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Barker, M. C., & Mak, A. S. (2013). From classroom to boardroom and ward: Developing generic intercultural skills in diverse disciplines. *Journal of Studies in International Education*, 17 (5), 573-589. doi: 10.1177/1028315313490200

**From Classroom to Boardroom and Ward: Developing Generic Intercultural Skills in  
Diverse Disciplines**

Michelle C. Barker, Griffith University, Australia

Anita S. Mak, University of Canberra, Australia

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### Abstract

A strategic approach to internationalize learning in higher education institutions is to use the curriculum and classroom cultural diversity to create opportunities to broaden students' intercultural perspectives, appreciate sociocultural variability in professional practice, and improve their intercultural interaction skills. There is no clear consensus, however, on how to "link the global classroom to the global workplace" (Ramburuth & Welch 2005, p.6). The paper examines an evidence-based approach to embed intercultural competency development in classroom teaching using an established intercultural resource (EXCELL) in: an International Human Resource Management course; a general communication course; a Pharmacy course comprising only Saudi-Arabian students; and a generic first-year Pharmacy course. Subsequently, stakeholder analyses with Business, Nursing, and Pharmacy academics and professionals led to the development of intercultural critical incidents for the curriculum. Strengths and limitations of the intercultural resource and recommendations for incorporating intercultural competency development in curriculum design in Business and Health disciplines are discussed.

*Keywords:* cultural competence; generic social competencies; intercultural skills; internationalization of the curriculum; internationalization

## **Background**

Many universities around the globe now incorporate the development of global perspectives as one of their graduate attributes. Clifford and Joseph (2005) remind us that such development needs to be coupled with cross-cultural capability in order to participate professionally and socially in a multicultural environment. Cross-cultural capability is synonymous with intercultural competence, which is defined as “a dynamic, ongoing, interactive, self-reflective learning process that transforms attitudes, skills and knowledge for effective communication and interaction across a range of cultures and contexts” (Freeman et al., 2009, p. 13). Given the more affective and transformational nature of this learning, it is less readily incorporated into professional development and curriculum redesign (Leask, 2008; Mak & Kennedy, 2012).

Despite the extensive scholarly discourse on internationalization of the curriculum (IoC) to date, the complexity of the pedagogical challenge requires academics and practitioners to continue to explore, document, reflect and share their practices in a spirit of collegiality as there is no single solution to this contemporary question. Notably, the field has now matured to such

an extent that the focus of analysis has shifted from debating the rationale for the internationalized curriculum, to more fine-grained examination of what constitutes good practice in different disciplinary and inter-disciplinary contexts.

This article contributes to the discussion of disciplinary perspectives and possibilities by reviewing four case studies where an evidence-based intercultural skills program (EXCELL) has been embedded in courses from diverse disciplines. Also, we discuss selected processes and outcomes of a two-year priority project titled “Internationalisation at Home”, funded by the Australian Government Office for Learning and Teaching (formerly Australian Learning and Teaching Council) designed to enhance the capability of Australian university teachers to incorporate intercultural competency development in curriculum design and delivery of Business and Health courses. As part of the project, stakeholder analyses informed the development of intercultural critical incidents for use in the curriculum and in preparation of students for their workplace internships.

The primary questions under investigation here are:

1. What have we learned, from the case studies, about the utility and limitations of incorporating an existing intercultural resource (the EXCELL Program that focuses on the development of six key generic social competencies) in intercultural competency development in Business and Health curricula?
2. Based on analyses of consultations with academics and professionals, what have we found from applying the EXCELL generic competencies framework to the classification of challenging intercultural scenarios in classroom and practice settings?

In the next section, we will examine the importance of intercultural competency development in Business and Health disciplines, before outlining the components of EXCELL.

Next, we will review how EXCELL has been embedded in four Business and Health courses. We will follow this by reporting on challenging intercultural social scenarios generated by stakeholders from Business, Pharmacy, and Nursing. An overall discussion based on the case studies and stakeholder analyses will provide the foundation for a strategic approach linking generic social skills development to intercultural competency development in diverse disciplines.

### **Intercultural competence in Business and Health disciplines**

Far more attention has been given to the development of global perspectives and internationalization of the curriculum (IoC) in Business studies, than perhaps any other discipline (Caruana & Ploner, 2012; Lilley, Barker & Harris, 2013). The reasons why Business has led the way include the drivers of the global business environment, and the comparatively higher enrolment of international students in business courses. This has certainly been the case in the UK, USA and in Australia, where in 2010, 28 per cent of higher education students were from overseas, and over half of these were enrolled in Management and Commerce programs (Department of Education, Employment and Workplace Relations, 2011).

While many Business departments may have grappled with what it means to internationalize business education, a lack of consensus remains about how to “link the global classroom to the global workplace” (Ramburuth & Welch, 2005). Barker, Hibbins and Woods’ (2011) study of Business students (majoring in Tourism and Hospitality management), identified that effective communication training needs to be tailored more closely to professional contexts requiring teamwork, especially with people from culturally and linguistically diverse (CALD) backgrounds.

Similarly, graduates and students involved in practicum in diverse health settings need to have well-developed intercultural communication skills in order to provide safe and effective

health provision in a multicultural society (Lester, 1998). Clinical facilitators and preceptors play an instrumental role in socializing all students into the culture of the clinical environment, as well as modelling culturally competent health care provision (Shaya & Gbarayor, 2006). Previous research has highlighted that pharmacy students can easily adopt negative stereotypes toward the more diverse and vulnerable elements within the client population (Chen, LaLopa, & Dang, 2008), and hence professional education needs to confront stereotyping and other barriers that may interfere with optimal care of clients (Maganlal et al., 2012).

Professional development opportunities are needed by faculty, clinicians and practicum supervisors to enhance their capacity to create an environment that values learning about each other's cultures and promotes quality intercultural contact (Sanderson, 2011). Ho, Holmes, and Cooper (2004) and Ward (2006) suggest the use of evidence-based training resources such as the EXCELL Intercultural Skills Program (Mak, Westwood, Barker & Ishiyama, 1998), to enable international students and migrants to extend their repertoire of social interaction skills in the new culture. More recently, Caruana and Ploner's (2012) critical review of contemporary practice and educational research in internationalization within the business education subject communities, endorsed EXCELL as "a best practice intercultural social effectiveness program designed from established principles of learning" (p. 25).

### **EXCELL: An established intercultural development resource**

EXCELL is a schematic, skills-based professional development resource centered on the teaching of six generic social competencies: seeking help, making social contact, participation in a group, refusing a request, expressing disagreement, and giving feedback (Mak, Westwood, Ishiyama, & Barker, 1999). In practice, any intercultural social interaction may involve multiple generic social competencies. For example, if a student wants to disagree with their tutor about

marks deducted from an assignment, the primary competency is “expressing disagreement”. However, if the interaction occurs face-to-face (e.g., during the tutor’s consultation hours), it is likely the student would greet the tutor and make “small talk” before raising their dissatisfaction with the mark. The interaction could also be seen to involve the student “giving feedback” to the tutor. For example, the student may refer to the lack of written comments by the tutor to help explain their marking decisions. Interestingly, “expressing disagreement” about the assignment mark would require several generic competencies to be enacted.

As intercultural encounters can pose high levels of social anxiety and sometimes involve high stakes, it is important for students to understand what behaviours are considered appropriate in the interaction. While these competencies are challenging for many students from CALD backgrounds and shy students regardless of their backgrounds, these generic competencies are fundamental to effective intercultural interactions in culturally diverse classrooms and workplaces.

The complete EXCELL process teaches each social competency in five stages: Alliance Building to engage participants and show respect for their cultural background and life experience; Cultural Mapping to build understanding of behaviours appropriate for a specified social scenario within a cultural context; and the practice and applied stages called Cultural Coaching, Contracting, and Transfer beyond the classroom (Westwood, Mak, Barker, & Ishiyama, 2000). The complete EXCELL process (comprising six sessions of 2-3 hours each) is recommended where systematic training of behavioural competence is required.

### **Case Studies in Discipline-Based Intercultural Competency Development**

This section discusses four instances or case studies where EXCELL was embedded in different disciplines in two Australian universities: a third year business course, a general

communication course, a Pharmacy course for Saudi-Arabian students, and a first-year Pharmacy course. Table 1 summarizes the sample, outcome measures, results and limitations of each trial.

*Insert Table 1 here.*

**Case 1: International human resource management** (Woods, Barker & Daly, 2004).

Many international business courses, especially management and human resource management courses, focus on the development of analytical skills and understanding the application of theoretical concepts (see for example, Lane, Maznevksi, Di Stefano, 2010). In contrast, EXCELL focuses on developing practical skills in intercultural communication. The objective of the teaching innovation was to assess whether integrating intercultural skills development in the analysis of international human resource management case studies would: (a) improve students' skills in identifying cross-cultural interaction problems in business situations, (b) improve students' skills in identifying appropriate strategies to overcome problems in cross-cultural business interactions, and (c) increase students' self-confidence and self-efficacy in cross-cultural situations.

EXCELL skills development was embedded in four 2-hour workshops. Traditionally, students examined case studies such as one involving an expatriate manager working in an Asia-Pacific subsidiary who needs to give feedback to Head Office in New York about an employment contract. In the teaching re-design described here, instead of a case discussion only, students enacted the case, taking on the role of the manager giving feedback. A pre-test post-test design found that students were able to demonstrate improvements in some of the specific intercultural competences required in business, as well as reporting increased self-confidence and self-efficacy in cross-cultural situations. Additionally, participants demonstrated improved identification and articulation of cross-cultural business problems and formulation of appropriate

intervention strategies. Learning journals enabled students to reflect on their learning and develop action plans for how to further develop their competencies in intercultural management. Integration of the case study method with elements of EXCELL was supported, however because students are more accustomed to courses that emphasize theories and conceptual analysis, the rationale for including a skills component within the course must be explained from the outset. Also, participation needs to be linked to course assessment, and facilitators need to be appropriately trained in the method.

**Case 2: Communication course** (Mak & Buckingham, 2007). This study used a quasi-experimental design to investigate whether adding a skills-based sociocultural training module (EXCELL) to a university course on communication would improve students' (a) social interaction skills, (b) cross-ethnic social self-efficacy, and (c) amounts of cross-ethnic friendships. A sub-sample (N = 26) of enrolled students (total N = 142) volunteered to complete 2-hour EXCELL workshops over a period of six weeks, as an additional module in their curriculum. The remaining students who studied only the knowledge-based general communication course served as a comparison group.

The study found that incorporating the EXCELL program in a group of local and international students represents an effective approach to fostering positive intergroup contact and developing self-efficacy in interacting with others. In line with Harrison's (1992) research, combining both behaviour modeling and cultural knowledge learning in cross-cultural management was more effective in facilitating changes in attitudes and behaviours, than was either method individually. The research could be enhanced through a follow-up design to explore whether improved intercultural social skills and confidence and cross-ethnic friendships are maintained over time.

**Case 3: Pharmacy course for Saudi Arabian students** (Maganlal, Blauberg & Barker, 2011). EXCELL was embedded in the “Introduction to Pharmacy and Practice” bridging course within the second year of the Bachelor of Clinical Pharmacy, for a cohort of 12 newly arrived Saudi Arabian students. Students examined how each of the six generic competencies was performed in their culture, compared with in Australia, and the cultural values underpinning the behaviours. Scenarios drawn from Pharmacy practice (e.g., giving feedback to a hospital pharmacist) were role-played by students.

Evidence suggests the EXCELL program helped the Saudi students improve their social interactions skills in their new cultural context. Students commented that the most useful parts of the EXCELL program were an increase in understanding of the Australian culture, being able to practice their communication skills, and learning about the competency of how to refuse a request. In order to achieve wider applicability for Health students across the higher education sector, vignettes of practice scenarios involving multiple health practitioners need to be developed and filmed for use in the classroom.

**Case 4: First year Pharmacy course** (Maganlal et al., 2012). Further to the intervention described in Case 3, EXCELL was integrated into the first seven weeks of a first-year pharmacy course in order to enhance intercultural competence and improve pharmacy students’ confidence and self-efficacy in the university and wider social setting. The program aimed to teach social competencies relevant to the Australian context for all pharmacy students, both domestic and international. Pre- and post-surveys were conducted to evaluate the impact of the EXCELL course on students’ intercultural and interpersonal skills, as well as students’ perceptions about the course. The course was also evaluated by the faculty who facilitated the workshops.

Post-program tests showed that students improved in each of the six generic competencies. While international students rated the course as significantly more valuable than domestic students, the faculty found the course very useful for enhancing interactions between domestic and international students. Embedding the EXCELL in a first year Pharmacy course appears to be a promising strategy to improve students' intercultural competence and social interaction skills. Students were reluctant to engage in homework related to skills practice because of the "not-for-credit" status of the course. Future development needs to consider more pharmacy-specific and more interpersonally challenging scenarios in order to fully engage domestic students.

**Reflections on the case studies.** The four case studies presented here provide a context for analyzing the strengths and limitations of embedding skills development in different disciplines. Each case demonstrated particular ways of integrating a behavioural component in courses that had traditionally focused more on development of cognitive and analytical skills. Each application resulted in enhanced self-reported intercultural communication skills and improved self-efficacy of students. There were no major differences between different disciplinary contexts in what is involved in the integration of skills development. Each application required real commitment on the part of faculty, including the capability development of workshop facilitators. The challenges experienced in each of the four cases studies included (a) ensuring that discipline-specific critical incident scenarios were used, (b) assessing students' baseline skills levels, and (c) evaluating outcomes separately for international and domestic students. Also, it would be useful to consistently assess any change in intercultural attitudes and cross-ethnic friendships and the use of comparison groups, as in the Mak & Buckingham (2007) study.

Taken together, the curricular innovations suggest there is merit in embedding the EXCELL framework to develop students' generic social competencies. It is argued that intercultural competencies (e.g., expressing disagreement to a peer who is from a culturally and linguistically different background) require more refined skills, than does the execution of generic social competencies (e. g., expressing disagreement to a peer from the same culture), because of the complexity of cultural differences. If intercultural competencies constitute a graduate attribute, then faculty need to help students to achieve mastery of generic social competencies as a foundation to building intercultural competencies.

To date, much of the emphasis in IoC has been on the inclusion of international and global dimensions in course content and assessment (Rizvi & Lingard, 2010; Shiel, 2007). IoC must also address behavioural and affective development of students as emerging global graduates. The need to ground intercultural competency development in the substrata of specific disciplines is the primary pathway to engage faculty, clinical preceptors, industry practitioners and most importantly, students of the discipline.

### **Critical Incident Scenarios Generated from Faculty and Industry Professionals**

Each of the above case studies highlights the need to turn to disciplinary experts to gather discipline-specific critical incident scenarios that can be used in the classroom. These consultations comprised the foundational study within the "Internationalisation at Home" project funded by the Australian Government Office of Learning and Teaching. Stakeholder groups (Business, Nursing, and Pharmacy faculty members and industry professionals) were consulted to assess the need for sociocultural competence development in discipline-specific classes and workplaces. Each stakeholder group was asked to identify challenging intercultural social scenarios (or critical incident scenarios) for use in the design of curriculum resources for

professional development workshops for Business and Health faculty at two Australian universities. The data reported here draws on six discipline-specific focus groups held with Business, Nursing, and Pharmacy academics and industry professionals/clinical facilitators in Brisbane and the Gold Coast, Queensland. Faculty members included 10 from Business, seven from Nursing, and six from Pharmacy. Industry consultations included 10 Business people, 19 registered nurses, four nurse clinicians, and six community pharmacists. An audio recording device was used by facilitators to capture the focus group discussion, which was subsequently professionally transcribed.

Analysis of stakeholders' responses has shown recurrent critical incident scenarios in intercultural social interactions in (a) the classroom, and (b) the workplace, that can be addressed by improved cultural knowledge and generic social competencies that underpin effective intercultural communication.

**Common critical incident social scenarios in Business, Nursing, and Pharmacy classrooms.** Table 2 lists some of the most common critical incident social scenarios in the classroom identified by stakeholders. Each scenario has been linked to one of the six EXCELL key competencies. As discussed earlier, more than one competency may be involved in any interpersonal interaction. Interestingly, most of the scenarios reported by stakeholders were not discipline-specific, nor were they necessarily highly intercultural in nature. For example, take the example given by Business and Health faculty about students' difficulties in seeking help or information. From time to time, domestic (home) and international students need to seek an extension from a faculty member to complete an assessment piece (e. g., a delay due to ill health). The interaction may prove more challenging for shy students, those unfamiliar with the

norms of interacting with university faculty, and particularly some international students who are not experienced communicators in the new cultural context.

**Insert Table 2 here.**

The intercultural scenarios offered by faculty stakeholders highlight several generic issues in the classroom. Interestingly, irrespective of discipline, there was a high level of similarity in the types of challenging classroom scenarios identified. Multicultural group work, in particular, was a frequently occurring situation where intercultural communication competencies were tested in the classroom. Productive group work not only requires what EXCELL defines as access competencies (i.e., active participation, making social contact, and seeking help or information), but group projects also provide a context in which students frequently need to express disagreement, refuse a request and give feedback to other group members (i.e., negotiation competencies). In particular, faculty noted issues around students not being able to delegate work in a group project; not being able to chat with other group members; and refusing a request by a group member to borrow another student's notes.

Faculty from the three disciplines also noted three scenarios in relation to “giving feedback” and “refusing a request” that they found challenging. These included feeling confident about refusing “thank you” gifts from students because of the need to uphold their employer's policy in this area, as well as their uneasiness about the motivation behind the gift-giving. Interestingly, faculty from each discipline also identified the challenges in giving feedback to students who insisted their marks be increased, or giving feedback to students about their need to become more actively engaged in class activities.

**Common critical incident social scenarios in Business, Nursing, and Pharmacy practice.** Table 3 presents examples of common critical incident social scenarios reported by

practitioners from diverse disciplines. The scenarios refer to practice in business organizations, hospitals, health care settings and pharmacies mapped against the six competencies.

**Insert Table 3 here.**

The highly multicultural nature of Australian society is a theme that underpins the scenarios identified by industry stakeholders. Similar to the scenarios described in the classroom, discipline representatives commented that cultural diversity refers not just to international students, but also to students and staff from CALD backgrounds, staff from overseas, and CALD patients, clients and community members. Related to multiculturalism, several scenarios focused particularly on religious practices. The competency of giving feedback was required when an intern had to inform her supervisor about not being able to attend a workgroup lunch owing to her religious practices (i.e., fasting during Ramadan). A related scenario involved a student who did not drink alcohol or eat pork for religious reasons and who had been advised that alcohol and pork dishes would be served at a staff social function.

Many of the other scenarios common across the disciplines involved lack of confidence and lack of assertiveness in workplace interactions. Sometimes these situations were exacerbated by cultural differences, but gender and power differences between student interns and senior staff members/supervisors/clinical preceptors were evident. Clearly, the interplay between adjusting to the culture of the workplace, societal cultural factors, and power differentials were intertwined in many scenarios, depending on the characteristics of the interactants. For example, stakeholders reported numerous incidents of interns being reluctant to seek help from supervisors about difficulties encountered on a project or task, or challenging the supervisor about an issue (e.g., providing feedback to a clinical preceptor that her expectations about the time-frame for completing an assigned task is unrealistic). These types of scenarios were explained by

stakeholders as the problem of “losing face”. Other examples included expressing disagreement with a supervisor about a course of action, and refusing a request to work overtime because saying “no” may indicate uncooperativeness on the part of the intern or staff member. Analysis of the common scenarios across stakeholders, indicated the robustness of the six generic social competencies underpinning them. In the next section, we examine whether the framework continues to hold when discipline specific critical incidents are examined.

**Discipline-specific critical incident social scenarios in professional practice.**

Compared with classroom scenarios, which did not seem to differ significantly between disciplines, many discipline-specific critical incident scenarios were discussed by stakeholders. Table 4 presents six scenarios from stakeholder practice, mapped against the six general social competencies.

**Insert Table 4 here.**

Analysis of the critical incident social scenarios underlined the importance of skilled communication in health care settings, particularly where cultural differences were present. As discussed earlier, in a multicultural society intercultural communication challenges occur frequently between health professionals and patients/clients, between supervisors and students, and between workgroup peers. While the Business practice examples underlined important issues (such as the need to provide worksite privacy to allow a Muslim employee to pray in private without disrupting the workgroup), asking for help or giving feedback seemed to be particularly crucial in Health settings where patients’ health and safety were at stake. Take for example, the situation of the Vietnamese intern who did not speak to patients unless requested, or the pharmacist who had to speak indirectly about a female patient’s health needs through her husband acting as interpreter. Scenarios such as these highlight the importance of generic social

competencies that underpin intercultural communication. Further, the scenarios point to the crucial role played by industry supervisors and clinical preceptors in providing on-the-job skills development and constructive feedback to interns. Industry stakeholders shared many challenges they experience as they try to manage their own heavy workloads, while trying to provide the appropriate level of guidance to “professionals-in-training”. Their need for professional development resources and support was evident as they discussed how intercultural factors made practice more complex, regardless of whether this stemmed from the needs of clients/patients, colleagues, students, or the interplay between them. The workplace is indeed where “the rubber meets the road”. A test of an effective internationalized curriculum, therefore, is whether graduates can demonstrate the capacities to interact effectively with clients, peers and supervisors from CALD backgrounds.

Each critical incident provided by stakeholders constitutes rich case material for students preparing for internships. It gives them a preview of the types of incidents they may encounter in pharmacies, hospital wards and business organizations. Similarly, the cases can be used in professional development workshops for faculty and practitioners who supervise students on their internships. If IoC is to be grounded in practice, then it is most instructive to use stakeholder-generated intercultural critical incidents. In particular, the scenarios illustrate how and why intercultural knowledge, awareness and skills are needed by professionals. Taken a step further, the scenarios can be used as the basis for employing the techniques used in EXCELL such as mapping the stages of the interaction and the values underpinning each stage. The Internationalisation at Home Project developed discipline-specific curricula resources. For example, Pharmacy students could practise refusing a client’s request to purchase a banned

substance. If needed, the student can be coached to ensure that their behaviour would be perceived to be culturally appropriate by others in the workplace.

### **Overview**

The conundrum articulated by Ramburuth and Welch (2005) among other scholars in IoC is the lack of clear consensus on how to “link the global classroom to the global workplace” (p.6). Practitioners, disciplinary scholars and educators wrestle this conundrum in their efforts to determine how to embed global perspectives in the curriculum, as well as how best to prepare and support students to be interculturally skilled in their group work assignments in class, as well as industry internships in multicultural settings (Dunne, 2011).

This paper has examined several published studies in Business and Health disciplines that have used aspects of the EXCELL Intercultural Skills Program. EXCELL is a behavioural competence development approach that is grounded in a participatory strategy that builds intercultural inclusion and awareness of self and others. These studies have addressed the challenge of operationalizing and embedding intercultural awareness and skills development. While limitations of the approach are identified, the review suggests that there are merits in adapting XCELL, and the active participation aspects of the program to facilitate students’ cognitive, affective and behavioural development. Comparative analyses of the application of the program in disciplines as different as Business and Pharmacy indicate that its relevance is not confined to particular disciplinary or cultural contexts.

In sum, the case studies and stakeholder-generated scenarios provide a rich resource that contributes to the development of “new and effective approaches and interventions to ensure campus and classroom culture motivates and rewards interaction across cultures for all students” (Leask & Carroll, 2011, p.657). We argue this resource can also be adapted to ensure

disciplinary relevance not only in the campus and classroom, but also in industry and professional settings. The challenge for educators is to pitch the intercultural learning activities appropriately to enable all students (whether home or international) to be actively engaged and stimulated.

Preliminary analyses of the stakeholder study indicate the value of seeking the perspectives and experience of practitioners and faculty in relation to the need for intercultural competencies. The same process will be repeated by consulting groups of students from different disciplines as stakeholders and informants. Stakeholders identified multiple practice-based examples where intercultural awareness and skills were needed in six generic social competencies: seeking help, making social contact, participation in a group, refusing a request, expressing disagreement, and giving feedback. It seems that there are recurrent critical incident scenarios in intercultural social interactions that can largely be addressed by improved cultural knowledge and generic social competencies that underpin effective intercultural communication. Stakeholder examples will be translated into curriculum resources that can be adapted for Business, Health and other disciplines as part of the current action research project funded by the Office of Learning and Teaching. Facilitating the intercultural competence of Business and Health students will enable them to move with confidence from the classroom to the boardroom and ward.

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Table 1

*Summary of Cases Incorporating EXCELL in the Curriculum*

	Case 1	Case 2	Case 3	Case 4
Authors	Woods, Barker & Daly (2004)	Mak & Buckingham, (2007)	Maganlal, Blauberg & Barker (2011)	Maganlal et al., (2012)
Country	Australia	Australia	Australia	Australia
Discipline	Business	Arts/Communication	Pharmacy	Pharmacy
Year level	3 <sup>rd</sup>	1 <sup>st</sup>	2nd	1st
International/ Immigrant N =	28	12 (EXCELL group) 17 (comparison group)	12	46
Domestic/ Home N =	65	14 (EXCELL group) 99 (comparison group)	0	66
Outcome measures	Interpersonal Skills Checklist (ISC); Course evaluation;	ISC; Cross Ethnic Social Self-Efficacy Scale (CESSES); Cross-ethnic friendships	ISC; Course evaluation;	Self-rating of EXCELL competencies ISC; (CESSES); Course evaluation.
Results	Improved communication skills, increased self-confidence and self-efficacy	EXCELL group: enhanced social self-efficacy; improved interaction skills. Comparison group: no change in self-efficacy; small increase in interaction skills.	Increased understanding of Australian culture, being able to practice their communication skills, learning how to refuse a request	Improved processing, active engagement, self enhancement, approaching, assertiveness and interrupting skills.
Limitations	Not linked to course assessment; mixed reactions to role plays			No control group; More Pharmacy-specific scenarios and course credit needed.

Table 2

*Common Critical Incident Social Scenarios in Business, Nursing, and Pharmacy Classrooms*

Relevant social competency	Common scenarios across Business, Nursing, and Pharmacy classrooms
1. Seeking help or information	<ul style="list-style-type: none"> <li>• Students seeking an extension of time for an essay from a faculty member.</li> <li>• International students not seeking clarification of what the teacher says, even when they cannot understand the teacher because of her accent.</li> </ul>
2. Making social contact	<ul style="list-style-type: none"> <li>• Student unsure how to engage with culturally different fellow students during a class break</li> <li>• A home student who is learning Chinese feels isolated in a class where the majority of students are from a Chinese background, because they only talk to fellow Chinese students.</li> </ul>
3. Participation in a group	<ul style="list-style-type: none"> <li>• International students having difficulties delegating work in a group project</li> <li>• Students reluctant to participate in a seminar for fear of inadequate English.</li> </ul>
4. Expressing disagreement	<ul style="list-style-type: none"> <li>• Students wanting to disagree with the tutor about marks deducted from their assignment</li> <li>• Students feels it is rude to say no, so they say something else instead of no, but it means no.</li> </ul>
5. Refusing a request	<ul style="list-style-type: none"> <li>• Student refuses invitation to move to the campus bar to continue the project meeting.</li> <li>• A student did not contribute to the group project but asks to borrow another student's notes.</li> </ul>
6. Giving feedback	<ul style="list-style-type: none"> <li>• International student feels uncertain about how to give peer feedback that other students are not participating actively in the group research project.</li> <li>• Student wants to give feedback to a lab assistant about his racist jokes</li> </ul>

Table 3

*Common Critical Incident Social Scenarios in Business, Nursing, and Pharmacy Practice*

Relevant social competency	Common scenarios across Business, Nursing, and Pharmacy practice
1. Seeking help or information	<ul style="list-style-type: none"> <li>• Colleagues not understanding Australian colloquialisms</li> <li>• Interns reluctant to seek help from supervisors about difficulties encountered on a project/task</li> </ul>
2. Making social contact	<ul style="list-style-type: none"> <li>• Discomfort with shaking hands and making small talk with a client/colleague.</li> <li>• Lack of confidence to interact with colleagues from other ethnic groups during workplace social activities (e.g. lunch, business</li> </ul>
3. Participation in a group	<ul style="list-style-type: none"> <li>• Lacking confidence to speak up in meetings or ward rounds</li> <li>• Uncertain about culturally appropriate ways to interact with team members at a staff meeting</li> </ul>
4. Expressing disagreement	<ul style="list-style-type: none"> <li>• Raising an issue with or challenging a supervisor/clinical preceptor</li> <li>• Disagreeing with a client or patient about how to deal with their issue or concern</li> </ul>
5. Refusing a request	<ul style="list-style-type: none"> <li>• Politely refusing alcohol/ food at company functions and work gatherings</li> <li>• Refusing a request to work overtime, as saying 'no' may indicate uncooperativeness.</li> </ul>
6. Giving feedback	<ul style="list-style-type: none"> <li>• Giving feedback to manager about inability to attend workgroup lunch due to religious reasons (fasting during Ramadan)</li> <li>• Advising a supervisor her expectations about the time-frame for completing an assigned task is unrealistic.</li> </ul>

Table 4

*Discipline-specific Critical Incident Social Scenarios in Professional Practice*

Relevant social competency	Nursing scenarios	Pharmacy scenarios	Business scenarios
1. Seeking help or information	Nurse tries to dispense medication to an elderly Japanese patient who cannot speak English and whose family has gone home for the night. Patient does not seem to understand the nurse's instructions and refuses to take medicine.	Pharmacists from particular ethnic backgrounds do not appear to seek help about whether to supply particular medication (eg. Pseudoephedrine) to pharmacy clients.	International business intern feels disadvantaged because in team discussions/projects only Australian/European examples are used. Intern is frustrated and does not know how to discuss this with their supervisor.
2. Making social contact	Male nurse needs to examine a female Middle-Eastern patient. Patient requests nurse to leave the room.	Arabic customers address pharmacy interns as 'Doctor' – because in their home countries, pharmacists have medical degrees. Interns have to explain the differences without offending customers.	New Muslim employee shocks and distracts Australian staff in the office by taking out his handkerchief, kneeling by his desk and praying.
3. Participation in a group	Vietnamese nursing students rarely speak up in a ward round	Couple of Middle Eastern background came to pharmacy	A manager supervising a business student intern is

	or to patients unless asked a question directly.	because the woman (wearing a scarf but not a veil) was suffering a common medical condition that was sensitive in nature. She would not speak directly to the female pharmacist and her husband acted as a mediator.	concerned that the student does not participate actively in the meetings with clients, even though the student is highly competent technically.
4. Expressing disagreement	Taiwanese intern upset about the inappropriate behaviour towards her (e.g. patting her bottom) by Australian elderly male patients.	Pharmacists from Asian cultures may be more reluctant to challenge customers if they seem scary. They seem to prefer to avoid conflict, and try to get customer out of shop as quickly as possible.	Australian clients go to China with Chinese trade assistant to visit suppliers. Trade assistant calls head office, offended that clients do not respect her. They bought bottles of water (AUD 30cents) for themselves, but did not buy her a bottle, even though they could afford it.
5. Refusing a request	Patient needing to be treated for severe pain (rheumatoid arthritis) but refusing medication and wanting only natural remedies.	Pharmacist refusing entry to Chinese tourists who try to walk into the dispensary section of pharmacy.	Manager finds it difficult to refuse a request by an employee to take time off to care for sick relative, even though employee seems to lack strong work ethic.

<p>6. Giving feedback</p>	<p>Female Muslim intern having to treat an elderly Australian male patient who was very religious and did not want the nurse wearing a head scarf to care for him.</p>	<p>Ethnic Cambodian pharmacist who trained in New Zealand, reports Asian clients often assumed she spoke their language. A father and son entered pharmacy, spoke Chinese to her, then wrote note in Chinese. Customers were irate that pharmacist could not understand them, so they stormed out of the pharmacy.</p>	<p>Resolving conflict between an Asian intern and her Chinese manager due to differences in their communication styles (manager was perceived as 'rude' and 'aggressive'. Intern felt too shy to ask for clarification of instructions.</p>
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