzed with respect to citizenship outcomes. Evidence was summarized in relation to the change in participants involved in service-learning programs; specific program elements that affect this change; and generalizability of results across educational levels and type of service. Overall, results suggested positive changes for participants in regards to academic outcomes (moderate effect size), personal outcomes (small effect), social outcomes (fairly small effect), and citizenship outcomes (smallest effect). Furthermore, it was reported that programs incorporating structured reflection showed large changes; and programs that had smaller numbers of hours and weeks had a slightly larger effect than programs with larger numbers of hours and weeks (although this trend is based on only a small number of studies reviewed with these categories).

Astin, Vogelgesang, Ikeda and Yee (2000) conducted a longitudinal study on 22,236 college undergraduate students, including those who participated in service-learning or community service, and a control group that did not participate in any community service. Findings suggested that students who participated in service-learning showed significant positive effects in academic performance, self-efficacy, leadership, choice of a service career and plans to participate in service after college. Reflection was a powerful way to connect service experience to academic course material in this study.

In a meta-analysis of 62 studies (N=11,837 students in total), Celio, Durlak & Dymnicki (2011) explored the outcomes of service-learning regarding attitudes towards self, school and learning, civic engagement, social skills and academic performance. Results of this study suggested that there was empirical support that specific practices (such as linking to curriculum, voice, community involvement and reflection) were associated with better outcomes attained from service-learning programs.

Service-learning is not only beneficial for students but also valuable for institution educators, and the community. For institution educators, service-learning leads to "deeper connections and relationships with students... beyond just intellectual acumen" (Pribbenow, 2005, p. 28). Using single-case design methodology, Pribbenow (2005) finds benefits gained by educators using service-learning pedagogy include: seeing students as whole persons; having a heightened awareness of and respect for students; and having increased trust within teacher-student relationships. In an extensive review of the literature, Eyler, Giles, Stenson and Gray (2001) confirmed these outcomes for educators, noting that faculty who use service-learning are satisfied with the quality of student learning, are committed to research, and integrate service-learning into courses. However, lack of resources and reward were themes noted as barriers to service and service-learning partnerships. In this review, it was further highlighted that universities on the whole benefit from service-learning programs that further enhance institution-community relationships.

In comparison to the amount of literature on the benefits of service-learning to students and universities, there is less known about the effect of service-learning on communities. Cruz and Giles (2000) reviewed the research literature on the value of service-learning to communities and outlined that service-learning contributes to community development (for example, revitalizes communities, builds the capacity for problem solving) and bridges "town-gown" gaps (for example, informs partners about institutional limitations). In a bid to close the gap in the research focusing on community benefit of service-learning, these authors recommended that research should focus on the partnership between the community and the institution, consider

community assets, use participatory action research, and apply service-learning principles of good practice. Similarly, Eyler et al. (2001) also researched the impact of service-learning on communities and identified that communities were satisfied with student participation and that service-learning in communities was useful.

Many studies have specifically investigated the impacts of service-learning programs on health students. Knecht and Fischer (2015) used a descriptive phenomenological approach to evaluate the perceptions of 10 undergraduate nursing students who participated in service-learning throughout their three-year nursing education. Results suggested that students' stereotypes and assumptions prior to the experience were challenged, participants were at times overwhelmed with the needs of the community, and students discovered new roles for the community nurse. Among the many reported positive experiences of the service-learning program, the students began to use their own voices to advocate for the community. Kohlbry (2016) also investigated nursing students' cultural immersion in an international service-learning program. Results of pre- and post-program questionnaires supported the findings that international service-learning programs foster cultural competence. In a study of Occupational and Physical Therapists, Hoppes, Bender and DeGrace (2005) explored whether placement quality; application between classroom and community; reflection; diversity; and listening to the community's voice were valuable in student service-learning. Their results suggested that service-learning is, in fact, an invaluable experience for students allowing them to contribute to the community and optimize their professional preparation. Similar results were obtained by Scott, Harrison, Baker and Wills (2005), who conducted a longitudinal study investigating the reflective learning experiences of health profession students working in community-based healthcare. Outcomes of this study suggested the importance of preventive healthcare, health services and resources; awareness of student attitudes and changes; and the need for increased awareness of student and client expectations for health care services.

Few studies have investigated the impacts of service-learning in the Speech Pathology discipline. Kaf, Barboa, Fisher and Snavely (2011) examined changes in the attitudes of 19 audiology and 24 speech-language pathology students following participation in a service-learning program working with adults with dementia. There were 32 students represented in a control group. Results suggested that for the students who participated in the service-learning program, the experience provided a valuable clinical opportunity for students and resulted in more positive attitudes towards older adults in residential facilities. Bailey and Angell (2005) also found positive results for 34 speech-language pathology graduate students, the community, and all project stakeholders following a school-based feeding service-learning program.

The aim of this study was to explore speech pathology students' perceptions of their learning in an international student service-learning program and describe their role as partners in this learning context. In particular, the following research questions were investigated:

1. Is a service-learning program suitable for speech pathology students completing a clinical placement?

2. Does an international service-learning program enhance speech pathology students' growth and learning, and in what ways?

3. Does the "students as partners" model work effectively in an international service-learning program?

Method

Participants

One staff member (a qualified Speech Pathologist and Audiologist) accompanied four final-year Speech Pathology students to the regional province of Pursat in Cambodia for students to complete their penultimate clinical placement. All student participants were female, ages 21-28 years.

Procedure

Students prepared for their placement three months prior to leaving by exploring information about Cambodia; learning about Khmer cultural etiquette; revising necessary sections of their academic learning that were expected to be used in this context (such as in the areas of hearing, speech, language, voice and swallowing); and watching specific videos and online demonstrations to revise techniques and develop resources they anticipated using on site (for example, strategies to enhance communication and strategies for parents to encourage

children's vocabulary development). Both the staff member and students worked collaboratively on preparation for the placement, as well as the placement itself.

The placement took place over 10 days (including travel to and from the province) and was part of a broader mission delivering eye and general healthcare to Cambodian people. This mission is run annually in Cambodia with a visit to a different province each year. This was the first time that this mission ran in the province of Pursat. The mission is conducted in allocated rooms of the local hospital, although Cambodia Vision provide their own resources, equipment and staff (from abroad). Staffing consists of administration staff to register the local people in the community seeking out the service; support staff to control the crowd and direct them to the relevant service; and multidisciplinary healthcare staff including ophthalmologists, general physicians, optometry, and speech pathologists, including university staff and students. Local Cambodian medical students also join the mission, acting as interpreters and participating in training. The staff of the Speech and Hearing clinic consisted of the institution staff member, four Speech Pathology students, two qualified Speech Pathologists (one who spoke fluent English and Khmer) and two Cambodian fourth year medical students (who both spoke English and Khmer). On arrival in Pursat, the clinic was set up at the local referral hospital. There were two small adjoining vacant rooms allocated to the Speech and Hearing clinic. The clinic was divided into various stations, including an outdoor and indoor waiting area for taking the case history; a hearing screening area; an Aural Rehabilitation area which included the fitting of a personal amplifier; a Speech Pathology area; and finally, an information area which included hearing health care information and provision of medication such as ear drops. Once the equipment and resources were in place, patients were seen according to their sequential order of registration. Consultations took place over seven days with more than 70 patients seen each day. The consultations included assessments and therapies relating to hearing, aural rehabilitation, speech, language and swallowing. On the eighth day, the equipment was packed up for return to Australia and the mission was closed.

Staff and students worked independently and with the team, changing tasks as required. Verbal debriefings took place each evening.

The patients included mostly Khmer-speaking people from the local community who had seen the mission advertised. Physical gestures, video instructions, and short Khmer instructional phrases were used to communicate with patients, with translation provided as required by selected staff.

Data collection and analysis

Students completed a pre-program questionnaire three weeks prior to their departure (See Appendix A). Pre-departure, students were also required to learn about reflective practice and how to keep a reflective diary as per the La Trobe University Reflective Practice in Health Information Guide (La Trobe University, 2017). Reflective practice is particularly important since, as Knecht and Fischer (2015) write, "it is the process of critical reflection in the context of community that informs both students and faculty and defines service-learning" (p. 383). Up to two weeks post-program, students completed a post-program questionnaire and a written reflection of their experience (see Appendix B for a copy of the post-program questionnaire). The written reflection was prompted by questions devised by the Careers and Employability unit of La Trobe university enquiring about: the placement (responsibilities, the organization and people that students worked with and the community); what the experience was like (things they did/ did not enjoy, if the placement met their goals and if their prior assumptions about Cambodia were/were not challenged); what they learned about themselves (personal strengths, reactions, challenges and whether they changed as a result of the placement); how they developed professionally (technical skills, experiences, working with a culturally and linguistically diverse community, new cultural understandings, transferable skills and accomplishments) and what the placement meant for their careers. This study was approved by the La Trobe University Human Ethics Committee (S16-206). Students provided informed consent for their responses to be used in this research.

Questionnaire answers and student reflections were analyzed qualitatively using content and thematic analysis as described by Liamputtong (2013). Data was initially read and key points were noted. Data was then re-read and schemes were developed that summarized the setting, processes

followed, the activities, actions, events, strategies used, relationships (such as teamwork) and the expressions used by participants. These schemes were tabulated into categories and both codes and themes were developed. Codes were developed by attaching a label to each section of the data and considering questions such as: Which aspects of the event were mentioned? and How are things accomplished? In a subsequent review, irrelevant or repetitive codes were deleted, and overlapping codes were collapsed. Commonality between codes was noted and particular examples were itemized. Final analysis was undertaken to verify the accuracy of the examples. For the purpose of reporting the results, overarching themes were identified and collated, participant's information was compared, and relevant quotes were compiled.

Results

Results were delineated into the themes of academic, personal and citizenship outcomes, similar to what is described by Conway et al. (2009).

Academic

The students felt that they had prepared as much as possible academically prior to departure, but were concerned about the lack of resources that were culturally and linguistically appropriate to use with the Cambodian population. All students had learned some basic Khmer and conducted some pre-reading about Cambodia, including learning about the Cambodian culture. The students were concerned about the complex caseload that they would see but also interested to gain knowledge about the healthcare system in Cambodia.

On reflection post-program, the students expressed that they had the opportunity to share their knowledge and provide capacity-building training to other team members and students from another discipline. They felt that this was a valuable opportunity to impart their knowledge and learn from others, especially since this was a new context for the students. The students were acutely aware that they needed to adapt their practice to suit the context and community and that "best practices" in Australia may not apply in a developing country. One particular notion that needed to be compromised was the focus on person-centered care, since time constraints, work fatigue and a large caseload prohibited focusing on one individual for a long period of time. As an example, Student 4 noted:

> At times, it was difficult to offer the support that I would have liked to

and I found the limitations of the setting regarding recommendations quite challenging. It was difficult to see cases that we just wouldn't see in Australia, since many people would have sought medical assistance earlier and accessed the relevant services. The limited services available made it incredibly difficult for this population's needs to be met.

The hands-on approach allowed students to strengthen their reasoning skills and problem-solve new unique scenarios based on their previous learning and in so doing, derive an appropriate solution. As Student 1 pointed out, "I was able to develop my ability to adapt resources and learn what is considered best practice in this context."

Although the students initially felt prepared academically, they later reported that their academic learning was not sufficient and they were under-skilled from a practical viewpoint. Still, the students said that their clinical skills improved tremendously since they were entrenched with continuous work, requiring adaptation of their academic learning. From a professional viewpoint, students felt that they developed a deeper understanding of some technical areas and stronger skills in many areas of their academic learning, which they would use in future practice. As Student 2 noted: "I had no experience applying these skills...and therefore the first day of this placement was a great learning curve for me."

Students also expressed that they had learned more about the role of speech pathology in the Cambodian healthcare system and the implementation of such programs in the community. Students acknowledged the challenges they experienced in their work due, for example, to the lack of healthcare and follow-up for speech pathology needs. One student said that this clinical application of skills had "fuelled" her interest even more in the hearing and listening area (Student 2). The students saw their own progress from initially having only foundation skills to being able to apply their academic knowledge to wider clinical implementation.

The students reported that pre-program, learning about another culture as well as basic Khmer language was integral to their development in the program, especially since working with CALD populations internationally was not specifically covered in prior coursework or clinical practice.

Working with interpreters was also initially daunting for the students, however with time in the workplace and growing confidence in their own skills, the students indicated that they embraced the situation, even going so far as to assist the interpreters/medical students with developing their skills and in so doing provide capacity-building training.

Personal

All students were highly motivated to participate in the experience. Pre-departure, the students stated that they had travelled overseas before including one student who had been to Cambodia four years earlier. All four students were concerned about the language barrier and their ability to build rapport with the patients they would be seeing. They were also concerned about being able to manage the caseload in a short time.

There were a number of impacts that were highlighted in this program. The physical nature of working intensively for many hours required stamina and was identified by students as fatiguing both physically and emotionally. Some students acknowledged that it was difficult to maintain the same level of enthusiasm and energy they felt initially throughout the week. Student 4 said:

> By the end of the week, I was a little disappointed with my interactions with patients and I didn't feel that they were met with the same care as those earlier in the week; at times, it felt more like a process than that we were dealing with people.

To counteract these feelings, students said they needed to exchange ideas with other team members, take advice and be flexible. The support they gained from others reassured them about their own feelings and needs. One example was recognizing fatigue and taking frequent breaks even though there were crowds of people waiting to be seen. Seeking emotional support from others improved the students' "ability to manage (their) professional wellbeing" (Student 4). Student 1 indicated that the whole experience had brought about "increased confidence in (one's) professional ability." This student also reported that thinking, mindfulness, confidence and resilience improved over the course of the program. Student 2 confirmed that it was "resilience" that improved the ability to manage a large caseload.

One student said that the long hours were the hardest part of the experience but the student felt excited, enjoyed the experience and "had fun the whole time" (Student 3).

The students also felt that communication with others on the team was paramount to a successful program. They indicated that they learned to communicate effectively with other immediate team members and others' discipline teams. Communication with clients was challenging for both the students and the patients especially when an interpreter was not present. As Student 3 noted: "…it was difficult to have the in-depth conversation needed to provide adequate service." Students also said that their communication with their patients improved when they were aware that their own behavior needed to be modified to suit each patient and the context. Student 2 said, "It taught me the importance of ensuring there are alternative means to communicate and also how effective these can be to get the message across." Communicating with interpreters was not a familiar situation for the students who were acutely aware of the language and cultural barriers that interfered with effective interactions. This heightened awareness led the students to be more patient and change their communication patterns. The three students agreed with Student 2 that "working with the interpreters became easier as the week progressed."

Retaining their values and integrity were also mentioned as important learning lessons for the students. Students wanted to provide the best care for the patients although they recognized that compromise was essential. Being honest with themselves about their abilities and the program challenges were themes that were highlighted, as was building reflective skills to improve their performance.

Since the workload was large, students were required to work at a fast pace. They reported that their confidence to work independently grew over the time of the placement. With the increase in confidence came the ability to help other members of the team when needed. The students also indicated that they became more accomplished at quick thinking once their confidence grew and this resulted in being able to make relevant decisions and recommendations.

Students strongly identified the inequity of services available in Australia in

comparison to those available in Cambodia. In particular, they recognized the great challenges faced by the community in their daily lives, including "…travelling a long distance to receive medical services, low income, sub-par living conditions" (Student 3). This awareness was "bittersweet and upsetting" (Student 2) but also gave rise to "a heart-warming and enriching feeling working with this population" (Student 3). Dealing with a varied caseload was challenging, as Student 2 noted: "I feel several of my reactions pleasantly surprised me because they made me realize how emotionally investing and rewarding this whole experience was."

All students reported feeling fortunate to have been part of a powerful experience and were grateful for the opportunity. As Student 1 pointed out, "it was rewarding to see the positive impact of our work."

Citizenship

Prior to this program, none of the students had visited, lived or worked in a regional rural area overseas. The students anticipated that the program would both extend and add something unique to their personal skills and would challenge them to better themselves. The students had a real-life experience with a community that does not have good access to healthcare and no access to speech pathology services. When asked what they most enjoyed about the program, the students commented that helping a vulnerable population was significant. The students understood that they needed to extend themselves to accommodate their patients and the context. They were immersed in a foreign and to most, new culture. As Student 4 described, "The placement fuelled my curiosity…. to learn about a new culture…(it) was an incredible opportunity in personal growth and learning." The students learned to be culturally sensitive, a skill that all students reported would contribute to their life-long learning.

The students gained a "deeper understanding of the difficulties communicating in a CALD environment" (Student 1) and realized that they needed to adapt their communication style to suit patients from different cultures, religions and linguistic backgrounds. This learning was highlighted in a comment by Student 2 who said, "One of the most important things I learned in this placement was to be prepared for anything and never make presumptions."

All students learned and used culturally appropriate gestures and basic Khmer words to communicate. Their communication with the interpreters also required adaptation. As Student 4 said, "I learned how to adapt my communicative style to match the knowledge of the interpreters, in both the way they construct phrases but also their level of medical knowledge."

All four students reported that this placement fostered their interest to work with people from CALD backgrounds in the future. Students also reported that they would like to help others by either continuing to volunteer or work with people from different cultural backgrounds or disadvantaged or impoverished communities. Student 1 noted that this experience "offered experiences outside of speech pathology… (that were) previously unfamiliar."

Lifelong learning was another topic raised by the students as a benefit of participation in the program. Students also expressed how fortunate they felt to have access to good healthcare services in Australia, a motivator for future career choices, as noted by Student 3 in the following comment:

> This placement has reinforced my career plan to work with individuals in disadvantaged areas or with low access to healthcare. Before I left I knew I wanted to do this but it really became a passion after this placement.

The students were challenged both by the environment and manner of service delivery. They stated that they had learned a lot about themselves and how they could work in a demanding environment. They perceived that they had learned to be patient, think quickly, critically evaluate problems and solutions, respect cultural diversity and provide a culturally appropriate service in the best way possible bearing in mind time, environment, and resource constraints. The students felt a sense of achievement having completed the program and were proud of their personal and academic growth as well as the type and level of service they provided to the community. The students agreed that work guidelines would be useful to develop (which they later did complete) so that patients living in rural Cambodian settings could be assisted in the best possible manner, reflective of best practice for that context.

Staff-student partnership

Collaboration and teamwork were central to staff working with students as partners. The students reported deep satisfaction in this area. As Student 1 stated, "The spirit of teamwork was amazing." The students reported that all participants, staff and students worked efficiently as a team. The team allowed for connection with others and for supportive relationships to be built. Student 4 said:

> I was fortunate to feel so supported by the people in my team, which not only helped my wellbeing but also the outcomes of the clinic…. (the) team … not only looked out for the welfare of each other but also helped each other learn.

The support that team members gave and received assisted the students in reaching their academic and personal goals. Student 1 recognized the need to, "pick up whatever task was needed so the team could function properly." Team support also helped the students to "fast track" their learning and ask for assistance from others in a safe and viable manner. Student 4 said, "I could feel the appreciation of being listened to and cared for." Student 3 also mentioned the importance of support gained by fellow team members, especially on the first day when performing an assessment. She was unsure about the procedure and did not have access to the necessary staff member, yet she "worked with other team members, double checking and discussing our analyses."

Communication within the team was identified as vitally significant. Open channels of communication and freedom to express one's needs and feelings were enhanced through the teams' cohesiveness. Student 4 felt supported when she raised concerns about about fatigue and supplying a service quickly only to find out that the staff felt the same way. "I did raise my concerns with a supervisor, who said that she was feeling similarly but that as a team, we'd try to lighten the mood" (Student 4). Communication with other team members also "reduced such challenges faced throughout the week" (Student 2).

Efficient communication was also needed for the smooth running of the program. Student 4 stated:

> Given the fast-paced nature of the clinic, flexibility and clear efficient communication were vital for functioning of the team. Team members frequently switched roles

or sought support when they required a second opinion, and it was crucial to develop a system so that all team members could understand at which point of the process the patient was.

For the institution staff member (the author of this paper), reflecting back, teamwork was essential, not only to ensure that the community could be serviced efficiently, quickly and with as much person-centered care as possible, but also to maintain our sanity. This was an extremely tiring, exhausting program in less than ideal circumstances, but the camaraderie brought about by close teamwork was the primary factor leading to a successful, rewarding program. This collaboration allowed for an organized process leading to a successful outcome. For students, their hard work, commitment and dedication were rewarded. Students expressed that they were satisfied that their learning and personal goals had been achieved and that the community had received an essential, beneficial service. The staff member's goals were also met, in that the program was a success, students had a rewarding, life-changing experience and the community's needs were addressed. Although the preparation for the program was demanding as was the actual program itself, the outcomes were enormous as summed up by Student 1, who explained we got to "witness (that) we made a difference on a large scale."

Discussion

Overall results of this study suggest that service-learning is valuable for speech pathology students completing their clinical placement internationally. Students that participated in this program and study benefited from adapting their academic skills to a clinical context. Service-learning enabled the students to analyze, develop and implement their skills in a real-life context. In addition, service-learning programs conducted in an international CALD community with the aid of interpreters added a further challenge for students.

Results of this study suggest that extensive student preparation (academic and extracurricular) is required prior to students participating in a service-learning program in a developing country. This finding concurs with Scott et al. (2005) who stated that for an effective program outcome, students as delivery agents of care require pre-program preparation and post-program debriefing. Although academic learning

allowed students to apply their knowledge to a realistic situation in a developing country, merely revising prior academic content was not sufficient. Practical hands-on training prior to a mobility program is necessary to ensure that students feel independent and confident in their skills from the outset of a service-learning program. Although students were able to apply parts of the academic curriculum to this context (for example, using an Australian developed checklist to complete a swallowing assessment), they identified gaps in their knowledge and that some cultural differences were not accounted for in advance.

Furthermore, the clientele and range of disorders seen was unpredictable. Although students were familiar with the academic content required in this clinical placement, the actual application in a service-learning context was more challenging than expected. The need to work quickly and independently from the outset of the clinic compounded the situation. Students did, however, acclimatize to the situation and as the clinic placement progressed, their independence and confidence grew. The implementation of their academic learning was closely tied to their personal feelings, including improved confidence and self-esteem, taking initiative, thinking independently and working effectively with the team. Thus, although academic preparedness is important, in-the-moment decisions and extracurricular applications need to be implemented in the actual service-learning context in developing countries.

Extracurricular pre-learning was required (e.g., learning Khmer cultural politeness) and although prior explanation and description of the Khmer culture was helpful, it was not sufficient. Exposure to a Khmer community in the students' home country would have assisted with cultural responsiveness in the service-learning context.

On an emotional level, personal feelings such as self-doubt and lack of confidence were quickly overcome in this service-learning context, as the need for each team member to be active and independent was required to manage the workload. Work fatigue, which built personal resilience, was a factor that needed to be confronted through verbal expressions of support and critical self-reflection.

Working with a CALD community and interpreters was a new experience for the students, requiring them to make accommodations in communication so that their messages could be understood both by the interpreters and patients. Cultural awareness and sensitivity were thus developed in this global context and fostered an interest for all the students to continue volunteering or working with developing communities. These findings are in accordance with Bailey and Angell (2005) who concluded that providing support to students in a service-learning program enhances their academic curriculum as well as their civic responsibilities.

This program also allowed students to better understand the more privileged access to healthcare that people in a majority world country experience. According to Knecht and Fischer (2015), through exposure to social issues and reflection, students are able to understand health injustices and thereafter have the opportunity to propose and facilitate change. Students who participated in this service-learning program specifically reflected on the community's lack of access to healthcare and were determined to write practice guidelines and engage in future work with disadvantaged or vulnerable communities.

This service-learning program was successful for students, staff and the community. Students became competent in providing services to the population even though they did not speak fluent Khmer and were culturally different. They also became aware of their own limitations. On a personal level, students experienced a growth in their confidence and ability to work independently or as a team, when required. They learned to overcome challenges such as hot weather, fatigue and a large workload. They reflected on population-based care and services available in Cambodia as well as the inequities in healthcare between minority and majority world countries, all contributing to their future plans and learning. Reflective practices assisted the students to express the challenges they faced, as well as the barriers and opportunities they experienced that contributed to the success of the program and their personal gains and growth. According to Oxfam (n.d.), a global citizen is one who respects and values diversity, has an understanding of the way the world works, and works with others to make the world a more equitable and sustainable place. For students, this service-learning program added to their ability to be global citizens.

For the staff member, working with students as partners was appropriate for the

type and level of community service required. Sharing not only knowledge but also experiences enabled the staff member to work closely with the students yet still maintain a level of respectful difference in competency. Although supervision was still required, both staff and students worked cohesively as a team to achieve the best outcome for the community.

Limitations

The small sample size was a limitation of this study. This was not surprising since programs of this nature are challenging and daunting for students, even though the outcomes are significant. A further limitation of this study was the lack of extensive reflective data prior to the program. Although students completed a pre- and post- program questionnaire, had time for debriefing each evening and writing their daily reflections, extensive written reflection was only provided at the completion of the program.

Conclusion

For speech pathology clinical placements, mobility programs in which students work as partners with staff can fulfill placement learning needs as well as providing a beneficial service to the community. This study supports the usefulness and value of student service-learning to fulfill speech pathology clinical requirements. Staff-student collaboration was enhanced and valuable for all participants in the program including staff, students and the community. Academic, personal and cultural preparedness contribute to successful outcomes for programs of this nature.

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Appendix A
Pre-Program Questionnaire

Reason for participation:
1. What is your motivation to participate in this experience? (Tick all that apply)
Learn a foreign language; The cultural experience; Understand how other health care systems work; Learn about different curricula; Get to know other people; Travel; Group experience; Fun; Other…

2. Family/ friends: (If yes, please expand)
a. Has anyone in your family lived, worked or studied overseas?
b. Do you have any friends or family in Cambodia?
c. Have you travelled or lived outside of Australia in the past?

3. What factors did you consider in your decision to undertake this experience? (Tick all that apply) You have a personal relationship to the country; The country itself interests you; The cultural experience; The language experience; An innovative experience for you;
Other…

Language:
1. What is your level of proficiency in Khmer?
2. Do you plan to learn basic Khmer? How?
3. What is your current level of knowledge of Cambodia? Please provide details.
4. What is your knowledge of Cambodian Culture? Please provide details
5. Are you concerned about? (Tick all that apply)
The language barrier;   Going overseas; The clinical placement itself; Culture shock

Benefits and Challenges:
1. What do you expect to achieve from participating in this program?
2. To what extent do you imagine what you learn through the program will assist you with your academic learning/performance?
3. What do you expect to be some of the key challenges from participating in this program?
4. When you go overseas, will you be leaving family? Yes/ No (Please circle). If yes, how challenging do you think this will be for you? (Please describe).
5. Will you be leaving work? Yes/ No (Please circle) If yes, is this going to inconvenience you in any way? (Please describe).

Employability:
1. What are your current career aspirations?
2. Do you overseas mobility experience would be looked upon favorably by potential employers in Australia or overseas? Yes/ No (Please circle) Why?
3. Do you think your overseas mobility experience will be looked upon favorably by potential employers in Australia or overseas? Yes/ No (Please circle). Why?
4. In what way do you think participating in this program will be beneficial for your future career?

Concerns:
5. Do you have any concerns? Yes/ No (Please circle). Please provide details. Is there anything else you would like to comment about?

Appendix B
Post-Program Questionnaire

Reason for participation:
1. Were your expectations in participating in this experience met? (Tick all that apply): Learnt a foreign language; The cultural experience; Understood how other health care systems work; Learnt about different curricula; Got to know other people; Travel; Group experience; Fun; Other …

2. What did you enjoy about this experience: (Tick all that apply)
You now have a personal relationship to the country ; The country itself interested you; The cultural experience; The language experience; It was an innovative experience for you; Other…

3. Language
  e.   What is your level of proficiency in Khmer?
  f.   What is your current level of knowledge of Cambodia? Please provide details.
  g.   What is your knowledge of Cambodian Culture? Please provide details

4. Did you need to be concerned about? (Tick all that apply)
The language barrier; Going overseas; The clinical placement itself; Culture shock

Benefits and Challenges:
1.   What did you achieve from participating in this program?
2.   To what extent do you think what you learn through the program will assist you with your academic learning/performance?
3.   What were some of the key challenges from participating in this program?
4.   Was it challenging to leave your family/ friends when you were overseas? Yes/ No (Please circle) If yes, please describe.
5.   Did leaving work inconvenience you? Yes/ No (Please circle) If yes, how?

Employability:
1.   What are your current career aspirations?
2.   Did they change now that you have completed the mobility program? Please provide details.
3.   Do you think your overseas mobility experience will be looked upon favorably by potential employers in Australia or overseas? Yes/ No (Please circle). Why do you think so?
4.   In what way do you think participating in this program has been beneficial for you?
5.   In what way do you think participating in this program has been beneficial for your career?

Concerns:
1.   Were your concerns realistic? Yes/ No (Please circle). Please provide details.
2.   Is there anything else you would like to comment about?