Towards an Anthropology of Service-Learning:
An Exploration of the Impact of a Cross-Cultural, Service-Learning Experience on Health Professional Students

By
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Abstract

In the Doctor of Physical Therapy (DPT) program at Creighton University, students have the opportunity to participate in a clinical rotation, better described as a cross-cultural, service-learning program, in the Dominican Republic. The program both incorporates and extends beyond traditional service-learning models by emphasizing cultural immersion, community service, and reflective practices rooted in Jesuit spiritual traditions. This thesis explores the impact of a cross-cultural, service-learning experience on Creighton physical therapy students by utilizing evidence from a six-week, multi-sited qualitative research project. Anthropological research on the impacts of such experiences on health professional students is essential to better understanding their future engagement as professionals in the U.S. health care system. Current anthropological research has not thoroughly examined how these processes influence health professional students’ long-term attitudinal and behavioral changes, and furthermore, has not thoroughly considered the role of reflective processes during these experiences. And yet, anthropological perspectives are particularly well-suited to understand service-learning, cross-cultural education, experiential learning and transformational learning, and to contextualize the impact of such experiences and illuminate the formation of health professional students.

Additionally, anthropological literature is utilized to examine critiques of humanitarianism in the developing world.

*Keywords*: Service-learning; cross-cultural education; experiential learning; transformational education; reflective practices; humanitarianism; physical therapy;
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Introduction

“Service-learning,” a term first coined by Robert Sigmon and William Ramsey in the late 1960’s, has since transformed into a pedagogical movement (Sigmon in Eyler & Giles 1994: 78). Though hundreds of service-learning definitions exist in academic literature, the term generally refers to a type of experiential education in which students engage in service to a community, and then reflect on their involvement in such a way as to gain greater understanding of course content (Bringle & Hatcher, 1997). Educational institutions across the United States, ranging from high schools to colleges and universities, incorporate service-learning education into their curricula. Creighton University is one example of a higher educational institution incorporating aspects of service-learning into program curricula, such as their doctoral physical therapy program. Creighton’s physical therapy program integrates service-learning components into their clinical rotation program, which is facilitated in Santiago, Dominican Republic. The amalgamation of service-learning into health professional students’ clinical rotation programs produces a holistic learning experience, in which students develop and grow emotionally, intellectually and perhaps, spiritually.

However, Creighton’s physical therapy clinical rotation in the Dominican Republic differs from traditional service-learning program models in that it emphasizes local service, cross-cultural immersion and reflection, grounded in Ignatian spirituality. Students spend thirty-one days in the Dominican Republic, residing at el Centro de Educación para la Salud Integral (CESI) in Santiago. The four-week program is robust. During the weekdays, physical therapy students and licensed physical therapists (clinical instructors) provide services at nine different clinical sites: a municipal hospital; an outpatient physical therapy facility in which students were divided among a neurology, adult and children’s wing; a children’s hospital; a geriatric facility;
an orphanage; an autism facility; and a home health organization. During weekday afternoons, students provide a free-clinic for local community members at the CESI center. Additionally, students visit Haitian migrant-worker communities to provide therapy, or visit an orphanage to provide additional therapy and care.

Another significant part of the program experience includes an immersion to a rural village (*campo*) in which students reside with Dominican host families. The immersion is based on reciprocity; Dominican families host students while students provide a free physical therapy clinic and educational talk (*charla*) to community members and health promoters (*cooperadores de salud*). Finally, formal and informal reflection is also an integral part of the experience as it provides students an opportunity to process the experience. Formal group reflections occur at least two times per week. Students and clinical instructors share their thoughts, feelings and/or emotions. Informal reflection consists of reflective conversations and dialogue between students and/or clinical instructors. Additional forms of informal reflection include journaling, individual prayer, and/or meditation. This clinical rotation program provides students the opportunity to utilize their physical therapy skills through service, immerse themselves in a foreign culture, engage with patients across intercultural differences, build relationships, and reflect upon the experience and its impact on their personal, professional and spiritual worldviews.

Anthropological research on the impacts of such experiences on health professional students is crucial to better understanding their future engagement as professionals in the U.S. health care system. Current anthropological research does not thoroughly examine how these processes influence health professional students’ long-term attitudinal and behavioral changes, and furthermore, does not thoroughly consider the role of reflective processes during these experiences. Rather, existing anthropological literature explores service-learning models and the
efficacy of various service-learning models in relation to learning outcomes. Additional literature explores critiques of humanitarianism and the role of non-governmental organizations in developing nations. This thesis aims to bolster current anthropological service-learning literature by utilizing evidence from a six-week, multi-sited qualitative research project to explore the impact of a cross-cultural, service-learning experience on doctoral physical therapy students. From participation in cross-cultural, service-learning experiences, are students better prepared and equipped to engage their future patients across cultural differences? Are students more inclined to think critically and challenge some of the deeply-entrenched assumptions that underpin problems in U.S. health care practice today?

In this thesis, I posit that cross-cultural, service-learning experiences, which emphasize and incorporate intentional reflective practices, impact health care professional students’ attitudes, behaviors and worldviews, and influences their ability to engage with patients across cultural differences. It is likely that cross-cultural, service-learning experiences help develop students’ intercultural competencies, and self-reported evidence by students seems to support this notion, but further research specifically on this dimension would help to shed further light on this topic. The following thesis will offer evidence which supports these claims by first examining service-learning, cross-cultural education, and experiential/transformational education literatures within the fields of anthropology, higher education, psychology and social work. Due to the dearth of service-learning literature in anthropology, I draw from other academic fields to provide a holistic framework for further analysis and discussion. Additionally, I explore the concept of reflection and its relation to service-learning pedagogy. Following a detailed investigation of service-learning literatures, I provide an overview of Creighton’s doctoral physical therapy clinical rotation/service-learning program in the Dominican Republic, and
describe the research methodology used to conduct a six-week, qualitative research study. I then discuss the data analysis process and the theoretical framework utilized for data analysis. From there, I move to a detailed examination of key research findings, and then to a nuanced analysis of the findings in relation to current service-learning literatures. Finally, I explore the study’s implications for the field of anthropology and beyond, and summarize the research study.

**Anthropological and Interdisciplinary Literature Review**

*Service-Learning*

Robert Sigmon and William Ramsey coined the term “service-learning” at the Southern Regional Education Board in 1967 (Sigmon; Southern Regional Education Board in Eyler & Giles 1994: 78). Since 1967, the concept of service-learning has transformed into a pedagogical movement (Beck, 2006). Numerous service-learning frameworks, models and theories have been developed since the late sixties, contributing to a diverse body of research and literature within the fields of higher education, psychology, philosophy and social work. Even though there is a diverse body of literature and research, service-learning lacks a universal definition. To emphasize this point, J.C. Kendall & Associates (Kendall & Associates in Eyler & Giles 1994) conducted a comprehensive literature review and found one-hundred and forty-seven different terms and definitions related to service-learning. In the following discussion, I intend to highlight service-learning’s major theoretical frameworks and models, specifically within the fields of anthropology and higher education. I will explore research identifying the impact of service-learning programs, with specific attention to reflective practices, and I will conclude with a call for additional service-learning research, particularly in the field of anthropology.
An American philosopher, psychologist and educational reformer, John Dewey is considered one of the founding fathers of service-learning theory (Eyler & Giles, 1994). Although John Dewey did not coin the term “service-learning,” his philosophy of education greatly impacted the pedagogical movement over the latter half of the twentieth century (Eyler & Giles, 1994). Dewey emphasized principles of experience, inquiry, the process of problematization, and reflection as the key elements of a “theory of knowing” in service-learning (Eyler & Giles, 1994). Dewey proposed two principles which shaped the core of his philosophy of experience: the Principle of Continuity; and the Principle of Interaction (Eyler & Giles, 1994). The Principle of Continuity suggests that all experiences occur along a continuum. These experiences build upon one another, and it is the role of the teacher to shape these experiences. The Principle of Interaction suggests that learning results from the transaction between the individual and their environment (Schumer in Eyler & Giles, 1994: 79). In addition to Dewey’s philosophy of experience, he proposes five phases or aspects of reflective thought related to an educative experience, including: suggestions; intellectualization; the hypothesis; reasoning; and testing the hypothesis (Dewey in Eyler & Giles, 1994: 80). The first phase, suggestions, refers to the tendency to stop and consider more than one course of action. The second phase, intellectualization, refers to the raising of questions about the nature of a problem. The third phase, the hypothesis, refers to the development of an idea based on observation and previous knowledge. The fourth phase, reasoning, refers to further development of an idea (or hypothesis), and the ability to develop linkages between ideas. Finally, the fifth phase, testing the hypothesis in action, is the verification of an idea though further observation or experimentation (Eyler & Giles, 1994, p. 80). These phases directly relate to service-learning experiences and the way in which students create new knowledge and develop new perspectives.
Dewey’s principles of continuity and interaction, the process of problematization and inquiry, and the phases of reflective thought frame his central question: how is an experience educative (Eyler & Giles, 1994)?

David A. Kolb, an American educational theorist, built upon Dewey’s philosophy and created a new service-learning model related to an experiential learning process (Kiely, 2005). Kolb’s model suggests that the creation of knowledge results from a four-step cycle: concrete experience; cognitive reflection; abstract theorization; and experimentation (Kiely, 2005). Although Dewey and Kolb’s philosophies and models may differ, both theorists include “reasoning” and “reflection” as key elements in knowledge creation and the learning process.

Among service-learning educators today, there is an emphasis on reflection, which stems from the assumption that “the pragmatic and reflective experiential traditions of Dewey and Kolb provide the most adequate philosophical and theoretical framework for understanding and explaining the processes of learning unique to service-learning contexts” (Kiely, 2005, p. 5). Processing experiences through reflective practice (either in oral or written form) contributes to greater transformational learning.

American sociologist, Jack Mezirow, explores learning experiences via creation of a transformational learning process model (Mezirow in Kiely, 2005: 6). Mezirow’s model provides service-learning practitioners with a beneficial theoretical framework because he focuses on the meaning behind experiences, particularly how learning and behavioral change often result from the way people make sense of problems, critical incidents, and/or ambiguous life events (Mezirow in Kiely, 2005: 6). There is ongoing research which sheds light on how reflection, the unconscious, emotions, relationship, dialogue, values and power enhance transformational learning (Taylor in Kiely, 2005: 6). It is critical to continue such research,
particularly focusing on how reflective practices effect attitudinal and behavioral changes among learners.

Richard Kiely, from the University of Georgia, conducted such research in a longitudinal case study to better understand how participants experienced transformational learning during and after participation in a service-learning program to Nicaragua (Kiely, 2002). Kiely’s research is unique in that his data collection spanned ten years, from 1994 to 2005. He sought to understand the long-term implications associated with participation in an international service-learning program. Kiely (2005, p. 17) states,

“one of the most important contributions this study makes to the previous research and theory in service-learning is that students’ transformational learning is more apt to occur and persist over the long-term if there are structured opportunities for participants to engage in reflective (i.e. processing) and nonreflective (i.e. personalizing and connecting) learning processes with peers, faculty, and community members.

Kiely’s findings support Dewey, Kolb and Mezirow’s service-learning models and theoretical frameworks, and affirm the need for continued research on the implications of reflective practices in service-learning contexts.

Additional research conducted by anthropologists and higher education professionals, underscores the impact of service-learning programs on participants. Patch and Allen (2010) utilize an anthropological approach to promote and assess transformative learning with non-governmental organization (NGO) internships in Ghana. In this context, transformative learning refers to the process by which individuals make meaning of experiences, and how learning and behavioral change is often a result of the way in which individuals make sense of such experiences (Mezirow, 2000). Patch and Allen (2010) utilize service-learning literature and research findings to examine the Michigan State University internship program. Drawing from Mezirow (2000), Kiely (2005), and the analysis of student interviews and field notebooks, Patch
and Allen (2010) identify a six-stage continuum of transformational learning. The continuum includes knowledge changes, attitude changes, understanding different perspectives, changes in structural understanding of the issue, changes in self-understanding, and transformational change (Patch & Allen, 2010, p. 33). In addition to the continuum, “authors note that an experience of dissonance for the students – where their existing worldview is significantly challenged – is critical to moving through the continuum. It is not a linear process, but one of circling and spiraling toward eventual change” (Patch & Allen, 2010, p. 32-33). Other researchers, such as Giles and Eyler cite that service-learning impacts personal development, including building efficacy, self-esteem, and relationships as well as increasing social responsibility (Giles & Eyler in Thompson et al, 2003: 66).

The service-learning research literature, previously discussed, offer key insights into the benefits of service-learning, particularly its promotion of knowledge creation and an educative experience. Much of existing service-learning literature and research comes from the fields of higher education, psychology, social work, sociology, and most recently, anthropology. Although anthropologists are currently engaged in service-learning research, in general, there is a lack of anthropological literature examining the impact of service-learning experiences on students, specifically as it relates to attitudinal and behavioral changes. Rather, anthropological literature generally focuses on the efficacy of service-learning programs, and/or the learning outcomes as a result of participation in such a program. Additionally, from my investigation, there is limited service-learning research examining the transformational impact on participants. For example, anthropologists such as Sam Beck (2006), explore service-learning pedagogy and present case-study research on how the pedagogy is weaved into specific courses and/or internships. Similarly, Sumi Colligan (2000), explores how service-learning can be integrated
into various anthropological courses. This research is important to the discipline of anthropology as it relates to student learning outcomes, but the current literature and research does not fully explore the attitudinal and behavioral changes that occur among students as a result of participation in cross-cultural, service-learning experiences. Furthermore, there is a gap in anthropological literature exploring the role of reflective practice in service-learning experiences and how reflective practice impacts attitudinal and behavioral changes. This research is essential in understanding how cross-cultural, service-learning experiences impact health professional students and how students will engage with diverse patient populations as future health care professionals.

**Experiential/Transformative Learning**

Experiential and transformative learning literature relates closely to service-learning literature. As previously mentioned, David Kolb built upon John Dewey’s philosophy of education and created an experiential learning model. Kolb (1984) suggests that experiential learning involves the integrated functioning of the total organism – thinking, feeling, perceiving and behaving. He states, “learning is the process whereby knowledge is created through the transformation of experience” (Kolb, 1984, p. 38). Sam Beck, a cultural anthropologist, also examines the concept of learning through experience. In Beck’s exploration of experiential learning, he introduces the concept of “lived practice” and “knowing-in-action” (2005, p. 1). He states that “lived practice” is the learning that occurs while humans are engaged in activity (Beck, 2005, p. 2). When learning occurs under conditions of work as a particular form of activity, it takes on a different significance: “knowing-in-action” (Beck, 2005, p. 2). Beck goes on to suggest that experiential learning cannot be “normalized and taken for granted, accepted as part of ‘the real world’, not needing explanation or intervention” (Beck, 2005, p. 1). According
to Beck (2005), anthropologists must increasingly become aware of the processes involved in experiential learning.

Frederic W. Hafferty (1998) examines the processes involved in and unintended outcomes of experiential learning via the analysis of medical education. He states three conditions under which medical learning occurs: (1) formal curriculum with formalized course work via syllabi and course outlines; (2) informal curriculum which results from social interactions in which the learner is directly or indirectly involved as the learner; (3) and the hidden curriculum which refers to the tacit knowledge imbedded in a discipline or profession. Hafferty’s (1998) second condition is of particular importance in an international service-learning experience, given learners not only engage in formalized course work, but also navigate complex social and cultural environments. Andrew Orta’s concept of “transnational habitus,” the cultivation of professional selves and capacities forged through the experiential education of negotiating “foreign places,” speaks to Hafferty’s second condition and underscores the informal educative process which occurs in cross-cultural contexts (Ho, 2014). Beck’s concept of “learning while doing” also relates to Hafferty’s second condition in that learners theorize in practice and produce knowledge in the context of carrying out work (Beck, 2005). Health professional students, such as medical or physical therapy students, produce new knowledge in experiential learning contexts as they are able to “theorize in practice,” drawing from classroom knowledge/skills to navigate real world cases. This, in turn, produces new knowledge. Jarvis states, “learning is not just a psychological process that happens in the splendid isolation from the world in which the learner lives, but that it is intimately related to the world and affected by it” (Jarvis as cited in Wilson in Kiely, 2005, p. 15).

Cross-Cultural Education
Although there is limited anthropological literature on the impact of experiential-learning/service-learning experiences on health care students, there is literature within applied anthropology which examines the impact of cross-cultural learning on anthropology students. As an example, George Gmelch (1992) analyzes the experiences of American anthropology students conducting field research in the Caribbean. Gmelch’s study examines what anthropology students learn and how they learn in a cross-cultural learning context. This study broadens the scope of existing anthropological literature in that it moves beyond a traditional impact study. According to Gmelch (1992), historically, there have been excellent studies conducted on the attitudinal impacts of foreign study, but they deal specifically with students studying at foreign universities (Carlson; Lambert in Gmelch, 1992). These types of studies usually rely on questionnaires and self-reports, and less so on students’ behaviors and attitudinal changes in qualitative terms (Gmelch, 1992). Gmelch’s research suggests that cross-cultural field research is a transformative experience, specifically as it shapes students’ attitudes and understandings of “race, social class, rural-urban differences, materialism, tourism, and the image and role of Americans in a developing society” (Gmelch, 1992, p. 245). Cross-cultural education provides rich learning environments, and qualitative research is needed to better understand how cross-cultural learning experiences impact students.

Research on the impact of cross-cultural education, experiential-learning and service-learning is critical to understanding how the experience(s) impact students well-into their professional careers. Furthermore, the research data is needed to inform and develop health professional education programs which should prepare students to navigate increasingly diverse patient populations. For example, following the participation in a cross-cultural education experience, some health professional students exercise greater cultural awareness, humility and
sensitivity towards patient populations. Increased cultural humility/sensitivity is one example of 
a benefit of cross-cultural education experiences, and highlights deficiencies in health education 
curricula and deficiencies in current clinical practitioners. Dr. Melanie Tervalon and Dr. Jann 
Murray-Garcia (1998) examine the need for integrating the concept of cultural humility into 
multicultural medical education programs, and they suggest that existing literatures document a 
lack of cultural competence in clinical practice. This does not necessarily signify a lack of 
knowledge, but rather a “need for a change in practitioners’ self-awareness and a change in their 
atitudes toward diverse patients” (Tervalon & Murray-Garcia, 1998, p. 119). There is 
increasing cultural, racial and ethnic diversity in the United States, and with that diversity comes 
a need for health professionals to respectfully navigate this diversity in their clinical practice 
(Tervalon & Murray-Garcia, 1998). Cross-cultural education, experiential-learning and service-
learning experiences can increase cultural competence and cultural humility among professional 
students, because they are forced to navigate foreign environments and engage with diverse 
populations. Moreover, it is critical that students engage in self-reflection to better understand 
how new experiences impact their perspective and worldview. If students can intimately relate 
to an experience, such as working with diverse populations in a foreign environment, then they 
can easily draw from that experience in future clinical practice. According to Tervalon and 
Murray-Garcia (1998, p. 118), cultural humility is a process that requires humility as individuals 
continually engage in self-reflection and self-critique as lifelong learners and reflective 
practitioners.”

Reflection

An examination of anthropological literature on service-learning, experiential-learning 
and cross-cultural education indicates there is a lack of research on “reflection” and how
reflective practices impact such educational experiences. Additionally, my investigation of higher education literature suggests that reflective practices within the context of service-learning/experiential-learning are not thoroughly considered. There is a gap in the literature, which affirms the need for additional research, specifically in the field of anthropology. In this section, I explore existing service-learning literature addressing reflection and reflective practices.

The term “reflection,” much like the term “service-learning,” holds various meanings. For example, Hatcher and Bringle (1997) define reflection as “the intentional consideration of experience in light of particular learning objectives” (Hatcher & Bringle in Eyler, 2002: 518). Alternatively, Dickel (2011), creates a taxonomy of reflective practice/reflective inquiry which includes unique descriptions for the following reflective classifications: anticipatory reflection; in-the-moment reflection; technical reflection; reflection-in and on-action; deliberative reflection; personalistic reflection; and critical reflection. Reflection also holds theological meaning, and can be defined as “the discipline of exploring individual and corporate experience in conversation with the wisdom of a religious heritage” (O'Connell & Killen in Reed-Bouley, 1994: 18). Regardless of the variations of meaning, experiential learning theorists state that recent empirical research demonstrates that reflective, compared to non-reflective service-learning does have an impact on students’ development (Eyler & Giles in Eyler, 2002: 520).

Experiential and service-learning experiences provide an opportunity for students’ assumptions about the world to be challenged, and reflection is the process by which students can examine those assumptions and other complexities (Eyler, 2002). Eyler (2002) suggests that the key to effective reflection during service-learning experiences is continuity; it is a cyclical process of action and reflection on action. Eyler’s perspective aligns with Kolb’s reflection
cycle, which includes: “what;” “so what;” and “now what?” (Kolb, 1984). “What” is the experience; “so what” is the meaning behind the experience; and “now what” is the action or knowledge which develops from reflection on an experience. Kolb’s reflection cycle is a mirror image of the Ignatian Pedagogical Paradigm, which entails the following: experience; reflection; and action (Bergman, 2011). The Ignatian Pedagogical Paradigm, rooted in the Catholic, Jesuit faith tradition, is important to note in this review as this is the framework of reflective practice for the international service-learning program in the Dominican Republic. These cycles and paradigms are critical to service-learning experiences and promote the production of new knowledge and perspectives. It is imperative that further research is conducted on reflective practice and its interface with service-learning experiences.

Critiques: Humanitarianism; Neoliberalism; and Missionary Work

Until now, my thesis has examined service-learning, experiential-learning, cross-cultural education and reflection literature. I shift my investigation to explore critiques of humanitarianism, specifically drawing upon anthropological literature. Although my research study specifically explores cross-cultural, service-learning experiences, I find many parallels between service-learning and humanitarianism; such as altruism, morality, the interface with not-for-profit organizations, non-governmental organizations and faith-based organizations, and connections to concepts of colonialism and neoliberalism. Service-learning, though different than humanitarianism via its intimate connection with education, is prone to similar critiques as humanitarianism. These critiques are important to address in this thesis because the impetus for my case study research is in part a response to the humanitarian critiques. My research findings and analysis are discussed in greater detail toward the end of the thesis. In this section I
specifically explore humanitarian critiques, neoliberalism, the role of non-governmental organizations in the developing world, and faith-based organizations in the developing world.

The evolution of anthropological engagement with humanitarianism began in the 1980’s, with formalized anthropological studies of humanitarianism beginning in the latter half of the decade (Ticktin, 2014). The study of humanitarianism within the field of anthropology has progressed through multiple stages. According to Miriam Ticktin (2014), anthropological studies began with an embrace of the morality beneath humanitarianism, which then moved to severe criticism of humanitarianism, and finally, moving to a more cautious, ethnographic exploration of its complexities. Following the embrace of humanitarianism, some of the earliest anthropological critiques examined the hierarchy and power imbalance at play in humanitarian organizations’ work in the developing world. For example, David Mosse (2013), suggests that humanitarian agencies claim to improve peoples’ lives, yet there are hidden agendas beneath the development/humanitarian work. Similarly, Asad (2003) and Fassin (2007) suggest that humanitarianism validates a hierarchy of humanity, where some lives are valued over others. Asad (2003) speaks to this hierarchy of humanity through the examination of secularism in relation to Christianity, Islam and modernity. Fassin (2007) explores this hierarchy through his introduction of the “politics of life,” which are the politics which give specific value and meaning to human life. Arthur Kleinman even critiqued the field of humanitarianism for its “commodification of suffering” (Kleinman & Kleinman, 1996). These critiques underscore the power dynamics, hierarchical divides and capitalist agendas presumed present in humanitarian work.

Although anthropologists, and many other academics, continue to critique humanitarian organizations and their work in developing countries, anthropological studies of humanitarianism
have progressed from severe critiques to intentional ethnographic exploration of its intricacies. The critiques evolved because anthropologists recognized the moral component associated with humanitarianism. Kleinman, known for his critique on the commodification of suffering and commodification of experiences of atrocity and abuse, also suggests that humanitarian work demonstrates a universal humanity, grounded in a moral orientation to suffering (Kleinman & Kleinman, 1996). Scholars, like Ticktin, state that humanitarianism and the anthropological study of humanitarianism “involve deep moral commitments,” and she questions the right an individual has to critique a morally driven movement (2014, p. 277). Unfortunately, there has been limited research regarding the moral matters of humanitarianism and further investigation is needed.

Related to critiques of humanitarianism, it is important to address neoliberalism and its evolution as an ideological movement. New York University anthropologist, Ganti, states, “neoliberalism is an ideological and philosophical movement … that emerged at a particular historical moment and can be traced to the networks of specific intellectuals and institutions in post-World War I Europe and the United States” (2014, p. 91). According to Mirowski and Plehwe (Mirowski & Plehwe in Ganti, 2014: 91), economic historians refer to neoliberalism as a “thought collective.” This ideological and philosophical movement, rooted in economics, did not always have a negative connotation. The negative connotations associated with neoliberalism were first used by Chilean intellectuals “to describe the economic reforms by the Pinochet regime” (Boas & Gans-Morse; Steger & Roy in Ganti, 2014: 93). Although neoliberalism originated as a theory of political economy, anthropologists now use the term as a critique (Ganti, 2014). The critique addresses the role of state institutions and actors (i.e. non-governmental organizations (NGOs)) and their impact on the global political economy.
NGOs have faced recent criticism, specifically in the global south, for promoting Western social and political agendas, and for reproducing economic and social inequalities (Ganti, 2014). Elyachar notes that NGOs are critical to the global political economy, and there is an increase in development aid funneled through NGOs to the global south, totaling more than the aid channeled through the World Bank and International Monetary Fund combined (Elyachar in Ganti, 2014: 97). The way in which organizations distribute aid and humanitarian resources determines whether or not they are doing more harm than good. Of recent critiques of NGOs from the 1990s and early 2000s, performance and effectiveness of the organization remain the most serious (Reimann, 2005). According to Reimann, many government studies on the performance and effectiveness of NGOs have been conducted since the 1990s and although some projects are seen as successful, many NGOs fall short in regard to “sustainability, participation and significant improvement in socio-economic conditions or political empowerment” (Reimann, 2005, p. 39). There is evidenced growth of NGOs around the world, and there is a sense of general optimism that NGOs are “doing good” (Fisher, 1997, p. 442). Although there are examples of successful NGO projects and initiatives, it is important to recognize the unintended consequences of NGO work in the global south. As Milton Friedman states, “the power to do good is also the power to do harm” (Friedman in Fisher, 1997: 442). In this vein, anthropologists must examine humanitarian NGOs holistically, accounting for their ever-evolving nature.

Faith-based organizations and institutions are also critical to examine in this discussion of humanitarianism and neoliberalism. Religious institutions, known for their works of charity and relief, hold an important space in the humanitarian sphere, yet sometimes are perceived negatively for proselytism (Ticktin, 2014). Although some organizations may promote faith conversion, most faith-based organizations engage in initiatives quite similar to other secular
humanitarian organizations. According to James Phillips (2010), the Catholic and Protestant circles in North America and Europe underwent a significant review of the concept of mission and missionary work in the 1960s and 1970s. The concept and mission of missionary work evolved from the idea of conversion and evangelism to the promotion of “physical and cultural well-being of people” (Phillips, 2010, p. 17). Phillips (2010) emphasizes that missionary work could include the offering of one’s skills to build a school, a house, a potable water system, or provide medical care. This work mirrors the work of other NGO and humanitarian organizations, but differs in that their organization’s mission is grounded in faith. Yarrow suggests a refiguring of the anthropology of development (and I suggest humanitarianism) around the “moral complexity and meaning making of its workers” (Yarrow in Mosse, 2013: 235). Yarrow (2011) uses narratives of Ghanaian NGO leaders to support this proposition of a refiguring of the anthropology of development. He asserts that the NGO leaders’ personal narratives of activism, motivations and faith not be critiqued as self-serving (Yarrow, 2011). Rather, Yarrow believes their narratives should be validated and more intimately explored. While there are many critiques of humanitarian work and its impact on the developing world, there is a lack of anthropological literature examining the “meaning” associated with humanitarian work and its impact on the individual.

Research Setting

Before discussing research methodology, it is important to first provide a backdrop for the research. The following section will summarize Creighton University’s doctoral physical therapy program and its relationship to Creighton’s Institute for Latin American Concern (ILAC), and el Centro de Educación para la Salud Integral (CESI).
Creighton’s Institute for Latin American Concern (ILAC), a department under the Division of Mission and Ministry, coordinates and facilitates between twenty and thirty faith-based, service-immersion programs to the Dominican Republic annually. Creighton’s physical therapy clinical rotation accounts for one of those programs. The ILAC office at Creighton collaborates with a non-profit organization in the Dominican Republic, el Centro de Educación para la Salud Integral (CESI). CESI is an international, Catholic, Ignatian-inspired, collaborative health care and educational organization that develops and promotes human and spiritual growth of rural communities (Mision ILAC, 2017, website). According to CESI (2017), the mission promotes the overall health (physical, emotional and spiritual) of its participants through preventative health programs, education, agriculture and surgical assistance to individuals of limited economic resources.

The Creighton physical therapy clinical rotation program celebrated its twentieth year collaborating with the ILAC and CESI in 2016, which speaks to the longevity of the program and the strong relationships formed with local community partners. The 2016 program cohort was comprised of eighteen physical therapy students. These students spent thirty-one days in the Dominican Republic, residing at the CESI center in Santiago. The four-week program is robust. During the weekdays, physical therapy students and licensed physical therapists (clinical instructors) split into groups and provided services at nine different clinical sites. All sites were community partners of CESI. The clinical sites included: a municipal hospital; outpatient physical therapy facility in which students were divided among a neurology, adult and children’s wing; children’s hospital; geriatric facility; orphanage; autism facility; and home health organization. During weekday afternoons, students provided a free-clinic at the CESI center for
community members. Additionally, students visited Haitian migrant-worker communities to provide therapy, or visited an orphanage to provide additional therapy and care.

A significant part of the program experience included a weekend immersion to a rural village (campo) in which students resided with host families. The immersion was based on reciprocity; Dominican families hosted students while students provided a free physical therapy clinic and educational talk (charla) to community members and health promoters (cooperadores de salud). Apart from providing physical therapy services at clinical sites and a rural village, students participated in cultural activities throughout the month. Cultural activities included: visit to a cultural museum (Centro Leon); visit to the Mirabal sister’s summer home (historical site); visit to a remote monastery in Jarabacoa; visit to an eco-tourism center; a visit to the north coast; and a trip to Santo Domingo, capital of the Dominican Republic. These visits provided students additional cultural and historical context as they interacted with Dominicans and Haitians throughout the experience. Formal and informal reflection was also integrated into the experience as an opportunity for students to process the experience. Formal group reflections occurred at least two-times per week. One clinical instructor facilitated all group reflections. The clinical instructor read passages, poems, quotes or prayers for the group to reflect on. Students and clinical instructors were then encouraged to share their thoughts, feelings and/or emotions.\(^1\) Informal reflection consisted of reflective conversations and dialogue between students and/or clinical instructors. Additional forms of informal reflection included journaling, individual prayer, and/or meditation.

**Methodology**

\(^1\) Please see Appendix I for a detailed program calendar.
Data Collection

Qualitative research methodologies were utilized in a six-week, multi-sited study to capture the diverse iterations of student growth and transformation via participation in an international service-immersion experience. Intensive, short-term ethnographic field research was conducted at Creighton University, located in Omaha, Nebraska, and at El Centro de Educación para la Salud Integral (CESI), located in Santiago de los Caballeros, Dominican Republic. Primary data collection methods included: physical therapy student interviews; pre and post immersion student focus groups; U.S. clinical instructor interviews; Dominican health professional interviews; and participant observation. Pre and post immersion student focus groups, in addition to one post-immersion reflection session, were conducted at Creighton University. All other interviews and observations were conducted in the Dominican Republic; locations included: CESI, clinical sites, cultural sites and rural villages.

Qualitative research, particularly ethnographic research, is an appropriate methodology to utilize for this study as it emphasizes a process-oriented, inductive approach (Maxwell, 2013). According to Mohr (Mohr in Maxwell, 2013: 29), the key difference between a quantitative and qualitative approach is a distinction between “variance theory” and “process theory.” Maxwell (2013) expands upon Mohr’s distinction and states that quantitative researchers tend to see the world in terms of variables, and their goal is to demonstrate a statistical relationship between variables. In contrast, qualitative researchers tend to see the world in terms of people, situations, events and the processes that connect these. Effectively, this study examines students’ experience as participants in a cross-cultural, service-learning program, and seeks to understand the processes undergone by students and how that impacts their attitudes and behaviors.

Sampling
Creighton physical therapy student participants, U.S. clinical instructor participants, and Dominican health professional participants were recruited through convenience sampling (Bernard, 2011). Convenience sampling functioned well for this study, given my affiliation with Creighton University’s Institute for Latin American Concern (ILAC). Through my employment with ILAC, I had direct access to physical therapy students, clinical instructors and their clinical sites in the Dominican Republic. Eighteen Creighton physical therapy students, six Dominican health professionals, and two U.S. clinical instructors were interviewed over the course of one month. Additionally, a group of six Creighton physical therapy students voluntarily participated in one pre and post immersion focus group interview, conducted at Creighton University.

Per Creighton’s Institutional Review Board (IRB), verbal consent, rather than written consent, was required for pre and post immersion focus group interviews, student interviews, U.S. clinical instructor interviews, and Dominican health professional interviews. At the beginning of each pre and post immersion focus group interview, six Creighton physical therapy students were presented an information letter explaining my research and a research participant’s bill of rights. Upon arrival in the Dominican Republic, I conducted a formal presentation to eighteen physical therapy students and ten clinical instructors, explaining my research and providing each participant with an information letter and research participant bill of rights. Dominican health professionals were also provided an information letter, in Spanish, prior to their interviews. All documents presented to research participants were approved by Creighton’s IRB.

Pre and Post Immersion Focus Group Interviews

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2 Please see Appendix II for information letter and research participant bill of rights.
Six Creighton physical therapy students volunteered to participate in pre and post immersion focus group interviews. The focus group sessions occurred one week prior and one week post immersion, and were conducted at the Institute for Latin American Concern’s conference room at Creighton University. The focus group sessions lasted over one hour and thirty minutes. The focus group began with introductions, and then followed with questions in the following categories: goals/motivations for participation; previous international/service experience; anxieties; religion/faith-tradition; physical therapy experience; and final commentary. The goal of the pre-immersion focus group was to gauge students’ positionality in several categories prior to the program. I desired to understand students’ previous cross-cultural experiences, international experiences, faith practices, motivations, anxieties, previous clinical experiences, and students’ exposure to diverse populations (i.e. race, ethnicity, sexual orientation, and faith traditions). This provided me context of students’ background and worldviews prior to their experience in the Dominican Republic. The post-immersion focus group included the same students who participated in the pre-immersion focus group, which enabled me to examine changes in attitudes and perspectives.

*Student Interviews*

Eighteen physical therapy student interviews were conducted at El Centro de Education para la Salud Integral (CESI). Each morning at breakfast, students voluntarily signed-up for interviews by writing their names on a sheet of paper located in the cafeteria. Interviews were conducted in the CESI conference room or the Encuentro Dominicano library, and lasted between thirty minutes and one hour and a half. These two venues were optimal in regards to

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3 Please see Appendix III & IV for pre and post immersion focus group interview guides.
4 *Encuentro Dominicano* is Creighton University’s semester-long study abroad program in the Dominican Republic. Students are housed at CESI.
privacy and noise. At the beginning of each interview, an information letter and research participant bill of rights were reviewed with each participant.\(^5\) Also, students were told that their identities would remain confidential, and all responses would be utilized anonymously. Each interview began with an open-ended question, asking students about a memorable or impactful experience he/she would share with a close friend or family member. Then, students were asked questions from three main categories: personal; clinical; spiritual. Questions included: “what have you noticed about yourself during this week (emotions, reactions, perspectives)?”; “what about your clinical site has been challenging this week? Rewarding?”; “how are you processing your experience here in the D.R.? What techniques are you using? (i.e. journal, prayer, dialogue, etc.).” As topics or themes presented themselves in conversations, more detailed questions were asked (Weiss, 1994). Interviews concluded by asking the student if he/she had any further insights or commentary.

Four separate interview guides were prepared for each week of student interviews.\(^6\) Interview questions varied slightly from week to week, accounting for different clinical, cultural and service experiences (i.e. rural village immersion; or service at a Haitian migrant worker community). The goal for each interview was to create a conversational environment where students could express their thoughts without feeling intimidated or anxious. Students’ responses guided the conversation, and this provided an opportunity to explore specific themes more deeply. Each interview was audio-recorded and transcribed at a later time. All digital files were erased following transcription. Additional observations were noted during the interview; such as demeanor and non-verbal communication. All hard-copy observations were destroyed following transcription.

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\(^5\) Please see Appendix V for information letter and bill of rights.

\(^6\) Please see Appendix VI, VII, VIII and IX for student interview guides.
U.S. Clinical Instructor Interviews

Two U.S. clinical instructors were interviewed during the program. The two instructors were both graduates of the Doctoral Physical Therapy program at Creighton, and had participated in the same rotation in the Dominican Republic as current students. Interviews were conducted at the CESI center in a quiet, private space. Clinical instructors were asked about their experience as students in the program, their transition from the Dominican Republic to the United States, their life trajectory since participating in the program as students, and finally, about their experience as clinical instructors. Each interview was audio-recorded and transcribed at a later time. All digital files were erased following transcription. Additional observations were noted during the interview; such as demeanor and non-verbal communication. All hard-copy observations were destroyed following transcription.

Dominican Health Professional Interviews

Six Dominican health professionals were interviewed over the course of four weeks. Interviewees included a pediatric physical therapist working at a public hospital in Santiago, a physical therapist and director of a non-profit organization serving children with disabilities, a director of a long-term health care facility, a community health worker, a physical therapist working at an outpatient rehabilitation facility, and a physical therapist working at an integral rehabilitation facility. All health professionals worked with Creighton students in some capacity at their respective clinical sites. Prior to interviews, Dominican health professionals were provided an information letter in Spanish. Interviews were conducted at students’ clinical sites, and settings ranged from a noisy, chaotic hospital wing to a quiet, private office. In efforts to minimize disruption of the health professionals’ work day and patient care, interviews lasted

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7 Please see Appendix X for information letter (English and Spanish).
between twenty and thirty-five minutes. The interviews sought information about the health care professional, their role in the organization or clinic, their experience as a physical therapist or health professional and then sought information about their experiences with Creighton students. This included questions regarding their expectations, perceptions and interactions with students. Each interview was audio-recorded and transcribed at a later time. All digital files were erased following transcription. Additional observations were noted during the interview; such as demeanor and non-verbal communication. All hard-copy observations were destroyed following transcription. Similar to student and clinical instructor interviews, the goal for each interview was to create a conversational environment where health professionals could express their thoughts without feeling intimidated or anxious. Professionals’ responses guided the conversation, and this provided an opportunity to explore specific themes more deeply.

**Participant Observation**

In addition to focus group sessions and interviews with students, clinical instructors and Dominican health professionals, participant observation was employed to capture nuances not otherwise present in semi-structured interviews. Ethnographic techniques, such as gaining rapport via consistent, informal conversations were also utilized throughout the four-week program (Bernard, 2011). Detailed field notes were collected during observations at clinical sites, service sites, cultural sites, group reflection sessions, and one weekend immersion to a rural village (*campo*). According to Emerson et al, (Emerson, Fretz & Shaw, 1995) field notes are products of active processes of interpretation and sense-making that frame or structure not only what is written, but also how it is written. Active engagement with students, clinical instructors

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8 Please see Appendix XI for interview guide (English and Spanish).
and Dominican health professionals contextualized themes present in semi-structured interviews, and helped to frame the experiences described by study participants.

*Ethical Considerations*

Ethical considerations include my employment at Creighton University’s Institute for Latin American Concern while conducting field research. Informal relationships were developed with students, clinical instructors and Dominican health professionals prior to the immersion experience due to my participation in the interview process and selection of students, pre-departure logistics meetings, pre-departure formation sessions and a one-year residence at the CESI center prior to field work. Given my affiliation with ILAC and CESI at the time of fieldwork, neutrality may be of concern, yet the development of relationships and rapport over time resulted in profound conversations and narratives. Historical and cultural knowledge of the Dominican Republic, the ILAC, CESI and the physical therapy program also eased the complexity of navigating field research.

Although it can be a struggle to minimize researcher bias and remain neutral during fieldwork, ethnographic research requires full integration into a community – in this case a community of students, clinical instructors and Dominican health professionals. In particular, intentional group reflection sessions acted as a safe space for students and clinical instructors to process their experiences. I, too, participated in these sessions, but with caution as not to influence student perspectives. This remained a difficult task, because I could not ignore my personal growth and transformation over the course of four weeks of field research. According to Seth Holmes (2013, p. 39), “a body cannot live the reality of another category of people without being changed in some sense.” Ethnographic research not only requires observation of a
specific population, but also recognition and reflection on one’s embodied experience of fieldwork (Holmes, 2013).

**Data Analysis**

*Grounded Theory*

Grounded theory, a methodology founded by Juliet Corbin and Anselm Strauss in 1967, contrasted with dominant functionalist and structuralist theories present at the time (Strauss & Corbin, 1994). This methodology emphasizes an inductive, rather than deductive, approach to the analysis and conceptualization of research data. Researchers who employ this method are interested in patterns of action and interaction between and among various types of social units (Strauss & Corbin, 1994). This analytic approach is a general method of comparative analysis, which requires constant examination of the interplay between concepts and patterns present in the data. This approach is a complex, iterative process, which requires consistent analysis of the relationship between theoretical concepts and themes that surface from the data. Grounded theory is utilized as a framework for analysis in this qualitative study because of its inductive approach. Systematic analysis, such as coding, reveals the major concepts and patterns present in student, clinical instructor and Dominican health professional narratives.

**Preliminary Analysis**

Preliminary analysis was conducted throughout the six-week, multi-sited qualitative study via *in-process memos* (Emerson, Fretz & Shaw, 1995). According to Emerson and colleagues (1995), *in-process memos* allow the fieldworker to develop analytic leads and insights early in the fieldwork process. Memos captured initial analytic concepts during informal conversations and semi-structured interviews with physical therapy students, clinical instructors
and Dominican health professionals. Over the course of six weeks, patterns emerged from the qualitative interview data, and memos became more detailed and nuanced. The collection of memos throughout the study not only acted as an initial analytic process, but also acted as a guide to focus the collection of new data (Charmaz in Emerson, Fretz & Shaw, 1995: 123). *In-process memos* were written on interview guides, scrap sheets of paper, a fieldwork notebook, and a cell-phone. At the completion of field research, all memos were collected, transcribed and saved in a Microsoft Word document on a computer for further analysis in conjunction with other data.

*Transcription*

Initial transcriptions of pre and post immersion focus group interviews, student interviews, clinical instructor interviews, Dominican health professional interviews and field notes were conducted in conjunction with the collection of new data. Following the completion of the six-week study, transcriptions continued. In efforts to become intimate with the data, I transcribed all interviews, fieldnotes and memos, except the Dominican health professional interviews, onto a Microsoft Word document; a native Spanish-speaker transcribed the Dominican health professional interviews. During transcription, I wrote detailed notes in the margins of each Word document about concepts, themes, or patterns present in the data. After transcribing several interviews, concepts and patterns became more apparent. The process of drawing out initial themes and concepts while simultaneously transcribing proved fruitful. As previously stated, this process allowed me to become familiar with the data. Also, it was beneficial to account for tone, emotions and other non-verbal communication while listening to interviews. Non-verbal communication added context to the interviewee’s words, and assisted in the construction of over-arching narratives.
Coding Analysis

After transcribing all focus group interviews, student interviews, clinical instructor interviews, Dominican health professional interviews, fieldnotes and memos, I began to analyze data via coding. Glaser and Strauss’ (1967) Grounded Theory guided my coding strategy. During the coding process, I used an inductive approach and allowed concepts to emerge from the data. Categories were then formed based on the patterns and themes present in the data. I utilized an “open coding” strategy, which involved reading the data and developing coding categories based on the data that emerged and which offered the most salient insights related to my research questions that seemed important (Corbin & Strauss in Maxwell, 2013). Many of the categories emerged from participants’ language and terminology, which validates the data’s significance.

Prior to coding, I decided to test two coding platforms: Microsoft Word; and OpenCode. OpenCode is a tool for systematically coding qualitative data, specifically designed to follow Grounded Theory methodology. Microsoft Word is a word-processing program. I chose one physical therapy student interview to code in both platforms. After coding the interview in each platform, I compared the themes which emerged from each, and decided to hand-code in Microsoft Word for the remainder of the analysis. I found that OpenCode, although a more structured coding platform, did not produce findings representative of the data. This is likely the case because OpenCode is best used for larger sets of text data. My interview data is relatively small, is quite nuanced, and requires student, clinical instructor and Dominican health professional responses to be analyzed in a contextual, holistic manner. Therefore, I analyzed all data in Microsoft Word by notating concepts, themes, patterns and categories in the margins of each document.
All interview data, memos and fieldnotes were coded once in detail and reviewed for a second time in case any key findings were missed. Upon coding completion, I created the following Microsoft Word excerpt files: pre-immersion focus group interview; physical therapy student interviews; U.S. clinical instructor interviews; Dominican health professional interviews; fieldnotes and memos; and post-immersion focus group interview. I then gathered all notated concepts, themes, patterns and categories from interviews and fieldnotes/memos and placed them in their respective excerpt files (i.e. physical therapy student interviews; U.S. clinical instructor interviews; etc.). Once all key findings were placed in respective excerpt files, I began to sort data into categories (Weiss, 1994). I reviewed all excerpt files on two separate occasions to pair-down and synthesize key findings.

Following the synthesis of key findings, I began a process of local integration to construct a narrative and cohesive story to represent the results (Weiss, 1994). I frequently returned to raw interview data, fieldnotes and memos to craft the narrative. Data analysis is an iterative process, and requires constant categorization and contextualization of data (Maxwell & Miller in Maxwell, 2013). Through a robust analytic process, I became deeply familiar with my research data and therefore the key findings arising from the data.

**Key Findings**

The six-week, multi-sited qualitative study produced five major findings, which arose from interview data and field notes. These five findings, which will be discussed in greater detail in the following discussion, address my original research questions regarding the impact of cross-cultural, service-learning experiences on health professional students. The findings suggest that cross-cultural, service-learning experiences, infused with intentional reflective
practices, prepares health professional students to engage patients across cultural difference. More importantly, the consistent use of reflection enables students to make meaning of their experience (personally, professionally, and spiritually), and to challenge deeply-entrenched assumptions that underpin problems in health care practice today. The subsequent discussion expands upon key research findings, and then transitions to an analysis of these findings within the context of anthropological service-learning literature and humanitarian critiques.

Prior to delving into key research findings, it is important to briefly describe the backgrounds of the students, clinical instructors and Dominican health professionals who participated in my research over the course of six weeks. U.S. physical therapy students hailed from diverse backgrounds. Some students were raised in predominantly rural, white towns with little exposure to cultural, racial/ethnic, religious, socio-political, and/or gender diversity until graduate school. Other students were raised in culturally, racially/ethnically, socio-politically, religiously, and/or economically diverse environments with consistent exposure to heterogeneous populations. A handful of the students reported having previously participated in some type of service or faith-based mission work, either domestically or internationally. Other students said that they had never left the United States, nor participated in a service-immersion program before. The two U.S. clinical instructors who participated in my research were both former student participants in the program, yet had participated at different times. The instructors had returned over the course of multiple years. Finally, the Dominican health professionals consisted of a physical therapy department coordinator, a Director of a non-profit Christian health organization serving children with disabilities, a physical therapist at a public hospital outpatient facility, a technical coordinator for a private physical and occupational therapy center, and an executive director of a non-profit center serving a vulnerable elderly population. My research
participant sample was diverse; this was intentional in efforts to obtain a broader, and more comprehensive understanding of the program’s impact on students.

*Broadened Global Perspective*

One key finding from the data suggests that participation in a cross-cultural, service-learning program broadens students’ global perspective. Many students commented that the experience allowed them to step outside their proverbial “comfort zone” and enter into the realities of those on the margins of society. Students’ worldviews were expanded through intimate interactions with culturally diverse and economically disadvantaged patient populations, in both clinical and community settings. They gained a greater understanding of their patients’ daily lives, and expressed a heightened sense cultural sensitivity, compassion and humility, which they desired to integrate into their physical therapy practice upon return to the U.S.

Students expressed difficulty witnessing the realities of economically-poor Dominican and Haitian families, and questioned the larger systemic and structural factors impacting their realities. One student described her experience working at a Haitian migrant worker community and stated:

> The kids were running around without shoes on; running around without clothes on; some just completely naked; people washing their clothes. That made me wonder how many times they have to wash their clothes. Do they only have one pair that they wear, and do they have to wash them, or do they have a couple of pairs? How many sets of clothes do they have?

The student’s reflections underline his/her perspective on the economic realities of Dominican and Haitian families. It also lacks a consideration of climate, cultural nuances, community dynamics and diverse aspects of the human social body. During formal reflection and informal conversations, students identified some of the variables which restrict families from breaking the cycle of poverty; such as lack of education; lack of access to health care; racial/ethnic
discrimination; and lack of access to clean water. Through this process, students developed a greater awareness and understanding of the barriers faced by economically-poor and marginalized populations. Additionally, students reevaluated personal and professional priorities based on their exposure and interactions with Dominicans and Haitians. One student recounts her experience during reflection:

I have been surprised at how emotional I am during reflection. I don’t know if it’s because I’m frustrated or because of the realities of what I’m seeing as well as the change of perspective and seeing how things are different. Because I think even though you hear about [suffering], they are suffering anywhere you know? They are suffering in the United States as well, but I think sometimes you turn a blind eye to it, versus here, you can’t, because that’s why you are here.

This student’s experience is important to examine because she underscores the ease and ability to turn a blind eye to human suffering in the United States. She suggests that the clinical rotation program in the Dominican Republic does not allow students to ignore human suffering; rather, students are immersed in the realities of the economically-poor and marginalized, and witness suffering first-hand. Most students reflected on their experience as yes, a chance to provide service to socially and economically disadvantaged persons, but also as an experience where they themselves were profoundly impacted by their encounters with poverty and human suffering. In addition to students’ exposure to economically-poor and marginalized populations, students also noted a greater understanding of Dominican history, politics, and cultural and religious beliefs. Many students discussed differences between U.S. and Dominican culture, and shared aspects of the culture which they would like to incorporate into their lives upon return to the U.S. (i.e. emphasis on family and community; integration of faith into all aspects of life).

**Increased Understanding of and Appreciation for Human Connection and Relationship**

The second major finding which arose from the data suggests that students developed a greater understanding of and appreciation for human connection and relationship. Over the
course of four weeks, students’ perspectives changed regarding their perceived impact on patients and Dominican health professionals. Students slowly realized that their knowledge of physical therapy and their skillset became less important as the weeks progressed, and their ability to connect and form relationships with Dominicans held greater value. One student stated:

I’ve made it a goal of mine to just be there with [patients] even though … like today I did no therapy, but it was nice to just have a personal relationship and sit with some of these individuals. So, I think it’d be unrealistic to say that I have an impact on everyone that I say hello to, but for the people that I’ve had the chance to work with I’ve at least made a bit of a lasting impact.

Students focused less on perfecting their ability to evaluate and treat a patient, and more on intimately connecting and knowing the patient. The majority of the students stated that they intend to focus on human connection and relationship-building with their future patients. One student stated:

Learning that down here, I strive to translate it back in the U.S. as well, and keep the mindset that I might not always need to be doing everything physical and it doesn’t always have to be so hurried, and to just take the time to be with the patient. So, I think that’s changing my perspective on how I should do my treatments with my patients for when I go back and even throughout this next week.

Students also noted that this perspective contradicts the values of the current U.S. health care system, in that more emphasis is placed on productivity and efficiency rather than the patients’ needs and life-story.

Upon recognition of the power and importance of human connection and relationships, students expressed an increased focus on building rapport with patients and Dominican health professionals at their clinical sites. Many students verbalized the concept of “presence,” and emphasized its importance in, not only patient-physical therapist interactions, but all human interactions. It was clear that over the course of four weeks, students’ clinical behaviors
changed; students grew in their interpersonal and inter-professional relationships, and developed strong bonds with the Dominican people. One student expressed the power of such an experience and how he/she will use it to inform future relationships:

This experience is one small piece of my life, but it has been a very powerful piece. I will take the experience that I’ve had here and take it back with me and have it inform the relationships that I make.

This appreciation for and understanding of human connection and relationship is critical to the future of U.S. health care, specifically in regards to patient-professional interaction. Students mentioned that human connection and relationship-building was emphasized in previous clinical rotations, but more priority was given to efficiency and productivity. This topic will be analyzed further following the discussion of key findings.

*Increased Confidence and Ability to Navigate Challenging Clinical Environments*

A third finding which arose from the data suggests that students’ confidence increased over the course of the program in their respective clinical settings. Additionally, students utilized critical reasoning skills to navigate challenging, low-resource environments. As expected, students exhibited timid and shy behavior at the onset of the program. They were unfamiliar with their clinical sites, the processes in place, the local staff, and how to engage with the patient population. As the weeks progressed, students’ confidence in their clinical abilities and interpersonal skills increased. One student expressed:

The first week or two I was looking back to [the clinical instructor] and was like is this ok? Do you agree with this? Do you want to step-in first? Now we know the patients and we know the clinic, and we are kind of leading the charge. And I feel that in the last couple of days even, I feel more as if I am able to not depend on having my clinical instructor as a back-up.

Students’ clinical confidence increased, in part, as a result of increased confidence in their language abilities. Language was certainly an initial barrier between students, patients and
Dominican health professionals, but students quickly developed creative ways to communicate by drawing upon non-verbal skills.

Students exhibited the ability to adapt and adjust to challenging, low-resource environments. Students were introduced to new clinical environments and an entirely new health care system, laced with cultural nuances. Many students stated that they needed to adapt to their environments, and adjust their clinical reasoning to account for cultural values and beliefs. This included adapting their evaluation methods and treatment plans in efforts to be sensitive to cultural differences. Additionally, students learned how to be creative in low-resource clinical environments. Some of the clinical facilities were crowded, without appropriate and/or updated equipment and students had to be innovative and resourceful to provide the best care possible. In one-on-one interviews, many students expressed the value of working in low-resource environments, and stated that they would utilize what they learned in their future practice.

Finally, students gained experience navigating complex patient cases in cross-cultural environments. For example, over the course of four weeks, free clinics were offered at el Centro de Educación para la Salud Integral (CESI). Students and clinical instructors staffed these free clinics and attended to rural and urban patients. One student attended to two teenage children exhibiting muscle weakness and loss of muscle mass. The children’s mother was also present and provided the student with medical documentation from their local physician. The student evaluated the two teenagers, and after consulting with her clinical instructor, concluded that the two teenagers most likely had muscular dystrophy, a degenerative illness. The student engaged with the mother and determined that their local physician did not diagnose her children with any illness, including muscular dystrophy. This experience was particularly challenging and emotional for the student because she had to explain the illness delicately without officially
providing a diagnosis. The student exhibited caution in providing a diagnosis because in a Dominican context, physicians and physiatrists provide official diagnoses, not physical therapists. The student treated the two teenagers and provided them with exercises to build muscle mass, but she knew that their illness would eventually be fatal. Following the evaluation and treatment, the student was visibly distraught and overwhelmed. This was a challenging experience for the student due to many variables. First, the student was forced to overcome linguistic challenges, as she spoke limited Spanish. She utilized non-verbal communication skills to engage with her patients, and utilized an interpreter in times of necessity. Second, the student was presented with a delicate case, and needed to navigate the consultation with care and sensitivity towards cultural norms and nuances, especially as it related to the health care system. This is only one example highlighting the complexities of working in a cross-cultural environment. Also, this underscores the need for students to reflect and process such experiences in order to make meaning of them.

*Greater Understanding of Health in a Holistic Context, and a Prioritization of a Patient-Centered Approach*

A fourth finding which arose from the data suggests that through this cross-cultural, service-learning experience, students developed a greater understanding of health in a holistic context, and prioritized the need for a patient-centered approach in health care. Students grappled with cross-cultural differences, learned how to connect with their patients irrespective of cultural, linguistic and socio-economic differences, and navigate the complexity of foreign environments. Students quickly recognized the need to move beyond routine evaluation and treatment methods, and to gather as much information about the patient as possible. They witnessed the barriers contributing to poor health (i.e. lack of transportation; low socio-economic
status; ethnic discrimination; lack of education; lack of access to care, etc.), and exhibited a
greater awareness of and sensitivity towards existing structural inequalities impacting their
patients. One student working at a non-profit Christian, community health organization serving
children with disabilities, recalled her experience working in the community and witnessing the
complex barriers impacting human health and well-being:

We were in Pekin [neighborhood in Santiago, Dominican Republic], and we were
seeing some adolescent kids and some other younger kids there, and one of the
kids wasn’t able to come to the community center in Pekin, so we made a house
visit. We walked down the street; we got to this house and we literally had to curl
our shoulders in to walk in between the two walls of the home, and the roof was
so low that you kind of had to duck your head too. It felt like you were walking
through this little tiny ally just to get into their front door. And you open their
front door, and their whole entire living space was in that room. It was tiny.
Then, the little boy that we were supposed to be seeing was eight, and he had
cerebral palsy. So there was a kitchen sink, an oven, a refrigerator, a couch and
then his stroller and that was pretty much all that fit in this room. And the only
person that was home was his ten-year-old sister and she was his primary
caregiver. She said she had older siblings, but they never helped. Her mom was
never home and she wasn’t going to be home until three that day. And they
hadn’t eaten breakfast, and they weren’t going to eat until mom got home -
especially the little boy, because the girl didn’t know how to make any food for
the boy. So, I had to teach her how to do the exercises for her younger brother
that was two years younger than her, and who was completely dependent. That
was one of the hardest days so far in the clinic to see that, how this poor little ten-
year-old girl had to take care of their completely disabled little boy.

The student’s experience underscores the need for health professionals to better understand the
complex cultural and socio-economic realities of their patients. In this circumstance, the student
had the opportunity to visit the patient’s home. This tremendously helped the student as she
developed customized exercise plans for the boy. As she crafted the exercise plans, she tailored
the plans so that the boy’s ten-year-old sister could assist, given that she was his primary care-
giver. Also, the student used her creativity and ingenuity to build a custom-made ramp for the
house entrance so that the boy could enter and exit with ease. The home visit was vital to the
student’s evaluation – understanding both the patient’s needs and in turn, how to best provide treatment, given his level of care and environment.

Although it may seem intuitive to utilize a holistic framework in health care, students struggled with this practice at the onset of the program because they focused heavily on facts and procedure. They initially worried more about their skillset as third year physical therapy students, and focused less on the human and cultural component to health care. By the third and fourth weeks of the program, students recognized their failure to engage with the whole person. Many expressed that they reverted their focus to technical skills and procedure because they were overwhelmed by a foreign language, a new clinical environment, and cultural nuances. Students expressed that previous clinical sites emphasized the importance of efficiency and cost-effectiveness. This often times placed quality of care behind the quantity of patients seen. Students mentioned that this experience helped re-prioritize the patient, and the importance of being present and attentive to the patient’s needs. One student acknowledged his attention to facts, rather than focus on the patient’s needs:

I hope to focus more on the patient as a whole. At one point in time, I think [my clinical instructor] said, what was [the patient’s] chief complaint? Knee pain was the main complaint, but we spent all this time looking at the arm. I think in the future I hope to practice, or at least recognize, when I may be focusing way too much on something and have the courage maybe to step back and acknowledge that my train of thought wasn’t wrong, but it wasn’t right for the patient. I think that’s hard for a student because you are thinking all these things and you think you are doing the right thing and then when you have that hint of doubt that you are doing the wrong thing, you shut that up. Noticing that in the future is important, especially for patients like this.

This student’s thoughts highlight the challenge of navigating patient care in a cross-cultural setting. Rather than focusing on the patient’s chief complaint (the knee), the student focused on another part of the body (the arm). In a cross-cultural, service-learning experience, students not only apply learned physical therapy skills via direct service, but also learn to provide patient care
across cultural differences and practice critical reasoning skills. These experiences are challenging because students encounter cultural/linguistic barriers, experience culture shock, and navigate foreign clinical environments.

**Consistent, Intentional Reflection is a Critical Component to Making Meaning of Experience**

The final, and most important, finding which arose from the data suggests that consistent, intentional reflective practices are critical to making meaning of cross-cultural, service-learning experiences. Three distinct sub-themes surfaced from student interviews and observations regarding the impact of reflective practices on this type of experience. First, reflection broadened students’ perspectives. Reflection served as a space to learn and grow from listening to peers’ feelings, perspectives and thoughts. Second, reflection served as an opportunity for students to grow in their faith, relationship with a higher-being (i.e., God), and grow in their personal values and beliefs. Third, intentional reflective practice served as a space to make meaning of the experience. Students expressed that without reflection, the experience would not have been as profound and impactful. The following discussion will review these three themes in more detail.

To reiterate, the first sub-theme which arose from the data suggests that students broadened their perspective through participation in intentional, reflective practices. In this experience, intentional reflective practices refer to large group reflection sessions where students and clinical instructors gather to process their experience from the past day or few days. One clinical instructor usually facilitated the reflection by reading a quote, poem, prayer or theological passage and then provided thoughtful questions for students to reflect upon. Following moments of thoughtfulness, students and clinical instructors were encouraged to share
their emotions, feelings and thoughts. In this process, students are exposed to new ideas and new ways of thinking. One student expanded upon this thought:

I think [reflection] is definitely useful because conversing about different topics, whether it is academic or spiritual, is how you get introduced to new ideas, and then you have to think about those ideas. It makes you look outside the box. That’s when you can actually make decisions about what you believe and what you agree with - conviction of your principles and what not.

Reflection not only broadened student perspectives, but also provided a space for students to empathize with each other’s thoughts, feelings and emotions. One student stated:

I think talking with people has really helped, as well as journal when it’s extremely frustrating; it’s nice to write it out. You feel more relieved. I am not a big group person, but if it is someone else, I think it elevates you. It makes you realize that you are not the only one experiencing those things. Everyone is kind of in the same boat.

Students expressed the importance of the reflective process, and how it gave them an opportunity to step-back and evaluate their personal perspectives. Many students mentioned that this process greatly contributed to their growth and transformation.

The second sub-theme suggests that reflection served as an opportunity for students to grow in their faith, relationship with a higher-being, and grow in their personal values and beliefs. Many students expressed that intentional reflection provided a space where they could examine their faith identity and better understand their relationship with God (or higher-being). One student shared her process and stated:

It was kind of a wakeup call for me - viewing my relationship with God from an American viewpoint where I always feel like I’m asking for things, and it’s about what God can do for me versus, when I’m down there, how can God work through me?

Intentional group reflection also spurred informal conversations among peers about faith, organized religion and personal values. I observed a conversation between a Catholic, Christian student and a Mormon student following their attendance at Catholic mass at the CESI chapel.
The students conversed openly about religious rituals, symbols and their respective meanings. In an interview with the Mormon student, I later learned about how much he appreciated that conversation. He identified nominal differences between religions, and focused more on the similarities between Catholic, Christian values and Mormon values. These conversations, catalyzed by intentional reflection, enrich the experience and broaden students’ worldview.

The third sub-theme suggests that intentional reflective practice serves as a process to make meaning of the experience. Students expressed that reflection served as an opportunity to step away from chaotic days at clinical sites or service sites, and to intimately examine their thoughts and emotions. One student expressed:

I think just the fact that there is structured time set out where there is reflection, with how busy it gets here, it is extremely helpful to have that set-out. It provides one of those whole other dimensions to this trip – allowing us to connect with our classmates, friends, peers, my future colleagues. It allows me to really connect with them on a deeper level, especially when we are in the chapel; we are sitting in a circle, the sun is setting, people just become more open. Just being able to create that open space you don’t necessarily get other places.

At the onset of the program, some students expressed hesitation towards reflection. I later realized that their understanding of reflective practices stemmed from their experience with reflection in the doctoral physical therapy program. Students mentioned that reflections were viewed as homework assignments, rather than opportunities for personal and spiritual growth. One student stated:

I always felt like the reflections they have us do in school are always so structured. Anytime we had an experience or a service that we had to do, we always had a specific reflection that we had to fill-out that had specific questions. It wasn’t just like, here’s something you might think about, but it’s just an idea, but talk about how the experience has affected your life. It was like, reflect on this part of this experience, reflect on this type of experience and then it was graded. It made it feel so … we always came to dread it. Oh, we have a reflection due? It made it another homework assignment. So, when we thought about reflection it made us feel about homework instead of the benefits of
reflecting. It was like reflecting was drilled into our heads because we are at a Jesuit school, but it was almost like the word that didn’t mean anything anymore.

This student’s experience with reflection at Creighton University in Omaha, Nebraska differs greatly from her experience of reflection as a participant in a cross-cultural, service-learning program in the Dominican Republic, which, perhaps, serves as a pedagogical implication of my research findings. As she states, reflections at university are perceived as structured, graded homework assignments, rather than opportunities to authentically process an experience. Students expressed praise for the open-ended structure of group reflection. Some students even mentioned that they were introverts, and speaking to a large group was intimidating, but they found value in hearing their peers’ thoughts and feelings. My research findings cause me to pause and consider the efficacy of reflective models in higher education. Are reflective assignments employed for the purpose of collecting data for learning outcomes, or is reflection incorporated into courses to provide students the opportunity to process their experiences?

In each interview, I asked students to think about their current experience and then envision the experience without an intentional reflective component. Students commented that without reflection they would be overwhelmed, stressed, lonely and frustrated. Each day students faced challenging, cross-cultural situations at clinical sites and service sites. They were exposed to low socio-economic populations and to the many factors which contribute to the cycle of poverty. Without a time and space to examine the meaning of the experience within the context of their lives, the program serves little value. One student commented:

I think [the experience] would be more of just a trip [without reflection]. It’s so much more than that for us, or at least for me. I think without that spiritual reflective piece of it, we wouldn’t grow nearly as much as we do with that component because it makes us sit back and think about everything that’s going on. I’m so bad at reflecting in action. I never do that. And so, the next thing we have available to do is reflect on action and that has made everything seem so much more significant to me.
This student’s reflection underscores the profound importance of reflective practice in a cross-cultural, service-learning experience, and illuminates the clear differences between this type of experience and a service-trip. The benefits of a cross-cultural, service-learning program, which incorporates reflection, challenges humanitarian and NGO critiques, such as Kleinman and Kleinman’s (1996) notion of the “commodification of suffering.” Rather, a cross-cultural, service-learning experience, challenges students to expand their worldview, develop physical therapy skills in low-resource settings, and build relationships with peers, clinical instructors, Dominican health professionals and patients. Without intentional space to reflect on the meaning of experience, the experience may be a disservice to their future practice as a health care professional. One student expressed the importance of reflection during this experience and its impact on the future:

You know it’s only a month experience, and you can keep it at that, or think about how it’s going to impact your life twenty years from now, or how it’s going to motivate you to make sure that that’s not the only time you’re experiencing those things - making sure it connects to different levels of your life.

Intentional, consistent reflection serves as a method for students to explore the ways in which the experience connects to various dimensions of their lives (i.e. personal, professional, spiritual).

**Discussion**

Per my research data and analysis, five key findings emerged. Following physical therapy students’ participation in a cross-cultural, service-learning program, students 1) broadened their global perspective; 2) increased their understanding of and appreciation for human connection and relationship; 3) exhibited increased confidence and ability to navigate challenging clinical environments; 4) exhibited a greater understanding of health in a holistic context, and a prioritization of a patient-centered approach; 5) and suggested that consistent,
intentional reflection is a critical component to making meaning of experience. These five key findings underscore the impact of cross-cultural, service-learning experiences on health professional students, specifically physical therapy students. I see a critical need to further analyze and understand the attitudinal and behavioral changes which take place in cross-cultural, experiential learning environments, and how these changes manifest in their work as future health care professionals. From participation in these experiences, are students better prepared and equipped to engaged their patients across cultural differences? Are students more inclined to think critically and challenge some of the deeply-entrenched assumptions that underpin some of the problems in U.S. health care practice today? I believe my research findings validate my research questions, and support past service-learning, experiential-learning, and cross-cultural education research in the fields of anthropology, higher education, psychology and social work. I will examine this in greater detail in the following discussion, with specific focus on my fifth research finding: consistent, intentional reflection is a critical component to making meaning of experience.

Following participation in a cross-cultural, service-learning experience, physical therapy student participants exhibited the ability to engage with diverse patient populations, amidst working in challenging clinical environments. Students’ attitudes, behaviors and perspectives changed over the course of four weeks, which ultimately contributed to their personal, professional and spiritual growth and transformation. One student stated:

This experience is allowing me to grow on so many different levels, whereas my experience on clinical rotations in the U.S., my sole focus was to improve myself professionally in my career. Like I said, this trip has so many facets to it that I feel I’m growing as a whole person rather than just a physical therapy professional.
Students’ holistic growth speaks to Patch and Allen’s (2010) stages of transformational learning. The stages include: knowledge changes; attitude changes; understanding of different perspectives; changes in structural understanding of the issues; changes in self-understanding; and transformational change (Patch and Allen, 2010, p. 33). If health professional students grow in their attitudes, perspectives, understanding of issues and understanding of self through cross-cultural learning experiences, then this transformation will help inform their actions, behaviors and decisions as future health care professionals. They can then draw upon their experience to better engage with and serve patients across intercultural differences. But, how does participation in a cross-cultural, service-learning experience translate to personal, professional and spiritual growth and transformation?

Consistent, intentional reflection is a critical component to making meaning of an experience, leading to growth and transformation. This idea supports John Dewey and David Kolb’s analysis of educative and transformational learning experiences. Dewey emphasized “reflection” as one of the key elements of his “theory of knowing” in service learning (Giles & Eyler, 1994, p. 79). Similarly, Kolb included “reflection” as one of four stages in his experiential learning model (Kiely, 2005, p. 6). As mentioned in my key findings, students expressed the importance of reflection during the experience. Intentional reflection served as a space to process and make meaning of students’ experiences at clinical sites or service sites. Without reflection, students would be overwhelmed, frustrated and unable to process and reflect on emotions. Reflection not only served as a space where students vented their thoughts and feelings, but also a space where they critically engaged with powerful issues; such

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9 It is important to note that although my data suggests that intentional reflective practice serves as a process to make meaning of an experience and leads to growth and transformation, not all formal reflection practices result in transformation. For example, some reflective practices may lead to the reinforcement of cultural stereotypes. Further research is needed to analyze the reflection process and what guides the process.
as poverty; discrimination; and privilege. Students questioned their clinical abilities, their presence and their impact on Dominican’s lives. Students also wrestled with the status-quo of health care practice in the U.S., and expressed a desire to challenge the industry’s priority on efficiency and productivity, and to, instead, model a patient-centered approach to healthcare with a focus on relationship. My findings suggest that through the process of reflection, students examined deeply-entrenched assumptions that underpin some of the problems in U.S. health care practice today, but further research is needed to understand the long-term implications.

In efforts to validate my findings and research questions, I interviewed two U.S. clinical instructors who had participated in the cross-cultural, service-learning experience as students. For contextual data, one clinical instructor has returned four times since her participation as a student in 2010. The second clinical instructor has returned nine times since participation as a student in 2006. One clinical instructor expressed that the experience was a defining moment at the start of her professional career:

> It was a great way to finish out physical therapy school because it was that moment where I solidified my professional morals, ethics and professional things, that I knew I would never waiver on.

This insight it critical, because it illustrates that these types of experiences influence students’ morals and values well into their professional career. Both U.S. clinical instructors stated that reflection was a critical component to their growth and transformation. One instructor commented that without reflection, students would experience turmoil. She elaborated and said, “I think it would honestly look like, for a lack of a better word, internal turmoil, externally.” Given their value of and experience with reflection, both instructors expressed the importance of facilitating this process for current students. One instructor stated:

> Now that I understand the bigger picture I feel like I’m better able to support the students in their processing of the experience and trying to maybe make a bigger
impact than my experience as a student. I’m also seeing the bigger picture of it; not just seeing these physical therapy skills that we are trying to facilitate, but we are also trying to facilitate emotional, spiritual, reflection and just the cultural immersion and working through all of that.

One of the clinical instructors also mentioned that this experience helps students realize the humanity in service by witnessing the complexity of the human experience. Both instructors noted that this experience profoundly impacted their lives, and that they continue to draw upon the experience in their current work. For example, one professional stated that due to her experience in the D.R., her focus always remains on people. People, or patients, come first before any bureaucracy associated with the field of physical therapy and/or the health care system.

The clinical instructors’ perspectives support Richard Kiely’s longitudinal research, which explored the long-term implications associated with participation in an international service-learning program (Kiely, 2002 in Kiely, 2005: 7). His research spanned over ten years, and one of the most important findings suggests that students’ transformational learning is more apt to persist over the long-term if there are structured opportunities to engage in “reflective (i.e. processing) and nonreflective (i.e. personalizing and connecting) learning processes” (Kiely, 2005, p. 17). In light of my findings, and the current research available, I advocate for longitudinal research examining the interface of reflective practices and cross-cultural learning experiences, and its implications on health care professionals. As Beck (2005, p. 1) suggests, experiential learning cannot be “normalized and taken for granted, accepted as part of ‘the real world,’ not needing explanation or intervention.”

In this discussion, I would like to fully recognize critiques and criticisms of cross-cultural, service-learning experiences, specifically as it relates to humanitarianism/medical humanitarianism. For example, anthropologists, such as Fassin (2007), Kleinman and Kleinman
(1996) and Ticktin (2014) examine the hierarchy of humanity, power imbalance and “commodification of suffering” associated with humanitarian organizations working in developing countries. Some of these concepts came to light in my interviews with Dominican health professionals, as multiple professionals stated that they, too, would like to participate in a cross-cultural learning experience, much like the U.S. physical therapy students. This finding is critical to address because it speaks to the notion of privilege and reciprocity associated with cross-cultural, service-learning programs. The Dominican health professional perspective elucidates the power imbalance existent in service-learning programs, and informs us of ever-present social, political and economic barriers between physical therapy students and, not only the people they serve, but the professionals they work with.

Other literatures explore the role of non-governmental organizations involved in humanitarian work, and critique their effectiveness, or lack thereof. I acknowledge the harm that humanitarian work and organizations may have on host communities, and I particularly recognize that cross-cultural, service-learning programs are not always mutually beneficial. According to Reimann (2005, p. 39), there have been numerous government studies and evaluations on NGO effectiveness and most of them have found that while many NGO projects have been deemed “successful,” their work often falls short in the following areas: sustainability; participation; and significant improvements in socio-economic conditions or political empowerment. But, given the complexity of humanitarian work in the developing world, I suggest that programs and organizations be analyzed individually, rather than utilizing blanket criticisms and generalizations. For example, in my research, I asked many of the Dominican health professionals about the efficacy of the students’ service. All professionals spoke to the experience as being mutually beneficial. This is true because CESI holds long-standing,
sustainable relationships with organizations, and the focus is for service to benefit local agencies. I recognize this is not always the case. According to Ticktin (2014), anthropological studies of humanitarianism have moved away from severe criticism to a more cautious, ethnographic exploration of its complexities. In this vein, I found a lack of anthropological literature examining the “meaning” associated with humanitarian work and its impact on the practitioner. There is ample literature on critiques of humanitarianism and NGOs, but few focusing on individual experience and how that experience impacts the practitioner long-term. The study carried out for this thesis offers a good starting point for future research.

**Implications**

Creighton University’s physical therapy department, in collaboration with the Institute for Latin American Concern (ILAC), developed a cross-cultural, service-learning program to the Dominican Republic in 1995, and offered the program to students in 1996. The clinical education program, infused with cross-cultural and service-learning elements, established relationships with Dominican clinical sites across a continuum of care (i.e. geriatric facilities; rehabilitations centers; outpatient facilities, etc.). The program was founded as an alternative to domestic clinical rotation offerings, and affords third-year physical therapy students an opportunity to apply their knowledge and skills to unfamiliar, and often low-resourced, clinical settings. Moreover, the program provides students an opportunity to immerse themselves in a new culture, and provide service to rural and urban Dominican communities. Due to the physical therapy program’s lockstep, educational curriculum, students rarely have time to engage in extracurricular service and/or cross-cultural immersion programs. As evidenced in my research findings, this program and experience is transformative for students, and I believe
imperative to the holistic development of physical therapy professionals. Although my thesis is a case study, my research findings are applicable across disciplines, particularly in health sciences.

My research findings contextualize and support cross-cultural education, experiential-learning, and service-learning literatures in the fields of anthropology, higher education, psychology and social work. However, there is a lack of anthropological literature examining specifically cross-cultural, service-learning experiences and their impact on students, particularly health professional students. Current research falls short of a fuller examination of the role of reflective processes during these experiences, and furthermore, fails to examine how these processes influence long-term attitudinal and behavioral changes. Yet ongoing research in this area will be essential to understanding how health professional students will engage with diverse patient populations, and challenge deeply-rooted assumptions that reinforce problems in health care practice. Therefore, I propose an Anthropology of Service-Learning, a sub-field dedicated to the exploration of the complex iterations and impacts of service-learning experiences on students. Further research in this space would not only benefit the field of anthropology, but also a variety of other disciplines engaged with educational learning experiences; such as occupational therapy; nursing; medicine; pharmacy; and dentistry. Additionally, long-term research can help qualify how cross-cultural, service-learning experiences influence students’ actions, behaviors and decisions.

My research findings also benefit the discipline of anthropology. My research investigation shows that through participation in a cross-cultural, service-learning experience, students gain a greater understanding of the daily realities of local Dominican populations. This data can aid in the teaching of anthropology. Additionally, my data can aid in the teaching of
allied health sciences because this case-study demonstrates effective practices of a cross-cultural, service-learning program, and demonstrates how these practices are meaningful and significant to student participants. This is evidenced in the data, but particularly by one student who so clearly expressed the difference between reflective practices at Creighton University and reflective practices during the cross-cultural, service-learning experience. Reflections at university are perceived as structured, graded homework assignments, rather than opportunities to authentically process, grow and learn from an experience. Allied health science programs can draw upon my data and research findings to incorporate reflection as a tool for students to authentically process an experience, rather than use it solely as a tool for academic learning outcomes.

**Conclusion**

This thesis explores the impact of a cross-cultural, service-learning experience on physical therapy students by utilizing evidence from a six-week, multi-sited qualitative research project in the Dominican Republic. It focused on the overarching questions: from participation in cross-cultural, service-learning experiences, are students better prepared and equipped to engage their patients across intercultural differences? Are students more inclined to think critically and challenge some of the deeply-entrenched assumptions that underpin problems in U.S. health care practice today? Per my research data and analysis, five key findings emerged. Following students’ participation in a cross-cultural, service-learning program, students 1) broadened their global perspective; 2) increased their understanding of and appreciation for human connection and relationship; 3) exhibited increased confidence and ability to navigate challenging clinical environments; 4) exhibited a greater understanding of health in a holistic
context, and a prioritization of a patient-centered approach; 5) and suggested that consistent, intentional reflection is a critical component to making meaning of experience. The key findings support and contextualize cross-cultural education, experiential-learning and service-learning literatures in the fields of anthropology, higher education, psychology and social work. However, the fifth key finding regarding the importance of reflective processes in service-learning experiences, highlights a gap in anthropological literature. Anthropological research does not adequately examine the role of reflective processes during these experiences, nor how these processes influence long-term attitudinal and behavioral changes among health professional students. I propose that anthropologists conduct further research on the long-term impacts of cross-cultural service-learning experiences to better understand how future health professionals draw from these experiences to engage in an increasingly complex and diverse health care environment.
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## Appendix I - Creighton Physical Therapy Program Schedule

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**March-April**
Appendix II: Information Letter and Bill of Rights (Student Focus Groups)

Date: _______________

Dear Participant,

I am a Master’s in Medical Anthropology candidate at Creighton University and seek to assess the impact of international faith-based service-immersion programs on health care students, particularly your experience as a Doctoral Physical Therapy student participating in an ILAC program. The purpose of the research is to examine ways in which students are transformed from a faith-based international immersion experience. One pre and post immersion focus group will help me gauge the transformation and growth that may occur from participating in a faith-based service-immersion program. The focus group sessions will last one hour to one hour and a half in length. I will tape record my conversation with you, and these digital files will be erased from my hard drive after our conversation is transcribed. Additionally, all hard copy observations will be destroyed following transcription via a shredder. Your name will not be recorded nor used in this study.

The study is overseen by Dr. Laura Heinemann, Co-Director of the Medical Anthropology Master’s Program and professor of Cultural and Social Studies at Creighton University (email: lauraheinemann@creighton.edu; phone: 402-280-2302). As stated above, I am a Master’s in Medical Anthropology candidate at Creighton University and co-principal investigator of this study (email: andygleason@creighton.edu; phone: 207-899-6832). If you would like further information about the study or have any concerns about the study, please contact Dr. Heinemann and/or myself.

We do not anticipate any risk participating in the study. If you are, however, aware of any risk and/or dangers to you and others throughout this study, please make me aware of these risks and/or dangers. If you feel uncomfortable at any time, please feel free to discontinue your participation.

The results of the study will provide society with a greater understanding of how faith-based global immersion programs impact health care students, specifically Doctoral Physical Therapy students. No direct benefits to you can be expected. Although you may not receive direct benefit from your participation, others may ultimately benefit from the knowledge obtained in this study.

The information collected in this study will be secured in a locked digital file on my computer or will be secured in a folder, locked in my residence. All digital files will be deleted upon transcription. Additionally, all hard copy materials will be destroyed following transcription. The information will not be disclosed to any third parties other than Dr. Laura Heinemann (co-principal investigator), Dr. Alex Roedlach (thesis committee member), Dr. Jose McClanahan (thesis committee member), and Creighton University’s Institutional Review Board, without your permission or as may be required by law.

You will not be paid for taking part in this study.
If you are not satisfied with the manner in which this study is being conducted, you may report (anonymously if you so choose) any complaints to Creighton University’s Institutional Review Board by calling (402) 280-2126, or addressing a letter to the Institutional Review Board, Creighton University, 2500 California Plaza, Omaha, NE, USA 68178.

Sincerely,

___________________________________
Andy Gleason
Co-Principal Investigator

Bill of Rights for Research Participants:
As a participant in a research study, you have the right:

1. To have enough time to decide whether or not to be in the research study, and to make that decision without any pressure from the people who are conducting the research.

2. To refuse to be in the study at all, or to stop participating at any time after you begin the study.

3. To be told what the study is trying to find out, what will happen to you, and what you will be asked to do if you are in the study.

4. To be told about the reasonably foreseeable risks of being in the study.

5. To be told about the possible benefits of being in the study.

6. To be told whether there are any costs associated with being in the study and whether you will be compensated for participating in the study.

7. To be told who will have access to information collected about you and how your confidentiality will be protected.

8. To be told whom to contact with questions about the research, about research-related injury, and about your rights as a research subject.

9. If the study involves treatment or therapy:
   a. To be told about the other non-research treatment choices you have.
   b. To be told where treatment is available should you have a research-related injury, and who will pay for research-related treatment.
Appendix III: Student Focus Group Interview Guide (Pre-Immersion)

Introduction:
- Personal Introductions
- Master’s Research (Information Letter)

Focus Group Themes/Questions:

- Goals/Motivations
  o What were your motivations for applying/participating in the ILAC PT program?
  o What are your goals for this experience?
  o What do you think you will gain from this experience?

- Previous Experience
  o Have you participated in a service-immersion program before? Faith-based?
  o Experience abroad?
  o Describe your previous experiences; how were you impacted?
  o Tell me about your interaction with other cultures? What’s your experience been working in cross-cultural situations? Do you surround yourself with diversity (religious, ethnicity, race, culture, sexual orientation, etc.)?

- Anxieties
  o Do you have any anxieties, reservations, worries about your upcoming experience?
  o Current Spanish level? Comfort level with speaking?

- Religion/Faith-tradition
  o What role does religion/faith play in your life?
  o What comes to mind when I say “Catholic,” “Ignatian”?
  o What is your experience with reflection? How do you define reflection? How does reflection play a role in your life?
  o Do you foresee reflection being useful for your upcoming experience?
  o What’s your understanding of the ILAC mission?
  o What’s your understanding of Creighton’s mission?

- Physical Therapy Clinic Experiences
  o How prepared do you feel for working as a physical therapist after graduation?
  o Where do you see yourself in the next five years? What are your career goals?
  o Tell me about one or more of the most impactful experiences you’ve had as a physical therapy student thus far?
  o Interaction with patients? Do you get much interaction? What is rewarding about that? What is challenging? Have you grown from your clinical experiences? How so?
  o You’ve all had 28 weeks of clinical education experience: what do you think will be challenging for you; what anxieties do you have?
  o What’s your experience been working in cross-cultural situations?
o In what clinical experience/environment have you grown the most?
  o Are reflective practices incorporated in your physical therapy courses and clinical sites?
  o Do you see a benefit in this practice?

- Final comments/themes you would like to discuss that have not been brought up?

- Are you willing to participate in a focus group upon return from the Dominican Republic?
Appendix IV: Student Focus Group Interview Guide (Post-Immersion)

Introduction:
- Master’s Research (Information Letter)

Open Ended Questions:
- What words come to mind when you look back on your experience in the Dominican Republic? (Popcorn)
- Take a moment to think of one meaningful experience that surfaces in your mind, then share.

Focus Group Themes/Questions:
- Personal
  o What did you gain from this experience?
  o What impacted you? Who impacted you? What experiences have stuck with you? Describe
  o How were you challenged personally? Can you give me an example?
  o Thinking back to before you stepped foot in the Dominican Republic, how have you changed? Grown?
  o How has your life perspective changed from this experience? Has it? Explain
  o What are some challenges you have faced since returning from the D.R.? What do you anticipate being hard in the coming weeks and months?
  o What if everyone had a chance to participate in a program like this? Would you recommend it? Why? What makes it unique?
  o Do you feel that you can make an impact in this world?

- Spiritual
  o What comes to mind when I say “Catholic,” “Ignatian?”
  o How did reflection play a role in your experience in the D.R.?
  o Describe your experience with reflection during this program. What types of ways did you reflect (i.e. individual, group, journaling, etc.)?
    ▪ Describe your experience with group reflection. Did you find this useful? How did this impact your time in the D.R.? Did this enrich the experience for you?
    ▪ Did these various types of reflection better help you process your experience?
  o Describe your spirituality. Has your spirituality deepened since the beginning of the program? How so?
  o What’s your understanding of the ILAC mission?
  o What’s your understanding of Creighton’s mission?

- Clinical
  o How will this experience influence your work as a PT?
  o Can you describe your time as a care-giver/health care professional in the D.R.? Did you grow as a clinician? How so?
- What has changed for you? Clinical skills? Confidence? Patient relationships?
  o Describe rewarding moments for you as a care-giver?
    ▪ Can you talk about an impactful experience you had with a patient, at your clinical site, at your service site, or in the campo?
    ▪ Impactful moments with Dominican health care professionals?
  o Describe challenging moments for you as a care-giver? How so?
  o How would you compare this experience to your previous clinical rotations? What was different? How valuable do you consider this experience compared to your other rotations?
  o How prepared do you feel for working as a PT after graduation? Where do you see yourself in the next five years?

- Other
  o How did you grow and change over the last month?
  o What next? How do you envision drawing from this experience in the future/will you?

- Final comments/themes you would like to discuss that have not been brought up?
Appendix V: Information Letter and Bill of Rights (Student Interviews)

Date: ______________

Dear Participant,

I am a Master’s in Medical Anthropology candidate at Creighton University and seek to assess the impact of international faith-based service-immersion programs on health care students, particularly your experience as a Doctoral Physical Therapy student participating in an ILAC program. The purpose of the research is to examine ways in which students are transformed from a faith-based international immersion experience. Research methods include participant observation and semi-structured interviews. I will make observations throughout the program – at clinical sites, service sites, during cultural activities, campo immersions and during reflections. You also may be asked to participate in 4-6 semi-structured interviews, ranging from one hour to one hour and a half in length. I will tape record my conversation with you, and these digital files will be erased from my hard drive after our conversation is transcribed. Additionally, all hard copy observations will be destroyed following transcription via a shredder. Your name will not be recorded nor used in this study.

The study is overseen by Dr. Laura Heinemann, Co-Director of the Medical Anthropology Master’s Program and professor of Cultural and Social Studies at Creighton University (email: lauraheinemann@creighton.edu; phone: 402-280-2302). As stated above, I am a Master’s in Medical Anthropology candidate at Creighton University and co-principal investigator of this study (email: andygleason@creighton.edu; phone: 207-899-6832). If you would like further information about the study or have any concerns about the study, please contact Dr. Heinemann and/or myself.

We do not anticipate any risk participating in the study. If you are, however, aware of any risk and/or dangers to you and others throughout this study, please make me aware of these risks and/or dangers. If you feel uncomfortable at any time, please feel free to discontinue your participation.

The results of the study will provide society with a greater understanding of how faith-based global immersion programs impact health care students, specifically Doctoral Physical Therapy students. No direct benefits to you can be expected. Although you may not receive direct benefit from your participation, others may ultimately benefit from the knowledge obtained in this study.

The information collected in this study will be secured in a locked digital file on my computer or will be secured in a folder, locked in my casita (small house) at the ILAC center. All digital files will be deleted upon transcription. Additionally, all hard copy materials will be destroyed following transcription. The information will not be disclosed to any third parties other than Dr. Laura Heinemann (co-principal investigator), Dr. Alex Roedlach (thesis committee member), Dr. Jose McClanahan (thesis committee member), and Creighton University’s Institutional Review Board, without your permission or as may be required by law.

You will not be paid for taking part in this study. However, you will be given a small thank-you gift (one package of ground, Dominican coffee) in appreciation for your participation, even if you decide later to withdraw from the study.
If you are not satisfied with the manner in which this study is being conducted, you may report (anonymously if you so choose) any complaints to Creighton University’s Institutional Review Board by calling (402) 280-2126, or addressing a letter to the Institutional Review Board, Creighton University, 2500 California Plaza, Omaha, NE, USA 68178.

Sincerely,

___________________________________

Andy Gleason
Co-Principal Investigator

Bill of Rights for Research Participants:

As a participant in a research study, you have the right:

1. To have enough time to decide whether or not to be in the research study, and to make that decision without any pressure from the people who are conducting the research.

2. To refuse to be in the study at all, or to stop participating at any time after you begin the study.

3. To be told what the study is trying to find out, what will happen to you, and what you will be asked to do if you are in the study.

4. To be told about the reasonably foreseeable risks of being in the study.

5. To be told about the possible benefits of being in the study.

6. To be told whether there are any costs associated with being in the study and whether you will be compensated for participating in the study.

7. To be told who will have access to information collected about you and how your confidentiality will be protected.

8. To be told whom to contact with questions about the research, about research-related injury, and about your rights as a research subject.

9. If the study involves treatment or therapy:
   a. To be told about the other non-research treatment choices you have.
   b. To be told where treatment is available should you have a research-related injury, and who will pay for research-related treatment.
Appendix VI: Student Interview Guide (Week One)

Introduction:

Open-Ended Question:
- Please think about your closest friend or family member. If you could call home and speak with that friend/family member right now, what is one specific experience you would share with them about your first days in the Dominican Republic?
- How did that experience impact you? How so?

Personal
- Can you describe your experience here thus far? What have you noticed about yourself during this week (emotions, reactions, perspectives)?
- What has been challenging for you this week?
- What has been rewarding for you this week?
- How have your values been challenged or affirmed this week?
- How do you currently perceive Dominican culture? What are some insights that you can make after being in the D.R. for the first few days?
- What experiences, if any, have challenged your worldview?
- How are you coping with the change in culture? What about Dominican culture has impacted you this week? Anything that challenges you?
- What do you notice about your peers during this first week, and their experience?

Clinical
- If you could tell me about one experience at your clinical site this week, what would it be? Explain.
- What about the first few days at your clinical site has been challenging? Rewarding?
- What role do you play at the clinic? Who do you serve at your clinical site?
- What about your experience practicing at your clinical site in the D.R. is different from your experience in the U.S.?
- Can you describe your experience working with Dominican patients? What is challenging? Rewarding?
- Do you feel prepared to work in your clinical site?
- Can you speak about your confidence level working in your clinical site this week? Has anything inhibited your confidence levels? Anything that has boosted your confidence?
- What do you notice about your peers in the clinical setting? What stands out to you, if anything? Behavior? Reasoning?
- Do you engage with the Dominican health professionals at your site? How so? How do you communicate?
- How do you think the Dominican health professionals perceive you?

Spiritual
- How would you describe your faith life/tradition?
- What comes to mind when I say “Catholic” “Ignatian”?
- How are you processing your experience here in the D.R.? What techniques are you using? (i.e. journal, prayer, dialogue, etc.)
- What have you noticed about your faith life during this week?
- What’s your understanding of the ILAC mission?
- What’s your understanding of Creighton’s mission?
- Have you participated in group reflection this week? How was that experience for you? Tell me about this.
- Have you practiced individual reflection? What do you reflect upon?
- What has been difficult to process this week? What methods help you to work through the newness of this experience?

Other
- How do you view your experience as an American volunteer thus far? What are some advantages and disadvantages as being viewed by Dominicans as such?
- Do you feel that you are making an impact on the lives of Dominicans, patients or otherwise? Explain.

- Final comments/themes you would like to discuss that have not been brought up?
Appendix VII: Student Interview Guide (Week Two)

Introduction:

Open-Ended Question:
- Please think about your closest friend or family member. If you could call home and speak with that friend/family member right now, what is one specific experience you would share with them about your second week in the D.R.?
- How did that experience impact you? How so?

Personal
- What have you noticed about yourself during this week (emotions, reactions, perspectives)?
- What has been challenging for you this week?
- What has been rewarding for you this week?
- How have your values been challenged or affirmed this week?
- How do you currently perceive Dominican culture? Are you gaining a deeper understanding of the culture? How so?
- What experiences, if any, have challenged your worldview?
- How are you coping with the change in culture? What about Dominican culture has impacted you this week? Anything that challenges you? Excites you?
- What do you notice about your peers during this first week, and their experience?
- How do your values interface with Dominican values?
- Do you feel that you are connecting with people? Building relationships?

Clinical
- If you could tell me about one experience at your clinical site this week, what would it be? Explain.
- What about your clinical site has been challenging this week? Rewarding?
- What about your experience practicing at your clinical site in the D.R. is different from your experience in the U.S.?
- Can you describe your experience working with Dominican patients? What is challenging? Rewarding?
- Can you speak about your confidence level working in your clinical site this week? Has anything inhibited your confidence levels? Anything that has boosted your confidence?
- What do you notice about your peers in the clinical setting? What stands out to you, if anything? Behavior? Reasoning?
- Do you engage with the Dominican health professionals at your site? How so? How do you communicate?
- How do you think the Dominican health professionals perceive you?
- Are there times or situations that you practiced PT in a way that you wouldn’t in the U.S. How so? Explain.
Spiritual
- What comes to mind when I say “Catholic” “Ignatian”?
- How are you processing your experience here in the D.R.? What techniques are you using? (i.e. journal, prayer, dialogue, etc.)
- What have you noticed about your faith life during this week?
- What’s your understanding of the ILAC mission?
- What’s your understanding of Creighton’s mission?
- Have you participated in group reflection this week? How was that experience for you? Tell me about this.
- Have you practiced individual reflection? What do you reflect upon?
- What has been difficult to process this week?

Other
- How do you view your experience as an American volunteer thus far? What are some advantages and disadvantages as being viewed by Dominicans as such?
- Do you feel that you are making an impact on the lives of Dominicans, patients or otherwise? Explain.
- Have you experienced any doubts about the service you are providing and/or your presence in the D.R.?

- Final comments/themes you would like to discuss that have not been brought up?
Appendix VIII: Student Interview Guide (Week Three)

Introduction:

Open-Ended Question:
- Please think about your closest friend or family member. If you could call home and speak with that friend/family member right now, what is one specific experience you would share with them about your third week in the D.R.?
- How did that experience impact you?

Personal
- What have you noticed about yourself during this week (emotions, reactions, perspectives)?
- What has been challenging for you this week?
- What has been rewarding for you this week?
- How have your values been challenged or affirmed this week?
- How do you currently perceive Dominican culture? Are you gaining a deeper understanding of the culture? How so?
- What experiences, if any, have challenged your worldview?
- How are you coping with the change in culture? What about Dominican culture has impacted you this week? Anything that challenges you? Excites you?
- What do you notice about your peers during this first week, and their experience?
- How do your values interface with Dominican values?
- Do you feel that you are connecting with people? Building relationships?
- What if everyone had a chance to participate in a program like this? Would you recommend it? Why? What makes it unique?
- Do you feel that you can make an impact in this world?

Clinical
- If you could tell me about one experience at your clinical site this week, what would it be? Explain.
- What about your clinical site has been challenging this week? Rewarding?
- What about your experience practicing at your clinical site in the D.R. is different from your experience in the U.S.?
- What have you noticed about the profession of PT’s in the D.R. versus the U.S.?
- Can you describe your experience working with Dominican patients? What is challenging? Rewarding?
- Can you speak about your confidence level working in your clinical site this week? Has anything inhibited your confidence levels? Anything that has boosted your confidence?
- What do you notice about your peers in the clinical setting? What stands out to you, if anything? Behavior? Reasoning?
- Do you engage with the Dominican health professionals at your site? How so? How do you communicate?
- How do you think the Dominican health professionals perceive you?
- Are there times or situations that you practiced PT in a way that you wouldn’t in the U.S. How so? Explain.
- Has this experience changed your perspective on the type of work you’d like to do/people you’d like to work with after graduation?

Spiritual
- What comes to mind when I say “Catholic” “Ignatian”?
- How are you processing your experience here in the D.R.? What techniques are you using? (I.e. journal, prayer, dialogue, etc.)
- What have you noticed about your faith life during this week?
- What’s your understanding of the ILAC mission?
- What’s your understanding of Creighton’s mission?
- Have you participated in group reflection this week? How was that experience for you? Tell me about this.
- How have reflective practices during this program differed from reflective practices during your course of study? Have they differed? Does this reflection time enhance the experience for you?
- Have you practiced individual reflection? What do you reflect upon?
- What has been difficult to process this week?

Other
- How do you view your experience as an American volunteer thus far? What are some advantages and disadvantages as being viewed by Dominicans as such?
- Do you feel that you are making an impact on the lives of Dominicans, patients or otherwise? Explain.
- Have you experienced any doubts about the service you are providing and/or your presence in the D.R.?

- Final comments/themes you would like to discuss that have not been brought up?
Appendix IX: Student Interview Guide (Week Four)

Introductions:

Open-Ended Questions:
- Please think about your closest friend or family member. If you could call home and speak with that friend/family member right now, what is one specific experience you would share with them about your fourth week in the D.R.?
- How did that experience impact you?
- If you could describe this whole experience in 3 words, what would they be?

Personal
- What have you noticed about yourself during this week (emotions, reactions, perspectives)?
- What has been challenging for you this week?
- What has been rewarding for you this week?
- How have your values been challenged or affirmed this week?
- How do you currently perceive Dominican culture? Are you gaining a deeper understanding of the culture? How so? How has your perception of the culture changed since the first week?
- What experiences, if any, have challenged your worldview?
- How are you coping with the change in culture? What about Dominican culture has impacted you this week? Anything that challenges you? Excites you?
- What do you notice about your peers during this first week, and their experience?
- How do your values interface with Dominican values?
- Do you feel that you are connecting with Dominicans/Americans? Building relationships? How so?
- What if everyone had a chance to participate in a program like this? Would you recommend it? Why? What makes it unique?
- Do you feel that you can make an impact in this world?

Clinical
- If you could tell me about one experience at your clinical site this week, what would it be? Explain.
- What about your clinical site has been challenging this week? Rewarding?
- What about your experience practicing at your clinical site in the D.R. is different from your experience in the U.S.?
- What have you noticed about the profession of PT’s in the D.R. versus the U.S.?
- Can you describe your experience working with Dominican patients? What is challenging? Rewarding?
- Can you speak about your confidence level working in your clinical site this week? Has anything inhibited your confidence levels? Anything that has boosted your confidence?
- What do you notice about your peers in the clinical setting? What stands out to you, if anything? Behavior? Reasoning?
- Do you engage with the Dominican health professionals at your site? How so? How do you communicate?
- How do you think the Dominican health professionals perceive you?
- Are there times or situations that you practiced PT in a way that you wouldn’t in the U.S. How so? Explain.
- Has this experience changed your perspective on the type of work you’d like to do/people you’d like to work with after graduation?

Spiritual
- What comes to mind when I say “Catholic” “Ignatian”?
- How are you processing your experience here in the D.R.? What techniques are you using? (I.e. journal, prayer, dialogue, etc.)
- What have you noticed about your faith life during this week/experience? Have you grown deeper in your faith or shied away from your faith?
- What’s your understanding of the ILAC mission?
- What’s your understanding of Creighton’s mission?
- Have you participated in group reflection this week? How was that experience for you? Tell me about this.
- How have reflective practices during this program differed from reflective practices during your course of study? Have they differed? Does this reflection time enhance the experience for you?
- Have you practiced individual reflection? What do you reflect upon?
- What has been difficult to process this week/experience?

Other
- How do you view your experience as an American volunteer? What are some advantages and disadvantages as being viewed by Dominicans as such?
- Do you feel that you are making an impact on the lives of Dominicans, patients or otherwise? Explain.
- Have you experienced any doubts about the service you are providing and/or your presence in the D.R.?
- How have you grown?

- Final comments/themes you would like to discuss that have not been brought up?
Appendix X: Dominican Health Professional Information Letter (English)

Date: ______________

Dear Participant,

I am a Master’s in Medical Anthropology candidate at Creighton University and seek to assess the impact of international faith-based service-immersion programs on health care students, particularly your experience as a Doctoral Physical Therapy student participating in an ILAC program. A large part of the students’ experience in the Dominican Republic takes place in the clinical sites around Santiago, interacting with patients and health professionals. Therefore, I would like to ask you some questions about your experience with the Creighton Physical Therapy students at your workplace. I will record our conversations, and these recordings will be erased after our conversation is transcribed. The printout of our conversation will not include your name. Our conversation will take about 30 minutes. I will also note some of my observations.

The study is overseen by Dr. Laura Heinemann, Co-Director of the Medical Anthropology Master’s Program and professor of Cultural and Social Studies at Creighton University (email: lauraheinemann@creighton.edu; phone: 402-280-2302). As stated above, I am a Master’s in Medical Anthropology candidate at Creighton University and co-principal investigator of this study (email: andygleason@creighton.edu; phone: 207-899-6832). If you would like further information about the study or have any concerns about the study, please contact Dr. Heinemann and/or myself.

We do not anticipate any risk participating in the study. If you are, however, aware of any risk and/or dangers to you and others throughout this study, please make me aware of these risks and/or dangers. If you feel uncomfortable at any time, please feel free to discontinue your participation.

The information collected in this study will be secured in a locked digital file on my computer or will be secured in a folder, locked in my casita (small house) at the ILAC center. All digital files will be deleted upon transcription. Additionally, all hard copy materials will be destroyed following transcription. The information will not be disclosed to any third parties other than Dr. Laura Heinemann (co-principal investigator), Dr. Alex Roedlach (thesis committee member), Dr. Jose McClanahan (thesis committee member), and Creighton University’s Institutional Review Board, without your permission or as may be required by law.

You will not be paid for taking part in this study. However, you will be given a small thank-you gift (one package of ground, Dominican coffee) in appreciation for your participation, even if you decide later to withdraw from the study.

If you are not satisfied with the manner in which this study is being conducted, you may report (anonymously if you so choose) any complaints to Creighton University’s Institutional Review Board by calling (402) 280-2126, or addressing a letter to the Institutional Review Board, Creighton University, 2500 California Plaza, Omaha, NE, USA 68178.

Sincerely,
Andy Gleason
Co-Principal Investigator
Appendix X (continued): Dominican Health Professional Information Letter (Spanish)

La fecha: _____________

Estimado participante:

Soy un estudiante de Postgrado de la Antropología Médica de la Universidad de Creighton y busco evaluar el impacto de los programas internacionales de servicio de experiencias basadas en la fe en los estudiantes de la salud, en particular los estudiantes de Fisioterapia que participan en el programa de ILAC. Gran parte de la experiencia de los estudiantes en la República Dominicana se lleva a cabo en los sitios clínicos en los alrededores de Santiago, relacionando con los pacientes y los profesionales de la salud. Por lo tanto, me gustaría hacerle algunas preguntas sobre su experiencia con los estudiantes de Creighton de terapia física en su lugar de trabajo. Voy a grabar nuestras conversaciones, y estas cintas se borrarán después de nuestra conversación está escrito en el papel. La copia impresa de nuestra conversación no incluirá su nombre. Nuestra conversación durará unos 30 minutos. También voy a notar algunas de mis observaciones.

El estudio es supervisado por el Dr. Laura Heinemann, Co-Director del Programa del Máster Antropología Médica y profesor de Estudios Culturales y Sociales de la Universidad de Creighton (correoelectronico: lauraheinemann@creighton.edu; teléfono: 402-280-2302). Como se indicó anteriormente, soy un subinvestigador del estudio y un estudiante de Postgrado de Antropología Médica de la Universidad de Creighton (correoelectronico: andygleason@creighton.edu; teléfono: 207-899-6832). Si desea más información sobre el estudio o si tiene alguna preocupación sobre el estudio, por favor póngase en contacto con el Dr. Heinemann y / o yo mismo.

No anticipamos tipo de ningún riesgo para los que participan en el estudio. Si es así, sin embargo, consciente de los riesgos y / o peligros a los que usted y otros a lo largo de este estudio, por favor hagame saber de estos riesgos y / o peligros. Si no siente cómodo en cualquier momento, por favor síntase libre de parar su participación.

La información recogida en este estudio se asegura en un archivo digital bloqueado en mi computadora o será asegurado en una carpeta, encerrada en mi casita en el centro del ILAC. Todos los archivos digitales serán borrados después de la transcripción. Ademáes, todos los materiales impresos serán destruidas después de la transcripción. La información no será compartida con ninguna tercera partes que no sean la doctora Laura Heinemann (investigadora principal), el Dr. Alex Roedlach (miembro del comité de tesis), Dr. José McClanahan (miembro del comité de tesis), y la Junta de Revisión Institucional de la Universidad de Creighton, sin su permiso o como puede ser requerido por la ley.

No se le pagará por participar en este estudio. Sin embargo, se le dará un pequeño regalo de agradecimiento en reconocimiento por su participación, incluso si más adelante decide retirarse del estudio. El regalo será un paquete de café Dominicano (molido).
Si usted no está satisfecho con la manera en que se lleva a cabo este estudio, es posible que reporta (de forma anónima si así lo desea) cualquier queja a la Junta de Revisión Institucional de la Universidad de Creighton, llamando al (402) 280 a 2126, o hacer frente a una carta al Institucional Junta de Revisión de la Universidad de Creighton, 2500 California Plaza, Omaha, NE, EE.UU. 68178.

Sinceramente,

___________________________________
Andy Gleason
Co-investigador principal
Appendix XI: Dominican Health Professional Interview Guide (English)

Introductions:
- Myself
- Master’s Research (Information Letter)

Understanding the Health Professional:
- What is your role here [clinical setting]?  
- How long have you worked in this role?  
- What drew you to working in health care?  
- Can you describe your experience working at this facility?  
- What are the role of PT’s in the D.R.? How do other health care professionals view your profession? Dominicans as a whole?

Working with American Volunteers:
- Have you worked with American volunteers before? Have they been from CESI?  
- How has your experience been working with U.S. physical therapy students?  
- What is your expectation of the students when they come to work/volunteer here?  
  - What do you think your other co-workers expect of the students?  
  - What do you hope to gain from interactions with them?  
- Can you describe your interactions with the students during their first week at the clinical site? How did they engage with patients? Describe how they engaged with other Dominican health professionals?  
- What do you perceive students’ understanding of Dominican culture? PT in the D.R.?  
- Do you notice any differences in the way in which students engage with patients and Dominican health professionals now compared to the first two weeks?  
- Are students building relationships with patients? How so?  
- Are students building relationships with professionals? How so?

Other:
- Do you feel that their presence is beneficial for the patients? Staff? Why or why not?  
- What do you predict students take away from an experience such as this?  
  - What do you hope they gain from this experience?  
- Final comments/themes you would like to discuss that have not been brought up?
Appendix XI (continued): Dominican Health Professional Interview Guide (Spanish)

Introduccion:
- Yo
- Investigacion de Master (Carta de informacion)

Comprender el profesional de Salud:
- Cual es su papel aqui?
- Hace cuantos anos ha trabajado en este papel?
- Que te llevo a trabajar en el cuidado del salud?
- Podria escribir su experencia de trabajo aqui en este establecimiento?
- Cual es el papel de un fisioterapeuta en la Republica Dominicana? Como consideran o vean el fisioterapeuta, los otros profesionales de la salud? Domincanos en general?

El trabajo con los estadounidenses:
- ¿Ha trabajado con voluntarios estadounidenses antes? ¿Han sido de ILAC?
- ¿Cómo ha sido su experiencia trabajando con estudiantes estadounidenses de terapia fisica?
- ¿Cuál es su expectativa de los estudiantes cuando vienen a trabajar / voluntario aquí?
  - ¿Qué cree que sus otros compañeros de trabajo esperan de los estudiantes?
  - ¿Qué espera obtener de interacciones con ellos?
- ¿Puede describir sus interacciones con los estudiantes durante su primera semana en la clinica? ¿Cómo se involucran con los pacientes? Describir cómo se interactuar con otros profesionales de la salud dominicanos?
- ¿Qué es lo que perciben los estudiantes la comprensión de la cultura Dominicana? Fisioterapeuta en la Rep. Dominicana?
- ¿Notas alguna diferencia en la forma en que los estudiantes se involucran con los pacientes y profesionales ahora en comparación con las dos primeras semanas?
- Los estudiantes desarrollan relaciones con los pacientes?
- Los estudiantes desarrollan relaciones con los profesionales dominicanos?

Miscelaneo:
- ¿Usted siente que la presencia de los estudiantes es beneficiosa para los pacientes? ¿Los otros empleados? ¿Por qué o por qué no?
- Cual es su prediccion que los estudiantes toman de esa experiencia? (trabajando aqui por un mes)?
  - ¿Qué es lo que espera que obtengan de esta experiencia?
- Comentarios / temas finales que le gustaría hablar de que no se han criado?