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Assessment

Improving clinical placement outcomes for CALD students

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Introduction/background:
The number of Culturally and Linguistically Diverse (CALD) students within health professional training programs in Australian Universities is high and continues to grow, both as a reflection of the diverse Australian population and the large numbers of overseas students in courses. This cultural and linguistic diversity within students has created a challenge for universities to create an appropriate and inclusive learning environment and it extends to the agencies partnering universities as placement providers. Issues of diverse language, learning styles and cultural norms impact significantly on placement performance. Although supports have been initiated, it has been recognised that students, academic staff and workplace supervisors could be better equipped to address these issues as they arise during placement.

Purpose/objectives:
To develop appropriate strategies to assist with placement progression of CALD students, using focus groups on the reported barriers and enablers that CALD students experience on placement.

Issues for exploration/ideas for discussion:
The policies for international students at universities imply a specific responsibility for action to manage the inherent challenges faced by CALD students and their educators. There is debate in the literature about globalisation and internationalisation approaches to higher education for export and there is also discussion about how to approach improving cultural competency in Australian health services. Both of these issues deserve attention in the development of any strategy to tackle these challenges.

Results:
Qualitative data analysis was conducted following a total of seven focus groups with 14 students from dietetic, nursing and social work programs and 12 placement supervisors. The main themes to emerge were differences in learning and teaching styles; identification of individual learning needs; models of care; organisation and structure of placements; language; communications and interpersonal relationships; knowledge of local culture, demography and systems; and pastoral and daily living issues.

Discussion:
Recent developments around cultural competency in health care and an internationalisation approach to education for overseas students provide a context for our approach. The findings suggest that the approach should be a student centred one and aim to promote awareness of difference and its impacts and then develop appropriate responses by both learner and teacher.

Conclusions:
Potential strategies to improve student placement experience and outcomes were identified. We propose that development of approaches to health professional education around cultural competency can incorporate these strategies and provide benefits to quality and equality in education and health care.