

# Challenges and benefits for students participating in the Working With Developing Communities (WWDC) (Vietnam) Program

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## KEYWORDS

DEVELOPING COMMUNITIES

SPEECH-LANGUAGE PATHOLOGY

SPEECH-LANGUAGE PATHOLOGY CLINICAL EDUCATION

STUDENT TRAINING

Edwina Stevens and Merran Peisker graduated from The University of Newcastle and, as part of their course, had completed an additional international clinical experience in Viet Nam in 2008 with the Working With Developing Communities (WWDC) Vietnam Program, instigated by Dr Bernice Mathisen, Speech Pathology Program convenor and Ms Susan Woodward, clinical educator in Viet Nam and conjoint lecturer at The University of Newcastle. This article aims to highlight the skills developed during this experience and to facilitate preparation for future student clinical experiences working in a developing community.

Cultural competence is a crucial skill for students to develop due to the multicultural nature of contemporary Australia and to an increasingly global marketplace. One of the most effective ways to learn is through experiencing other countries as an undergraduate student (Whiteford, 2000). In response to this need, some Australian universities are now offering clinical placements in other countries as a way to develop intercultural communication skills (McAllister, Whiteford, Hill, Thomas & Fitzgerald, 2006).

In 2007, the Discipline of Speech Pathology at The University of Newcastle initiated the WWDC Vietnam Program. Two third-year speech pathology students accompanied Sue Woodward, from the Trinh Foundation Australia and Project Boomerang Cleft Care Team, to Viet Nam for two weeks in November. Students had the opportunity to work with an interdisciplinary team in various clinical settings including hospitals and orphanages and to observe and participate in assessment and intervention for a diverse adult and paediatric caseload. They also had the opportunity to provide resources and to assist in providing education for nurses, doctors, and teachers. While this placement, like many others, was a culture-specific experience, it gave the students exposure to and a unique opportunity to develop skills in intercultural competence.

For most Australian speech pathology undergraduate students, there are limited opportunities for intercultural learning or for developing cultural competency, largely due to the scarcity of clinical placements available. Additionally, there is often little in the curricula of speech pathology courses specifically addressing cultural competency. Pre-departure preparation is thought to be important for intercultural development (McAllister & Whiteford, 2008; McAllister et al, 2006). In 2008, this preparation was limited as the WWDC program was a very new initiative at the university (only one other student had experienced this program in 2007). Additionally, undergraduate student

perspectives of international clinical placements are lacking in the literature. The following discussion highlights challenges and benefits for students undertaking or thinking about undertaking an international clinical placement.

## Background of speech therapy in Viet Nam

Until February 2009, there was no formal tertiary education in speech therapy as it is known in Viet Nam (McAllister et al., 2010). That year, the Trinh Foundation Australia orchestrated and provided financial assistance for a short postgraduate course in Ho Chi Minh City in speech therapy in association with Dr Dung from the Ear Nose & Throat Hospital in Saigon (HCMC) (McAllister et al., 2010). For details of the development of speech therapy in Viet Nam and the short postgraduate course see McAllister et al. (2010).

In preparation for an intercultural clinical placement, it is important to have knowledge of the specific culture as well as an awareness and respect for cultural differences and their impact on service delivery (McAllister et al., 2006). When working in a foreign culture, the cultural values of the student and host professionals often conflict, which can be confronting. With the ongoing support of the university staff involved and significant mentoring by the clinical educator, the students felt more comfortable in addressing these differences by learning about and incorporating Vietnamese values into decisions about service delivery by the end of the placement. Specific cultural differences that were encountered are addressed in table 1.

## Addressing the challenges

During the two-week placement, student speech pathologists encountered a variety of challenges ranging from a lack of adequate preparation prior to departure to administering articulation and language assessments in Vietnamese (see table 2). Students worked in environments with very few clinical resources and as a result had to adapt and develop clinical skills. In order to overcome these challenges, students had to utilise the resources available such as parents, interpreters, the supervising clinical educator, and most importantly, each other (peer learning).

Students were made aware that there were few to no resources available in the various clinical settings prior to departure. Therefore, they gathered appropriate clinical equipment from Australia that were left in Viet Nam on departure. "First-hand" knowledge gained through contact with the 2007 student returnee of the WWDC program



From the top: Edwina Stevens, Merran Peisker, Bernice Mathisen and Sue Woodward

**Table 1: Specific cultural considerations for student clinicians in Vietnam**

“Quick fix” mentality	Clients assume that speech therapy can “fix” the problem as a doctor does with a prescription pad. It is unusual for clients to see the speech therapist on a weekly basis. This means students will have limited or no case history information. Students need to be prepared to provide “one-off” therapy sessions and give the client sufficient home practice.
Hierarchy of professions	A large degree of respect is related to the nature of one’s tertiary education and qualifications (especially for women). The use of appropriate titles is important for signifying the correct level of respect (Nguyen, 2000).
“Saving face”	Students need to be aware that they should always seek to preserve the relationship with the host professional by respecting their practices regardless of ethical tensions (McAllister & Whiteford, 2008)
Expectations of student clinicians	Clients and host professionals commonly had unrealistic expectations of students’ clinical competency in terms of an ability to provide the expected “quick fix.” This can be overwhelming for students who have limited clinical experience and are not accustomed to this approach. Students need to be aware of their position in the professional hierarchy.

was invaluable. As the program continues to develop, it is envisaged that these opportunities will be strengthened for future departing WWDC students.

At the beginning of the placement, the students experienced “culture shock” relating to the Vietnamese hospital and some of its work practices. These confronting conditions evoked an emotional response which students were not expecting. As well as relying on each other for support, they found the supervising clinical educator invaluable in helping them deal with and process these emotional responses as they arose. It is well known that clinical educators have the potential to influence students through their own attitudes and values, especially in inter-cultural environments (Whiteford, 2000). The clinical educator was very respectful of the Vietnamese culture which had a profound effect on the way in which the students approached cultural differences. It would not be an exaggeration to state that the core values, beliefs, and personal and professional skills demonstrated by the supervising clinical educator were one of the strongest influences on the success of the clinical experience and the acquisition of cultural competence skills of the WWDC students.

Additionally, coursework during the Bachelor of Speech Pathology Program at the university had addressed the use of interpreters in service delivery; however, previous clinical placements provided no practical experience of this. Working with interpreters in Viet Nam was different to what was expected. Students undertaking international placements need to be aware of the significant role of the interpreter, the many complications which can develop and ways to address them.

Service delivery was hugely affected by the language barrier, which made it especially difficult to build rapport, administer clinical assessments, and correctly diagnose. This was further complicated by the need to educate the local speech therapist at the same time as treating the client. In order to overcome the language barrier, students relied on

alternative and non-verbal communication skills as well as the interpreters, family members, and other professionals. The lack of client files and information at assessment, the limited time available for each client, and the “quick fix” mentality where clients attended only one appointment also challenged the expectations that students had previously encountered on Australian clinical placements.

In facing and addressing these major challenges successfully, WWDC students developed personal and professional skills that will be generalisable to future clinical roles both in Australia and overseas.

## Conclusion

The WWDC (Vietnam) Program placement posed a variety of significant challenges which developed clinical skills that would not have been developed without this experience. While this placement was testing in many ways for the students, overall, it was judged by the students to be beneficial for personal and professional growth as speech pathologists. Although these experiences were specific to

**Table 2: Challenges faced and skills developed when addressing these challenges**

Being under-prepared	McAllister and Whiteford (2008) highlight the importance of preparation prior to departure in order to make the most of the experience. Opportunities for pre-preparation were limited. As a result, students had to become increasingly flexible and adaptable in order to cope with “the unexpected”. The support of the supervising clinical educator and peer learning was invaluable in dealing with common and unexpected challenges.
Culture shock (of the hospital and orphanage)	The working conditions were often emotionally challenging. In order to overcome this challenge, students supported and utilised each other as well as the supervising clinical educator. Regular debriefing opportunities with the interdisciplinary team allowed students to develop crucial self-reflection and self-awareness skills whilst additionally developing skills in teamwork building (McAllister et al., 2006; Trembath et al., 2006).
Using interpreters	The language barrier posed a challenge to administering clinical assessments and providing effective intervention. One way of overcoming this challenge was to use interpreters; however, using interpreters posed its own challenges. As a result student communication skills, both verbal and non verbal, significantly developed in order to cope successfully.
Providing assessment and intervention in Vietnamese	Assessments and interventions needed to be provided in Vietnamese. In order to overcome this challenge, students utilised parents and other host professionals who were observing and participating interpreters. Limited resources to use for assessment and intervention meant students became creative and resourceful in order to use what was locally available. Lack of accompanying information and patient files meant that students were often uncertain about the nature of the presenting problem(s). As a result, students had to become flexible and adapt clinical skills and knowledge to different situations and contexts.

one developing community, namely Viet Nam, the many skills that were developed by the students (such as a global perspective of speech pathology, self-confidence, empathy, interdisciplinary team participation, cultural competency, flexibility, adaptability, and alternative and non-verbal communication skills) can be applied equally to other international and domestic settings; remote, rural, regional and metropolitan.

As mentioned previously, cultural competency is an extremely important skill for speech pathologists working in any area. International clinical placements provide unique opportunities for developing cultural competency in a supported environment. The two weeks spent in Viet Nam

provided the students with an introduction to WWDC and has ignited a professional interest in this burgeoning area of practice. All WWDC returnees have reported wanting to return to Viet Nam and to continue this work in their future careers.

While the WWDC students of 2007 and 2008 had little opportunity for pre-departure preparation, future students undertaking international clinical placements in Viet Nam will be able to utilise this article and other formalised resources when preparing for the challenges ahead.



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#### Key dates

15 June 2010

Abstract submission available at  
[www.speechpathologyaustralia.org.au](http://www.speechpathologyaustralia.org.au)

17 September 2010

Closing date for submission of  
papers, workshops and posters

24 January 2011

Authors notified of successful  
papers, workshops and posters

## References

- McAllister, L., Christie, J., Woodward, S., Duyen, Bui Thi, Miss Loan, Kim Yên, Hà thị, Ngọc, Trịnh Thị Kim, Winkworth, A., Mathisen, B., Dung, Nguyễn Thị Ngọc. (2010). Speech therapy services in Viet Nam: Past, present and future. *Acquiring Knowledge in Speech, Language and Hearing*, 12(1), 47–51.
- McAllister, L., & Whiteford, G. (2008). Facilitating clinical decision making in students in intercultural fieldwork placements. In J. Higgs, M. Jones, S. Loftus, & N. Christensen (Eds.), *Clinical reasoning in the health profession*. (3rd ed., pp. 357–365). Melbourne: Elsevier.
- McAllister, L. (2008). Speech pathology in the Asia-Pacific region: Learning from our neighbours. *ACquiring Knowledge in Speech, Language and Hearing*, 10(1), 24.
- McAllister, L., Whiteford, G., Hill, B., Thomas, N. & Fitzgerald, M. (2006). Reflection in intercultural learning: examining the international experience through a critical incident approach. *Reflective Practice*, 7, 367–381.
- Whiteford, G. (2000). Developing intercultural competence. *ACquiring Knowledge in Speech, Language and Hearing*, 2(1), 8–10.

**Dr Bernice Mathisen** is the Speech Pathology Program Convenor and senior lecturer at The University of Newcastle and former director of its Interdisciplinary Dysphagia Clinic (2001–06). She has 36 years experience in the profession, in Australia and in the United Kingdom (University College, London) with a broad spectrum of research, teaching, clinical service and senior administrative roles.

Bernice instigated the Working With Developing Communities Program at the university so third-year student speech pathologists could experience a supervised additional clinical experience. In addition, she was invited to teach into the first professional speech pathology course in this country in 2009.

**Edwina Stevens** and **Merran Piesker** graduated from The University of Newcastle at the end of 2009. Edwina has a keen interest in adult rehabilitation and Merran has particular interest in cleft lip and palate and paediatric feeding. Both hope to return to working with developing countries in their future careers.

**Sue Woodward** worked in far west NSW, the UK and New Zealand before becoming a private practitioner on the NSW Central Coast. She is consultant speech pathologist to the Project Boomerang Multi-Disciplinary Cleft Care Team to Vietnam, conjoint fellow of the University of Newcastle, and a founding director of Trinh Foundation Australia.

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