



“How my clinical placement in Australia helped me to become the clinician I am today”

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KEYWORDS

CLINICAL EDUCATION

CLINICAL PLACEMENT

INTERNATIONAL PLACEMENT

THIS ARTICLE HAS BEEN PEER-REVIEWED

In the global society in which we live the graduate speech-language pathologist needs to be prepared for working with a culturally diverse client group and for the possibility that they may work in a country other than the one in which they trained. International clinical placement opportunities are a common method for many Australian speech-language pathology programs to prepare students for an international career and for working with a culturally diverse client group. There have been many reported benefits for students taking part in these placements. But what are the benefits for overseas students who participate in a placement in Australia? This clinical insights article asked five clinicians who had trained in the UK and who had completed a placement in Australia during their training to reflect on this experience. They reported many benefits both personally and professionally. They felt that their Australian placement experience prepared them to work with a culturally diverse client group and shaped who they are as clinicians. There were also additional benefits for the service in which they now worked.



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With increased international mobility, the health professional graduate of today needs to be prepared for working with a culturally diverse client group and the possibility of an international career. One way of preparing students for this is by providing students with international clinical placement opportunities.

While international clinical placement opportunities are available in many speech-language pathology programs, few have been described in the literature. Those that have been described have often focused on the experience of Australian students doing a cross-cultural placement abroad (e.g. McAllister, Whiteford, Hill, Thomas, & Fitzgerald, 2006; Stevens, Peisker, Mathisen, & Woodward, 2010; Trembath, Wales, & Balandin, 2005). There have been many immediate benefits for students who have taken

part in these overseas placement opportunities, including a global perspective on speech pathology, increased self-confidence, increased empathy, increased cultural competency, greater interdisciplinary team participation, flexibility, adaptability, and increased communication skills (Stevens et al., 2010). So what about students from other countries who travel to Australia for their overseas experience? What are the immediate and long-term benefits for these students?

This clinical insights paper discusses the experience of five clinicians who participated in an international placement exchange. The clinical exchange program ran between Curtin University in Perth, Australia and City University London in London, in the UK, between 2007 and 2010. During this time eight students from Curtin University did a placement in London organised by City University London and eight students from City University London did a placement in Perth organised by Curtin University. Two students from each university participated each year.

In 2012 the second author, who managed the placement at City University London, asked five of the past City University London exchange students (the remaining authors of this paper) who were by then working as clinicians, to reflect on their Australian placement experience by answering five questions. Some of the comments made by the clinicians in response to these questions are listed in the next section.

Five clinicians

Clinician A

My exchange experience was the most interesting and varied placement of my course. At Therapy Focus I was interested to learn that the team consisted of Australian therapists, British therapists and South African therapists. This led me to consider SLT (speech-language pathology) much more as a worldwide profession and it was great to see that skills learnt in studying in one country were transferable to delivering therapy on the other side of the world.

The exchange was my first experience of really working as part of a multidisciplinary team. SLTs, OTs (occupational therapists) and physiotherapists were all based in the same office and had the same manager. I felt that MDT (multidisciplinary team) working was expected as the norm, compared to in my previous placements where SLTs seemed to struggle to liaise with other professionals.

A key aspect of my placement was the focus on “family-centred practice”. This was not a term I had really heard before this placement. I knew it was best practice to ensure families were involved as much as possible in the decision-making process, but had not really seen this in practice. I recall asking a therapist if she could tell me what the likely intervention targets for a child would be given his difficulties. I was shocked when she told me that she didn't know yet as the goals would depend on which aspects of communication the family wanted to focus on. I was used to the idea that the therapist decided the goals, liaising with the family where possible but in reality often very little ... I try to remember this in my current clinical work.

I was reassured that my clinical educator had only fairly recently moved from working in the UK to working in Australia, so was still aware of training expectations in the UK. I felt that links between the placement provider and City University were strong, ensuring that my learning experience was enhanced rather than hindered by accessing this unusual placement opportunity.

I find it difficult to identify any disadvantages of the exchange. I had wondered if it was negative to miss out on an opportunity for a “typical” NHS [National Health Service] paediatric placement, given that that was the area I eventually hoped to work in. However, I feel that all of the skills I developed on the exchange were fully transferable to my current role in the NHS.

Clinician B

The clinical exchange program was extremely well organised and provided me with a fantastic variety of learning opportunities with access to support from my supervisors in Australia and my clinical tutor in England. In my current practice, I try to bring the same level of organisation that the exchange had and plan placement activities so that the students placed with me can experience the kinds of exciting and challenging activities which I had access to during the exchange.

The exchange required me to quickly adapt to a number of new challenges. These included living in a new country, navigating an unfamiliar transport system, familiarising myself with different systems of working (my previous placements were all within the NHS), and having to build working relationships quickly with my new colleagues, including the children I was working with and their families. My placement was across different bases and I received supervision and guidance from a number of different senior therapists. As a result of these experiences, I am more flexible and am better able to adapt to new teams and ways of working.

I learnt the importance of considering a client's cultural differences and ways that you could adapt to these. This increased knowledge has definitely improved my skills as a clinician. I currently work in a culturally diverse area where the children I work with speak a wide range of languages and come from different cultural backgrounds. Many of the materials in my clinic are designed to reflect English cultural values. My experience on the exchange has highlighted my awareness as a clinician of the importance of using culturally appropriate materials, for example using a narrative sequence that would be familiar to the specific child and testing vocabulary that would be found within their cultural environment.

The exchange placement in Australia involved differing administrative systems and ways of working compared to the UK. The exchange placement was with a private

company that had been contracted by the health service to provide services. Since the NHS is currently exploring different models of administration and organisation, it is helpful to have had first-hand experience of a different service delivery model, working within different operational models and using different systems. The exchange placement had a “paperlight” system where all notes were electronic and joint case notes were easily shared with other professionals in the team (e.g. occupational therapist, clinical psychologist, physiotherapist). My current place of work has paper files and is considering going “paperlight”. The experience of the exchange has allowed me to understand first-hand the advantages and disadvantages of a “paperlight” system of working.

Clinician C

The trust I have started working in have two types of service offered; an enhanced service which works with the school to tailor therapy that works for them and core service which offers assessment and recommendations. Therapy Focus worked within a consultative model', because of my experience of working in the model I am able to think of SMART targets and how the targets fit into everyday situations. Using strategies learnt on the exchange e.g. goal routine matrix I believe I have a strong understanding of how targets can fit into the school day. The message of Therapy Focus “Learning everywhere” is a philosophy I believe I bring to my discussions with parents and teachers.

On the exchange there was an emphasis on reflective practice. This helped me develop my practice and be more reactive in therapy sessions. This has proved useful since starting my job, as it was a while from graduation to getting a post, being able to reflect means I am able to learn from my mistakes and benefit from supervision discussions about how I manage certain situations.

Clinician D

I feel that the exchange has heightened my awareness of other cultures and as a result I am very keen to learn about the countries my patients are from and their relevant customs. I believe this ensures I am able to provide a person centred and holistic approach to therapy.

Overall it was an exciting experience which will never be forgotten.

Clinician E

Before I went on the exchange I was shy and found it difficult to also assert my opinions and thoughts in a clinical setting. Being on the clinical exchange, for me felt on many occasions like I had been thrown in the deep end and I very quickly had to learn to overcome this shyness. I now would describe myself as a confident therapist who is not easily fazed.

Discussion

Overall, all five clinicians were very positive about their exchange experience. The clinicians listed six main reasons for choosing to take part in the exchange. These were to become a more skilled clinician, to learn more about the practice of speech pathology in another country or to determine whether clinical practice is different, to increase the possibility of being able to work abroad in the future, to increase the chances of getting a job in the UK post-graduation and to travel.

The questions required the clinicians to reflect on the benefits and disadvantages of the exchange. There were



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seven themes that emerged. These were: cross-cultural competence; personal and professional development; professional network; career pathways and professional opportunities; levels of support; similarities and differences between training programs; and similarities and differences between practices.

Cross-cultural competence

Many of the clinicians felt that by taking part in the exchange their cross-cultural competence had improved. The clinicians, who had had the opportunity to work with indigenous clients in particular, discussed the gains in cross-cultural competence. They felt that by working with a different population from that that they were used to in London had heightened their awareness of other cultures and also affected the way they practice now.

Personal and professional development

The clinicians reported that the exchange helped them to grow personally and many reported that this growth has affected how they currently work. All of the clinicians reported a growth in confidence. This growth in confidence was in relation to a number of areas, including their own clinical skills, meeting new people and overcoming challenges.

The clinicians also reported that they had become more flexible, more adaptive and more reflective clinicians. They felt that the experience of taking part in the exchange has shaped who they are as clinicians today.

Professional networking

One of the clinicians indicated that the exchange allowed them to network with clinicians in another country and that they had maintained those networks. This clinician also reported that the clinicians she had met on the exchange had even visited her in the UK. Another clinician also felt that the exchange had allowed her to build new networks in the UK, as she found that a good way to build rapport with new Australian colleagues was to discuss her experience of their country with them.

At the time of the clinicians' placements, Therapy Focus had other clinicians from all over the world working at the service. The clinicians felt that meeting speech-language pathologists from all over the world and also participating in the exchange made them more aware that speech pathology was a worldwide profession and that clinicians had skills that can be transferred from country to country.

Career pathways and professional opportunities

Some of the clinicians felt that the placement had been a useful addition to their résumé and may have helped them gain employment after graduation. One clinician felt it meant that as a result of taking part in the exchange she had missed out on a "typical" National Health Service (NHS) placement. However, she indicated that the skills she had developed on the exchange "were fully transferable to [her] current role in the NHS".

Levels of support

The clinicians felt that there was a good level of support before and during the placement from the staff at Curtin University, at City University London and on the placement itself. The students maintained consistent contact with the staff at City University London throughout the placement via email. They felt that there were strong links between university and the placement that ensured that their learning

experience "was enhanced rather than hindered by accessing an unusual placement opportunity". Access to either Curtin University library or placement resources also ensured students were able to complete university assignments and the work that was required on placement. The fact that the clinical educators had experience of working in the UK meant that they were aware of what was expected of the UK students. One of the clinicians felt that because the placement was so well organised and supported she was inspired to work with student clinicians.

Similarities and differences between training programs

The clinicians also reported that meeting Curtin University students was beneficial. It allowed them to find out about the differences and similarities between the two courses. They were reassured that many aspects of the course, including the process of being assessed on placement, were similar. There was, however, some disappointment and concern expressed. Due to differences in the structure of the academic year between the two universities, the students were unable to attend any lectures or tutorials at Curtin University. One clinician reported that although the Curtin University course was similar, the dysphagia competencies are included as part of the Australian undergraduate course and she wondered if this difference means that therapists in the UK are viewed as less fully qualified.

Similarities and differences between practices

All of the clinicians felt reassured that many aspects of speech pathology practice were similar between the two countries. They did however identify some differences. They reported learning about different assessments and therapy practices in Australia and also sharing their knowledge of UK therapy and assessment practices with the therapists on their Australian placement. They also identified that there were differences in both the health and education systems which may have affected the way speech-language pathology services are delivered and the relationship between the health and the education systems.

The clinicians also identified that the geographical isolation of Perth meant that some services were delivered differently, e.g., telehealth and "flying" speech-language pathology services.

A very strong theme to emerge from the answers of all of the clinicians who had been on placement at the not-for-profit organisation, Therapy Focus, was multidisciplinary working. All of them saw that the organisation had an excellent model of multidisciplinary team (MDT) working. They felt that by taking part in this experience they were able to initiate better MDT working in their current workplaces. However, some reported that they often felt disappointment that not all teams they worked with after graduation worked as well as the team they had experienced while on the placement exchange.

There were other strengths of the not-for-profit organisation (Therapy Focus) that the clinicians felt had influenced their current practice. They identified family-centred practice and the "learning everywhere" philosophy as particular strengths. However, again disappointment expressed was that this may be difficult to replicate in the UK.

Summary

The opinions of the clinicians involved in this exchange suggest that there were many immediate and long-term benefits both personally and professionally for the clinicians who came to Australia for an overseas placement experience when they were students. Some of the benefits were due to the overseas experience in general and were similar to previously published reports relating to the experiences of Australian speech-language pathology students doing a placement abroad (Stevens et al., 2010) and the experiences of other health professionals who have participated in cross-cultural placements (see Mutchnick, Moyer, & Stern, 2003 for review). These included increased confidence, a global perspective on the profession, increased cultural competence, greater interdisciplinary team participation, increased flexibility, and increased adaptability. But there were also powerful professional benefits. The participants felt that taking part in the placement opportunity had shaped who they had become as clinicians and may have helped them gain employment after graduation.

The themes that emerged from this study, and from previous reports (e.g., McAllister et al., 2006; Stevens et al., 2010; Trembath et al., 2005), suggest that international placement opportunities are an effective method for preparing clinicians for a world with increased international mobility. The clinicians felt better prepared for working with a diverse client group. While none of the participants in the current study have worked overseas since participating in the international placement, there was some evidence that the placement had prepared them to work in a range of different settings including the possibility of working overseas. The participants reported that the placement had made them aware that the skills that they had learnt at university were transferrable to an overseas setting. They also highlighted that the placement had helped them to be more confident, flexible, adaptable and reflective clinicians, who were willing to take on new challenges.

In addition to personal and professional benefits, the participants reported that some of the models of practice that they had learnt on their Australian placement had also benefitted the UK services in which they later worked. While previous studies regarding other health professionals have reported the benefits of cross-cultural exchanges for host populations (see Mutchnick et al., 2003 for review), the benefits for services that participants later work in has not been previously reported in the literature. While it is possible that these benefits were specific to the particular service in which the majority of the students were placed while on exchange and to the students returning to work in the UK and NHS context, it is an interesting and important

benefit. This possible added benefit should be considered when designing overseas placement opportunities and should also be explored in more detail in future research. As a result of the positive feedback from students who participated in this exchange opportunity, it will continue in 2014.

1. Therapy Focus adopts a collaborative service model and consultation with a wide range of stakeholders (including but not limited to parents, family, carers, educators, community service providers) is a key element of the model.

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