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Running head: INTERCULTURAL COMPETENCE IN THE CURRICULUM

Embedding Intercultural Competence Development in the Health Psychology Curriculum

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Abstract

Psychology educators recognize the importance of preparing graduates who are interculturally competent. This report outlines and reflects on teaching practices intended to embed intercultural awareness and skills in a health psychology curriculum. The activities included tutorials involving a schematic approach to mapping intercultural interactions for stress reduction and health communication and a reflective learning journal on culture and health.

Embedding Intercultural Competence Development in the Health Psychology Curriculum

Globalization and the need to prepare graduates for work in multicultural work settings have prompted Australian higher education institutions to consider good teaching and learning practices in intercultural competence development (Griffith University, 2011; Mak, 2010). The Australian Psychology Accreditation Council standards (APAC, 2010) also stipulate intercultural diversity to be a core topic in the 4-year undergraduate psychology curriculum.

In Australia, 4-year graduates from APAC accredited programs are eligible for undertaking a psychologist internship or postgraduate professional psychologist training. Either pathway to full psychologist registration (licensing) in Australia requires 4-year graduates to possess well-developed communication and interpersonal skills for working with people from culturally diverse backgrounds. Psychology educators should consider embedding international perspectives and intercultural communication competence development in the undergraduate curriculum, particularly in professional preparatory courses such as health psychology.

Teaching Practices to Embed Intercultural Competence Development

This report outlines teaching practices instituted to embed international and intercultural perspectives, and intercultural interaction competence, in the curriculum of an elective fourth year course on health psychology. In particular, the internationalized curriculum would develop students' understanding in health care consumers' cultural beliefs and behaviours pertaining to stress and coping, health and illness, and intercultural communication processes in patient-practitioner relationships. The re-designed curriculum involved changes in content coverage, tutorial activities, and assessment tasks.

Theme on Culture and Health

The curriculum renovation began with a statement in the course outline specifying a theme on culture and health psychology and on the importance for health psychologists to maintain an international perspective and develop cultural competence in their professional practice. I delivered the course face-to-face with weekly 2-hour lectures over 13 teaching weeks as in the previous year, but re-designed half of the ten 2-hour tutorials.

A tutorial group discussion topic previously known as “biopsychosocial factors and processes in chronic diseases” became “biopsychosocial and cultural factors and processes in chronic diseases”, so as to heighten students’ awareness of cultural and intercultural aspects of health and illness affecting individuals’ health beliefs, attitudes, and practices. In two other tutorials, I engaged students in discussing two international case studies, on “AIDS in Africa” and “Alcohol and health: Comparison with British youth.”

Cultural Mapping for Developing Intercultural Awareness and Social Skills

To embed intercultural competence in the curriculum, I designed two novel tutorials on stress reduction and psychosocial aspects of using health services. These tutorials aimed at developing students’ empathetic understanding of the stress and coping of newcomers to a culture - such as newly arrived immigrants and international students - in establishing social support networks and accessing an unfamiliar health care system. Students participated in active learning of intercultural communication competence using an existing intercultural training resource known as the Cultural Mapping tool. This tool is part of the EXCELL (Excellence in Cultural Experiential Learning and Leadership) Programme co-developed by four applied psychologists at three Australian and Canadian universities (Mak, Westwood, Barker, & Ishiyama, 1998).

EXCELL is a structured intercultural competence training program built on an integrated learning paradigm incorporating experiential learning (see Mak, Westwood, Ishiyama, & Barker, 1999 for the conceptual framework). EXCELL provides training in six commonly occurring social competencies that are fundamental to effective everyday interactions, but that can be particularly challenging for newcomers to a culture. These competencies consist of three culture-access competencies: seeking information or help, making social contact, and participation in a group, and three culture-negotiation competencies: refusing a request, expressing disagreement, and giving feedback.

The EXCELL Cultural Mapping tool provides a schematic framework for describing a sequence of micro verbal and non-verbal behaviours to support trainees' effective engagement in what may be perceived as a challenging intercultural social scenario (for an illustration of the complete Cultural Mapping method, see Mak et al., 1998). For example, an international student from a culturally and linguistically diverse background could experience stress from having to initiate conversation in a social gathering - a common acculturative stressor linked to the competency of making social contact - and would benefit from developing/having a Cultural Map that shows one culturally appropriate sequence of micro behaviours for effective navigation in this social scenario. Another challenging social scenario involves a patient from a culturally and linguistically diverse background wanting to find out more about his or her newly-diagnosed, life-threatening medical condition and treatment options from a physician.

Originally developed for international students, the EXCELL Programme has also been used by faculty members in a number of Australian and Canadian tertiary institutions to improve intercultural social self-efficacy and skills (e.g., Ho, Holmes, & Cooper, 2004; Mak &

Buckingham, 2007). For the health psychology class described here, I used Cultural Mapping in the contexts of stress reduction and patient-practitioner communication.

In the tutorial on stress reduction, I explained to students how EXCELL Cultural Mapping could be useful for immigrants and international students, and provided my students with two example cultural maps, on “initiating conversation in a social gathering” and “refusing a request to work overtime to a work supervisor.” Then, in small groups, students developed their own cultural or social interaction maps for scenarios involving the generic social competencies of (a) making social contact and (b) refusing a request. Each map produced would include descriptions of key verbal and nonverbal behaviours. Towards the end of the tutorial, students shared their learning by acting out the map developed by the group. Students then took home a reflection activity that required them to contemplate the challenges facing cultural newcomers. The prompts for discussion and reflections included typical stressors faced by culturally different newcomers, common symptoms of strain, and problem- versus emotion-focussed coping responses in cross-cultural social encounters.

Learning Journals on Culture and Health Psychology

The curriculum renovation included an assessment task of a learning journal on culture and health psychology (worth 20% of the course assessment), to encourage students to reflect critically on their learning. In the first section of the learning journal task, students recorded six brief weekly entries in response to their learning about the “sociocultural determinants and processes of health beliefs and behaviours from this week’s classes, activities, or readings”. In the second section, students wrote a short reflective essay on their learning about culture and health psychology over the entire semester, including (a) the role of culture in health psychology, and (b) relating to people from a culturally diverse background.

Learning Journal Analyses and Survey on Students' Cultural Learning

All of the 19 students enrolled in the renovated health psychology course submitted learning journals for assessment purposes. Content analyses of the second part of the journals (critical reflections on culture and health psychology) revealed that 17 students had included personal examples of having learned something useful about either the role of culture in health psychology (contextual learning) or generic intercultural interpersonal skills.

Typically, students mentioned increased intercultural awareness and/or skills relevant to both their professional preparation and their personal lives. Two students recognized the importance of fostering cultural competence in psychologists. Some of this learning could be traced back to the Cultural Mapping activities. One student wrote “An excellent example of helping migrants learn these [interaction] skills was the social interaction mapping activity where I had a feel of what it is like not to have the skills I take for granted.”

Enhanced intercultural capability could take the form of increased empathy. One student commented that “this topic has increased my empathy towards people of different cultural backgrounds.” Another student reflected that, “Although I believe that relating to others from culturally diverse backgrounds is a reciprocal process, the individual entering the host country does have to make a greater effort to relate to others within the host country.” Two students had become more aware of the role of culture in patient-practitioner communication, including the health communication styles preferred by indigenous people and Asians.

The University's Teaching and Learning Centre independently conducted and analysed a survey of students' learning from the course's coverage of “culture and health”, yielding a response rate of 94.74%. Table 1 summarizes the student survey results, indicating favourable evaluation of all the dimensions of intercultural learning. Students typically agreed that the

course was inclusive of different cultures and had provided them with an international perspective. Additionally, students had generally developed a greater awareness of cultural diversity and a better understanding of cross-cultural interpersonal skills, and had gained awareness of the role of culture in their chosen field of study.

Discussion

Both the learning journal reflections and student survey findings indicated increased international and intercultural awareness, and in some cases, improved empathy with the health care needs of people from culturally diverse backgrounds and a better understanding of the development and applications of intercultural interpersonal skills. Classroom observations revealed that all students engaged readily with the international case studies. Each of the small groups in the cultural mapping activity demonstrated their grasp of the mechanics of cultural mapping. Each group was able to nominate a scenario, develop a relevant map, and act it out for the class. Overall, students appeared to be able to develop a comparative international perspective (e.g., the variation in cultural beliefs and behaviours among English-speaking countries) while simultaneously learning about content (e.g., social cognition models of health behaviours) and developing a better understanding of the ingredients for successful intercultural health communication.

I have based my observations on a small student sample in a single elective course in one particular institution. The subjective nature of the student satisfaction survey further poses a limitation to drawing conclusions from the evaluation of the re-designed teaching practices. Nonetheless, the intent of this paper is to illustrate the plausibility of embedding generic intercultural competence development in health psychology content. Owing to the complexity of the concepts and practices that underpin intercultural sensitivity and intercultural competence

development, the integration of intercultural capability into the teaching of mainstream subjects (rather than teaching intercultural competence in a dedicated communication course) is often challenging (Leask, 2008; Leong, Leach, Marsella, & Pickren, 2012). Such teaching practices require strong institutional support, faculty preparation, and a practical approach focused on real world applications (Freeman et al., 2009; Mak & Kennedy, 2012).

As a faculty member, I have observed that active learning with a schematic approach and a critical reflective component (for example, the composition of a learning journal) is likely to engage psychology students regardless of their original cultural backgrounds. An active learning approach could facilitate the embedding of intercultural competence in various psychology topics, beyond such natural sites as social psychology and cross-cultural psychology. Coverage of cultural diversity knowledge and values, and particularly practical skills, in the senior undergraduate psychology curriculum is vital for developing globally competent, psychologically literate citizens (McGovern et al., 2010), and for preparing graduates for psychologist internship and postgraduate psychologist training.

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Table 1

Descriptive Statistics from Student Survey on Course Coverage of Culture and Health

Dimension of cultural learning	<i>M</i>	<i>SD</i>
1. The curriculum was inclusive of different cultures	5.3	1.28
2. The course provided me with an international perspective	5.6	1.38
3. I developed a greater awareness of cultural diversity	5.5	1.25
4. I developed a better understanding of cross-cultural interpersonal skills	5.3	1.57
5. I gained awareness of the role of culture in my chosen field of study	5.4	1.61

Note. The survey used 7-point rating scales, where 1 = very strong disagree, 4 = neutral, and 7 = very strongly agree.