

Evaluation of international service learning model of health promotion in a developing country

BELINA HALL¹

Glasswing Therapy, Banora Point, Australia

ALISON LORENZO

Benevolent Society, Lismore, Australia

DANIELLE MATTE

BETH MOZOLIC-STAUTON

Southern Cross University, Alstonville, Australia

A partnership between a regional Australian university and the Friendship Village in Vietnam was established in 2016 as part of a health promotion unit of study. The aim of this project was to evaluate the sustainability of the international service learning model of health promotion, and its impacts upon the students and the Friendship Village. International service learning imparts personal growth, self-confidence, cultural competence, and work readiness for participating students. While these outcomes are beneficial to students, the needs of the host community and sustainability of ongoing healthcare are often be ignored, which can raise ethical concerns if not addressed. Qualitative methodology and thematic analysis were applied to survey data. Five themes emerged reciprocal learning, sustainability, building capacity of the students and the Friendship Village, and meeting the needs of the host community. One recommendation includes adequate pre-departure preparation for both partners to understand the principles of the international service learning model, means of sustainability and evaluation.

Keywords: International service learning, health promotion, health professional education, health student placements

There are an increasing number of universities worldwide that are incorporating international service learning as a compulsory part of their tertiary education courses (Davies, Curtin & Robson, 2017). International service learning has been described as a structured learning experience overseas that merges identified community needs with precise learning objectives in a way that is reciprocal to both the students and the host community (Bringle & Hatcher, 2011). While there is evidence suggesting that international service learning models are beneficial to enhance students' knowledge, and personal and professional development (Davies et al., 2017), there are limited studies conducted on the evaluation of the sustainability of international service learning and its impacts upon the host country (Hayward, Venere, & Pallais, 2015). The aim of this research was to evaluate the sustainability of the international service learning model of health promotion that began in 2016 within the host community of the Friendship Village, in Van Canh, located on the outskirts of Hanoi in Vietnam. More specifically, the research was to evaluate the impacts of international service learning on the allied health students from a regional university and the Friendship Village. The Friendship Village was established by an American veteran, George Mizo, who desired reconciliation and peace after the Vietnam War to assist repair US-Vietnamese relations. Mizo established the Friendship Village as a centre for children to live who have been affected physically by the chemicals of Agent Orange during the war. Collaboration with the French and Vietnamese veterans initiated the Vietnam Friendship Village Project in 1988, and it was completed in 1992. (Centre for Sustainable Development Studies, Hanoi [CSDS], n.d.; Vietnam Friendship Village Project USA [VFVP-USA], 2017).

¹ Corresponding author: Belina Hall, belina62@gmail.com

CONTEXT

Practical placements provide students with opportunities to assimilate theoretical knowledge with practical skills, and are considered a necessity to acquire the “knowledge required for effective professional practice” (Billett, 2011, p. 1). In Australia, however, a shortage of practical placements and growing student numbers has escalated the pressure for universities to provide suitable practical placement opportunities (Hamilton et al., 2015). In addition, changes to the healthcare structure, decreased public funding (Hamilton et al., 2015), and the increasing need for cultural competence within diverse populations (Amerson, 2014) are contributing factors that consequently necessitate the restructuring of skills and competencies graduates require for registration (Rodger et al., 2008). Alternative models, such as this international service learning offer an effective solution to these issues (Rodger et al., 2008), as Davies et al. (2017) assert that participation in international service learning increases personal growth, self-confidence, cultural competence, and work readiness for students.

In 2016, a new partnership between a regional Australian university and the Friendship Village in Vietnam was established, providing an opportunity for twenty allied health students to participate in a three-week international service learning placement. The Friendship Village is a residential facility that accommodates approximately 120 residents aged between four to twenty-six years who live with the side-effects of the dioxins found in the herbicides Agent Orange used during the American war (VFVP-USA, 2017). Disabilities include autism spectrum disorder, cerebral palsy, Down’s Syndrome, physical deformity and severe intellectual disability (CSDS, n.d.). The Friendship Village employs physiotherapists, teachers and house-mothers to provide a range of care, such as physical rehabilitation, education and vocational training to the children and young adults (VFVP-USA, 2017). The Friendship Village also provides healthcare services and therapy for veterans of war in the form of pharmacological intervention and physiotherapy (VFVP-USA, 2017).

To support this partnership, the university was awarded funding by the Student Mobility Scheme, a component of the New Colombo Plan 2016 as a program of Department of Foreign Affairs and Trade (Department of Foreign Affairs and Trade [DFAT], 2016). This scheme financially contributed to the support of 10 of the 20 students in 2016, and will consequently continue to support 20 students per year to participate in the program over the next three years, significantly contributing to the sustainability of the international service learning program in Vietnam. The aims of the student mobility scheme are to lift public awareness of the Indo-Pacific region, and increase the regional experience of work-ready graduates (DFAT, 2016). In addition, all 20 of the participating students could apply for the Overseas-Help Loan through Study Assist from the Australian Government for placements in Asia. Rather than apply for the Overseas-Help Loan, students also had the choice to self-fund their travel expenses or portion thereof, if not successful in gaining the funding awarded by the New Colombo Plan grants.

PROJECT RATIONALE

Brower (2011) describes health promotion aims as fostering health education, creating social change and community development in order to increase the capacity building and empowerment of stakeholders. Health promotion utilizes a combination of health education, precise interventions and organizational supports for enhancing the conditions required for living a conducive, healthy life (Jirojwong & Liamputtong, 2009a). The World Health Organization (WHO) states, “the prerequisites and prospects for health cannot be ensured by the health sector alone” (2017, p. 1); it requires the involvement of health promotion and of many organizations and stakeholders (WHO, 2017). Cashman

and Seifer (2008) add that international service learning is an effective and appropriate way for teaching public health and developing public literacy, which represents major components of health promotion.

This research was guided by the Ottawa Charter of Health Promotion, which highlights strengthening community actions and developing personal skills as key action areas. Throughout this placement, a focus was on supporting the university health students to work alongside local staff and engage with the community to establish priorities, make decisions, design and implement strategies, and ensure its sustainability was inherent (WHO, 2017). To develop the personal and social skills of the host community, empowerment remains the key principle to ensure the equality of distribution of power, and the active participation of all involved in the process (Weare, 2002). This concept of equality of power and development of personal skills was implemented at the Friendship Village by the university sharing resources and providing information and health education strategies to enhance life skills over time (Jirojwong & Liamputtong, 2009b). These two action areas are recognized by the Ottawa Charter as strategies essential to achieve better health outcomes, and the success of health promotion (WHO, 2009). They were implemented with the children of the Friendship Village to exemplify effective health promotion. Examples of health promotion educational materials, which were developed in consultation between students and village staff, included: a professional development workshop on Autism Spectrum Disorder (ASD) for local teachers and therapy staff; resources to support alternative and augmentative communication for children with communication impairments; developmentally appropriate classroom-based learning resources including sensory supports; and meaningful activities and exercise programs for the veterans.

LITERATURE REVIEW

International Service Learning

It is well established that International Service Learning is an effective pedagogic approach to enhance cultural competence (Peiying, Goddard, Gribble, & Pickard, 2012; Hayward & Li, 2014), professional and social responsibility, and promote professional development of allied health students (Bridges, Abel, Carlson, & Tomkowiak, 2010). The literature also highlights the differentiation between international service learning and volunteering. International service learning is an academic activity that is purposefully linked to learning objectives of core curricular outcomes, which is distinguished from volunteering which has no learning objectives (Cipriani, 2017).

The benefits of international service learning to student learning outcomes have been established in the recent literature. International service learning placements in a developing country can provide additional learning opportunities in comparison to domestic placements and have been reported to enable students to develop confidence, adaptability, and lateral thinking (Sim & Mackenzie, 2016). There is evidence that international service learning placements increased students' competence and understanding of communication techniques, such as non-verbal communication, body language and facial expressions (Peiying et al, 2012). Students' knowledge of other disciplines can be further reinforced through interdisciplinary international service learning, collaboration and interaction with real world application (Johnson & Howell, 2017). These international service learning outcomes are beneficial to health students, however, these findings are mainly concerned with students' outcomes over the needs of the host community, which may raise ethical concerns if not addressed (Lattanzi & Pechak, 2011; Pechak & Cleaver, 2009).

Communication, balance of power, understanding of culture and reciprocal learning are emphasized as characteristics of effective partnerships (Witchger Hansen, 2015). Reciprocal learning is a central

principle of international service learning, ensuring the needs of the students and the host community is mutually beneficial (Reisch, 2011). Collaborative learning between partners, and acceptance of other cultures through cultural negotiation, were the major aspects in international service learning (Simonelis, Njelesani, Novak, Kuzma, & Cameron, 2011). The cultural negotiation involves understanding differing views of disability, values and interaction styles (Simonelis et al., 2011). Complexities may arise if relationships within international service learning are not equally respected, resulting of an imbalance of power (Tupe, Kern, Salvant, & Talero, 2015). This complexity of international service learning is expanded by Whiteford and McAllister (2007), addressing that sustainability can become a moral issue for resource-rich countries to be partnering with resource-poor countries as social, cultural and political issues can arise.

International Service Learning and Sustainability

It is proposed that the most important aspect of having students engaged in international service learning is to expand the concept of sustainability over time (Cipriani, 2017). Algado (2011, as cited in Tupe et al., 2015, p. 132) suggests that “sustainability refers to capacity or potential for long-term maintenance of well-being, which includes environmental, social and economic dimensions”. A project becomes sustainable when integrated into the community using local resources with strong community ownership, enabling the program to continue effectively (Tupe et al., 2015). To reflect sustainability within international service learning programs, projects should consider the training and education of partners to ensure mutual learning benefits, of which the learning objectives of the students facilitate program continuation (Cipriani, 2017; Leffers & Mitchell, 2011). When insufficient attention is placed on sustainability it may raise concerns of ethical educational practices (Lattanzi & Pechak, 2011; Pechak & Cleaver, 2009).

AIM AND OBJECTIVES

The aim of this research was to pilot an evaluation of the sustainability of the ISL model of health promotion that began in 2016 between the Friendship Village in Vietnam, and students from a regional university in Australia. Sustainability becomes a reciprocal experience (Pechak & Thompson, 2009), and a reality, when partners share resources which results in an equal balance of power (Witchger Hansen, 2015). One of the goals of sustainable international service learning is that its foundations are to be built upon authentic, equal and reciprocal relationships through trust and humility (Tupe et al., 2015). To effectively reflect sustainability, the international service learning program should be evolving, effective, durable and directed toward both partners (Cipriani, 2017). To achieve the aim of this project the following objectives were established:

- To create a mutually-beneficial partnership between the students and the Friendship Village through reciprocal learning.
- Evaluate the impacts of the international service learning from a sustainability perspective.
- Build the capacity of all the partners through active participation, effective communication, and sharing of knowledge and resources.
- Improve the health and wellbeing of residents of the Friendship Village through health promotion principles.

This evaluation represents the initial consideration of the ongoing sustainability of the project, and is recommended that the evaluation continues over the duration of the international service learning in future years.

METHODS

Interdisciplinary international service learning (ISL) occurring in an unfamiliar cultural environment, which was employed in this project, is ideal for qualitative research (Creswell, 2013). During the ISL in Vietnam, information was gathered in the form of written questionnaires and recorded interviews with a representative sample of staff from the Friendship Village. Surveys and interviews were facilitated by university students with support of local translators at intervals during the three-week placement, to gain a baseline and comparative perspectives from each side of the experience. The approach of evaluating the efficacy, sustainability and durability of the current international service learning took place by analyzing qualitative data using thematic analysis. Utilizing themes allowed the researchers to make relationships between the narratives and the assertions made, and linking the analysis with the data produced (Green et al., 2007). Through thematic analysis of responses to questionnaires, a thorough investigation of the various perspectives took place, in order to evaluate the effectiveness of the partnership which ISL undertaken.

Participant Recruitment

The university offered this international service learning opportunity to allied health students who would be participating in a capstone health promotion project placement in 2017. Recruitment of a total of 17 participants (14 occupational therapy [OT] students and three speech pathology [SP] students) were selected via convenience and purposive sampling as result of the university selection process for this ISL. The participants of the Friendship Village were recruited according to availability and willingness to participate in interviews, and were representative of key stakeholder groups within the village including a house-mother, teacher, physiotherapist and the Principal.

Data Collection

The aim of using semi-structured questionnaires was to gather valid, reliable, unbiased data from the partners (McColl et al., 2001). Questionnaires were administered weekly to SCU students in written form to self-complete, resulting in a total of three questionnaires per student. Face-to-face interviews with the participants of the Friendship Village were conducted in week one and week three via a translator (McColl et al., 2001). A total of 86% of questionnaires were returned to the researchers. Questionnaires and typed interview responses were scanned and placed into an e-folder where all three researchers could access the responses verbatim. When conducting theme verification, this measure acted as a safety measure between the researchers (Remler & Van Ryzin, 2011). Interviews with the Friendship Village staff were conducted by the researchers in collaboration with the translators, resulting in seven different interviews in weeks one and three. Responses were audio recorded and transcribed by the translator for the researchers to analyze.

Data Analysis

Data analysis of the student questionnaires and interviews of the Friendship Village staff was completed throughout the placement (Green et al., 2007). Interviews and questionnaires were devised, conducted and interpreted by the three researchers, enabling a deeper understanding of the context of the data during data immersion and the process of coding (Green et al., 2007). This facilitated clarity, connection (Green et al., 2007), focus and definition of the data (Gibbs, 2007). Thematic analysis, which represents, "a method for identifying, analyzing and reporting patterns ... within data," (Braun & Clarke, 2006, p.79), allowed emerging themes and ideas to be examined, to further understand the

underlying relationships between themes (Braun & Clarke, 2006). Categories of similar coded data was revisited and linked to a category, and then to an overall theme (Gibbs, 2007).

Ethical Considerations

This international service learning project received approval from the Human Ethics Approval Process at the university (ECN-16-152) and has been considered as minimal risk. The research is in accordance with the Privacy Act (1988) and all participants involved signed informed consent forms. The researchers considered ethical guidelines and the Privacy Act throughout this research (Portney & Watkins, 2009).

In recognizing the link between social, emotional and physical health, and wellbeing and occupation (Durocher, Rappolt, Gibson, 2013, p. 431), this project addresses occupational injustice, which is consistent with ISL and sustainability guidelines, to improve the health outcomes of the children at the Friendship Village. The occupational justice framework promotes “fairness, equity and empowerment to enable opportunities for participation in occupations” (Durocher et al., 2013), and provides an understanding for the students engaging in ISL with marginalized and vulnerable populations (Witchger Hansen, 2013).

RESULTS

Four common themes emerged as a result of the data analysis from participant responses, which are aligned with core components of international service learning outcomes and health promotion principles. These themes include reciprocal learning, sustainability, building capacity of the students and Friendship Village staff (Figures 1 and 2) and meeting the needs of the host community.

Theme 1: Reciprocal Learning

Both students and community partners expressed the value of opportunities for mutually beneficial learning from one another during the placements. One student noted that “we have learned to advocate, work with others, working with translators..., non-verbal communication skills and flexibility, compromise and patience (university student). While a village teacher stated that “the volunteers [health students] provided lots of useful information. I have attended workshop about autism, ... and I applied some [activities] for students in my class and I see they have changed positively.

Theme 2: Sustainability

Participants expressed positivity and hopefulness about the prospect of a long-lasting relationship between the University and the Village. The theme of sustainability was integrated through the development of meaningful and collaborative projects. One village staff member said that “I know that this will require a long-lasting relationship between the Friendship Village and the University.” and “we always welcome any idea ... for the veteran or the children, then it is very, very, great for both of us. Another village staff member expressed it this way, “I hope to have your team come years and years to bring us more knowledge on rehabilitations and healthcare in general. One of the university students involved stated, “hopefully we can gain a greater understanding of the impact of war on occupational roles, performance and participation and develop strategies for ... the vets in the future to improve their time in the village.

Theme 3: Capacity Building

Students

There was a substantial increase in perceived confidence of the students over the duration of the placement as they developed capacity within in their role as student service providers. Figure 1 depicts changes the progression of students’ responses from “overwhelmed” to “confident” over the three weeks.

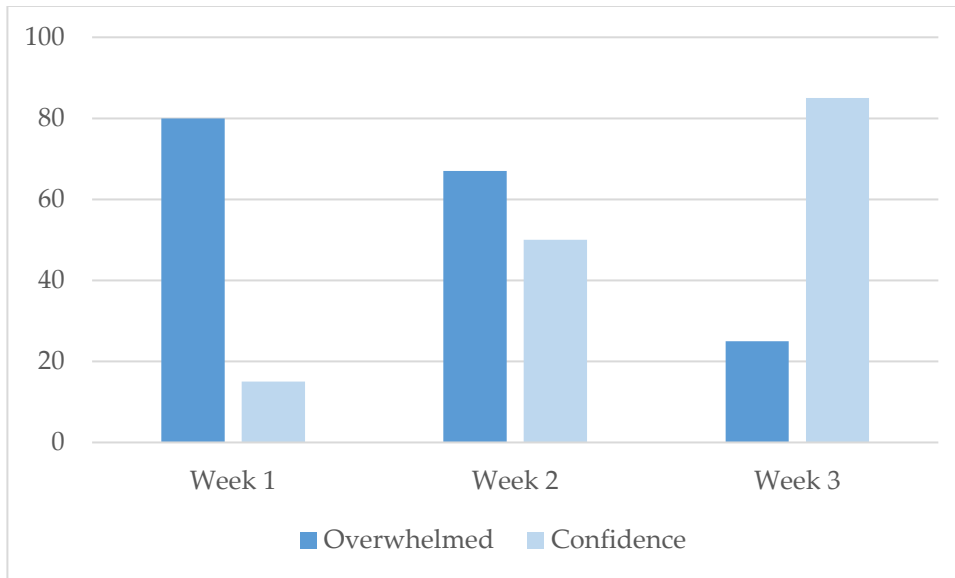


FIGURE 1: Capacity building for students

Friendship Village Staff

There were changes over the three weeks in the staff’s perception of the students’ ability to contribute meaningful strategies, education and intervention for the residents of the Friendship Village. Typical visitors who volunteer in the village do not have a health background. As the university students began to provide resources, education and recommendations as “health professional students” versus “volunteers”, there were noticeable improvements in the staff’s willingness to try to implement suggested health interventions in their daily work. When students’ understanding of their roles shifted from working in a volunteer capacity to working as health students to deliver sustainable health education and primary cares services, Friendship Village staff witnessed the benefits of collaborative and reciprocal learning to observe major changes in the behaviors of the children. They displayed a willingness to learn to meet identified needs and improve the health outcomes of the children and veterans at the Friendship Village.

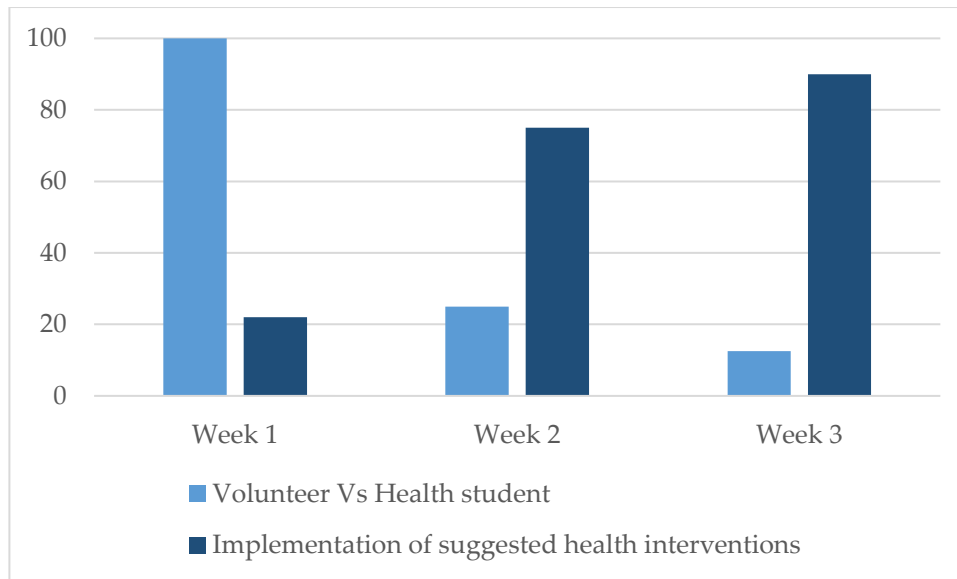


FIGURE 2: Building Capacity – Friendship Village (shown as a percentage)

In addition to these findings it was discovered that in the initial stages of the placement, the health students had a lack of understanding of the international service learning model, which improved over the course of the placement. The students referred to themselves as volunteers rather than health students. This quote from a student in week 1 reflected in essence the findings; “At this stage there are identified breakdowns in communication between us as volunteers but also the [Friendship Village] students and teachers.”

Additionally, the responses revealed further health care priorities to be addressed by future student teams including: personal and oral hygiene; activities of daily living of residents; purposeful occupations; podiatry and nursing interventions; feeding assessments; and communication strategies for the deaf community.

To conclude these findings, this quote from the Principal of the Friendship Village demonstrates the benefits and success of building reciprocal relationships. It highlights the prospect of a continued relationship, sustainability, and identifies the positive impacts for the staff and residents.

I was really surprised at your professionalism, and your discipline when working with the veterans and the children, we ... believe in the benefits of your work. Through your specific work ... in the classroom, in rehab centre, all the leaders and staff are very grateful and they know you do the work with your hearts and it's really effective and an action they appreciate. I look forward to more projects in the future.

Theme 4: Meeting the Needs of the Host Community, Student Perspective.

Students felt that they were able to address specific unmet needs of individuals in the Village through their service learning projects

TABLE 1: The unmet needs of the host community and how these were addressed by the students working in collaboration towards sustainable strategies and interventions.

Unmet needs	How these were addressed
“In the classrooms, we identified that many students had communication difficulties.”	“We [health students] are excited about implementing our project [a communication book] as communication is essential for health and the teachers are excited about our goals.”
“We observed the veterans and found they had no leisure activities and spent a lot of their time just sitting around.”	“We ... introduced activities, ping pong, shuttlecock, Chinese checkers and the traditional Vietnamese board and card game” as a result “the veterans are really enjoying the leisure activities and are engaging with each other more.”
“Lots of sensory needs” and “a need for calming techniques.”	“The sensory box was introduced as sensory and calming techniques to assist [the] teacher and reduce children from harming [biting] themselves.” “We made our box from resources available here.”
“The teachers frequently commented for the need for autism specific classes [education].”	“A workshop was given to teachers and physios on how to interact and teach children with Autism which will then have a flow on effects to the kids.”

DISCUSSION

A thematic analysis approach was used to explore the sustainability aspect and impact of the international service learning placement upon the students and the Friendship Village. Five themes emerged from the analysis of the questionnaire and interviews: reciprocal learning; sustainability; building capacity of the students; building capacity of the Friendship Village; and meeting of the needs of the host community.

The participants provided reciprocal and structured learning approaches that were beneficial for both partners to sustain power balances for mutual benefits. The students enhanced their learning of cultural competence, learned how to advocate the health needs of others and work with limited resources. The students also experienced working with a different language and with translators, which increased their non-verbal communication skills. Students provided learning opportunities for the Friendship Village in the form of workshops, creating time for questions and demonstrations for identified health needs. The Friendship Village learned to apply health intervention strategies which resulted in strengthening the community and developing personal skills to improve the health of the children and the veterans.

The participants were challenged to implement a sustainable aspect in their healthcare delivery, as shown in Table 1. Students reported their strategies for implementing sustainable health outcomes on a weekly basis to the researchers in their answers on the questionnaires, highlighting their

understanding of the importance of the sustainability. The participants reported that their aim was to deliver healthcare that will promote health promotion for the Friendship Village, which remains a priority in their healthcare delivery. The vast difference of progression in feelings of 'overwhelm' and 'confidence' seen in Chart 1 reveals that the students were initially affected by the culture. Many of the students reported feeling overwhelmed, nervous and anxious in the first week, resulting in some being unsure of their student role due to the Friendship Village being unaware of Occupational Therapy and Speech Pathology professions. Additionally, results show growth of confidence as students assimilate into the Vietnamese culture as they progress in their placement. This highlighted the importance of adequate pre-departure preparation to further understand cultural-care traditions, history, politics, health systems and disparities of the host community. Pre-departure preparation would have allowed the students to be prepared mentally, emotionally and physically for the delivery of high quality healthcare. This displays the urgent need for effective culturally-appropriate pre-departure preparation for students completing an international service learning in a foreign country.

Building capacity of the Friendship Village remained a high priority throughout this international service learning as it was necessary to explore how the students and healthcare delivery were received to ensure mutual learning and capacity building of both partners (Simonelis et al., 2011). Early in the ISL, the students learned that they were seen as volunteers, as opposed to allied health students, as displayed in figure 2. The Friendship Village originally envisioned the students were there to do cleaning, gardening, and housework. This perception of the volunteer-role versus the student-role displayed a lack of understanding from the Friendship Village about the capacity of the health students, therefore, affecting the way healthcare was delivered in the Village due to the expectation disparity. Influencing factors for this misunderstanding included lack of pre-departure preparation given to the host community, lack of communication of the student role to the host community, and the fact that the students were the first group to spend time at the Friendship Village who were not volunteers. These are implications that can be addressed in future international service learning to improve the reception of both partners within the reciprocal relationship.

The needs of the Friendship Village were identified by the students, as well as the staff of the Friendship Village, to gain perspectives of both partners. The purpose of addressing the unmet needs at the Friendship Village was to achieve one of the overarching aims of this project; to improve the health and wellbeing of the residents of the Friendship Village. Students identified sensory needs, structure and purposeful activities, communication barriers between students and teachers, behavioral management needs and misdiagnosis of conditions. The Friendship Village identified basic health needs and practical needs for the children and veterans. Both perspectives of health needs were combined to form the project aims.

LIMITATIONS

The current research focused on one particular international service learning placement, offered by one university with one host community specifically. Therefore, the findings might not be applicable to different tertiary educational institutes, even if the findings resonate with similar research. Another limitation present was that there is a possibility of bias in the data analysis, as all members involved in the research were health student participants in the international service learning, though did not contribute to the data. To reduce the bias aspect, the researchers had regular meetings with a supervisor to discuss and question the findings, before establishing the themes and major outcomes of this research.

Upon arrival to the Friendship Village, it soon became clear that Occupational Therapy and Speech Pathology professions were unknown in the Vietnamese culture, therefore, students had to promote their role in these healthcare disciplines. In addition, terminology such as 'sensory processing' did not exist in the Vietnamese language. Therefore, some meaning from the Friendship Village interviews may have been lost in translation. Another complication of using translators for data collection was the possibility of misunderstanding and misinterpreting of questions.

RECOMMENDATIONS

Consistent with our aims and objectives, the following recommendations have evolved:

- Future students completing international service learning should have knowledge of the nature and learning outcomes of an international service learning, and a thorough understanding of the concept of sustainability of their health promotion project prior to departure.
- To ensure sustainability, students need to consider how the staff at the Friendship Village will continue implementing the strategies introduced; how will the knowledge be presented to the Friendship Village; are local resources available to the Friendship Village if required; do staff require something to refer to, if so, what; and can the strategy evolve over time.
- Implicit pre-departure preparation for both partners involved, regarding population group needs, expectations and culture-care traditions and practices.
- It is recommended for students to identify a means of evaluating all partners' perspectives (pre, during and post international service learning) to provide data of host community needs, efficiency of communication and healthcare delivery, to evaluate perspective change and evaluate whether identified needs were met.
- Health promotion plays an important role in advocacy (Lin & Bagley, 2009), therefore, this research evaluation of international service learning of health promotion in a developing country aspire to inform on the potential benefits that can be gained by all involved. The findings of this research may provide valuable information that enhances the scope of knowledge on the evaluation process, and towards effectiveness and sustainability of international service learning, in a developing country from both partner perspectives.

Additionally, the results of this research may help to access additional government funding allocation for universities, supervisors, students and host communities participating in international service learning placements in developing countries. Further investigation however, is required to effectively evaluate the impacts of future international service learning opportunities on both partners involved in a health promotion context, and to evaluate the sustained success of this program for health promotion outcomes.

PROJECT OUTPUTS

The following project outputs were achieved from the current research:

- The researchers presented an information session to the staff and principal of the Friendship Village on their last day on site. The purpose of this information session was to communicate the identified health needs and information, and the measures of sustainability of the program. It also presented the opportunity for the host community to ask questions with the interpreter present.
- A pre-departure information session was provided to the allied health students who are planning on participating in the next international service learning at the Friendship Village

later this year. Key terms involved in the international service learning of health promotion were explained and students were encouraged to think about how their future interventions will be maintained after they leave. This was done to increase the students knowledge of ongoing sustainability.

- The results of this evaluation project were presented at the 2017 Allied Health Promotion Conference at the university. The target audience included students, lecturers, an evaluator and guests.
- As a result of the findings from this research, the next student group completing an international service learning in Vietnam will include a wider scope of allied healthcare professions, including podiatry and nursing students.
- This research proposed a method of evaluating the sustainability and effectiveness of an international service learning model of health promotion, which can be valuable for future allied health students participating in the international service learning in Vietnam next year, as well as other tertiary education courses with similar learning opportunities.

IMPLICATIONS

Employing the international service learning model of health promotion was beneficial to establish a mutually beneficial relationship between the university and the Friendship Village, through reciprocal learning. The findings demonstrate that building capacity occurs when all partners are active participants, using effective communication and knowledge sharing. This research shows that although this is a new partnership, establishing a sustainable international service learning program that enhances awareness, it influences behavior in relation to healthcare and creates empowerment of the host community in a developing country. Most importantly, by focusing on strengthening the community actions and developing the personal and social skills of the host community, health outcomes can be significantly enhanced for the residents living at the Friendship Village and aid the success of health promotion.

REFERENCES

- Amerson, R. (2014). Research-based recommendations for implementing international service-learning. *Journal of Professional Nursing, 30*(2), 175-179. <http://dx.doi.org/10.1016/j.profnurs.2013.09.006>
- Billett, S. (2011). *Curriculum and pedagogic bases for effectively integrating practice-based experiences*. Retrieved from <https://www.vu.edu.au/sites/default/files/CCLT/pdfs/billett-wil-report.pdf>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.
- Bridges, D. R., Abel, M. S., Carlson, J., & Tomkowiak, J. (2010). Service learning in interprofessional education: A case study. *Journal of Physical Therapy Education, 24*(1), 44-50.
- Bringle, R. G., & Hatcher, J. A. (2011). International service learning. In R. G. Bringle, J. A. Hatcher, & S. G. Jones (Eds.), *International service learning: Conceptual frameworks and research* (pp. 3-28). Retrieved from https://books.google.com.au/books?id=bJlyjzUWKcC&pg=PA3&source=gbs_toc_r&cad=4#v=onepage&q&f=false
- Brower, H. H. (2011). Sustainable development through service learning: A pedagogical framework and case example in a third world context. *Academy of Management Learning & Education, 10*(1), 58-76. doi:10.5465/AMLE.2011.59513273
- Cashman, S. B., & Seifer, S. D. (2008). Service-learning: An integral part of undergraduate public health. *American Journal of Preventive Medicine, 35*(3), 273-278. doi:10.1016/j.amepre.2008.06.012
- Centre for Sustainable Development Studies, Hanoi [CSDS]. (n. d.). *Friendship Village*. Retrieved from <http://new.csds.vn/volunteer-with-csds/childcare/friendship-village/>
- Cipriani, J. (2017). Integration of international service learning in developing countries within occupational therapy education: Process and implications. *Occupational Therapy in Health Care, 31*(1), 61-71. <http://dx.doi.org/10.1080/07380577.2016.1244734>
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Los Angeles, CA: Sage.

- Davies, K., Curtin, M., & Robson, K. (2017). Impact of an international workplace learning placement and professional development. *Australian Occupational Therapy Journal*, 64(2), 121-128. <http://doi:10.1111/1440-1630.12338>
- Department of Foreign Affairs and Trade [DFAT]. (2016). *New Colombo plan: Connect to Australia's future – Study in the region*. Retrieved from <http://dfat.gov.au/people-to-people/new-colombo-plan/mobility-program/Pages/mobility-program.aspx>
- Durocher, E., Rappolt, S., & Gibson, B. E. (2013). Occupational justice: Future directions. *Journal of Occupational Science*, 21(4), 431-442. <http://dx.doi.org/10.1080/14427591.2013.775693>
- Gibbs, G. (2007). Thematic coding and categorizing. In U. Flick (Ed.) *Analyzing Qualitative Data*, (pp. 38-55). London, UK: Sage.
- Green, J., Willis, K., Hughes, E., Small, R., Welch, N., Gibbs, L., & Daly, J. (2007). Generating best evidence from qualitative research: The role of data analysis. *Australian and New Zealand Journal of Public Health*, 31(6), 545-550. doi: 10.1111/j.1753-6405.2007.00141.x
- Hamilton, A., Copley, J., Thomas, Y., Edwards, A., Broadbridge, J., Bonassi, M., ... Newton, J. (2015). Responding to the growing demand for practice education: Are we building sustainable solutions? *Australian Occupational Therapy Journal*, 62(1), 265-270. doi: 10.1111/1440-1630.12181
- Hayward, L. M., & Li, L. (2014). Promoting and assessing cultural competence, professional identity, and advocacy in Doctor of Physical (DPT) students within a community of practice. *Journal of Physical Therapy Education*, 28(1), 23-36.
- Hayward, L. M., Venere, K., & Pallais, A. (2015). Enhancements to an international service-learning model: Integration of program alumni and global stakeholder feedback. *Journal of Physical Therapy Education*, 29(2), 43-53.
- Jirojwong, S., & Liamputtong, P. (2009a). Introduction: Population health and health promotion. In S. Jirojwong & P. Liamputtong (Eds.), *Population health, communities and health promotion* (pp. 3-25). Victoria, Australia: Oxford University Press.
- Jirojwong, S., & Liamputtong, P. (2009b). Primary health care and health promotion. In S. Jirojwong & P. Liamputtong (Eds.), *Population health, communities and health promotion* (pp. 26-42). Victoria, Australia: Oxford University Press.
- Johnson, A. M., & Howell, D. M. (2017). International service learning and interprofessional education in Ecuador: Findings from a phenomenology study with students from four professions. *Journal of Interprofessional Care*, 31(2), 245-254. doi:10.1080/13561820.2016.1262337
- Lattanzi, J. B., & Pechak, C. (2011). A conceptual framework for international service-learning course planning: Promoting a foundation for ethical practice in the physical therapy and occupational therapy professions. *Journal of Allied Health*, 40(2), 103-109. Retrieved from <http://ezproxy.scu.edu.au/login?url=http://search.proquest.com/docview/887255401?accountid=16926>
- Leffers, J., & Mitchell, E. (2011). Conceptual model for partnership and sustainability in global health. *Public Health Nursing*, 28(1), 91-102. doi: 10.1111/j.1525-1446.2010.00892.x
- Lin, V., & Bagley, P. (2009). Planning for policy advocacy for health promotion. In S. Jirojwong & P. Liamputtong (Eds.), *Population health, communities and health promotion* (pp. 173-192). Victoria, Vic: Oxford University Press
- McCull, E., Jacob, A., Thomas, L., Soutter, J., Bamford, C., Steen, N., ..., Bond, J. (2001). Design and use of questionnaires: A review of best practice applicable to surveys of health staff and patients. *Health Technology Assessment*, 5(31), 1-6.
- Pechak, C., & Cleaver, S. (2009). A called for a critical examination of ethics in global health initiatives in physical therapy education. *HPA Resources*, 92(2), 9-10.
- Pechak, C. M., & Thompson, M. (2009). A conceptual model of optimal international service-learning and its application to global health initiatives in rehabilitation. *Physical Therapy*, 89(11), 1192-1204. <http://dx.doi.org.ezproxy.scu.edu.au/10.2522/ptj.20080378>
- Peiying, N., Goddard, T., Gribble, N., & Pickard, C. (2012). International placements increase the cultural sensitivity and competency of professional health students: A quantitative and qualitative study. *Journal of Physical Therapy Education*, 26(1), 61-68
- Portney, L., & Watkins, M. (2009). *Foundations of clinical research*. Upper Saddle River, NJ: Pearson/Prentice Hall.
- Reisch, R. (2011). International service learning programs: Ethical issues and recommendations. *Developing World Bioethics*, 11(2), 93-98. doi:10.1111/j.1471-8847.2011.00299.x
- Remler, D. K., & Van Ryzin, G. G. (2011). *Research methods in practice: Strategies for description and causation*. Thousand Oaks, CA: Sage.
- Rodger, S., Webb, G., Devitt, L., Gilbert, J., Wrightson, P., & McMeeken, J. (2008). Clinical education and practice placements in the allied health professions: An international perspective. *Journal of Allied Health*, 37(1), 53-62.
- Sim, I., & Mackenzie, L. (2016). Graduate perspectives of fieldwork placements in developing countries: Contributions to occupational therapy practice. *Australian Occupational Therapy Journal*, 63(4), 244-256. doi:10.1111/1440-1630.12282
- Simonelis, J., Njelesani, J., Novak, L., Kuzma, C., & Cameron, D. (2011). International fieldwork placements and occupational therapy: Lived experiences of the major stakeholders. *Australian Occupational Therapy Journal*, 58(5), 370-377. doi:10.1111/j.1440-1630.2011.00942.x
- Tupe, D. A., Kern, S. B., Salvant, S., & Talero, P. (2015). Building international sustainable partnerships in occupational therapy: A case study. *Occupational Therapy International*, 22(3), 131-140. doi: 10.1002/oti.1407

- Vietnam Friendship Village Project USA [VFVP-USA], (2017). *Project background*. Retrieved from <http://www.vietnamfriendship.org/wordpress/about/project-background>
- Weare, K. (2002). The contribution of education to health promotion. In R. Bunton & G Macdonald (Eds.), *Health promotion: Disciplines, diversity, and developments*, (2nd ed., pp. 102-126). New York, NY: Routledge.
- Whiteford, G. E., & McAllister, L. (2007). Politics and complexity in intercultural fieldwork: The Vietnam experience. *Australian Occupational Therapy Journal*, 54, S74-S83. doi:10.1111/j.
- Witchger Hansen, A. M. (2013). Bridging theory and practice: Occupational justice and service learning. *Work*, 45(1), 41-58. doi: 10.3233/WOR-131597
- Witchger Hansen, A. M. (2015). Crossing borders: A qualitative study of how occupational therapy educators and scholars develop and sustain global partnerships. *Occupational Therapy International*, 22(3), 152-162. <http://dx.doi.org.ezproxy.scu.edu.au/10.1002/oti.1401>
- World Health Organization [WHO]. (2009). *Milestones in health promotion statements for global conferences*. Retrieved from http://www.who.int/healthpromotion/Milestones_Health_Promotion_05022010.pdf
- World Health Organization [WHO]. (2017). *The Ottawa Charter for health promotion*. Retrieved from <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>