

The Effectiveness of Short-Term International Clinical Practicum Experiences on Communication Sciences and Disorders Graduate Students' Cultural Development and Critical Clinical Thinking Skills

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Abstract

This paper examined what effect short-term international clinical practicum experiences had on Howard University (HU) Communication Sciences and Disorders (CSD) graduate students' clinical skills. The CSD graduate student participants reflected on their attitudes and perception of the short-term international clinical practicum experience conducted during the winter and summer sessions of 2013, 2014, and 2017. Transcribed video diary reflections, focus group reflections, and survey responses captured the views, pedagogical knowledge, and skills and perceptions of 13 CSD first-year graduate students. The findings revealed five themes related to perceptions, cultural awareness, clinical development, and pedagogical knowledge. Findings of the study also revealed that providing CSD graduate students with the opportunity to participate in short-term international clinical practicums increased their clinical skills, cultural and self-awareness, and changed some perceptions they may have had about other cultures. This paper also reflects on the recommended incorporation of clinical supervision for short-term international clinical practicum programs, and key factors critical to the development and successful implementation of such a program.

For decades, colleges and universities in the United States have used study abroad service learning pedagogy and practices to connect students to community service efforts in which local, state, and national social issues of concern are addressed (Blouin, & Perry, 2009). In this manner, they have afforded opportunities to student participants to open their minds and increase awareness and appreciation for cultural diversity (Hutchins, 1996). Study abroad programs offer students the opportunity to learn while typically earning academic credit through international experiences (Lee, Therriault, & Linderholm, 2012). Study abroad programs can provide individuals with unexpected situations and experiences that may not fit into their existing knowledge structure. These experiences can assist with making sense of how everyday life events unfold all over the world. Over the years, international travel education programs have been receiving increased attention as a method to help students develop their international knowledge and adaptability (Mapp, 2012).

Studying abroad is one way to sharpen awareness of self while cultivating the cognitive processes of people with an open mind, heightening their cognitive complexity and their critical

thinking skills (Shope, 2015). Being open-minded to cultural paradoxes assists individuals with making sense of their own curricular experiences abroad, and perhaps a better understanding of his/her own culture. When an individual becomes faced with adapting to a new context, they deepen their understanding of both the “other” and of themselves, allowing them to experience themselves differently within the new environment (Young, Natrajan-Tyagi, & Platt, 2015). There are various benefits to engaging in a study abroad program including, increased international knowledge and understanding of global issues, a more mature and objective perception of home and foreign countries, complex intercultural communication skills, increased reflective thought, self-reliance, and self-confidence (Lee et al., 2012).

Secondary to the changing ethnic makeup of the U.S. population, experiential service learning abroad programs can be one of the most impactful benefits for communication sciences and disorders (CSD) students. Experiential service learning can assist in developing pedagogical knowledge and skills necessary for CSD students to meet the expectation of being culturally aware, able to independently incorporate evidence-based clinical sciences, and able to independently gather clinical data for effective assessment and treatment (Hall, 2016). CSD graduate clinical practicums are a critical component of the education and training of future U.S.-based speech-language pathologists. The ultimate goal of clinical practicum experiences is to enhance the knowledge and hands-on clinical skills of the graduate student through the method of exposing them to various populations and scenarios of disorders and treatment. CSD clinicians should be able to think critically about all the relevant information about each individual on their caseload, including how to formulate a functional treatment/intervention plan. However, despite the growing increase in multicultural/international populations within the clinical setting, the ability to actively address multicultural populations from a nontraditional approach is not often a conventional instructional method taught in CSD graduate programs. As a result, many graduate students are not able to convert culture-specific learning and observations to culture-specific situations within clinical settings. Within most graduate CSD programs, the time to graduation is approximately two to two and a half years, or five to six semesters of intensive pedagogical and clinical work (American Speech-Language-Hearing Association [ASHA] & CAPCSD, 2015). As a result, many CSD graduate students are not able to spend a semester to a year abroad.

One solution to assisting students in increasing their critical thinking and cultural awareness skills is to immerse the student in cultural settings. This may lead to a greater clinical intercultural development and understanding of cultural populations they may not have previously come into contact with. Intercultural development addresses how individuals may think and feel about diversity and cultural difference. When an individual develops intercultural skills, they also gain a baseline for matching their clinical practice skills and development to their clinical readiness. The development of intercultural skills can be achieved through the presentation and exposure to service learning opportunities. Service learning is a collaborative teaching and learning strategy designed to promote academic enhancement and personal growth. When a service learning experience is developed in a manner that encourages a student to reflect and examine their experiences, and relate to their academic exposure, this can both enhance and develop their critical thinking skills and professional/discipline-specific pedagogy individually and in groups.

Clinically, study abroad experiences allow the opportunity for increased self-awareness, deeper interest in the well-being of others from a clinical perspective, understanding of multicultural issues that may impact assessment and treatment, enriched faith in one’s clinical capabilities, and an increase in communication self-efficacy. However, secondary to the amount of experiences and time required to complete clinical practicums before graduation, the implementation of extensive study abroad experiences are not always feasible for most graduate programs or their students.

Accordingly, short-term study abroad programs are increasingly becoming the most popular international experience used to enhance and broaden college students’ global competency

(Institute of International Educational Exchange, 2013). Like traditional study abroad programs, short-term study abroad programs offer many benefits to the college student. Some of the advantages include:

1. Allowing students to fit international study and travel into their academic calendar without impacting academic schedules and personal life;
2. Cross-cultural exchange and interaction in the host-country community;
3. An opportunity to experience international education for students uninterested or unable to participate in longer traditional programs before graduation; and
4. Opportunities to create a connection to on-campus courses with immediate experiential service learning abroad (Ferguson, 2017).

Despite student participation in short travel abroad programs' steadily increasing, there is a scarcity of research that demonstrates and discusses the effectiveness and benefits of using discipline-specific service learning abroad opportunities in CSD programs. The paucity of research on discipline-specific service learning abroad opportunities include minimal research on the advantages of this experience for graduate students' clinical pedagogical knowledge and critical thinking skills development. Limited attention is provided on the significance of intellectual gains, cultural, pedagogical knowledge development, clinical science skills development, and short-term travel abroad CSD service learning effectiveness. Therefore, it is important to analyze the effectiveness of short-term travel abroad experiences on the enhancement of preparedness for clinical professional responsibility and leadership skills in CSD graduate students (Astin, Vogelgesang, Ikeda, & Yee, 2000).

Purpose of the Study

The purpose of the study was to determine the effectiveness of participation in a short-term international clinical practicum experience (ICPE) on CSD graduate students' level of development regarding their perspectives on four core intercultural competencies:

1. Personal and cultural awareness
2. Self-awareness of others
3. Ability to manage emotions and thoughts
4. Ability to bridge cultural gaps

The following research questions were developed to guide this study:

1. What perceptions toward cultural diversity, self-awareness, cultural, clinical skills, and overall clinical pedagogical knowledge development did CSD graduate students express after participation in the short-term Howard University (HU) CSD ICPE programs?
2. What perceived clinical knowledge and skills did CSD graduate students develop from participation in the short-term HU CSD ICPE programs?

Methods and Data Collection

This study employed qualitative research methods. Thirteen graduate student participants were selected to attend one of the following three short travel abroad clinical practicum experiences. Experiences were conducted in the Bahamas during the winter of 2013, and the summers of 2014 and 2017. All participants were first-year graduate students enrolled in the CSD graduate program at HU. Students were required to have completed a minimum of two semesters of clinical practicum experience before attending the HU CSD ICPE. Six of the student participants were of African-American descent, three participants were of Caribbean descent, two student participants were mixed—either African-American and white or African-American and Hispanic—and one student

participant was of Filipino descent. Twelve of the thirteen participants were female. Eleven of the thirteen participants had no international experience before the HU CSD ICPE experience. Student participants engaged in a seven-day international clinical practicum experience in which they provided free assessment and treatment services to private clinics, private schools, and community organizations of children with communication disorders.

Student participants were supervised 100% of the time by two ASHA certified clinicians, who were also professors in the HU CSD program specializing in child language disorders in multicultural populations and neurological impairments. Student participants were required to meet the following selection criteria: (a) have a minimum 3.8 GPA; (b) have completed at minimum, two semesters of clinical practicum; (c) have completed, with a B or better, child language disorders, school-age language disorders, language and acquisition, child development, and articulation and phonology; (d) must possess a passport/visa with more than six months before expiration; and (e) have completed a one-page essay explaining why this international clinical practicum experience is essential to their cultural, clinical career goals and how they will benefit from attending. During this experience, student participants came into clinical contact with 50–120 children with communication disorders and earned a minimum of 45 clinical practicum hours each trip. Student participants were engaged in clinical practicum for seven hours each day with a one-hour lunch break. Student participants were informed that limited technology was allowed and the use of informal assessment, treatment, and data collection methods would be taught and encouraged in addition to formal/traditional assessment, treatment, and data collection methods. For the benefits of the program, key objectives were put in place to optimize the time and the clinical skills expected to be developed or enhanced.

Key objectives included: the requirement of spontaneous short-term goal development to increase clinical critical thinking (CCT) skills, random group evaluations with each participant being provided an area of speech and language to focus on, and the requirement to create and implement minimum one-hour professional development workshops for the staff at the educational locations. The specific areas of clinical experience provided during each service learning trip included: literacy, hearing screens, child language disorders, articulation, autism spectrum disorder (ASD), severe disabilities, augmentative and alternative communication (AAC), evaluation and consultation, and report writing and review.

During each program, mandatory individual video diary reflections were required to be completed at the end of each day. The video reflections were developed to capture the thoughts, perceptions, questions, and concerns of the participants' daily practicum experience. Also, student participants were required to participate in daily focus group sessions with their supervisors and peers present. Focus group reflections were conducted one-hour post the completion of each day with all participants present. The supervisors moderated each focus group following a structure of introducing the reflection point topic and prompting student participants to each contribute to their clinical experience for the day. More specifically, student participants were asked to reflect on: (a) their feelings towards providing informal assessments and consultations; (b) perception of the day in relation to their experience prior; (c) one thing they learned clinically; (d) at minimum one thing they learned about themselves; and (e) reflection of the supervisory experience for the day. An audio recording application downloaded to the primary supervisor's cellular phone was used during the focus group sessions. Lastly, at the completion of each short travel abroad clinical practicum experience, student participants were provided a 10-question survey via Survey Monkey©. The 10 questions listed on the survey were:

1. Identify the areas in which you gained clinical experience during this abroad experience (child language disorders, articulation and phonology, ASD, severe disabilities, AAC, consultation, report writing and review, assessments, and other—please specify)

2. Please rate your overall experience with the following areas of experience on a scale of 1–10 (clinical supervision, treatment, evaluation and assessment, goal and intervention writing, progress report writing, and CCT skills)
3. Were you provided with consistent positive feedback, clinical examples, reinforcement, and opportunities to practice your clinical skills during this clinical experience?
4. Were you able to demonstrate clinical independence and express your thoughts and ideas during this experience?
5. How likely is it that you would recommend this abroad experience to other students in the communication disorders field?
6. In your own words, please discuss what the things you liked most about the experience were.
7. In your own words, please explain what the things you liked least about the experience were.
8. Please list three things you learned from participating in this experience.
9. What, if anything, have you taken from this experience that you will now use in your current and future clinical placements?
10. Please take a moment to discuss your overall experience and provide any additional questions, comments or concerns related to this experience.

Data for this study was collected from the video diary daily reflections, transcribed focus groups reflections, and survey responses. Qualitative data obtained from the video reflections, transcribed focus group reflections, and survey responses were analyzed using inductive content data analysis. Validity and reliability of the study data were established by incorporating two blind reviewers to review and analyze the transcribed data, comparing it to its corresponding recordings. This procedure was conducted after the original reviewer completed transcriptions of both the video diary reflections and the focus group reflections audio recordings. Within this process, the data obtained required the primary investigator to code and categorize the data to develop themes and theories.

The coding frame used to analyze data from the video reflections, transcribed focus group reflections, and survey responses was based on codes generated directly from the student participants' responses to the three sources listed above. As reflected in Figure 1, a qualitative analysis of the developed codes generated several emerging themes that were consolidated into five major themes: (a) Pedagogical Knowledge and Skills; (b) International Experience; (c) Cultural Awareness; (d) Perception of Feelings and Attitudes; and (e) Clinical Cultural Competence and Critical Clinical Thinking Skills.

Figure 1. International Clinical Practicum Themes.



Data Analysis

The data obtained was analyzed and coded utilizing a qualitative data analysis method of line-by-line open coding. Open coding is used in grounded theory to define and label concepts, and create categories based on the qualitative data presented. Through the use of this coding procedure, the researcher was able to develop concepts/codes, define the concepts, and create themes based on similarities of participants' responses to the defined concepts. During the line-by-line open coding process, recognized recurring patterns and emerging themes in the data as it was analyzed guided the researcher to create categories and subcategories until the data was saturated. Once the data was saturated and all subcategories were identified, the researcher combined and classified them under emerging categories/themes. Themes that were identified as recurring were then documented, and then operationally defined. The identified themes were operationally defined based on their characteristics and the content of the statements included from the student participants' responses. The identified themes included:

- (a) Pedagogical Knowledge and Skills – defined based on what each student participant discussed as methods and theories learned in the classroom that was utilized and applied to assessment and/or treatment during the international clinical practicum experience;
- (b) International Experience – based on positive reflections and scenarios recounted by the student secondary only to the international clinical practicum experience that caused them to reflect on their overall experience and clinical development;
- (c) Cultural Awareness- based on reflections of assessment, treatment, and consultation differences that were secondary to culture. This included reflections of the differences and changes in approaches and theories learned within the university setting that needed to be made during the international clinical practicum;
- (d) Perception of Feelings and Attitudes – based on opinions from previous clinical practicum experiences and how they affected and changed the international clinical practicum experience. This also includes differently depicted views, expectations, and beliefs discussed during reflections, focus group reflections, and survey responses; and
- (e) Clinical Cultural Competence and Critical Clinical Thinking Skills – based on reflections that highlighted the student participants' demonstrated methods to discovering different ways to provide assessment and treatment that vary from the traditional ways in the United States secondary to culture and resources.

Results

The findings of this study were organized based on the research questions mentioned above.

Question 1: What attitudes toward cultural diversity, self-awareness, cultural clinical skills, and overall clinical pedagogical knowledge and skills development did CSD graduate students express after they participated in the short-term HU-CSD ICPE service learning abroad programs?

All student participants were asked to reflect on their daily engagement in the HU-CSD ICPE programs (see Table 1). They were specifically invited to speak about their perspective and perceptions toward cultural diversity and cultural clinical opportunities to which they were exposed. They were also asked to discuss their reflections of personal and clinical growth and self-efficacy. For cultural diversity, 13/13 (100%) student participants reported positive reflections about cultural diversity exposure and training. All of the participants indicated that the HU-CSD ICPE programs experience changed their cultural perspective positively. Students reported that they were looking forward to learning more about the culture they were immersed in. Also, they reported being further interested in the different views and approaches to disabilities and treatment

presented within the cultures they experienced. These findings were reflected in the following reflections:

- “I have taken from this experience the preparation to function in any environment.” (Student Participant #5)
- “This entire experience has given me the flexibility to understand the background and history of my Caribbean clients personally.” (Student Participant #13)
- “Thank you for this opportunity. I have more confidence in my [CCT] skills for any setting and client that is different from my culture.” (Student Participant #3)

Table 1. Short-Term HU-CSD ICPE Participant Reflections.

PK ^a	IE ^b	CA ^c	Perception (Feelings/Attitude)	CCC & CTS ^d
“I found myself being challenged to think critically on my feet as I was put into real situations with little time to plan my every step.”	“If I could use two words to describe my experience so far, I would say it was very emotional and eventful.”	“I am looking forward to the next few days as I will be learning more about the Bahamian culture...”	“I feel as though an inaccurate picture has been painted for me and I am so pleased that now I am getting to experience another less talked about aspect of speech and language therapy.”	“Um I guess just trying to figure out different techniques or ways to do things was hard for me in the beginning. But by the third day it was coming easier and making more sense.”
“I had the opportunity to do some on the spot training.”	“Wasn’t expecting to jump right into such a raw experience.”	“During this experience, I have often thought about some differences between American schooling and the schools that I have been visiting.”	“Already anxious to see how much I will grow within just a short week.”	“I think one of my downfalls is that ... I think when it comes to kids ..., I’m a little bit of a pushover. But this has helped me be better in working with different races and ages”

Note. ^aPK – Pedagogical Knowledge ^bIE- Intercultural Experience ^cCA- Cultural Awareness ^dCCC & CTS - Clinical Cultural Competence & Critical Thinking Skills

The survey, video diary, and focus group reflections demonstrated that the short-term HU-CSD ICPE program experience also had a positive impact on the student participants’ overall clinical pedagogical knowledge and skill development, and cultural clinical skills (see Table 1). A total of 11/13 (85%) student participants reported that they became more aware of themselves and the biases and limitations they placed on themselves and clients during this experience. Also, 11/13 (85%) student participants reported being more open to learning new skills and receiving redirection and feedback. The participants stated that they were excited to see how much they had grown by the completion of the experience in all areas of pedagogical knowledge and cultural clinical skill. These findings were reflected in reports like:

- “I found myself being challenged to think critically on my feet as I was put into real situations with little time to plan my every step.” (Student Participant #2)
- “I feel as though an inaccurate picture has been painted for me and I am so pleased that now I am getting to experience another less talked about aspect of speech and language therapy.” (Student Participant #10)
- “During this experience, I have often thought about some differences between American schooling and the schools that I have been visiting [here.] I feel as though an inaccurate picture has been painted for me and I am so pleased that now I am getting to experience another less talked about aspect of speech and language therapy. Already anxious to see how much I will grow within just a short week.” (Student Participant # 6)

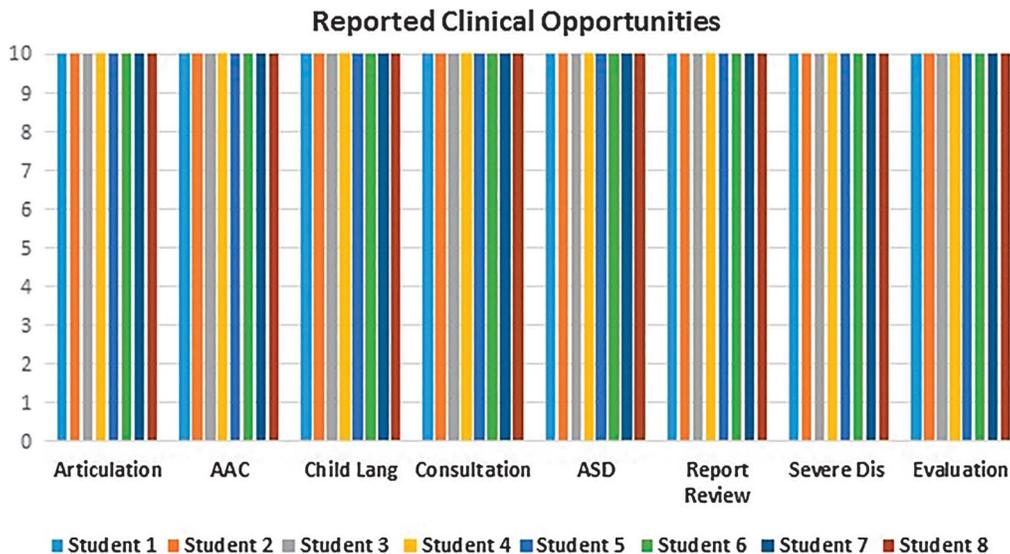
In the area of self-awareness (see Table 1), 13/13 (100%) of the student participants believed that the short-term HU-CSD ICPE program opportunity was an enhanced positive learning experience. Further, the students reported appreciating the opportunity to experience communication disorders that “were in a sense more severe with different behaviors in a background than what we’ve seen before.” Student participants reflected on being shocked and afraid to see and treat severe disorders in an educationally deprived situation (at times). However, student participants revealed that over the course of the experience they began to feel their “confidence levels increase, and their anxiety levels decrease” (Student Participant #6, 9, and 13). Through the requirement to reflect on personal feelings and actions that were encountered during the programs, the student participants were able to develop stronger self-evaluation and self-awareness skills. The clinical supervisors did not necessarily tell them what they did right or wrong; they were more so facilitators of the students.

Question 2: What perceived clinical knowledge and skills did CSD graduate students develop during the short-term HU-CSD ICPE programs?

All student participants were exposed to a variety of clinical skills during the service learning abroad experiences and required to utilize the clinical supervision and clinical knowledge and skills developed during their first year in the program. All student participants (n=13) reported that the short-term HU-CSD ICPE increased their skills in their areas of assessment, treatment, and consultation. In addition, all the student participants (n=13) reported developing clinical knowledge and skill in the area of goal writing, intervention, and progress report writing.

All of the student participants (n=13) also reported a positive increase in their CCT skills. Further, all the student participants perceived the clinical supervision provided as positive and beneficial to their clinical knowledge and skills development. Using a scale of 0 to 10 (0 meaning no experience and 10 meaning consistent experience), 13/13 (100%) of the student participants reported receiving consistent experience that assisted with their positive clinical knowledge and skills development in the areas of: (a) articulation; (b) AAC; (c) child language disorders; (d) ASD; (e) consultation; (f) report review; (g) severe disabilities; and (h) conducting evaluations (see Figure 2).

Figure 2. Reported Clinical Opportunities Experienced.



Overall analysis of the transcribed reflections and survey responses revealed positive experiences for 13/13 (100%) of the student participants (see Figure 3). The students reported appreciation of the overall learning experience and appreciation to the cultural exposure. Participants also reported a noted increase in their clinical confidence levels and overall skill development.

Figure 3. Survey Overall Experience Reflections.

One of the things that I truly enjoyed about this experience was the clinical/critical thinking skills that I acquired. As someone who has gained clinic exposure, I believe what I learned on this trip was more than I could have ever possibly learned at the University Clinic. I found myself in a variety of realistic situations where I had to learn how to take what I had been taught in the classroom and apply it to a setting/population of clients that I was not necessarily used to. Additionally, the incorporation of strategies and technique and direct clinic feedback from a seasoned professional was both enlightening and extremely beneficial. I also really enjoyed the cultural experiences I gained working in an unfamiliar (yet beautiful) setting and with children of a different nationality who possess a different cultural background than myself. The staff and family members were very friendly and welcoming and I really enjoyed the relationships that I built with them.
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I enjoyed getting hands on experience working with children diagnosed with severe disorders and disabilities. Up until my Winter Abroad experience, I do not think I was prepared to work with children with severe disorders or disabilities. I liked getting immediate feedback that prompted me to think critically in the moment. At some points, we were limited to using classroom materials as a push to become less dependent on technology. I enjoyed this challenge because it pushed me to be more creative in the moment. Although I was a bit nervous at first, thinking on my feet was exciting and purposeful. I enjoyed learning about Bahamian culture. The different views and treatment of children with special needs and speech and language disorders were of great interest to me. Overall, I felt that I was finally applying all of the skills that I learned during the school year.
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Lastly, the effectiveness and benefit of all the short-term HU-CSD ICPE programs, was analyzed in relation to: (a) the length of the programs (one week each); (b) connection of their reflections to other types of learning experiences; (c) the context of the reflection pre-and-post the program; and (d) demonstrated clinical preparedness post the experience secondary to specific learning objectives, and (e) CCT skills addressed within the experience (see Figure 4). At the completion of the experiences, 13/13 (100%) of the student participants reported developing increased experience and interest in the areas of pedagogical knowledge and skills, international experience, cultural awareness, the perception of feelings and attitudes toward cultural intervention, and increased clinical, cultural competence.

Figure 4. Survey Overall Experience Reflections.

Overall, I would recommend this experience to anyone because it absolutely exceeded my expectations and was life-changing. I not only was provided with hands on experience, but I was taught things that I think I would have never gotten the chance to learn in a formal classroom setting. I really enjoyed the "on the spot" skills and practices that I learned and I felt they were one of the most beneficial parts of this experience. I wasn't expecting myself to emotionally react the way that I did but there was a point half-way through the trip where I really felt humbled and overwhelmed with the attachments I felt towards the clients. Even after just one week of knowing them I started to see how close to them I became and how eager I was to see them everyday. Emotionally, I know that I was much more apprehensive and less confident in myself on the first day than on my last. I could honestly feel how much more confident I was in myself not only as a clinician but just as a person. I also think this trip brought my classmates and I much closer together and I felt that I had gotten to know them more on a personal level. While it was unexpected, I feel that we share something now that nobody else would understand. I also really did enjoy sharing the condo with our professor because I think it made all of our relationship closer together, and not so much only on a professional level. Something as small as the funny dinner conversations we would have or the honest reflections we shared really made the trip become more personal and not so much only about work and school. I would absolutely go on this trip, or one like it, again and I hope that I am able to have a few more opportunities like this during my time at Howard. Thank you so much Dr. Johnson for giving me the opportunity to come with you and for being so welcoming and supporting! I loved this experience so much!

Conversely, 12/13 (92%) of the student participants reported perceiving the short-term HU-CSD ICPE programs as positive experiences in the areas of exposure to new cultures, increasing clinical confidence levels, and clinical child language skills development. An example of this is:

"I found myself being challenged to think critically on my feet as I was put into real situations with little time to plan my every step...I wasn't expecting to jump right into such a raw experience." (Student Participant #10)

"I believe that my overall experience has already contributed to me becoming a more competent and thorough clinician. I was challenged to step out of my comfort zone on several occasions. In those instances, I gained the most rewarding experiences while working with both the children and the professionals in the Bahamas." (Student Participant #4)

Although supervisory feedback was provided throughout each experience, it was implemented in an approach that allowed each student participant to build their clinical and cultural competency independently. Lastly, student participants were prompted to identify four things they learned from the overall experience. Some students reported that they learned:

- "...how to work [with] and accommodate children with more severe disorders and disabilities from other countries." (Student Participant #11)
- "...how to be flexible and use any given resources to conduct therapy when the resources are not available." (Student Participant #9)
- "...the [CCT] skills that I acquired." (Student Participant # 6)
- "...how to incorporate non-traditional measures for assessment and treatment ([including] iPad Apps." (Student Participant #1)

"...preparation to function in any environment" (Student Participant #2)

The Importance of Supervision on Short-term International Clinical Service Learning Trips

Every short study abroad clinical practicum experience should include the development of objectives aimed to increase clinical, cultural competence and clinical assessment and intervention skills in the areas of cognition and language disorders, AAC, report writing, and consultation. The clinical supervisor must be sure to address some key areas of the experience to ensure that clinical availability and CCT skill development are occurring.

More specifically, the clinical supervisor must be sure to identify, develop, and implement: (a) specific objectives for an effective CCT travel abroad opportunity—What do you want each student to gain from this experience?; (b) identify at least three benefits to developing and embarking on the travel abroad opportunities pre-and-post the experience; (c) identify and plan the types of clinical cases, populations, and scenarios you would like to see occur—be sure to recognize these are ideals because things do not always run as planned in travel abroad opportunities; and (d) identify the students, their clinical interests, and clinical potential and ability that will best fit your travel abroad objectives. These factors are important and detrimental to the success of the short-term international clinical programs because of the limited amount of time you have to foster the experiences gained within the opportunity. Thereby, positively or negatively impacting the students' experience and overall clinical, cultural development.

Within the international clinical experience, the facilitator/supervisor should also ensure exposure to clinical opportunities that expose the CSD graduate clinicians to a variety of clinical settings (clinical, private, school-based, medical, etc.). Assessment of skills and knowledge is also a critical component to the development and successful implementation of this program. Therefore, it requires the opportunity for the graduate clinicians to provide assessment, treatment, and consultation services to a variety of individuals with speech and language disorders.

The supervision of clinical experiences provided internationally can be a complex situation as it includes many other factors outside the focus of increasing the clinical skills of the CSD graduate student. Supervisors of international clinical practicum experiences should be sure to plan for and control external factors such as location, safety, societal issues, and personal interaction with clinical students and community members. The effect of attempting to control external factors, while ensuring that the experience of each graduate clinician yields some form of CCT, can be overwhelming. Weber (2005) argues that clinical supervisors cannot force CCT but instead can encourage increased use and development of CCT skills when observing students' behaviors. However, the development of relationships between student clinicians and supervisors can aid students in replacing "fear of doing things the wrong way" with a level of self-confidence in their CCT (Weber, 2005). By the completion of the international clinical experience, the student clinician should possess a clear, accurate, precise, and relevant approach to practice. This should also include the ability to link theory and practice in decision making, intervention planning, and spontaneous modification of ongoing intervention processes for all cultures. In doing so, in addition to the skill and ability to decide and confidently convey to others what they believe they are doing or intend to do for the benefit of the patient and the community (Finn, 2011), the interaction of the clinical supervisor becomes an integral part of the process and progress of short-term international service learning programs.

When embarking on short-term international clinical service learning trips, the facilitator/supervisor should shift from the role of the experienced clinician watching to catch the student's "clinical errors" to being one of a learner of new experiences. Although this may be a difficult transition to make, it eliminates the occurrence of supervisors infringing their own life and subjective experiences into the clinical engagement process, and influence of beliefs on the student clinicians (Costa, 1985). The clinical supervisor should work to develop an environment of collegiality and peer-interaction. The supervisor should also develop a space of candidness to reflect and express concerns for the student clinician. The supervisor must remain aware of how their clinical and personal experiences may affect their interaction with a student clinician. This is necessary to avoid causing strain and burden to the student in an unknown territory. Achieving the ability to avoid strain and cause burden is possible when the supervisor adopts a demeanor of collegiality before the start of the short-term international clinical service learning trip. Through collegiality, the supervisor becomes the approachable facilitator that coaches the students' confidence in demonstrated abilities, promoting positive reflection on practice competence, and aids in the development of critical clinical reasoning skills (Weber, 2005). When the student can logically discuss their concerns, confidence, and decisions with the clinical supervisor during the practicum experience, it enhances the acquisition of professional CCT (Weber, 2005).

Conclusion

The benefits of studying abroad may best be depicted by the students themselves to paint an accurate picture of their personal experiences, knowledge, and skill development. Due to the numerous positive findings of studying abroad for college students, there should be increased opportunities for students enrolled in CSD graduate programs to study abroad and expand CCT skills. Short-term international clinical programs can afford them that opportunity. From the short-term international clinical experiences discussed above, student participants developed key factors that assist in the development of clinical, cultural competence and skill (see Figure 5). Key factors such as:

1. Experience for varying job opportunities worldwide
2. Maturity
3. Preparation for the “real” world
4. Self-awareness
5. Cultural exposure
6. Increased international knowledge
7. Understanding of global issues

Figure 5. Survey Overall Experience Reflections.

What if anything have you taken from this experience that you will now use in your current and future clinical placements?

Answered: 2 Skipped: 0

Everything! The strategies and techniques I learned for things as simple as Articulation therapy was something that I have already begun to use with my clients for the semester. The prompting hierarchy/data tracking strategies were something that I had never really had full clarification on and I am glad that I was given a tutorial on how to correctly document data. I have also begun to download some of the apps that I used/introduced too including the data tracker and the simple vocabulary apps. Learning how to conduct an informal evaluation as well as conduct parent interviews was also an unexpected learning experience that I am very eager to use in my future placements. I think that was one of the bigger aspects of the field that I really did not have any experience and one of the more critical applications that I am looking forward to using in the future.

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There's nothing like trying to implement everything that you learned in class only to realize, everything is much easier said than done! (I say this all in good spirit). The truth is, there is NOTHING like a diverse, hands on and in the moment experience. I was challenged to think on my feet and devise solutions with little to none of the tools that I am accustomed to. With little time to think or construct a new plan when things weren't "working the way I planned", I was constantly problem solving. I could not hesitate or waste time. With all of that being said, my main take away was to "keep trying" until something works. It is really about preparing as much as possible and "jumping into therapy" with confidence and enthusiasm. If something doesn't work, have a backup plan and be ready to try several activities or methods until something works. There is no recipe for desired outcomes because every child is different.

Higher education institutions have uncovered ways to better equip students in order to become global citizens by promoting study abroad programs and other international exchange that can lead to increased intercultural competence. In this vessel, exploring the effects of short-term international clinical programs on the development of cross-cultural skills, CCT skills, and global understanding as reflected in this study may provide a significant benefit on the clinical skill development of CSD graduate students (Kitsantas, 2004).

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