

A service learning relationship fostering cultural competency: the cultural immersion of occupational therapy students and reflective practice

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Reflective practice has been the learning and teaching instrument fostering cultural competence for 50 Curtin University Occupational Therapy students who have participated in a four week service learning placement at the Shanghai Boai Children's Rehabilitation Centre in China since 2001. Graduates from Curtin University are expected to demonstrate cultural awareness and understanding.

This paper postulates that reflective journals and group collaborative leadership are learning and teaching tools within a service learning relationship that engage students in developing cultural competence in alternative social, cultural and health service milieus. While immersion is a recognised method of fostering cultural competence, alone it does not promote rich engagement with clients, the desire to understand, and enable confidence through sustained effort. Reflective practice links academic learning and clinical practice for students, allowing them to explore and change attitudes toward clients and develop clinical cultural competencies within the service learning relationship.

The strength of this program is the fusion of service learning and reflective practice; where action learning forms an integral part of developing cultural competency. The program incorporates learning and assessment practice which includes individual journals and collaborative leadership development, language and cultural orientation sessions, a stepped transition from facilitator supervised to independent practice and a collaborative group environmental scan of the Chinese health system to enhance the cultural competency of students.

The service learning relationship

Since 2001, over 50 Occupational Therapy students from Curtin University of Technology have completed a service learning placement at the Shanghai Boai Children's Rehabilitation Centre in China. The Curtin relationship with Boai was born through a Student Travel Association (STA) travel trust grant awarded to the first author. Contact was established with the Boai centre through the World Health Organisation (WHO) Collaborating Centre, Hong Kong Society for Rehabilitation and Project Director Ms Sheila Purves MBE. The first author is a voluntary consultant in the WHO program.

After completing a course in Mandarin language and cultural orientation, eight groups of students travelled to Shanghai, implementing occupational therapy assessments and developing interventions for children with cerebral palsy. Students travel in cohorts of eight, living and working together at the Boai centre, practicing for six to ten hours per day five days per week over four weeks all under the supervision of University staff (the first author).

The China program builds a developmental learning sequence, from theoretical content and facilitator direction, to unsupervised clinical practice where students 'learn for themselves'. The initial leadership, direction and control of the staff facilitator is gradually withdrawn during the first week at the Boai centre, with students taking responsibility as the driving force for decision making, future direction and conflict resolution. The program is primarily designed to ensure students achieve the Curtin University of Technology graduate attributes of demonstrating *cultural awareness and understanding*; *recognise and apply international perspectives*; and *life long learning* (Learning Support Network

Curtin University of Technology, 2006).

The first author travels with the students to Hong Kong for three days, conducting placement visits with the Hong Kong Society for Rehabilitation and then the Boai centre in Shanghai – facilitating their orientation and guiding the experience and practice of the students before departing after a week in Shanghai. The students continue their independent development and delivery of services for a further three weeks, maintaining daily contact with the supervisor via phone, email or an internet messenger service, and return with video and photographic support for their interventions. Students experience learning seven days a week, living and practicing in the same environment by assisting children at the Boai centre with showering and mealtime and bedtime routines. Cultural immersion occurs through experiencing the daily life of the centre by fully engaging with the service centre, families, staff and children; creating a desire to understand (Griffith Institute for Higher Education, 1994) and enabling collaborative leadership to develop through the interactive learning process.

Cultural competence

The Curtin University of Technology Graduate Attribute of *demonstrating cultural awareness* is met through students having the opportunity to recognise individual human rights, appreciate the importance of cultural diversity, and value diversity of language (Learning Support Network Curtin University of Technology, 2006). This translates into cultural competency identified by Wittman & Velde (2002) as:

- a. acknowledgment of cultural variation and awareness of impact on the therapy process.
- b. recognition of the influence of a professional's own culture on actions and thoughts.
- c. understanding the effect of differences in communication and social norms on relationships.
- d. an appreciation that productive cross-cultural interventions occur when professionals make a conscious effort to understand the meaning of a client's behaviour within cultural context; and
- e. recognizing how to obtain knowledge about specific cultures for use in therapeutic practice.

Cross et al. (1989) suggest cultural competence can not be created overnight, but is a developmental process. It is not achieved by reading a book or attending a workshop. Cultural competence occurs when specific (service) learning experiences such as the Boai program are designed, supervised, implemented and assessed to foster the necessary attitudes, knowledge, and skills.

Service centred learning and teaching

Teaching is more than imparting knowledge, it is inspiring change. Learning is more than absorbing facts; it is acquiring understanding (William Arthur Ward (1921-1994) American author, editor, pastor and teacher). Whilst service learning environments are often unstructured, they provide opportunities for learning to be 'organic', where students experience and experiment in a safe, supported and creative clinical environment. The China program subscribes to the philosophy of providing a stimulating environment to change student perceptions of learning responsibilities (Ramsden, Margetson, Martin, & Clarke, 1995). By being more than a classroom learning experience it represents a professional and personal growth opportunity, creating personal meaning and professional identity (Preston & Symes, 1992). This teaching and learning process questions the status quo of student knowledge, encouraging them to think outside the square.

Service learning

Service learning creates opportunities for students to apply theory learnt in the classroom to real world needs (Kenworthy-U'ren & Peterson, 2005). Students engage with the Chinese community to extend their knowledge to ensure the practice and expression of cultural competencies outlined in Table 2. The 'WE CARE' service model proposed by Kenworthy-U'ren and Peterson (2005), fused with characteristics outlined by Godfrey et al. (2005), support the China service learning environment and are summarised in Table 1.

Author(s)	Service learning model characteristic(s)	China program characteristics
Kenworthy-U'ren & Peterson (2005)	Welcomed	Staff from Curtin and Boai have professional and social relationships representing the humanitarian context of the placement.
Kenworthy-U'ren & Peterson (2005) Godferey et al. (2005)	Evidence Based & Responsible	Philosophy of Community Based Rehabilitation (CBR) is used. Sustainable health and development is promoted within the WHO charter.
Kenworthy-U'ren & Peterson (2005)	Complementary	Boai and Curtin staff create collaborative learning opportunities for students to develop professionally and personally.
Kenworthy-U'ren & Peterson (2005) Godferey et al. (2005)	Action oriented & Real	The Boai centre is part of the growing Non Government Organisation (NGO) sector in China, where students join the Boai staff in service provision.
Kenworthy-U'ren & Peterson (2005) Godferey et al. (2005)	Reciprocal	2006 Director Gao Yali visited Curtin University School of Occupational Therapy for professional development inside disability services. 2005 The Australian Consul General to Shanghai presented a plaque acknowledging the relationship between Boai and Curtin signed by the Vice Chancellor.
Kenworthy-U'ren & Peterson (2005) Godferey et al. (2005)	Epistemic & Reflective	Students and Curtin staff reflect on the outcomes of each service visit and use this critique to orientate subsequent groups and develop life-long learning.

Table 1. Service learning characteristics and their representation in the China program.

The primacy of experience is the source of learning, stimulating student understanding and reflection and promoting cultural competency. The immediacy and intimacy of student experiences is facilitated through the connection between education, personal and professional experience (Godfrey, Illes, & Berry, 2005), with tools used in the service learning environment to teach and facilitate learning identified in Figure 1.

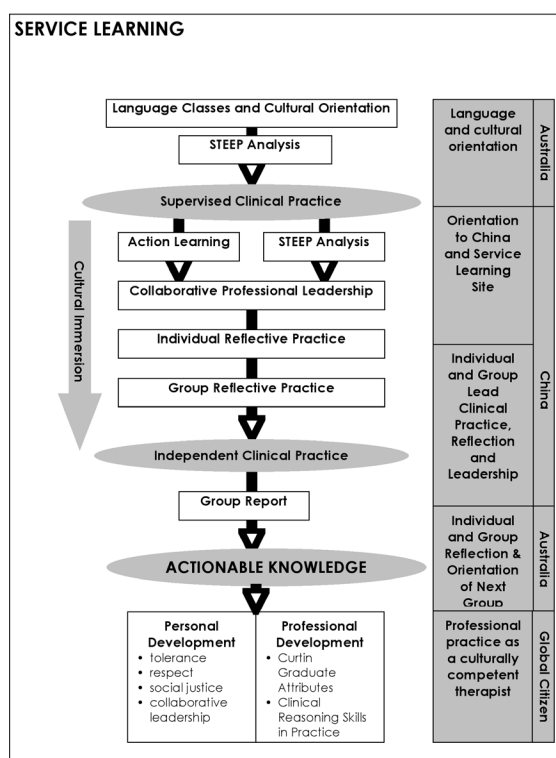


Figure 1: Learning and Teaching in a Service Learning Environment

Prior to the placement, each student cohort undertakes an environmental scan of China, analysing the Social, Technological, Environmental, Economic, and Political (STEEP) influences over the Chinese health and disability sectors (Schwartz, 1996). Students amend their environmental scan throughout the placement as their understandings develop depth and context. This is a deliberate strategy to stimulate reflection, by allowing prior understanding and the environmental scan to be augmented through their action learning at Boai.

Critical Thinking

Whittmann and Veld (2002) propose critical thinking skills correlate with cultural competency, as health practitioners must critique their own attitudes and behaviour, remaining mindful of the cultural context of the Boai centre.

The ideal critical thinker is habitually inquisitive, well informed, trustful of reason, open minded, flexible, fair minded in evaluation, honest in facing personal biases, prudent in making judgement, willing to reconsider, clear about issues, orderly in complex matters, diligent in seeking relevant information, reasonable in the selection criteria, focussed in inquiry, and persistent in seeking results which are as precise as the subject and the circumstances of inquiry permit (Velde, Wittman, & Vos, 2006:50).

Advocates of critical thinking distinguish between information and knowledge. Knowledge is ‘understanding’ in the mind of the student (King, 1993), obtained through making connections between existing knowledge and new facts (Velde, Wittman, & Vos, 2006). Students translate the new knowledge gained on a daily basis into understanding; developing critical thinking through individual and group assessment activities focused on reflective practice. Critical thinking is vital in clinical practice (Brookfield, 1987; Schön, 1983) allowing reflection on events to determine where new information fits in relation to student assumptions and previous knowledge. Critical thinking is recorded in student journals, covering personal and professional development and describing learning events and how experiences will lead to new understandings and appreciation. Schön (1983) suggests reflective practice further enables the management of clinical complexity and should be a major part of health practitioner preparation. Debriefings (group reflective practice) enhance individual reflections, with collaborative professional leadership fostered by encouraging group dialogue and the examination of daily practice issues, conflicts and future directions. Initially group reflections are facilitated by the supervisor, with gradual withdrawal over the first week of the supervised placement to enable the students to take responsibility for their learning.

Service learning teaching philosophy

Service learning provides concrete experiences and reflective opportunities, broadening student perspectives of the community in which leaning and teaching occurs (Lester, Tomkovich, Wells, Flunker, & Kickul, 2005). Kolb (1984) identifies four modes students utilise to cognitively process new knowledge – each forming a critical component of service learning at Boai.

1. Concrete real world experiences occur through engagement with the Boai staff, children, families and the cultural milieu of Shanghai.
2. Students reflect on their own observations and others’ lived experiences (cultural immersion), learning individually and as a group to adapt behaviours, which is a key component of cultural competency.
3. Abstract conceptualisations of theoretical concepts and models (cognitive pedagogies) are brought to life by testing, trialling and modifying them in the practice setting.
4. Active experimentation occurs to discover cause and affect relationships and explore the viability of therapeutic solutions with the support of local staff, enabling students to develop culturally appropriate interventions alongside Boai staff.

Action learning

Action learning is stimulated through student interactions between Boai staff, children and families, contributing to the resolution of complex therapeutic intervention problems in the Chinese context. Raelin (2000) identifies three common principles of action learning pivotal to the China program;

1. Learning is acquired through therapeutic interventions, requiring reflection and ongoing reassessment of the student learning process in the pursuit of cultural competence.

2. Knowledge creation and utilisation are collective activities where learning becomes each student's task, requiring assessment of clinical rationale and cultural appropriateness.
3. Students demonstrate a learning-to-learn aptitude, freeing them to question underlying cultural assumptions of practice as they move towards becoming qualified practitioners.

Action learning, in a student cohort setting, allows theories to be tested and actioned through real experience (Raelin, 2006). Revans (1982, 1998) states learning results from both programmed instruction (P) and spontaneous questioning (Q), with many action theorists considering that Q produces most behavioural change, resulting from reflection. The reflection is bolstered by evaluation feedback from other students participating in real time debriefing of each others' experiences. Q also offers the advantages of...

“connecting with the participant's prior knowledge and practice, stimulating growth at the participant's current stage of development and providing intrinsic feedback from the work itself rather from an external authority” (Raelin, 2006:152).

The supervisor's role is to gradually step back from the centre as facilitator of student self-learning and discovery (Hunt & Weintraub, 2004), leaving the students in control (Preston & Symes, 1992). Learning arises from the questioning that occurs amongst students as they tackle 'unfamiliar' problems together (Revans, 1982). Reference to 'unfamiliar conditions' is Revans' (1982) way of identifying 'stretch', the conditions precipitating reflective learning. The 'stretch' experienced by students is recorded in their individual reflective journals with the assessment components discussed during group debriefings. This promotes reflective thinking in health sciences (Higgs, 1993; Perkins, 1996), links academic learning with clinical practice (Landeem, Byrne, & Brown, 1992; Perkins, 1996) and assist students to explore attitudes toward clients (Landeem, Byrne, & Brown, 1992). In the Boai centre, the students experience 'stretch' conditions due to their:

- a. utilisation and evaluation of previously practiced clinical approaches in the significantly altered and complex cultural setting of China, and
- b. exposure to different clinical methodologies in the same setting, requiring active responses to Chinese cultural, medical and sociological approaches to disability.

Collaborative professional leadership

Collaborative professional leadership is developed incrementally as students gain independence subsequent to the withdrawal of direct facilitator supervision. Three principles of collaborative leadership essential in the China program are;

1. Dialogue between students commences with non-judgemental inquiry.
2. Collaboration requires individual student ideas and views to be submitted for critical scrutiny by the student cohort.
3. Students need to entertain the possibility that something new or unique may arise from mutual inquiry that reconstructs their own views (Raelin, 2006).

Reflections moving students towards collaborative leadership are characterised by attributes in direct contrast to the controlling position held in the presence of the facilitator (Rollnick, Heather, & Bell, 1992), and are highlighted in Table 2. From the student group perspective...

“with the help and encouragement of their team members, especially their facilitator, they can also try out some new interpersonal skills or managerial competencies based on reframing assumptions derived from public reflection within the team” (Raelin, 2006:153).

Contributions to the group process arise from shared experiences permitting open disclosure of beliefs, feelings and assumptions (Habermas, 1984). This development of self assessment capacity fosters humility (see Table 2.) because it becomes service, not student centred (Gottfredson, Farhat, Rogers, & Smith, 2001).

Reflective responses Bell (1998)	China program student characteristics and expressions of cultural competence
Instead of maintaining unrealistic standards, students sets realistic expectations	Students assess their own capabilities, determining how their skills are best utilised in the service learning project.
Instead of displaying trepidation, students displays tolerance	Students assess their capacity for work in the health and international development context based on cultural competency.
Instead of concentrating on self expression, students engage in deep listening	Collaborative learning allows students to develop strengths. Facilitator departure allows students to develop a deeper capacity to work with, rely on and assess each other.
Instead of being self absorbed, students convey humility	Students move from a student-centric approach to a service-centric approach in action oriented development of leadership.
Instead of feeling out of depth, students feels open to learn	Students assess the social environment, realising decisions are not 'right or wrong', but appropriate within the social milieu of the time.
Instead of feeling out of context, students becomes open to experience (i.e. cultural immersion).	Immersion is successful when students experience local conditions, incorporating these into evidence for practice modes.

Table 2. Individual reflective responses to leadership and China program facilitation

Actionable knowledge

Actionable knowledge is created in the service learning environment, transcending purely scientific concerns by enabling students to make informed choices about practical problems faced and implementing solutions with cultural relevance (Waddell, Cummings, & Worley, 2004). Actionable knowledge goes beyond knowledge for its own sake, leading to change in decisions and implementation (Blood, 2006) of therapy practice throughout the placement. There are three processes used by the China program to create actionable knowledge that is culturally appropriate.

- a. The Occupational Therapy curriculum is structured around this international project, focusing on community development and cultural aspects of disability. The program is based around practitioner issues of establishing the NGO sector in China and services for children with Cerebral Palsy. It moves beyond understanding concepts in the abstract, requiring students to apply theory to tasks that create actionable knowledge displaying cultural sensitivity.
- b. The program engages practitioners in the creation, design and assessment of the learning experiences of students, including the development of an orientation stream prior to travelling to China.
- c. The program includes faculty and clinical practitioners as full collaborators in project design and assessment. Practitioners with complementary strengths are engaged to provide expertise in fund raising, communication expertise (language), clinical expertise (seating and equipment), project management and evaluation.

Conclusion

Change is a fundamental part of society, strongly influencing learning relationships and outcomes. Rather than imparting knowledge, the China program inspires students to lead social change, stimulating them to move beyond absorbing facts towards contextual understanding that demonstrates cultural competency. The program ensures occupational therapy scholarship remains important, acknowledging that without integration into clinical practice and application to current societal issues learning can become irrelevant (Boyer, 1990). Change inevitably involves discomfort and students must voluntarily accept that this discomfort is part of the learning process and reflects the ever changing definition of context of culture. With this in mind the next step of this project will be to analyse the reflective learning journals of previous participants in this program to determine the action knowledge generated by students that enhances cultural competency.

Action learning in a service learning environment is inherently risky, not because of any unsound pedagogical basis for the learning and teaching philosophy, but due to the unknown journey. The most important factor of success in the China program is the maintenance and longevity of the relationship, its reciprocal nature over time and trust that

allows students to learn in an open and low risk adverse working relationship. The service learning environment often leaves students with unresolved questions, inspiring them to explore cultural issues of practice in greater depth. This enables students to achieve another of Curtin's graduate attributes, sustaining intellectual curiosity through life long learning. *The mediocre teacher tells. The good teacher explains. The superior teacher demonstrates. The great teacher inspires* (William Arthur Ward (1921-1994)).

References

- Blood, M. (2006). Only you can create actionable knowledge. *Academy of Management Learning and Education*, 5(2), 209-212.
- Boyer, E. (1990). *Scholarship reconsidered: Priorities of the professoriate*. San Francisco: Jossey-Bass Inc.
- Brookfield, S. (1987). *Developing critical thinkers*. San Francisco: Jossey-Bass Inc.
- Cross, T., Bazron, B., Dennis, K., Issacs, M. (1989). *Towards a culturally competent system of care: Volume 1*. Washington DC: Georgetown University Child Development Center.
- Godfrey, P., Illes, L., & Berry, G. (2005). Creating breadth in business education through service learning. *Academy of Management Learning and Education*, 4(3), 309-323.
- Gottfredson, M., Farhat, E., Rogers, P., & Smith, J. (2001). The ultimate testing laboratory: carmakers mutate from heavy manufacturers to consumer goods companies. *European Business Journal*, 13(2), 66-73.
- Griffith Institute for Higher Education (1994). *Evaluating subjects and teaching to improve student learning: A quick guide with selected questionnaires and item banks for obtaining student feedback*: Griffith Institute for Higher Education. Nathan.
- Habermas, J. (1984). *The theory of communicative action. Vol 1: Reason and the rationalization of society*. Boston: Beacon Press.
- Higgs, J. (1993). A programme for developing clinical reasoning skills in graduate physiotherapists. *Medical Teacher*, 15, 195-205.
- Hunt, J., & Weintraub, J. (2004). Learning developmental coaching. *Journal of Management Education*, 28(1), 39-61.
- Kenworthy-U'ren, A., & Peterson, T. (2005). Service learning and management education: Introducing the "WE CARE" approach. *Academy of Management Learning and Education*, 4(3), 272-277.
- King, A. (1993). From sage on the stage to guide on the side. *College Teaching*, 41(1), 30-36.
- Kolb, D. (1984). *Experiential Learning*. Englewood Cliffs, NJ: Prentice-Hall.
- Landeem, J., Byrne, C., & Brown, B. (1992). Journal keeping as an educational strategy in teaching psychiatric nursing. *Journal of Advanced Nursing*, 17, 347-355.
- Learning Support Network Curtin University of Technology. (2006). *Outcomes focused education at Curtin*. Retrieved 13th March, 2006, from <http://lsn.curtin.edu.au/outcomes/ga.html>
- Lester, S., Tomkovick, C., Wells, T., Flunker, L., & Kickul, J. (2005). Does service learning add value? Examining the perspectives of multiple stakeholders. *Academy of Management Learning and Education*, 4(3), 278-294.
- Perkins, J. (1996). Reflective journals: suggestions for educators. *Journal of Physical Therapy Education*, 10, 8-13.
- Preston, N., & Symes, C. (1992). *Schools and classrooms: A cultural studies analysis of education*. Melbourne: Longman Cheshire.
- Raelin, J. (2000). *Work based learning: The new frontier of management development*. Reading MA: Addison-Wesley.
- Raelin, J. (2006). Does action learning promote collaborative leadership? *Academy of Management Learning and Education*, 5(2), 152-168.
- Ramsden, P., Margetson, D., Martin, E., & Clarke, S. (1995). *Recognizing and rewarding good teaching in Australian higher education*. Canberra: Committee for the Advancement of University Teaching.
- Revans, R. (1982). *The origin and growth of action learning*. Brickley UK: Chartwell-Bratt.
- Revans, R. (1998). *ABC of action learning*. London: Lemos and Crane.

- Rollnick, S., Heather, N., & Bell, A. (1992). Negotiating behaviour change in medical settings: the development of brief motivational interviewing. *Journal of Mental Health*, 1(25-37).
- Schön, D. (1983). *The reflective practitioner: How professionals think in action*. New York: Basic Books.
- Schwartz, P. (1996). *The art of the long view*. St Leonards: Australian Business Network.
- Velde, B. P., Wittman, P. P., & Vos, P. (2006). Development of critical thinking in occupational therapy students. *Occupational Therapy International*, 13(1), 49-60.
- Waddell, D. M., Cummings, T. G., & Worley, C. G. (2004). *Organisational development and change* (2nd ed.). Sydney: Nelson Thomas Learning.
- Whittmann, P., & Veld, B. (2002). The issue is: Attaining cultural competence, critical thinking, and intellectual development. *American Journal of Occupational Therapy*, 56, 454-456.

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