International Students in Speech-Language Pathology Clinical Education

Placements: Perceptions of Experience and Competency Development

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Abstract

**Purpose**

This study aimed to describe perceptions of clinical placement experiences and competency development for international speech-language pathology students, and to determine if these perceptions were different for domestic students.

**Method**

Domestic and international students at two Australian universities participated in nine focus group interviews. Thematic analysis led to the identification of two themes shared by international and domestic students and several separate themes.

**Result**

Shared themes identified the important influence of students' relationships with clinical educators, unique opportunities, and learning that occurs on placement. International student themes included concerns about their communication skills and the impact of these skills on client progress. They also explored their adjustment to unfamiliar placement settings and relationships, preferring structured placements to assist this adjustment. Domestic student themes explored the critical nature of competency attainment and assessment on placement, valuing placements that enabled them to achieve their goals.

**Conclusion**

The findings of this study suggest that international students experience additional communication, cultural, and contextual demands on clinical placement, which may increase their learning requirements. Clinical education practices must be responsive to the learning needs of diverse student populations. Strategies are suggested to assist all students to adjust to the professional and learning expectations of clinical education placements.

*Keywords:* clinical education, international students, placement, fieldwork, competency

Differences in Experiences between International and Domestic Speech-Language

Pathology Students on Clinical Placement

Globally, speech-language pathology (SLP) university courses accept a range of

students from domestic and international contexts. All students are required to

demonstrate the clinical and professional competencies required to enter the

profession and practice successfully as SLPs (Goldbart, Marshall, & Evans, 2005; S.

McAllister, Lincoln, Ferguson, & McAllister, 2011). Clinical education programs

provide authentic opportunities for students to develop SLP competencies and skills

in contemporary practice environments (Higgs, 2012; L. McAllister & Lincoln, 2004;

Rodger et al., 2008).  All students must be able to adapt to the various practice

contexts and expectations they encounter across different clinical placements in

order to successfully develop and demonstrate the required competencies (Rodger

et al., 2008).  This research aims to explore domestic and international students'

perspectives about the complex experience of learning on placement.

Learning on Placement

Clinical placements typically involve teaching and supervision of students by an

experienced SLP, referred to in this paper as a clinical educator (CE). CEs work

closely with students and focus on their individual learning needs, developing

supportive relationships with students and managing their own role in assessment of

competency. They must also ensure the primacy of client care during placements,

and manage the competing, multidimensional demands of their service settings (S.

McAllister et al., 2011; Rodger et al., 2008). CEs bring a range of interpersonal styles

and professional skills to their relationships with students on placement. Students in

turn, must develop effective interpersonal communication skills to manage

themselves, their various CEs, and their relationships with clients within diverse placement settings (Billett & Choy, 2012; L. McAllister & Lincoln, 2004).

Students are active agents of learning within clinical placements. The authentic and varying opportunities presented in placement settings assist them to be intentional and goal driven learners. The nature of clinical education emphasises the importance of students working and interacting with their CEs to achieve a shared understanding of their goals (Billett & Choy, 2012). Successful placement learning experiences therefore require all students to manage the interaction between their own goals and purpose, maintaining their sense of self, their interpersonal relationship with their CE, and their understanding of the placement context (L. McAllister & Lincoln, 2004). Given the complexity of clinical education it is not surprising that both domestic and international students are often challenged while on placement.

### International Education and Student Mobility

Student learning communities are frequently comprised of people from diverse ethnic, cultural, and linguistic backgrounds. International students contribute to this diversity, comprising up to 10% of students enrolled in SLP programs in Australia (Attrill, Lincoln, & McAllister, 2012) and the United Kingdom (Goldbart et al., 2005). This proportion is expected to increase as more globally mobile students in the future seek intercultural learning experiences (Andrade, 2006). Like 'local' or 'domestic' students, 'international' students are not a homogenous group. For universities, international student enrolments encourage diverse student populations, providing opportunities for all students to develop skills to function within an increasingly interdependent and interconnected world (Andrade, 2006; Trahar & Hyland, 2011).

However, there is increasing recognition that "learning, teaching and assessment are constructed and mediated by cultural norms and academic traditions" grounded in the particular knowledge, philosophies and practices of the home culture (Trahar & Hyland, 2011, p. 627). These culturally embedded practices and expectations may favour the learning and development of students from the home language and culture over others (Haigh, 2009; Trahar & Hyland, 2011).

In Western international education research, difficulties with teaching and learning for international students are often attributed to English language proficiency (Andrade, 2006; Leask, 2011). However, there is increasing acknowledgement that students operating in a second language are frequently also operating in a second culture, adding further learning complexity. The learning behaviours that are valued and important in some cultures are less prominent in others, and these expectations are often not explicit for international students (Jackson, Watty, Yu, & Lowe, 2006; Leask, 2011). However, international students may be able to identify values important for learning in other cultures and adjust their behaviours to meet these expectations. Some studies have indicated that international students prefer student centred approaches to learning that require them to be active learners, even when their home country education experiences have been teacher directed (Andrade, 2006; Wong, 2004). Wong's (2004) interview study of Asian international students studying in an Australian university found that participants valued student-centred learning activities such as practical experiences, searching for information, or participating in tutorials. This study concluded that Asian students are able to adapt to learning requirements that are less familiar to them, but require time to adjust (Wong, 2004).

International Health Professional Students and Clinical Placements

For health professional students, there are shared cultural values and meanings for different settings to be mastered during clinical placements. These operate as ideas, rules and codes, enabling individuals within an organisation to communicate and work successfully with others, and to interpret professional roles and behaviours (Remedios & Webb, 2005). Students need to develop 'cultural literacy' to understand the social context and professional rules of each placement setting. This skill mediates the development of their professional competencies (Billett & Choy, 2012; Remedios & Webb, 2005). The cultural context for each placement setting may require greater adaptation by students from different cultural or linguistic backgrounds. Adjustment may also be greater for international students orienting into foreign service delivery systems and structures (Billett, 1996; Remedios & Webb, 2005).

Much of the literature about international health professional students in academic contexts problematizes their communication and cultural skills. This may obscure their positive contributions to university learning environments such as increasing cultural awareness of peers and teachers, for example through sharing their cultural practices and perspectives (Edgecombe, Jennings, & Bowden, 2013; Haigh, 2009). Problems highlighted include perceived differences in learning styles, expectations of learning, and interactions with teachers (Andrade, 2006); different understandings of health systems and social contexts such as client- centred practice and interprofessional relationships (Woodward-Kron, Hamilton, & Rischin, 2007); and verbal and written language proficiency (Chur-Hansen & Vernon-Roberts, 1998).

Despite some literature addressing communication and cultural factors influencing international health professional students in academic settings, there is scant

published research about their learning on clinical placements (Edgecombe et al., 2013).  A survey of 192 physical therapy CEs in the United States found 16.5% of respondents noted competency differences "between majority and minority students", where 'minority students' were from non-Caucasian American or non-American backgrounds. Communication skills, including accent and basic English skills were noted as areas of weakness for minority students (Clouten et al., 2006:10).  In Canada, Bolderston, Palmer, Flanagan, and McParland (2008) conducted a small study of the perceptions of English as second language (ESL) radiation therapy students and CEs about barriers to student learning in clinical placements. In separate focus groups, students and CEs identified concerns about communication, confidence, and avenues for support (Bolderston, Palmer, Flanagan, & McParland, 2008). Similarly, Ladyshewsky's (1996) focus group interviews with nine Asian physiotherapy students and eleven Australian CEs identified similar concerns about communication difficulties for international students on placement. This study also identified that students' cultural background influenced their ability to meet CE expectations of learning and interaction. These expectations included culturally embedded learning behaviours such as self-directedness, assertiveness and independent problem solving skills (Ladyshewsky, 1996).

   A UK study of international SLP students discussed the demanding nature of English language requirements for clinical placements (Goldbart et al., 2005). The authors proposed that the nature of SLP practice requires all students to demonstrate high level English skills such as making precise judgements about spoken language, monitoring the success of interactions with clients with communication difficulties, and comprehending and analysing clients' communication patterns (Goldbart et al., 2005). These high level English language skills, coupled

with the cultural and contextual differences experienced in clinical placement settings, may create additional learning complexities for international SLP students on placement. Much of the literature published about this area should be interpreted cautiously, as it reflects the preliminary nature of the research conducted, and is founded on opinion, small pilot studies, or weakly validated survey instruments.

There have been no previous investigations of international SLP students' experiences of clinical placements or their perceptions of clinical competency development, and whether these differ from those of domestic students. Therefore the following research questions underpin the current study:

1. What are the perceptions of international SLP students regarding their clinical placement experiences and the impact of these on their competency development?

2. Are the perceptions of international students different than those of domestic students?

**Methods**

**Participants**

Domestic and international students from two universities located in separate Australian states were invited to participate in the study if they had completed at least one clinical placement. Table 1 shows the number of domestic and international students who participated across the two universities. More students consented to participate but were unavailable at the interview time. In Australia, 3% of SLPs are male, so the number of male participants is representative (Speech Pathology Australia, 2012).  Of the 19 participants, ten were from Singapore, three

from Malaysia, two each from the UK and Canada, one from Taiwan, and one from

Kuwait.

**Procedures**

   **Ethics approval.** This study was approved by Ethics committees at the

universities from which participants were recruited.

   **Focus groups.** All SLP students engage in clinical placements, providing a basis

for a shared understanding from which to explore and clarify their experiences.

Focus group interviews were chosen as the qualitative method to generate and

collect data as they enable group members who have shared experiences to discuss

issues and construct meanings through interactions with each other. This method

provides rich data that may not be accessible via individual interviews (Kitzinger,

1995; Stewart, Shamdasani, & Rook, 2007). Table 1 shows the number of focus

groups conducted at each University. University A focus group interviews were

conducted by the third author (SM) and those conducted at University B were

conducted by the first author (SA). There were nine focus group interviews

conducted in total, comprising between three and seven participants, and lasting

approximately sixty minutes.

<Insert Table 1 about here>

   An interview guide was designed to probe students' experiences on placement,

with a focus on competency development, assessment, and factors that influenced

learning (see Supplementary material). Topics were identified from themes in the

literature about placement performance and learning preferences of students from

diverse backgrounds that were relevant to the research questions (Bolderston et al.,

2008; Ladyshewsky, 1996; Woodward-Kron et al., 2007). All interviews were audio recorded and transcribed verbatim. NVivo 10.2 software was used for data management. The first author listened to all interviews and wrote memos about the conversation, topics and interactions within and between groups (Braun & Clarke, 2006).

**Analysis**

Krueger and Casey's (2009) classic analysis framework was used in combination with Braun and Clarke's (2006) procedures for thematic analysis. This combined strategy enabled a rich thematic description of the entire dataset and consisted of the following steps (Braun & Clarke, 2006; Krueger & Casey, 2009):

1. Initial open coding of the interview transcripts
2. sorting of the resultant coded data into the relevant topics probed at interview
3. categorisation of these sorted open codes, and
4. identification of themes

Open coding was used to describe the transcribed data, and occurred concurrently with subsequent interviews (Braun & Clarke, 2006). Table 2 illustrates the open coding and sorting of the transcribed data according to primary interview topics. Information about group interaction was included in open codes, annotations, and interview memos (Kitzinger, 1995). Constant comparison of codes, categories, and themes occurred both within and across interviews to verify that they were internally consistent and grounded within the data (Braun & Clarke, 2006; Onwuegbuzie, Dickinson, Leech, & Zoran, 2009). Coded data for each interview topic were categorised, as demonstrated in Table 2. Categories developed iteratively with additional codes from subsequent interviews.

<Insert Table 2 about here>

Domestic and international student interviews were analysed separately to assist in identifying similarities and differences in the categories and themes. Identification of themes was guided by the classic analysis framework which includes consideration of the frequency of comment, intensity of response, the response specificity, the extensiveness of the response across participants, and the relationship of the responses to the research question and interview topics (Krueger & Casey, 2009).

**Rigour.** Data from focus groups conducted at University B was used to verify the categories identified from interviews at University A, hence the reduced number of groups and participants from University B. Analysis revealed that the same categories existed in both datasets, and saturation was achieved. Categories from both groups were then integrated and themes identified (Onwuegbuzie et al., 2009).

The three authors conducted independent categorisation of 307 open codes comprising the University A domestic student interview topic 'Experiences developing competency', and on 106 codes comprising the University B international student topic 'Placement experience'. Categories identified independently by the authors were discussed, minor discrepancies resolved, and consensus was achieved. Analysis of the remaining dataset was conducted by the first author.

Participants were provided an opportunity to review their interview transcripts for accuracy and validation. Ten domestic students and nine international students responded, with three providing minor feedback about speaker attribution which did not affect data content. To verify themes, two additional focus groups were

conducted with current students meeting identical inclusion criteria, as the original study participants had since graduated. These comprised a group of eight domestic students and a group of four international students from University A. Students from both groups agreed with the themes discussed, and were able to elaborate these themes with examples from their own experiences.

## Results

International and domestic students shared two central themes about their placement experience and competency development. Three separate themes for international students, and four themes for domestic students were also present in the data. Themes are reported in order of their frequency and prominence established during data analysis. The abbreviation DS denotes Domestic Students, and IS denotes International Students. Figure 1 displays a Venn diagram illustrating the two sets of IS and DS themes, and the shared themes located at the intersection.

### Themes Shared by International and Domestic Student Groups

The two shared themes were 'Centrality of the clinical educator relationship' and 'Individual nature of placement experiences and competency development'. While these two central themes were shared, there were some differences in the underlying categories for IS and DS.

**Shared theme 1: Centrality of the clinical educator relationship.** The relationship that students develop with their CE on placement was considered crucial by many students, and influenced their perception of the placement's success.

I think it's the whole how you get along with your clinical educator and I think it's

a personality sort of thing (DS group 1; Participant 3).

More than anything, it's the level of support, the approachableness of the clinical

educator, I think, and they're the ones that empower you (IS group 1; Participant

6).

Variability of CE teaching skills, interpersonal styles, and approachability featured

in comments for all interviews. This contributed to the challenge of establishing and

understanding their CE relationship, particularly for IS. DS acknowledged the benefit

of working with a variety of CEs who model diverse professional skills and

behaviours.

There's a huge variability in educators, and how they work, how they manage

stuff, and their expectations of what you'll know (IS group 2; Participant 2).

I think working with a variety of CEs is a really beneficial thing because you

become a more rounded clinician in yourself because you're aware of the different

styles (DS group 4; Participant 3).

IS and DS felt that open communication, transparent expectations, and regular

feedback from the CE assisted to establish beneficial relationships and learning from

the placement outset. IS also placed value in direct instruction and modelling of

professional skills and behaviours.

Where do I go from here? Am I doing it right, am I doing it wrong? Neutral

feedback is not enough. I need specific details (DS group 4; Participant 2).

Some structure provided and … 'this is how we do it, and here are some therapy

methods and if you don't know them I can give you some instructions and provide

you some information to read' (IS group 1; Participant 4).

IS commented about the complexity of their relationships with CEs from an intercultural perspective. For example, IS often discussed their difficulties understanding the nature of their learning relationships with CEs, and drew comparisons with teacher relationships from their home countries.

Initially, I didn't know how to approach the educators, like it's kind of different back home where... we have to respect that person more like be important or something, but over here they're more a friend. (IS group 1; Participant 6).

**Shared theme 2: Individual nature of placement experience and competency development.** All participants valued the broad learning opportunities gained through working with the range of clients on placement. However, participants also expressed concern about the influence of placement setting and service delivery context on their opportunities to develop skills.

You really want the best for the client… So yeah, it pushes you and motivates you to find out more (IS group 2; Participant 5).

Just the nature of the job itself meant that we didn't get to see very many clients...and I think that was a bit disappointing, because we didn't get to learn as much as I thought we would. (DS group 5; Participant 4).

All participants appreciated the diverse learning opportunities afforded by their unique placement experiences. However, they felt that competency expectations were frequently unclear for CEs and students and that the assessment was not conducted in a consistent manner. As a result, students perceived that judgements about their performance were not well founded and this reduced their confidence in the assessment results and how well it reflected their overall competency development.

That's what I meant before...you know everyone's open to their own ideas of what

they think each criteria means.  So with different clinical educators you get

different.... (IS group 1; Participant 2).

Knowing as a CE more about the competencies would be beneficial before you

evaluate someone (DS group 2; Participant 2).


**International Student Themes**

Three themes were identified for international students' perceptions of their

placement experience and competency development. These were: 'Influence of my

communication skills, 'Adjustment,' and 'Structured learning environments'.


**International Student theme 1: Influence of my communication skills.** IS

perceived that their English language skills often negatively influenced their

competency development and placement assessment, although this was not a

universal experience. International students who spoke English as a native language

and who were from Western cultural backgrounds described less impact of their

communication skills compared with those speaking English as an additional

language.

English is my second language, so I don't have the formal foundations on how

some of the vocab, or some of the grammar are working out. It does impact... on

my reasoning, on my session plans, speaking and stuff. So yeah, it does have a

big impact (IS group 3; Participant 2).

Participants discussed the impact of their communication and cultural skills on

clients' progress. They expressed concern that their clients were disadvantaged,

commenting about the influence of communication features including their accent,

vocabulary, writing skills, and their cultural competence as communicators with Australian clients. They also described the burden of constantly attending to their own communication as well as their clients', whilst still learning their professional craft and competencies.

> That's one of the pressures I feel... having people not understanding me, parents not understanding me, kids learning the wrong things.  Cos I know my pronunciation is different from the Australians themselves (IS group 1; Participant 6).

**International Student theme 2: Adjustment.** The challenge of adjusting to unfamiliar places, organisations, systems, and the service delivery environments of Australian placements was discussed extensively by international students, regardless of their country of origin or linguistic background. They often struggled to understand how their placement organisation was situated within local health and education contexts.

> It's that inbuilt local knowledge that everybody else's got...the same with the structures and the organisations, how it works, why does it work that, why here, now?  Why is it completely different to everything I know? (IS group 2; Participant 7).

Students commented on a number of aspects of the supported, peer and participatory learning models they encountered during their Australian placements.

> It may be a bit of a struggle, culturally or personality wise, but... when you just take that step to ask and enquire, and you clear your own doubts, you get a lot more from the whole experience (IS group 2; Participant 4).

Students from Asian countries frequently discussed their cultural communication attributes and learning preferences in relation to these models and their relationships with CEs. This included discomfort with asking questions and 'speaking up' in a placement context. The requirement to 'learn by doing' in less structured placement environments was often new and students needed to adjust their expectations about learning on placement accordingly.

I think learning and asking, it's a very important skill to do, and it's not easy, depending on your personality type, and on what you've been taught - not to ask questions (IS group 2; Participant 4).

**International Student theme 3: Structured learning environments.** Many students considered the learning environment created by individual CEs within unique placement contexts to be crucial for their success and acknowledged that placement structures were often designed to support the skill level of students. IS commented that predictable, structured learning environments assisted them to navigate unfamiliar placement settings and client populations.

It would help me more if the placement provides more structure. If the placement is less structured… I would leave the clinic thinking 'what have I learnt' (IS group 1; Participant 4).

IS frequently and intensely highlighted the importance of orientation and structured learning from the placement outset. This assisted their understanding of social, cultural, and structural contexts of the organisation and service delivery, and also helped to clarify CE expectations regarding placement activities and competency development.

You're coming from different backgrounds, you're doing different things.  You're

coming to a new organisation. It's always good to have that one week of 'this is

what we do, this is how you do it' (IS group 1, Participant 2).

Many IS commented about their difficulties participating in less structured group

activities with CEs and peers on placement. They commented that language and

cultural differences contributed to them feeling excluded from discussions. For some

participants, difficulties with group learning activities created barriers to participating

fully in placement learning opportunities.

'If English isn't your language it's a lot harder to be able to get in there fast, you

know, when there's an opening.' 'You want to respect them, let them finish the

whole thing that they are going to say.' 'And then it's too late cos someone else

has got in' (IS group 1; Participants 3 and 6).


**Domestic student themes**

The four themes aligned with DS were 'Being in charge of my competency';

'Working collaboratively'; Developmental structures supporting competency',

and 'High stakes activity'.

**Domestic Student theme 1: Being in charge of my competency.** Many students

understood that the varied nature of their placements represented opportunities to

target different skills and competencies. However, DS strongly identified the

importance of being 'in charge' of their competency development through developing

goals.

I did my own little (competency assessment)... and wherever I could in this

placement, you know, tick them off as I went and it was just a personal thing for

me which I thought was useful (DS group 1; Participant 1).

DS strongly identified the need to be self directed learners, and to work towards

being more independent practitioners. They felt increasing ability and autonomy was

a marker of competency development as they progressed through their placements.

I think taking initiative with any CE is actually better than waiting for them to give

you feedback, because most of them actually want you to talk and want you to

say how did you feel, what did you do, what was good (DS group 4; Participant

3).

**Domestic Student theme 2: Working collaboratively.** Collaborative learning

experiences with peers and other health professionals in the placement context were

highly valued by all students as they provide opportunities for shared perspective,

feedback and reflection about placement and clients. DS emphasised the value of

peer support as a source of joint understanding, support, and learning with the

placement situation.

I've found being on placement with other students has helped, because quite

often your can talk amongst yourselves, and you can work out problems before

going to your CE (DS group 3; Participant 3).

DS also commented that opportunities to collaborate with CEs to set placement

goals and participate mutually in their competency assessment were valuable. This

collaboration enabled DS students to feel empowered as agents of their learning

outcomes.

If you can actually discuss it [competency assessment], and that was the best

thing, actually being able to have the discussion. It wasn't just slap bang, there

you go, that's what you got (DS group 2; Participant 4).


**Domestic Student theme 3: Developmental structures supporting competency.**

Categories included in this theme resembled the IS theme 'Structured learning

environments'. However, DS more frequently and intensely emphasised the

importance of reducing developmental placement supports and structures as their

skill and experience increased. DS also preferred flexible placements that enabled

them to explore their individual competency and learning goals.

I think that we went through things [orientation] for four days I reckon. Too

longwinded, I thought. She went to heaps of details but it wasn't really necessary

(DS group 1; Participant 3).

Some DS reported a tension between their professional skills as learners, and

their ability to deliver authentic, competent services for their clients on placement.

They identified conflict in 'identifying yourself as a student, and how other

professionals perceive you, and then that ends up the way that they treat you' (DS

group 5; Participant 1), versus being 'the expert, even though you're still the student,

you're the expert in the room' (DS group 3; Participant 3). Conversely for IS, themes

about their competency to deliver services to Australian clients were more focussed

on their communication skills.

DS also commented on their changing relationship with their CE as they

developed greater skill and confidence. Students highlighted the shifting balance of

their relationship with their CE from a 'teacher-student' during their early placements,

to 'see(ing) you as an equal' (DS group 5; Participants 2 and 4). The development of

collegial CE relationships was an important marker of competency development for students.

> You take away those barriers, and you realise you work with them more as a colleague, which is really great to have that equality in the relationship (DS group 4; Participant 1).

**Domestic Student theme 4: High stakes activity.** Opportunities to develop SLP competencies on placement were considered high stakes activities by all students, with implications for future professional practice. DS emphasised their role in initiating opportunities for competency development and 'start(ed) to worry that you're not there [competent]' (DS group 2; Participant 4) if they were unable to access the range of experiences required from each placement.

> I've been trying to organise to have experience in other areas… to get some more experience doing speech and language intervention (DS group 2; Participant 3).

> Competency assessment on placement was considered a high stakes activity that invoked anxiety for many students. DS also strongly linked their placement assessment with future placements and employment expressing concern that despite being 'at uni for three years, this one thing kind of decides, yes or no…..your future' (DS group 3; Participants 1 and 3).

## Discussion

This study used focus group interviews to explore perceptions of clinical placement experiences and competency development for SLP students, and to determine if these perceptions were different for international and domestic students.  Although many discussion topics were shared by both groups, there were important

differences in the frequency, intensity and specificity of the themes identified for international and domestic students. These distinctions informed the thematic analysis, resulting in the shared and individual themes described for both groups. Two themes were shared by domestic and international students: the important influence of the relationship students develop with their CEs; and the unique opportunities and learning that arise in placement. However there were some distinct themes that emerged more strongly for international and domestic students respectively.

There were three themes specific to international students. First, international students felt concerned about whether their communication skills were sufficient to deliver SLP services to Australian clients. They monitored their communication exchanges with clients, CEs, and other placement stakeholders. Second, international students emphasised their difficulties adjusting to placement settings and service delivery models that were often dissimilar to those they had encountered in their home countries. This adjustment was complicated by placement learning models and CE relationships that were different from their previous experiences as learners at home. Third, international students highlighted their preference for more structured placements and modelling to assist their learning. They felt that explicit orientation, predictable placement organisation, and CE modelling of practice and skills helped them to understand the service context and expectations.

Four themes specific to domestic students were identified. First, participants emphasised their role as self-directed learners, pursuing their goals and competencies through varied placement opportunities. In the second and third themes, domestic students highlighted the importance of placement structures, learning supports and collaboration to support them to develop more independent,

autonomous practice. Participants also valued collegial relationships with CEs and peers. Fourth, domestic students identified competency attainment and assessment as critical aspects of learning and assessment for entry into the SLP profession.

International students were concerned about the high level English language skills required to deliver competent SLP services to Australian clients. This is consistent with previous research findings that ESL health professional students and their CEs were concerned about their communication difficulties in clinical placements (Bolderston et al., 2008; Clouten, Homma, & Shimada, 2006; Ladyshewsky, 1996). Areas identified in these studies were similar to the current study, including aspects of spoken language such as accent, vocabulary and professional communication, as well as written English and non-verbal skills. These skills were identified as a barrier to successful communication with clients and staff. The current study indicates that international students are concerned about the impact of their communication skills on clients and their competency to deliver SLP services compared with domestic students. However there is currently no research on whether these perceptions correlate with client perspectives of SLP services provided by international students.

Most placements are student centred in their approach as students are actively involved in their learning (Billett & Choy, 2012). Previous research has found that international students from education systems that are teacher directed value and can adjust to these student centred learning approaches (Andrade, 2006; Wong, 2004). Interestingly, international students discussed preferences for structured placement environments, scaffolded learning, and explicit modelling of professional behaviours. This may relate to their previous experiences and philosophies of learning in their home cultures. It may also reflect strategies for coping with the additional cognitive demands required to monitor communication exchanges and

adjust to placement contexts, whilst concurrently developing their professional competencies (Jackson et al., 2006; Leask, 2011). Further research is needed to confirm if additional learning demands exist for international students during clinical placements and any consequences for professional competency development. Research is also need to understand if the structuring described by international students conflicts with the student centred approaches used on placement or could in fact co-exist in a complementary manner. This will facilitate the development of better placement supports to enhance their learning experiences.

Many international students in this study who were from countries within Asia and the Middle East commented about being challenged by expected learning behaviours such as asking questions, seeking assistance, contributing to discussion, and developing interpersonal relationships. In Ladyshewsky's (1996) Australian study, CEs expected physiotherapy students to be independent and assertive in their learning on placement and to bring forward ideas and perspectives. These expectations were similar to themes about self directed learning and independence identified by domestic students in the current study. Ladyshewsky described these learning behaviours as culturally embedded, and developed as part of learning in a Western culture (Ladyshewsky, 1996). In the current study, international students valued these learning behaviours, and described adapting their strategies to accommodate expectations. Woodward-Kron and colleagues (2007) noted that international health professional students recognised the need to adapt to the dominant culture's norms and standards in the clinical placement environment. These findings confirm that the nature of learning behaviours expected on clinical placement may be challenging for some international students at least initially.

In the current study, domestic and international students explored the influence of their placements, clients, and CEs on their competency outcomes. They were aware that different placements created unique opportunities for learning and goal attainment. Students' knowledge, learning, and competency outcomes may be mediated by the varying social and cultural practices, norms, and expectations encountered during their placements (Billett, 1996). Students are also required to decode the rules, language, and shared meanings unique to the culture of their individual placements and CEs, in addition to understanding organisations, systems, and learning requirements (Remedios & Webb, 2005). These factors combine to create unique placement experiences and learning opportunities for students.

The individual nature of placements and their unique learning requirements may create extra workload for international students, especially those managing additional communicative and cultural adjustments. International students identified the added challenge of adapting to new environments, systems, and organisations for each new placement. This adjustment was acknowledged by international students regardless of their country of origin, including those from Western countries. All students may benefit from interventions to assist their adjustment to new placement settings, clients, and CEs, enabling them to better understand their role and learning expectations.

**Strategies to Support Students' Learning on Placement**

The following strategies were recommended by international and domestic students in the current study to inform their understanding of the placement context and establish beneficial learning relationships:

- structured, clear orientation processes at the commencement of placement

- explicit negotiation with CEs about learning expectations

Additional strategies suggested by international students included:

- transparent placement structure and modelling, particularly early in their

  placement programs

- longer placement duration

Understanding the structure of placements and the modelling of behaviours may assist to reduce the learning load for international students, and particularly those operating in a second language or adjusting to cultural differences (Andrade, 2006; Jackson et al., 2006). Longer placements are increasingly being recognised as beneficial for all students' learning (Holmboe, Ginsburg, & Bernabeo, 2008), and may provide the time for international students to adapt to the organisational, cultural, and learning expectations of each placement setting. However, longer placements can be at the expense of variety in learning experiences so careful thought needs to be given to balancing length and variety. These strategies require further investigation as they may assist all students to adjust to new placements, and to more clearly delineate their role as learners.

**Study Limitations**

This study only recruited student participants from two Australian universities offering SLP courses. While there were no major differences in themes identified from the separate analysis of data from University A and University B, it is still possible that differences may arise in the perceptions of students from other courses due to different contexts and educational practices. International students recruited were largely from South East Asia, which is typical of international students enrolled in Australian SLP courses (Attrill et al., 2012). However, the profile of international

students entering SLP courses outside of Australia is likely to differ, so the findings

of this study are bound to the Australian context, and should not be further

generalised. The findings should therefore be interpreted with caution, and further

investigations of clinical placement experiences and competency development for

other SLP student groups should be conducted.

**Conclusion**

The purpose of this study was to describe perceptions of international SLP students

about their clinical placement experiences and competency development, and to

compare these with domestic students' perceptions.  From the findings, it can be

concluded that international students experience additional communication and

cultural demands on clinical placement, which may increase their learning

requirements. This is complicated by unfamiliar placement settings, systems, and

service delivery contexts. These additional learning demands were not identified in

domestic student themes. It is recommended that further research be conducted to

identify inclusive learning and teaching approaches that will enable both international

and domestic students to adjust, and thrive in their clinical placements. As future

SLP student populations become increasingly diverse, clinical education practices

must evolve to enable more culturally and linguistically sensitive learning

environments.

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