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Developing inter-cultural competencies without travelling: internationalising the curriculum for healthcare students

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Abstract

Healthcare professionals work with increasingly diverse groups of colleagues and patients in their practice, and it is essential that they develop intercultural competence. International experiences in healthcare curricula can help in this development, but healthcare students on courses tend to have limited opportunities for travel. This paper presents data on the use of an online classroom to provide an environment in which physiotherapy students from two countries could work together to review video case studies to enhance their knowledge and understanding of selected patient conditions and compare different approaches to diagnosis and treatment. These activities were integrated into the usual curriculum in both countries. Evaluation of students' experiences showed that they valued the opportunity to engage with their peers in another country and were readily able to identify professional and academic benefit from participation. They commented on the impact on their professional identity formation, the benefits of widening their community of practice, and of becoming more interculturally competent.

Introduction

One of the key objectives of undergraduate health professional courses is to prepare students to be competent to practice throughout their career in a diverse range of settings. For example, the World Confederation for Physical Therapists expects curricula to prepare “physical therapists, if possible, to practise in environments that reflect the health service delivery models that operate in different countries” (WCPT 2017).

This pedagogic initiative originated from discussions between staff and students at an international conference, at which a shared enthusiasm for internationally focused curricula was identified. The team was particularly inspired by a group of Dutch social work students who had cycled across Europe to visit social work departments in partner universities and compared practice in five different countries (Berends 2016). Student input at this conference, and in subsequent exchanges, articulated a desire for initiatives embedding intercultural communication within curricula to provide opportunities for international engagement beyond the mobility of a small number of students and staff.

The team developed an online environment in which students studying in Finland and the UK could work together in student-led teams, to enhance students’ engagement with international experiences. Fundamental to this process was a focus on students leading the initiative, with the students being involved in the design of their own learning (Bovill 2014).

Video case studies and structured activities were produced for physiotherapy students from Finland and the UK to work on together in an online classroom. They were then asked to reflect on their experiences of the project in reflective, semi-structured interviews.

Background

Intercultural competence in healthcare education

Intercultural competence is widely debated within the literature and the process model presented by Deardorff, 2006, offers insights into the breadth and range of perspectives considered underneath this all-encompassing term. This model suggests the attitudes of respect, openness, curiosity and discovery initiating the generation of knowledge and skills leading to 'an internal shift in frame of reference' (Deardorff, 2006:255). In turn, this leads to the external outcomes of appropriate behaviour and communication in intercultural situations. Whilst intercultural competence is considered of increasing value across all discipline areas (Deardorff 2011), it may have a very specific value in healthcare education. Healthcare professionals need to be able to analyse complex healthcare situations with sensitivity to the perspective of others, and work effectively across a range of cultural contexts (Seeleman, Suurmond, and Stronks 2009; Stewart 2002). Training, therefore, for healthcare students, to enhance intercultural competence and awareness, is vital to eliminate racial and ethnic inequalities in healthcare delivery (Chun, 2010).

Respect and empathy for other people, their culture, values and way of life are integral to intercultural competence (Nilsson 2003) and also to addressing health inequalities (O'Shaughnessy and Tilki 2007). In order to become effective practitioners, healthcare students need to develop culturally competent practice that is mindful of the beliefs and values of every patient (O'Shaughnessy and Tilki 2007). Intercultural competence training becomes a vital element of their professional development in order to impact on the quality of care for an increasingly diverse patient population (Leyerzapf and Abma 2017). A literature review by Henderson et al (2018) suggests that many authors writing about healthcare and intercultural competence tend also to include the skill of 'moral reasoning' in their discussions, which perhaps reflects the particular interaction in healthcare curricula of the political and the practical in relation to inequalities.

Embedded training initiatives are important to help students to develop their attitudes, knowledge and skills in relation to intercultural competence and to shift their pre-existing frames of reference (Deardorff 2006; Leeds-Hurwitz and Stenou 2013).

As well as the importance of intercultural competence to healthcare practitioners after graduation, the experiences of cultural minority students in a Dutch medical school (Leyerzapf and Abma 2017) suggest that there is a need for improved intercultural competence during healthcare education. The study found that cultural minority students were exposed to regular micro-aggressions linked to their cultural, ethnic or religious background, which led the authors to suggest that there was a “hidden curriculum privileging majority over minority students” (Leyerzapf and Abma 2017, p521). This underlines the need for both teachers and students to consider and understand the perspectives of different, racial, culture and gender groups (Banks 2008).

Including international experiences in a healthcare curriculum

International experiences are often considered as one way to support development of intercultural competence, and the provision of overseas electives to healthcare students for this purpose has been well documented (Ahmed, Ackers-Johnson, and Ackers 2017b; Dowell and Merrylees 2009; Root and Ngampornchai 2013). However, electives in healthcare education have been critiqued for lacking clear structure and leaning towards 'medical tourism' (Dowell and Merrylees 2009) and for not doing enough to address inequalities in health (Hanson, Harms, and Plamondon 2011). It has also been suggested that electives may also lead to students doing more harm than good by working beyond their capabilities (Ahmed, Ackers-Johnson, and Ackers 2017a; Shah and Wu 2008), which in itself raises questions about who is intended to benefit from such activities, and in what ways.

In any case, overseas electives are not accessible to all students. Healthcare curricula are often tightly prescribed by professional bodies, with little opportunity

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for additions or amendments to the teaching programme. Additionally, national differences in practice regulations mean that there may be little credit value in study exchanges. A limited number of students may have the possibility of an elective placement in a different healthcare context, but this may not count towards final award credits, and may be at the student's own expense, which excludes those who cannot afford the time or money to participate.

This study aimed to develop intercultural competence by providing a stay-at-home international experience that would be integrated in the curriculum, accessible to all students, and would enable students to develop intercultural awareness attributes, knowledge and skills (Deardoff, 2004) together with their professional skills. Working collaboratively is a core element of all healthcare practice, and students' engagement with their learning experiences is enhanced by a sense of belonging to and engagement with a community (Bryson 2014). The project aimed to extend students' notion of the community and to give them an opportunity to engage with a wider range of experiences and approaches to physiotherapy through social networking and the opportunity to acquire knowledge in a situated manner (Rolls et al, 2018).

These kinds of online collaborations have been in existence for a long time, but when Abrahamse et al (2015) reviewed the literature on such virtual activities in Science, Technology, Engineering, and Mathematics (STEM) subjects, and found that they were far from being mainstream in STEM subjects, and were generally restricted to engineering and information systems areas. The project described here was intended to expand this range of pilot studies into healthcare, and to identify particular challenges and benefits that might be experienced in this context.

Course design

The online classrooms were designed to provide an opportunity for academic discussions via which students' could explore their understanding of international differences and similarities in the assessment and treatment of patients with

complex neurological conditions. They included video case studies of Finnish patients, information about treatment protocols and links to relevant national guidelines and resources, to make a link between employability and internationalisation.

Recognising that engagement with the online activities would vary depending on both academic and outside influences, there was an emphasis on the students building relationships with each other. Although an online classroom was used to deliver the academic sessions, a key priority was to consider how social media could be used alongside this to enable the students to develop social networks. The team consulted with student representatives and developed a programme with embedded social media to enable students to develop both a degree of social interaction as well as exploring professional competencies.

There were twelve students in the cohort of Finnish students, whilst the size of the UK cohort was around 85. In order to balance the groups in each country, for the first year of the project, UK students were invited to volunteer to participate, with twelve being selected. These twenty-four students were assigned into three groups of eight (four from each country) and four online discussion sessions were scheduled. Following the initial interactions via social media and the first online social session, the students used video conferencing technology to participate simultaneously in structured tasks in their groups. These tasks were designed as part of the curriculum, and students were introduced to them with this focus; they were not specifically asked to consider cultural aspects of the tasks.

Whilst staff were available online during the video-conferencing in case of any technical or organisational problems, the sessions were designed to be student-led. During initial planning, student representatives had emphasised that student ownership of these discussions was essential if their discussions were to be authentic and therefore each group nominated a leader in each country for each session. These group leaders ensured that all students had opportunities to

contribute, and collated resources and comments from the sessions to share with the other groups in a discussion area in the online classroom. Student leaders rotated throughout the project so ultimately all students had an opportunity to lead the discussions.

Research design

The main aim of the evaluation of this study was to listen to students' stories of their experiences therefore an exploratory, qualitative design was used to gather information on intercultural competence and generate insights into practice. Data was therefore collected via semi-structured one to one interviews with sixteen students (nine in the UK and seven in Finland) up to four weeks after the end of the pedagogical initiative. All students were interviewed in their native language by one of the researchers who was based within their own institution, but not part of the teaching team (CH in the UK and UH in Finland); on average, the interviews were 30 minutes long.

At the start of the interviews, an initial narrative prompt was used to encourage the students' to tell the stories of their experiences. This allowed the students to focus on the elements of the study that were important to them as individuals, rather than giving answers to pre-set questions. This qualitative character of the study facilitated the evaluation of both the expectations and experiences of the students and thus supported a grounded, bottom-up approach.

Following the initial narrative prompt, the student interviews were conducted using a topic list that was formulated on both the researcher's experience and a review of recent literature. Topics included:

- Students' experiences of using the online classroom and social media
- Students' experiences of working with students internationally
- Students' perceptions of the experience in terms of culture and future practice.

Data Analysis

Each of the student interviews were digitally recorded, transcribed verbatim and analysed using a thematic approach to identify students' perceptions. The interviews with the Finnish students were translated into English by one of the bilingual staff at the Finnish University and subsequently all interviews were reviewed by each of the research team. This analysis followed an approach similar to the framework analysis of (Spencer et al. 2013); an initial phase of familiarisation was followed by indexing and subsequently the development of a thematic framework. As data were read and re-read by the research teams in both Finland and the UK, emergent themes were noted and compared. All themes were ultimately discussed and agreed across the research team during a face-to-face meeting, before the final phase of data extraction and interpretation, with common themes and subthemes extracted and subsequently analysed in relation to the *a priori* themes. As such, the analysis followed a thematic approach, utilising open coding and clustering of findings to identify the three dominant themes explored below.

Ethical approval for this study was obtained from both the Manchester Metropolitan University and the Turku University of Applied Sciences Research and Ethics Committees.

Limitations of the study

This study is small-scale, including data from sixteen students at two institutions, the sample is therefore quantitatively small and it is not possible to generalise widely from the findings. However, within the interviews, each of the students explored at length their own experiences and as such, their stories can be valued for the insights that they offer into their individual learning journey.

Findings

A key element of the analysis was that the stories of the students directed the analysis (Spencer et al. 2013). Students' reflections within their interviews were wide-ranging as they detailed their experiences of adapting to the online environment, new languages and cultural values. Some spoke at length about technical difficulties, before focusing on the international aspect of the sessions whilst others foregrounded their confidence (or lack of) to lead the group discussions and adapt to a different cultural context. Overall, the students' accounts tended to 'to and fro' between acknowledging challenges due to language differences and technology, whilst also identifying benefits from engaging with students and problem-solving within a different cultural context.

Ultimately, the purpose of this initiative was to offer a Stay-at-Home International experience to the students; therefore, data pertaining to the limitations of the technology were set aside (although subsequently used to enhance the system for future cohorts) and the focus was on the students' perceptions of the international experience as part of their curriculum. The focus on this aspect of the students' interviews identified three key themes:

1. Intercultural competence
2. Community of practice
3. Professional identity

Quotations in this results section are verbatim citations from the transcripts of the interviews with the UK students, with the Finnish students' comments translated into English by the fourth author to convey contextual meaning.

Intercultural competence

The main driver of this project was to provide opportunities for students to develop their intercultural competence in terms of their attitudes, knowledge,

skills and values. The students communicated via social media informally and within the online classroom by both online discussion boards and video chat sessions in English.

When designing the initiative, we were aware that language fluency might affect participation, and thought that this might lead to some awareness of the need for flexibility in approach; this is a desired internal outcome for intercultural competence, according to Deardorff (2006). None of the UK students could speak Finnish and whilst all of the Finnish students could speak English, they had varying levels of fluency. At times, this affected their engagement, both with leading the online sessions, and in participating in the synchronous video discussions. This was particularly evident when the Finnish students were leading the discussions:

“The Finnish students were happy to talk to people and they had the confidence to talk to people and I think the confidence side was definitely a massive one in our group, ‘cos there was one girl, that just didn’t really want to say anything... and it was probably just ‘cos she was shy, and like, understandably really.” (UK student)

The majority of the Finnish students commented that they had found communicating in English difficult, affecting their perceived competence, particularly when the UK students had local accents or used technical language:

“The accent of the MMU students was hard for us. It would have helped understanding, if they had talked slower. We tried to activate the whole group to participate and help fellow students.” (Finnish student)

The UK students were also aware of the importance of language competency and recognised the difficulties that the Finnish students encountered:

“Some of the Finnish students in the group didn’t speak more than half a dozen times. I don’t know whether it was the language barrier or whether it was a

confidence thing, if you'd tried to ask me to speak anything in Finnish I'm out, I wouldn't be able to do that, so I fully understand where they are coming from because the biggest barrier we do face is our language barrier." (UK student)

"I don't think they quite understood what we were asking so I think, on reflection maybe we should have thought about different ways to go about asking our questions." (UK student)

However, during the sessions, they may not have been sure about how to adapt their behaviours in response to these insights:

"it's also made me reflect on communication a bit more, looking back at it, I don't think I adapted my questioning to try and really get out of the Finnish students what we wanted" (UK student)

This comment shows some shift in internal frame of reference (Deardorff 2006), and contradicts the findings of previous work where students perceived intercultural education activities as lacking value (Chun, 2010) but it is clear from other comments that this issue was somewhat frustrating to all students. However, intercultural competence was not just about communication and language. Students developed a clearer understanding of differences in concepts of health and wellbeing and the impact that had on their own ways of approaching patient care:

"We looked at the patient's problems in different ways and that expands your thinking. We also concentrated on psychological and social things and discussed how to take these into account in the rehabilitation process" (Finnish student)

"We discussed health care systems of both countries as well as employment situations of our countries. They were very interested in our society and functioning of Finnish health care system." (Finnish student)

One UK student summed up what she believed she had gained at the start of her interview:

“The overall experience of working with the Finnish students and seeing how, they work was great, I guess you kinda get tunnel vision with how you think Physio should be when you’re at your own institution, but then by hearing how other people work, it just gives you new insights.”

The attitudes of students throughout the interviews demonstrated the key shift in internal frame of reference as highlighted by Deardorff, 2006. Utilising this newfound awareness, attitudes and beliefs enabled increased confidence and changes in behaviour.

Community of practice

This project was specifically designed to be student-led in order to develop learning within a collaborative community and foster cross-cultural student engagement. Providing an opportunity for students to gain an experience in which learning was placed within the context of participation in the world and was effectively the vehicle for the development and transformation of students’ identities as global citizens (Wenger 1998) . Communities of practice are an integral part of the professional lives of Physiotherapists and both groups of students valued the opportunity for connecting with their peers studying the same professional degree across national boundaries:

“I think meeting people and having that collaboration the more people we know, and especially with us as students the more people we know now the better our job prospective, the better our CPD and opportunities we’re going to get later, sort of, down our career, that’s the way I’m viewing it.” (UK student)

There was a clear understanding that the professional community of practice had commonality globally and had the potential to be the context in which the students could develop through mutual engagement:

“So, I think what I’ve gained the most from that, is, that as Physios no matter where we’re based and where we are in our programmes of study, we do all think along the same sort of lines.” (UK student)

Learning was centred around the community itself and developed from within as a consequence of students engaging with each other, both acting and knowing, with their participation characterised by the possibility of mutual recognition (Wenger 1998):

“The discussions were interesting. Also, teachers who followed our discussions said so, and that led us to more in-depth discussions. I think that caught me to feel us as a group with shared interest. One of the teachers stayed in the meeting with us long enough, was very active and encouraged us to go deeper in the learning.” (Finnish student)

“It was quite interesting because in our group, one of the girls in Finland who’s already on placement, we came up with an outcome measure that she hadn’t even heard of and she looked into it and she went and spoke to her clinical educator and they now use that outcome measure in their department.” (UK student)

It is evident that with the context of this pilot study, learning was socially constructed (Rolls et al, 2018) with a clear professional network that facilitated professional development.

Professional identity

Both groups of students commented repeatedly on the value of participating in the online sessions and the ways in which it introduced them to new ideas and insights into professional practice. Across the student interviews, the students’ mutually defined professional identities and articulated how they recognised familiar characteristics within each other. The comment from a UK student below illustrates the students’ perception of the value that was gained by collaborating with the Finnish students:

“If you just stay in one train of mind and the one way you were taught, you’re never going to broaden your horizons, so the more different techniques that you learn, then the more you can use them and combine into your own practice. If

you ever did want to move and work abroad then you need to be aware that it's going to be different.” (UK student)

The second comment below from another of the UK students demonstrates students' self-awareness of the value of gaining different perspectives and how this shaped the way they constructed their own professional identity:

“It was just interesting seeing and listening to the way that the Finnish students thought objectively about the case, with them having more experience it definitely complemented my learning.” (UK student)

Mutual engagement within the student-led discussions created a space in which the students could construct their professional identity and the students noted the value of gaining different perspectives on assessment and treatment of patients:

“Discussions in this international group expanded my thinking: when assessing patient's functional capacity, how many perspectives there can and should be and how differently and we could see the patient's problems. I learned a lot.” (Finnish student)

“It was important to learn different perspectives of physiotherapy. It was nice to learn with foreign students. We looked at the patient's problems in different ways and that expands your thinking.” (Finnish student)

Recognising similarities and differences allowed consolidation of the constructs that underpin the professional identity of a healthcare professional. Learning was shaped by the differences but by the recognition of common values, beliefs and behaviours (Tan, Van der Molen and Schmidt, 2015).

Discussion

This project was planned as a proof-of-concept for engaging students in co-producing internationally focused curricula, embedding meaningful international engagement within a complex healthcare curriculum. Providing opportunities for

students to lead the activities and become connected within a virtual community was fundamental to the project, as was promoting mutual engagement in shared activities. The constraints on these types of courses have traditionally militated against the provision of accessible international experiences. The data collected from interviews with students in both countries identified three key themes which link closely to the need to include opportunities within curricula for students to develop sensitivity to different practice contexts (Prieto-Flores, Feu, and Casademont 2016).

Intercultural competence:

Developing intercultural competence was a key aspiration of this project, and the students' feedback demonstrated changes in knowledge and comprehension of this area (Deardorff 2006) through their engagement in the project. This was an introductory engagement with internationalisation, and we would expect that changed internal and external outcomes of the kind suggested by Deardorff would take more time and more activities. However, from the student comments, we are hopeful that these students now have an increased sensitivity to intercultural issues which will allow them to examine differences in a more flexible and empathetic way and to look more widely for solutions to clinical challenges when they encounter them in practice.

There was evidence that students were developing a nuanced understanding of how to become a culturally aware practitioner; as they developed their identities through engaging in the activities and contact with others. Over the course of the project participation in discussions, sharing of ideas and listening to others, allowed the students to step back from their own national perspectives and recognise and value differences. As such, within their interviews the students described a trajectory of learning which facilitated their recognition of themselves within each other through mutual engagement in a shared task.

Community of Practice:

Collegiality, valuing and respecting others and active listening are vital skills for providing holistic care to an increasingly diverse population. As novice practitioners with limited exposure to clinical practice, students entered this community somewhat tentatively, but active engagement fostered knowledge, which, in turn, started to develop the community (Mann 2011). Opportunities to establish collaboration with other practitioners already existed within both curricula prior to this study, however, this unique online project demonstrates the added value of internationalisation. For instance, the UK students were delighted that they were able to share knowledge that one of the Finnish students was able to utilise within a practice placement and then report back on the outcome.

All participants in this study acknowledged the value of working together, learning together and the subsequent impact that this had on their understanding of this area of clinical practice. The ability to share a space for learning and construct knowledge together through an online social networking platform promoted a more cohesive community of emerging healthcare professionals (Rolls et al, 2018).

Professional Identity:

The students' comments about the effect of participation on their own professional identities showed recognition of the plurality of professional identities. Professionalism, and 'being a professional' as an embodied identity evolves over time in response to both experiences and socialisation (Hammond, Cross, and Moore 2016). Monrouxe et al (2017) identified that there are national differences in professional identities, and this was a useful opportunity to recognise the significance of context and culture in students' understanding of this aspect of their education.

All students within this study recognised and valued distinctions within professional practice that they acknowledged following their online

collaborations. They were clearly sensitive to the different national contexts of patient management and respected each other's perspectives. Both groups also noted the value gained from listening to each other and developing a broader view of healthcare settings, which in turn increased their awareness of differences in practice and context. Utilising this newfound knowledge supports the students to consolidate the roles and values that underpin the essence of their professional identity as a healthcare practitioner (Tan, Van der Molen and Schmidt, 2015).

The acknowledgement of a range of professional identities enhanced the students' insight into the different challenges that could be faced by the same profession, working with similar clients presenting with the same condition. Equally, students were able to recognise commonality across national boundaries and identified the potential for integrating new ideas around professional behaviour into both educational study and global professional practice.

Next steps for this project

As a result of the evaluation of this pilot study, some changes will be made to this particular activity. The students participated as an integrated part of their curriculum for the Finnish students, and as an additional activity for the UK ones, in order to match the group sizes. Measures were taken to ensure that the UK student participants were not advantaged in terms of their ability to complete the curriculum, compared to their non-participating peers. For future work, the teaching resources themselves will be available to all students, whilst the discussion groups will be voluntary for all students and matched for size. This will enable a more nuanced discussion of the value of the experience on disciplinary knowledge and skills.

The UK students had the advantage that their own native language was used in all communications. This may have altered the experience for everyone. The activities have now been redesigned slightly to reduce the language difficulties

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highlighted by students from both countries. In particular, UK students will be invited to consider more explicitly the advantage they have in being native speakers of the language being used, and how they can adapt their approaches to communication to enhance their professional identity within a supportive community of practice. A third partner, from Switzerland, has now also joined the project, which will help to shift the balance to a higher proportion of non-native English speakers, as well as increasing the numbers of participants and providing more opportunities for participation.

Future activities will be extended over a longer period of time, to allow a more sustained development of the student community and more time for reflection on their experiences.

Conclusions

This small study showed that it is possible to integrate meaningful international learning experiences into healthcare curricula. The activities described here could be readily replicated in different international contexts and disciplinary areas. The costs are low, and reliable software is readily available to facilitate communications. This provides opportunities to improve students' intercultural competence, which was the main aim of this pilot study and an essential skill for an evolving global workforce.

We think that this study has highlighted other benefits, too. Whilst mobility of healthcare students will always be constrained for the reasons explained in the introduction, it is possible that some of it is due to unfamiliarity with exchange activities amongst both staff and students. The opportunity to develop an international community of practice by making connections with peers in other countries, may encourage student mobility, which would be an added benefit of these activities. We hope that engagement in these simple curricular activities will lead to further developments and will monitor this carefully. Furthermore, whilst the focus of this pilot study was firmly embedded within healthcare, the principles of developing a global community of practice and sharing cultural

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experiences would be advantageous to wider curriculum teams who seek to enhance intercultural competence within the workforce.

There may be further benefits for professionals in the longer term. The concept of having an international professional identity is under-developed in healthcare. Whilst individuals may be mobile, the onus is on them to learn the system in operation in the country to which they move, which requires skills of observation and critical comparison. Both the Finnish and the UK students here reported learning things from the other country which they were then able to act on in a useful way for their own practice. They were also able to share this learning with peers and tutors on their home courses, providing them with opportunities to practise articulating differences in practice and in communicating these with others. Normalising these activities is a small step towards developing an identity as an international healthcare practitioner. Developing this work more widely to increase the number of international partners will further enhance knowledge and awareness of a range of contexts and cultures, shaping a wider view of professional identity and facilitating awareness of the wider community of healthcare practice.

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