An International Fieldwork Placement: A Mixed Methods Study

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Abstract

The purpose of this study was to evaluate the impact of an international fieldwork placement on occupational therapy doctoral (OTD) students' cultural competence, community engagement, and ethical leadership. This study used a mixed methods approach. The Public Affairs Scale (PAS) was used to gather pre and post placement data on cultural competence, community engagement, and ethical leadership. Qualitative data was themed from a reflection paper along with researcher field notes from a fieldwork placement to Ibarra, Ecuador. Eleven OTD students participated in the study. The study demonstrated a convergence of the data in the area of cultural competence and responsiveness. Qualitative data additionally identified themes of personal and professional transformation as well as an increased connectedness among participants. No changes were identified on the PAS questions related to community engagement and ethical leadership. As a result of the placement, students gained skills and awareness in the area of cultural competence, improved critical thinking, gratitude, and a willingness to learn about others' differences. An international fieldwork placement may be beneficial in developing cultural humility and transforming students professionally and personally.

Keywords

Cultural competence, international fieldwork, occupational therapy

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ABSTRACT

The purpose of this study was to evaluate the impact of an international fieldwork placement on occupational therapy doctoral (OTD) students' cultural competence, community engagement, and ethical leadership. This study used a mixed methods approach. The Public Affairs Scale (PAS) was used to gather pre and post placement data on cultural competence, community engagement, and ethical leadership. Qualitative data was themed from a reflection paper along with researcher field notes from a fieldwork placement to Ibarra, Ecuador. Eleven OTD students participated in the study. The study demonstrated a convergence of the data in the area of cultural competence and responsiveness. Qualitative data additionally identified themes of personal and professional transformation as well as an increased connectedness among participants. No changes were identified on the PAS questions related to community engagement and ethical leadership. As a result of the placement, students gained skills and awareness in the area of cultural competence, improved critical thinking, gratitude, and a willingness to learn about others' differences. An international fieldwork placement may be beneficial in developing cultural humility and transforming students professionally and personally.

A holistic and client-centered approach is paramount to the practice of occupational therapy (OT), and a vital element of this is to provide culturally responsive care (American Occupational Therapy Association [AOTA] Code of Ethics, 2015a). Muñoz (2007) described culturally responsive care as central to building cultural knowledge and awareness, and exploring, engaging and applying cultural skills. The United States (US) continues to grow as a multicultural society and according to the 2015 US Census Bureau, approximately 40% of the population reported being part of an ethnic or racial group. This trend in the diversification of the populations serviced in the US is important to keep in mind when compared to the majority of OT practitioners (82.5%) who identify as White-Caucasian (AOTA, 2015b). Engaging in a culturally responsive manner is a professional obligation. Formal education needs to address the importance and influence of culture in providing health care services (Banks & Banks, 2019).

Fieldwork education, also referred to as clinical education, is a necessary component of most health care profession education programs. In the "field" students begin to apply concepts, approaches, and models of practice to actual clients and experiences, thus synthesizing prior didactic knowledge with higher-level application. These opportunities are vital for health care students in order to bridge the gap between theory and practice, to develop critical thinking skills, and gain confidence. In the US, the Accreditation Council of Occupational Therapy Education (ACOTE, 2018) mandates that OT students complete Level I and Level II Fieldwork placements. ACOTE (2018) states that the goal of Level I fieldwork is "to introduce students to fieldwork, apply knowledge to practice, and develop an understanding of the needs of clients" (p. 40). Objectives for the Level I placement vary from one academic institution to another but include components from the published ACOTE standards. Several curricular standards address culture and diversity; however, some authors contend that health education standards related to culture are interpretive and therefore addressing the standards differently across curriculums may leave students underprepared (Donoso Brown et al., 2011; Kumas-Tan et al., 2007; Muñoz, 2007).

The World Federation of Occupational Therapists (2010) acknowledges that Level I fieldwork may be accomplished in varying settings and locations. One option to achieving the desired objectives of fieldwork is through an international fieldwork placement (IFP). Interest in international fieldwork and service has grown over the past decade for students and health care workers (Crump & Sugarman, 2010). The health care literature has identified the perceived positive outcomes for those providing services during an international experience (Humbert et al., 2012; Krishnan et al., 2016; Larson et al., 2010; Lawson & Olson, 2017). There are many benefits discussed in the literature surrounding international experiences for programs and participants. Programs that include such an experience may meet course learning outcomes or curricular standards. Many benefits are noted in the literature for participants. Some of those identified include thinking in the moment, personal growth centered on self-biases, and being creative with limited resources. It has also been reported that participants develop a widening and changing world view, a better understanding of global perspectives, a greater appreciation for one's own culture, learning about another culture, and responding to it in a sensitive manner (Humbert et al., 2012; Krishnan et al., 2016; Larson et al., 2010; Lawson & Olson, 2017). In addition to student benefits, other stakeholders, such as those in the host country, may also benefit from international fieldwork experiences.

Countries that are developing, or that are considered underdeveloped, may have health care access disparities due to economic challenges, limited resources, and few trained health care providers (Johnson & Howell, 2017; Lopez & Reyes-Ortiz, 2014; Puri et al., 2013; Syed et al., 2012). Persons with disabilities can be marginalized in an underdeveloped or a developing country. Cameron et al. (2013) found that in some countries, foreign student involvement has created a social movement for inclusion of those with disabilities. Cameron et al. (2013) recognized that cultivated partnerships experienced "…enhanced sustainability, predictability and trust" (p. 92). International experiences may not only be an opportunity for the country to gain enhanced health

care and build programs but also for personal and professional growth of staff and workers in the host-country. In a study by Shields et al. (2016), the staff in the host country were challenged in their perspectives, and knowledge was advanced through working with students. Haines and Lambaria (2018) noted that after working with physical therapy students, the host country workers had an improved perception and understanding of physical therapy and how it may impact their community. Haro et al. (2014) discussed the importance of the host agency sharing their perspective with students in order for the experience to contribute to global health initiatives. Although these experiences can be unique and rich for both students and host country participants, they are not without their challenges.

Published health care literature discusses many challenges and limitations of international experiences. Some of these challenges include: unsustainability of interventions after leaving the host country, limited resources, and lack of worker knowledge of the host country's political history, social behaviors, and cultural norms (Cameron et al., 2013; Lindsay et al., 2014; Shaya & Gbarayor, 2006; Sim & Mackenzie, 2016). Additionally, language and environmental barriers limit communication and intervention efforts, respectively leading to inappropriate interventions, confusion, and non-adherence to home programs or aftercare. These unintended consequences should be perceived as unacceptable, and steps should be taken in an attempt to minimize adverse effects for the host country. Cameron et al. (2013) reported that language and cultural differences negatively impacted fieldwork education placements for OT students, and also highlighted that the sustainability of their efforts was a concern for students. Despite these identified challenges, an IFP may be a beneficial and worthwhile endeavor for the students engaged and those involved in the host country.

Various qualitative studies in OT have demonstrated positive benefits of IFPs. Simonelis et al. (2011) discussed the advantages of all stakeholders in their phenomenological study, including greater cultural awareness and collaborative work after a fieldwork placement to Trinidad and Tobago. The outcomes of another qualitative study had several findings, but culture "…permeated every category in the study…" underscoring the value of an immersion placement (Sim & Mackenzie, 2016, p. 253). Additional research emphasized the importance of communication, identified personal and professional growth in students, as well as the development of critical thinking skills when involved in an international placement (Cameron, 2013; Govender et al. 2017; Johnson & Howell, 2017).

There is limited quantitative research published on OT graduate students and the impact of IFPs. Likewise, some studies only utilize a qualitative design to determine students' international experiences. The purpose of this study was to explore and answer the question "What is the impact of an international Level I fieldwork placement on occupational therapy doctoral (OTD) students?"

Methods

Research Design
This study used a convergence model of a mixed methods design as described by Fetters et al. (2013) to determine the impact of short-term IFP (Level I) for OTD students to Ibarra, Ecuador. The design consisted of a quantitative component along with a descriptive qualitative component, and integration was used to merge the data. The Public Affairs Scale (PAS) by Levesque-Bristol and Cornelius-White (2012) was used to gather pre and post placement data on community engagement, cultural competence, and ethical leadership. Qualitative data was gathered via an end-of-fieldwork reflection paper along with researcher field notes. Two university researchers conducted the study and co-led the IFP. The Institutional Review Board of the university provided ethical approval of the study. Written and oral consent was received from participants to obtain and use the data collected. There was minimal to no risk involved, and the participants had the right to withdraw from the study at any time. All participants consented to participate in the study.

Participants and Site
This study used a purposive sample, including a sample of participants that were willing to articulate their experience until saturation was reached (Bernard, 2002).

The IFP was conducted in Ibarra, Ecuador, and fieldwork hours took place in a pro-bono outpatient clinic for seven days of the ten-day experience. Clients seen at the clinic ranged from birth to 18 years in age and diagnoses included developmental delays, cerebral palsy, Down's syndrome, and Autism. The site was operated by a non-profit organization that regularly hosted students for fieldwork experiences. Participants in the study worked 4-6 hours daily, were able to observe as well as participate hands-on with clients while the supervisors guided and modeled practice skills. All clients spoke Spanish, no formal interpreters were present, and no participants were fluent in Spanish. All supervisors were able to communicate adequately and assist interactions in Spanish. Participants had additional opportunities throughout the ten days to experience and explore the country, through non-fieldwork related outings.

Instrument
The PAS (Levesque-Bristol & Cornelius-White, 2012) is a 40-item questionnaire, which uses a 5-point Likert-scale from 1 (strongly disagree) to 5 (strongly agree). See Appendix for the full questionnaire. The PAS measures student development in three areas: (a) Community Engagement (15 questions), (b) Cultural Competence (15 questions), and (c) Ethical Leadership (10 questions). The PAS has demonstrated strong internal consistency and construct validity (Levesque-Bristol & Cornelius-White, 2012). The authors have defined the areas being assessed with the PAS as follows:

> Community Engagement means recognizing needs in the communities within which an individual belongs, and then contributing knowledge and working with the community to meet those needs…

> Cultural Competence begins with cultural self-awareness and expands to knowledge, respect, and skills for engaging with those of other cultures…
>
> Ethical Leadership means striving for excellence and integrity as an individual continually develops ethical and moral reasoning while contributing to the common good… (Levesque-Bristol & Cornelius-White, 2012, p. 698).

Data Collection and Analysis
Quantitative data were collected via the PAS pre and post placement. Post placement data were gathered within one week of completing the experience. Data were analyzed using SPSS version 21.0 and a two-tailed paired t-test was used to compare the mean pre and post placement scores. Statistical significance was accepted at a probability value of $p < 0.05$.

With the content of the PAS considered, students completed a two-page, pass/fail reflection paper to share their personal experience with the trip. The paper was due within one week following the placement. The following prompts were provided to guide their writing: (a) What impacted your experience, (b) What surprised you during the experience, (c) How did this experience make you think or feel? This approach uses a lived and shared experience to gather rich data (Creswell & Plano Clark, 2011). This reflective data was further enhanced with researcher field notes taken from group discussions and observations during and after fieldwork tasks.

Students were grouped (2-3 per group) with other students and one instructor each day of the fieldwork experience. At the end of each workday, participants met with the course instructors (who were also the co-investigators) to discuss and debrief the events of the day. Open-ended questions were posed, allowing participants to describe their experiences, thoughts, feelings, and actions of the day with one another and the leaders of the experience. Daily field notes were kept during fieldwork tasks as well as during debriefing, and later used to deepen the understanding of the reflective paper data.

Two independent research investigators reviewed and analyzed the qualitative data. Each investigator read and re-read the data to become familiar with the participants' experiences. The two investigators independently completed the initial highlighting to code the data to identify meaning, patterns, words, or phrases in the data. These codes were compared between the co-investigators. Themes and subthemes were developed from these codes independently. Co-investigators cross-compared and discussed the emerging themes and discrepancies until a consensus was achieved.

A narrative approach, as described by Fetters et al. (2013), was used to compare the results of both data sets and identify converging or diverging themes. This integration of both data sets provided an expanded and enhanced understanding of the data.

Trustworthiness of the analysis was achieved through credibility, as described by Korstjens and Moser (2017). The credibility of this study included prolonged engagement, persistent observations, and member checking. The prolonged engagement occurred with participants through daily interactions during the experience as well as during peer-instructor debriefing, whereas persistent observations occurred throughout the coding method. Member checking was performed for the "…negotiation of meaning between the participant and the researcher" (Doyle, 2007, p. 890). After the researchers read and initially coded the reflective papers, participants were phoned to validate and clarify how the researchers interpreted the information and to ask additional questions as needed. Participants were allowed to further explain or clarify the information in the reflective papers. Lincoln and Guba (1985) stated that using member checking decreases the misunderstanding of the researcher's interpretation of the data and allows the participants to confirm and enhance their information.

Results

A total of 11 OTD students participated in this study. Participant ages ranged in age from 23-29 years, with a mean age of 24. All participants were female and in their second year of a 3-year entry-level OTD program. Ten of the 11 participants identified as Caucasian-White and were born in the US and one student, identifying as African-American, was born in the Bahamas. Out of the 11 participants, four had previously participated in international work on at least one occasion. All participants completed the PAS pre and post placement. A dependent samples two-tailed t-test was conducted to compare the pre and post placement mean PAS scores for each section of the PAS (see Table 1).

Questions 1-15 of the PAS focused on community engagement. There was no statistically significant difference in the community engagement mean scores; pre placement 69.45 (SD = 3.36) and post placement 67.45 (SD = 1.24); t (10) = 1.06, p = 0.31.

Questions 16-25 focused on cultural competency. There was a statistically significant difference in the Cultural Competency mean scores; pre placement 36.73 (SD = 5.88) and post placement 44.09 (SD = 3.21); t (10) = 3.23, p = 0.009.

Questions 26-40 focused on ethical leadership. There was no statistically significant difference in the ethical leadership mean scores; pre placement 70.27 (SD = 3.77) and post placement 71.27 (SD = 3.93); t (10) = 0.55, p =0.59.

The PAS questions 1-40 focused on community, culture, and ethics. A dependent samples two-tailed t-test was conducted to compare the pre and post placement mean PAS scores as a whole. There was not a statistically significant difference in the total mean PAS scores; pre experience mean 176.45 (SD = 9.16) and post placement mean 182.82 (SD = 8.59); t (10) = 2.26, p = 0.10.

Table 1

Public Affairs Scale Responses

Public Affairs Scale Subthemes	Pretest M (SD)	Posttest M (SD)	p	t
Community Engagement (Questions 1-15)	69.45 (3.36)	67.45 (4.11)	0.31	1.06
Culture (Questions 16-25)	36.73 (5.88)	44.09 (3.21)	0.009 *	3.23
Ethical Leadership (Questions 26-40)	70.27 (3.77)	71.27 (3.93)	0.59	0.55
Questions 1-40	70.27 (3.77)	71.27 (3.93)	0.047	2.26

Note: Results of the two-tailed t-test comparing participants' (n = 11) Public Affairs Scale pretest and posttest are displayed above. M = mean; SD = standard deviation; p = probability; t = student's t distribution. *P*-values with an asterisk are statistically significant

Qualitative data was reviewed, coded, and themed. Three themes with subthemes emerged from the qualitative data in this study. Theme 1 was: increased cultural awareness and responsiveness; subthemes included (a) communication, (b) family centeredness, and (c) resource differences. Theme 2 was: personal and professional transformation; subthemes included (a) gratitude, (b) creativity, and (c) confidence building and critical thinking. Theme 3 was: connectedness among participants. Themes were further supported through a review of field notes as well as through member checking. All participants in the study participated in member checking. Qualitative data theme results are found in Table 2.

Table 2

Qualitative Data Theme Results

Themes		Participants											Results	
Theme 1: Culture		1	2	3	4	5	6	7	8	9	10	11	*n*	%
Subthemes	Communication	✓	✓	✓		✓	✓	✓		✓	✓	✓	9	81
	Family Centeredness				✓	✓	✓	✓	✓	✓	✓		7	63
	Resource differences	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11	100
Theme 2: Transformation														
Subthemes	Gratitude	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	10	90
	Creativity	✓	✓	✓	✓		✓	✓	✓	✓	✓		9	81
	Confidence Building and critical thinking	✓	✓	✓	✓	✓	✓	✓	✓			✓	9	81
Theme 3: Connectedness														
			✓	✓	✓			✓	✓		✓	✓	7	63

Note: Qualitative themes were derived from participants' reflection papers. Check marks signify participants who addressed the above themes and subthemes. *n* = number of participants; *%* = percent of participants.

Theme 1: Increased Cultural Awareness and Responsiveness

Communication
Working among others who did not speak the same language as the participants of this study was recognized as a cultural barrier to connecting and understanding clients, their families, and other local workers. Nine of 11 participants (81%) discussed communication as a challenge for them during the experience. Interpreters were not available; therefore, the participants needed to figure out a way to instruct clients and share ideas. Some participants expressed that this was frustrating because they had to split their attention between trying to communicate while thinking about what treatment they wanted to do with the clients. OT 2 stated, *"I never thought about how hard it would be to run a therapy session without using words…this made me realize the importance of nonverbal communication and being creative…"* OT 7 added, *"This is also a location where group dynamics were evident, and body language/gestures were a main form of communication. At times, the language barrier was a frustrating hurdle to cross, but at*

other times it forced us to rely on other means to communicate or instruct…"
Researcher observations verified facial expressions and sighs when students tried to communicate, further supporting the verbalizations of frustration. Debriefing sessions confirmed that this cultural difference was challenging and frustrating for some. The participants also recognized other cultural differences including the importance of the family and the available resources.

Family Centeredness
Seven of the 11 participants (63%) observed and reported that they perceived the Ecuadorean culture as family-centered. When working with the clients, parents, siblings, and extended family members were often present and expressed interest in what was happening in the treatment sessions. It was not uncommon for the participant to include siblings in the treatment sessions. Many participants recognized family roles and structure in caring for those with disabilities. After working with a client who had cerebral palsy, OT 9 stated how surprised she was that he (the client) had never had any bedsores stating, *"This family-centered culture demonstrated that they don't leave their family members to lay around all day. It is common that children and people with disabilities are carried from one location to another."* OT 10 commented on the indigenous people explaining *"I couldn't help but notice the huge emphasis that indigenous people put on their family and how the culture today still continues to place importance on the relationships with their family."* OT 7 who was involved in a "community day" during the trip stated, *"the community support seen during opening day demonstrates what a relationship-oriented and supportive atmosphere this culture values."* During the debriefing sessions, participants commented that the importance of family within the culture took them by surprise.

Resources
Another cultural component participants noted was that of resources. All participants quickly learned not to make assumptions in treatment planning related to equipment or supplies, as items were limited, nonexistent, or unfamiliar. As OT 8 reported, *"I was also able to make positioning chairs for clients to use during therapy. These chairs were made of cardboard due to not having many supplies in this country. This taught me the importance of using everyday supplies that some may view as trash to make adaptive equipment for our clients."* Outside of the clinic, during outings, resources were also limited. Participants were required to pay twenty-five cents for toilet tissue, which an attendee handed them upon entering public bathrooms. Participant expressions demonstrated surprise, and participants commented that they felt humbled by this. Overall, 100% of participants had commented on some aspect of culture and how it impacted the IFP.

Theme 2: Personal and Professional Transformation

Gratitude
Ten of the participants (91%) noted people or circumstances that were much different from their own, specifically, less fortunate circumstances. During the debriefing session and in their reflection paper, many participants discussed how witnessing people that

are homeless living on the street and living in conditions that are much different from their own, humbled them. Others discussed patients and families that they had treated and spoken to regarding their inability to gain access to proper care or not having resources for needed equipment such as wheelchairs for their children. OT 4 stated, *"I am more appreciative for what I have and my personal circumstances."* OT 8 commented, *"I left with an enhanced appreciation for my life."* It was clear that the experience allowed for self-reflection and appreciation for personal circumstances.

Creativity

Nine of 11 participants (81%) reported that they had to be more creative in their treatment interventions due to the unfamiliar circumstances. OT 10 noted the she *"developed creativity to work with what we had."* OT 1 stated, *"I knew being an OT meant that you had the ability to be as creative as possible…visiting the center in Ecuador showed me a new level of creativity that I didn't even know existed."* Several participants commented that they needed to be more creative and think on their feet during treatment sessions and utilize the resources that were available to them. OT 7 reported, *"This was also an opportunity to share creative treatment and evaluation ideas…creating splints out of limited materials, bringing creativity to simple materials."* Participants smiled, and brought attention to their creations, demonstrating pride in their creative endeavors.

Confidence Building

Several participants, nine of 11 (81%), noted that their confidence in applying learned skills and working with clients improved as a result of the IFP. OT 5 stated, *"I was surprised as to how much I remembered from all my classes thus far…this was a huge confidence boost."* OT 3 explained she felt more confident after having to clinically think about what she was doing and provide a rationale to her treatment plan. OT 4 stated, *"It felt empowering to be able to use our background from class and express why we felt it would help this patient."* Through observations, it was clear that as the work week progressed, participants hesitated less when choosing interventions, and answering instructor questions. Participants also spoke more clearly and with more accuracy, revealing that they felt more self-assured in their growing skillset. All of the participants (100%) expressed that they grew in some way, personally or professionally, from the IFP.

Theme 3: Connectedness among Participants

Several students, seven of eleven (63%), discussed that they felt closer to peer and faculty by the end of the IFP. OT 2 stated, *"Students were emerged [immersed] in a new culture that offered novel relationships yet at the same time instinctively deepened their bonds with familiar peers and professors. This strengthened us, bonding us as a group based on common experience."* OT 3 discussed that she was surprised at how close the group became, comparing it to a *"family."* Participants were observed spending time with others who were not typically part of their social group during downtime. Many times it was noted that participants went beyond what was asked of them to assist peers during tasks, further illustrating the connectedness.

The qualitative and quantitative data was organized to allow the merging and integration of the data to occur naturally. Integration of the quantitative and qualitative data demonstrated a convergence in the area of cultural competence. The qualitative data demonstrated participants' sense of awareness and ability to respond in a culturally appropriate manner. Thus, the qualitative findings confirmed the findings in the PAS regarding cultural competence. Ethical leadership and community engagement did not change after the experience, nor did this emerge as a theme in the qualitative data. Data from the qualitative components added greater depth and understanding to the participants' lived and shared experience, identifying personal and professional transformation and increased connectedness among participants.

Discussion

Previous studies have discussed the impact that international experiences have had on health profession students; however, few studies have used a quantitative approach to assist with this determination. This study aimed to examine the impact of an IFP on graduate students' community engagement, cultural competence, and ethical leadership through the use of a convergent mixed methods approach, using the PAS, a reflective paper, group discussions, and field notes. In the quantitative component of this study, there was no change found on the PAS score from pre to post placement in the areas of community engagement and ethical leadership. These findings are consistent with a similar study regarding speech-language-hearing science students' service learning trip to Zambia. The students who participated in the Zambia trip demonstrated increased cultural competence; however, no change in PAS score was reported in the areas of community engagement or ethical leadership (Krishnan et al., 2016). Participants from the current study attend a university where core tenets of the university mission statement and the OT program include service and leadership; therefore, regular engagement in various community service projects is encouraged on and off-campus. The first semester of the participants' OT program facilitates consistent engagement in leadership opportunities on various levels; perhaps if participants felt strong in these areas prior to the IFP, it may account for the lack of change in these areas on the PAS.

There was a statistically significant change in the area of cultural competency on the PAS, and *increased cultural awareness and responsiveness* also emerged as a theme within this current study aligning with the previous research of Krishan et al. (2016) who reported their speech-language-hearing science students felt increased cultural awareness after the service-learning trip to Zambia. Another study by Larson et al. (2010) described nursing students who participated in their cultural immersion study as having a better understanding of the daily life of those living in Guatemala and a broader worldview. A subtheme in their study emerged as *lack of effective communication.* Under this subtheme, students reported limited ability to communicate and collaborate with clients due to a language barrier, demonstrating similar findings to our study. Govender et al. (2017) suggests that culture and language can positively or negatively alter the OT intervention process. Ripat et al. (2013) noted that effective communication is one of several core concepts needed for client-centered and client-driven care, thus further highlighting the importance of effective communication.

The PAS specifies that it measures cultural competence. Cultural humility may be a more appropriate term than cultural competence to describe this theme. To recognize cultural differences, understand the imbalance of power, place self-biases aside, while having the desire to learn about others in order to respond in a supportive manner, is a lifelong process. Therefore, using the term *competence* may be less descriptive as it implies an endpoint to this process. Tervalon and Murray-Garcia (1998) used the term cultural humility to address multiculturalism when delivering medical services. They defined it as an approach where self-biases are evaluated and reflected upon; the power position between physician and patient is leveled, and there is a lifelong commitment to learn about and advocate for patients. Cultural humility has also been discussed in the OT literature. Beagan and Chacala (2012) discussed cultural humility as recognizing a multitude of differences including race, ethnicity, roles, gender identity, sexual preference, socioeconomic status, and ability while providing client-specific care. They also recognized the distinction of perspective related to culture as the therapist may be the one from the non-dominant culture. Thus, the term cultural humility indicates a need to critically think about the power position within the client-therapist relationship, commit to learning about the needs of the client and respectfully engage in a manner that takes the perspective of differences and opportunities into consideration (Beagan & Chacala 2012; Hammell, 2013; Tervalon & Murray-Garcia 1998).

Transformation emerged as a theme from the qualitative data. Personal and professional changes were noted among participants including gratitude, being more creative with fewer materials, and gaining confidence in their skills; which is parallel with results found in other studies. Gaines-Hanks and Grayman (2009) found that students felt an increase of gratitude after a service-learning trip to South Africa, which also opened up their worldview. Simonielis et al. (2011) identified the positive benefit of occupational therapy students who traveled to Trinidad and Tobago. In their study, three to four students were paired with one supervisor in this new environment (Simonielis et al., 2011). Students admitted to feeling a bit isolated; however, they were required to think on their own, fostering the development of increased confidence and critical thinking skills.

Creativity emerged as a sub-theme of transformation in the current study. Mesaroli et al. (2015) discussed the development of creativity in their research, describing students who participated in international clinical internships. Mu et al. (2010) discussed the positive impact on student professional and personal development of those who participated in international outreach programs to either China or the Dominican Republic. In our study as well as the study by Mu et al. (2010), students felt strongly that the experience was instrumental in helping them grow, both personally and professionally.

Increased connectedness among participants also presented as a theme in this study. This aligns well with research by Humbert et al. (2012) who found that OT students who participated in international learning experiences reported increased connectedness through emotional bonding and the formation of relationships with others.

The integration of the qualitative and quantitative data strongly supports the value of the experience with developing cultural competence, which has also been identified by several authors (Humbert et al., 2012; Krishnan et al., 2016; Larson et al., 2010; Lawson & Olson, 2017). The additional themes that emerged in the qualitative data, personal and professional transformation, and connectedness among participants, as well as the sub-themes, help to expand the understanding of the impact of the IFP for the students.

Implications for Occupational Therapy Education
These positive findings have implications for OT students and programs. However, in order to determine suitability, concerns and considerations to international travel such as cost, preparation, safety, program and university support, need to be investigated thoroughly. The researchers of this current study feel as though there is great value in international fieldwork. Students felt that the application of skills in a uniquely challenging environment improved critical thinking skills, creativity, and built confidence and gratitude after the experience. The IFP also addressed cultural humility, an asset for future practitioners working in diverse areas. Transforming students into professionals with these skills, through an IFP, can have a positive impact on the delivery and quality of OT services for patients and families. Furthermore, an IFP can address educational practice standards surrounding culture (ACOTE, 2018). Having identified this positive transformation, OT programs should strongly consider integrating an IFP into curricula.

Limitations
It is important to note several limitations within the study. A homogenous and small purposive sample from a single university was used, limiting the ability to generalize this data. The data collectors were also the data analysts, creating potential bias specifically with the qualitative components of this study; however, the researchers made every attempt to reduce this bias. Member checking was used to validate the results gathered from the reflective papers. The researchers gathered field notes during debriefing sessions, but since the researchers led the debriefing sessions while gathering the notes, limited reflection, or less disclosure during discussion sessions could have occurred. However, these field notes were only used to verify, support, and deepen the themes found in the reflective papers. Finally, there was an opportunity for self-editing with the reflective papers in order to write desirable and socially acceptable information, yet both positive and negative comments were provided in the papers by the participants.

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Conclusion

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Occupational therapy students may benefit from an IFP as an option in an OT curriculum to develop skills such as cultural humility, creativity, and confidence. Due to changing demographics, multicultural environments across the globe, increasing interest in providing international service, and the need to provide client-centered care, offering an IFP within OT curricula is a very appropriate option. The success and growth of OT as a discipline depends on the adaptability of clinicians to adjust to the expected increase in diverse populations and being able to connect with clients of differing

cultures across multiple settings. Providing IFPs may be a highly valuable tool in an OT curriculum in developing students professionally to meet curricular standards, the demands of a modern, diverse society and may provide benefits to other stakeholders involved.

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Appendix

Public Affairs Scale Questions

	Strongly Disagree		Not Sure		Strongly Agree
1. I have had one or more service-learning classes	1	2	3	4	5
2. I participate in the political process	1	2	3	4	5
3. I know I can make a difference in my community	1	2	3	4	5
4. I am confident that I will participate in community service activities in the future	1	2	3	4	5
5. I have worked collaboratively in a student organization to influence my community's quality of life	1	2	3	4	5
6. People I know share an interest in community service	1	2	3	4	5
7. Volunteering allows me to gain a new perspective on things	1	2	3	4	5
8. I plan to do some volunteer work next year	1	2	3	4	5
9. Volunteering makes me feel like I am contributing to the community	1	2	3	4	5

10. Volunteering will help me succeed in my own profession	1	2	3	4	5
11. Volunteering lets me learn through direct "hands on" experience	1	2	3	4	5
12. I do things for a cause bigger than myself	1	2	3	4	5
13. I feel an obligation to contribute to the community	1	2	3	4	5
14. Community service is necessary to making our communities better	1	2	3	4	5
15. I feel that I can make a difference in the world	1	2	3	4	5
16. I am able to communicate effectively with people from different cultures	1	2	3	4	5
17. I understand the challenges faced by people from different cultures	1	2	3	4	5
18. I have been involved in organizations providing services to people from different cultural backgrounds	1	2	3	4	5
19. I avoid imposing values that may conflict with cultural groups other than my own	1	2	3	4	5
20. I could not easily get accustomed to living in another country (recoded)	1	2	3	4	5
21. I can easily relate to people that are different from me	1	2	3	4	5

22. Traveling allows me to understand
different cultures   1   2   3   4   5

23. I have participated in a study abroad
or exchange program   1   2   3   4   5

24. In the future, I will travel to other countries
to better understand culture and diversity   1   2   3   4   5

25. I have been involved in organizations providing
services to diverse populations   1   2   3   4   5

26. I understand the importance of being true
to my word   1   2   3   4   5

27. I am dependable and reliable   1   2   3   4   5

28. I stand by my decisions even when others protest   1   2   3   4   5

29. I am aware of what kind of person I am   1   2   3   4   5

30. In nearly everything I do, I am striving to improve
myself and become a better person   1   2   3   4   5

31. When I am in groups, I am thoughtful of other
people's feelings   1   2   3   4   5

32. When I make mistakes, I am able to admit them   1   2   3   4   5

33. I usually take an active interest in someone
else's concerns   1   2   3   4   5

34. I try to make certain that my actions never
intentionally harm another person   1   2   3   4   5

35. When making a decision, I weigh the
    consequences of each alternative   1   2   3   4   5

36. When I listen, I regularly try to take someone
    else's perspective   1   2   3   4   5

37. When working in groups, I try to assure everyone's
    voice is heard before a decision is reached   1   2   3   4   5

38. I am in part responsible for the quality and
    quantity of knowledge I obtain from
    the courses I take   1   2   3   4   5

39. When I am a leader, I am sure to recognize
    the accomplishments of others more than myself   1   2   3   4   5

40. I try to build a consensus where everyone
    finds a decision acceptable before an important
    change is made   1   2   3   4   5

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