

Occupational therapists are increasingly working in diverse areas of practice, in diverse settings and with diverse client groups. Accordingly, understandings of the complexities of interactions between service providers and clients, relative to the environments and contexts in which they come together, are requisite to competent practice.

This article describes a phenomenological study undertaken with occupational therapy students in New Zealand, which focused on their experiences of learning to work with people from diverse cultural backgrounds. In this article, a subset of the findings from the study is presented. This subset of findings was that client-centredness and hands-on experiences in fieldwork were perceived to be the most important features of the occupational therapy students' education as preparation for working with clients from different cultural backgrounds. A presentation of narrative extracts and interpretive commentary is followed by a discussion of the implications of the findings for occupational therapy education, especially fieldwork education.

Being Prepared for Diversity in Practice: Occupational Therapy Students' Perceptions of Valuable Intercultural Learning Experiences

Gail Whiteford and Valerie Wright St-Clair

Introduction

Diversity has become a hallmark of occupational therapy, in terms of both the client populations that occupational therapists work with and the practice settings in which they are located. Globally, occupational therapy services are being delivered to individuals and community subgroups who, traditionally, have not been recipients of occupational therapy. These groups may include, for example, socioeconomically disadvantaged people, cultural and ethnic communities and marginalised subgroups such as gang members and unemployed youth. The practice settings in which these services are delivered range from schools, through community centres and women's shelters, to non-governmental organisations in developing countries.

Such a shift in client demographics and locations requires the development of new practice knowledge and the incorporation of client-driven intervention strategies into service provision models. Collectively, there is a need to ensure that occupational therapy services are relevant, appropriate and effective, as judged by their increasingly diverse stakeholder groups. Such an undertaking will require the re-examination and further development of existing practice models, focused research and a critical appraisal of occupational therapy curricula. The new

millennium, with its attendant opportunities and threats, represents an ideal opportunity for such concerted effort at both national and international levels.

This article focuses on occupational therapy education and its mandated responsibility to prepare graduates who are competent to work with diverse client groups in diverse practice settings. Specifically, the article describes a qualitative study undertaken in Auckland, New Zealand, with a group of undergraduate occupational therapy students. The study focused on the student participants' lived experiences of learning to work with people from different social and cultural backgrounds to themselves during their occupational therapy education. Whilst addressing diversity in its broadest sense means understanding a range of dimensions of difference, including differences in age, gender, sexual orientation and socioeconomic status, this study was primarily oriented to differences in sociocultural identities.

Narrative extracts that highlight issues are presented alongside interpretive commentary by the authors. The two key issues that emerged are then discussed: the significance of client-centredness and the value of fieldwork education. This is followed by a discussion on the implications that these findings have for occupational therapy education, now and in the future. Particular attention is given to the fieldwork/practice nexus.

With respect to the terminology employed in this article, several important terms require clarification to assist the reader to interpret key themes in both the literature and the findings. The first and most significant term is 'intercultural'. This term is used by the authors in preference to 'cross-cultural' or 'multicultural' because it places in the foreground the interpersonal interaction between people from differing cultural backgrounds. Culture, it should be noted, is interpreted here as a broad and inclusive term, not to be confused with ethnicity. As a corollary to this, 'intercultural competence' refers to the ability of a person to work effectively and negotiate successful outcomes with clients from differing cultural backgrounds to themselves. This is distinct from the term 'cultural competence' which the authors interpret as potentially limiting, implying competence in one's own culture rather than in interaction with another. As may be evident, the concepts that underpin these terms are complex and are dealt with more fully within the literature presented below.

Review of related literature

There is a vast amount of literature that relates to the research area described in this article. In order to address the breadth of the literature reviewed, it has been organised into three sections. The first two sections present a critique of the literature on curriculum content, structure and teaching/learning processes drawn from cross-disciplinary sources. The third section presents key issues from the occupational therapy literature on diversity and intercultural education. The literature reviewed in each of these sections includes work that is of importance historically as well as more contemporary perspectives.

Educating for sociocultural diversity: cross-disciplinary perspectives on curriculum content

Given the complexity of the interaction between culture and health, and the divergent perspectives on how services should be delivered to address such complexities, the task of educating competent health practitioners in this regard is challenging. This challenge is discussed within an extensive body of literature that deals with content issues, that is, what educational programmes should incorporate in order to address the development of intercultural competence. The general headings defining discrete content areas addressed throughout the literature include the following: concept definition, terminology and cultural theories; exploration and awareness of own cultural identity and potential ethnocentrism; cultural awareness and sensitivity; knowledge, both culture general and culture specific; racism, discrimination, bias and institutional racism; culture and health; and language and interpreter use. Whilst this article is unable to review all these areas in depth, cogent issues from a range of these are presented below.

A number of authors feel strongly that intercultural content should begin with a clarification of terminology and

definitions because students may employ simplistic definitions of culture; for example, by confusing ethnicity and culture (Fitzgerald and Mullarvey-O'Byrne 1996). Once key concepts have been explored and understood, students need to consider their own sociocultural identity as a prerequisite to beginning to understand that of others. This is often a very challenging process because of the phenomenon of culture blindness, in which people fail to recognise their own culture because of their everyday immersion in it. For many Anglo-Saxon, heterosexual, middle-class people, their culture is 'assumed rather than observed' (Christiansen 1992, p53).

Awareness of, and sensitivity to, a range of health-related issues on which culture has an impact is generally accepted as an important aspect of education towards intercultural competence. Pederson and Ivey (1994) suggested that the process should proceed from awareness to knowledge to skills. At the level of knowledge and skill development, however, there is some divergence of views about specific content. Given that competency development is undertaken within the professional contexts, this is quite appropriate. Students need to move from a position of understanding that culture is a central issue in health care to knowing how to enact this understanding within their own professional domain (Sue 1997). This is what Camphina-Bacote (1995, p21) referred to as the fact that students may 'know that' culture is important but they need to progress to the 'know-how' to deal with it.

The necessity of including indigenous perspectives receives disappointingly little attention in the cross-disciplinary educational literature (Whiteford 1998). That this is the case is especially alarming when in many Western countries the health status of indigenous populations is significantly poorer (Shah and Dubeski 1995, Cheek et al 1996) for a whole gamut of interrelated reasons. Even when indigenous people overcome barriers to access services, they often do it as a last resort because the experience is so negative (Shah and Dubeski 1995). For these reasons, it is important that health care professionals are educated so as not to reinforce systems of disempowerment and, hence, further alienate an already marginalised group of people.

Educating for sociocultural diversity: cross-disciplinary perspectives on curriculum structure and teaching/learning strategies

In general, the literature suggests that culture-related concepts should be presented in a tentative rather than a prescriptive manner (Pope-Davis et al 1994) and should be linked to practice examples where possible (American Association of Nursing [AAN] 1992, Capers 1992, Palmer 1997). Additionally, it has been argued that to be of most value to health professional students, concepts should be addressed from both cognitive and affective perspectives (Babyar et al 1996). In terms of specific teaching/learning methodologies, there is a general consensus in the literature that the dynamic nature of the content requires active, experiential learning. Suggested methods include the use of cultural vignettes (Zeller 1995) drawn from student

placements and used in teaching and the use of critical incidents as teaching tools (Mullarvey-O'Byrne 1994, MacLachlan 1997), as well as role play, multidisciplinary seminars, video segments, guest speakers, consultants, field studies and role modelling (AAN 1992, Capers 1992). Lock (1995) advocated a strongly self-reflective process to learning.

The thorniest issue facing health care educators is the process of how intercultural learning and competency develops and the importance of the curriculum design. A major dilemma is whether to teach intercultural content in stand-alone courses or to integrate it with other material (Capers 1992, Battle 1993, Pope-Davis et al 1994, Whiteford 1995, 2000, Palmer 1997, Sue 1997). The solution seems to lie in an amalgam of approaches. This would result in a curriculum in which there is specific, contextually bound content presented at a beginning level, followed by an integrated approach that reinforces and extends conceptual integration in all course content. Whatever curriculum approach is ultimately chosen, however, is perhaps not as important as a clearly presented rationale for the process and sequence of learning (Gopaul-McNicol 1997).

Preparing for sociocultural diversity: occupational therapy practice and education

In 1994, Mirkoplous and Evert (p583) suggested:

... mainstreaming an appreciation for cultural diversity has been difficult and to date unsuccessful. Occupational therapists have continued to show a lack of knowledge and awareness of cultural influences on human behaviour.

If, as Howarth and Jones (1999) suggested, this statement is still as true today as it was in 1994, then it represents a major disjunction in the profession between stated values and service delivery. Occupational therapy is a person-centred profession, whose primary focus is occupation. As individuals and the occupations they engage in are primarily products of sociocultural environments, ignoring these environmental influences and their meanings is probably to miss the point of intervention.

Culture per se has been addressed in the occupational therapy literature since as early as 1954 (Mirkoplous and Evert 1994), with several discrete areas identified and explored. One of the most apparent is that which consists of practice accounts related to working with culturally 'different' clients in specific settings (Evans 1992a, Fudge 1992, Markewitz 1992, Miller 1992, Wilson-Braun 1992, Haig 1993). Notably, most accounts are by therapists from the dominant sociocultural group, working with 'others' who generally belong to marginalised or socioeconomically and politically disadvantaged subgroups. Another facet of the literature linked to practice has been the critique of the cross-cultural validity (or otherwise) of specific assessments and analyses of occupational performance differentials (Jamieson 1985, Cusick and Harai 1991, Evans and Salim 1992, Fisher et al 1992, Dyck 1993, Spencer et al 1993, Paul 1995, Sutcliffe 1995).

Theoretically, the collective literature has addressed concepts related to race, ethnicity and culture and occupational therapy (Shawski 1987, Sparling 1991, Evans 1992b, Hinajosa and Kramer 1992, Jungerson 1992, Kinebanian and Stomph 1992, Dyck 1993, Henare 1993, Matala 1993, Mirkoplous and Evert 1994, Hocking and Whiteford 1995, Jang 1995, Kelly 1995, Phipps 1995, Yeats 1995, Meghani-Wise 1996). Although this body of literature is, arguably, not as extensive as it should be, given our apparent focus on humans as occupational beings (Yerxa 1993, Wilcock 1998) and therefore as cultural beings, it still represents a contribution to the overall professional knowledge base.

The suggestion that a significant gap exists between theory and practice comes from a study of cultural issues in practice, in which Fitzgerald and Mullarvey-O'Byrne (1997) interviewed therapists in Sydney, Australia. Their findings suggested that occupational therapists themselves acknowledge the need to increase their 'cultural competency' and develop their understandings of the culture/occupation interface.

The educational subset of the occupational therapy literature dealing with sociocultural diversity and student learning is arguably the smallest, yet it covers a surprisingly broad spectrum. Kinebanian and Stomph (1992), for example, considered how students dealt with the intersection of professional values (such as independence) and clients' cultural values. Fitzgerald and Mullarvey-O'Byrne (1996) examined student definitions of key concepts such as race, ethnicity and gender, suggesting that, ultimately, students need to 'recognise culture, in its complexity as one of the critical factors in their own lives and that of *all* their patients or clients' (p86). This, they pointed out, is more likely to occur when cultural issues have been incorporated into every facet of their professional education.

In addressing pragmatic strategies for achieving such integration, specific teaching/learning approaches, such as the use of the 'sociocultural interview' (Yuen and Yow 1999), have been suggested as useful tools to raise awareness and serve as a basis for competency development. Overall, it would seem that a range of well-integrated teaching/learning strategies need to be incorporated over time (Whiteford 1995, Fitzgerald and Mullarvey-O'Byrne 1996, Forwell et al 2001). Additionally, occupational therapy educators need to be both sensitive and flexible in teaching/learning situations and educational delivery, ensuring that the needs of minority group students are acknowledged and catered for (Whiteford 2000).

Themes dealing with conceptual issues such as occupation, other and identity have been examined in two recent studies. Dyck and Forwell (1997), in their study of occupational therapy students in British Columbia, Canada, uncovered some interesting themes in relation to how students dealt with difference and self-identity. Similarly, Whiteford (1998) found that intercultural interactions led, over time, to students re-examining their identity in historical, sociocultural and political contexts, resulting in a sense of 'self-transformation'. Additionally, she found that

students questioned important concepts within occupational therapy from cross-cultural perspectives, such as independence and occupation itself (Whiteford and Wilcock 2000). These studies point to the complexity of issues in intercultural interaction and suggest the need for further, focused inquiry in the area.

Description of the research

The study described in this article was primarily concerned with students' experience of learning to understand, be and work with people from diverse social and cultural backgrounds and how well their occupational therapy education prepared them to do this. Other foci included their perceptions of curriculum content and sequence, the role of fieldwork education in intercultural learning and competency development, and the importance of previous life experiences and relationships in developing the skills to work with people from different social and cultural backgrounds to themselves. The aim of the research was to elucidate student experiences of successful and unsuccessful intercultural teaching/learning strategies and curriculum approaches. In turn, it was hoped that the study would provide a thick description of the experience of learning to be and work with people from diverse backgrounds, which could serve to inform both health professional educators and health professional curricula in this regard.

The key research questions included:

- What are the experiences of occupational therapy students in learning to be and work with people from different cultural backgrounds to themselves?
- How do occupational therapy students make sense of these experiences over the duration of their studies?
- What learning experiences are considered most valuable by students in developing intercultural competence?

Research approach

This study used a qualitative research approach to access and understand the storied nature of the students' intercultural learning experiences. Accessing participant narratives was also considered the best method through which to capture the experiences, and the meanings derived from them, over a period of time. Such an approach acknowledges that the narratives are powerful and have a particular capacity to synthesise an array of seemingly unconnected life events and actions into a coherent whole over time (Polkinghorne 1988). Another reason for employing a qualitative approach is because of its 'goodness of fit' in addressing complex learning processes holistically (Le Compte et al 1992). In particular, questions regarding the quality of a curriculum or programme, the interpretation of an aspect or component of a programme or what the 'hidden curriculum' may be are all best investigated through qualitative, interpretivist means (Janesick 1994).

In focusing on the narrative data within a qualitative framework, this study adopted a hermeneutic, phenomenological orientation to understanding the nature

of the lived experiences of the participants as they encountered and interacted with people from differing social and cultural backgrounds to themselves. Whilst an exhaustive description of hermeneutic theory is beyond the scope of this article, hermeneutics is largely concerned with both the theory and the practice of interpretation (Urmson and Ree 1991) and involves both dialectic and reflexive processes (Thompson 1990). Phenomenological research, an interpretive methodology, is primarily concerned with the illumination of phenomena beyond their 'taken for granted' meaning, uncovering new or reconstituted meanings or understandings (Crotty 1996). Although the current scope of phenomenological research is broad, an important feature of phenomenology in its original form is that it is essentially critical in its orientation (Zaner 1970). Perhaps owing to its critical, interpretive nature, phenomenology has become increasingly popular in occupational therapy research (Taylor 2000, Whiteford 2000).

Method

Once ethical approval was granted, a number of occupational therapy students in the degree programme at the Auckland University of Technology were selected from the data base. Selection was undertaken based on a purposive sampling strategy, which was aimed at identifying a representative group of students who collectively mirrored the demographic make-up of the student cohort as a whole. Such a reflection of the total student cohort (n = 60) meant that the students selected were predominantly female and aged between 18 and 25 years; most were of an Anglo/New Zealand ethnic origin, although three students were from ethnic minority groups.

Once identified, the students were contacted by post and invited to join the study. Following informed consent processes, 22 student participants commenced the first of a series of three interviews conducted over 3 years. Semi-structured interview formats were used to ensure some consistency in the topic areas covered, such as fieldwork experiences and reflections on curriculum and teaching/learning processes. All participants chose a code name and the tape-recordings of the interviews were securely stored by code name as the single identifier.

The interviews were then transcribed and entered into the qualitative software programme, *Ethnograph*. Analysis strategies included line-by-line thematic coding (Strauss and Corbin 1990) and story cataloguing. The processes that ensured trustworthiness (Krefting 1991) included participant reflection and dialogue, peer evaluation, use of fieldnotes, journaling and the generation of an audit trail through the use of *Ethnograph*.

Although individual narrative extracts are presented here for consideration, they are not named by participant. This has been a decision of the authors so as to focus the reader, in this instance, on the *collective* themes relating to fieldwork and intercultural practice.

Limitations of the study

Like any research undertaking, some limitations became

apparent in this study over its duration. Perhaps the most significant of these was the organisation of the interviews, specifically their number and timing. Ideally, another interview conducted directly after the second year fieldwork block may have yielded both richer data, in terms of more recently remembered clinical stories, and greater opportunity for reflection. Another area in which the study could have been strengthened was in the overall design, specifically the inclusion of a follow-up study of graduates moving into their first professional appointments as occupational therapists.

Presentation of the data

This section presents extracts of data drawn from the participants' narratives along with interpretive commentary. It should be noted that the data presented in this article constitute only a *subset of the entire data set collected throughout the study*. Owing to size constraints, only two of the major themes that emerged from the study – the importance of client-centredness and the value of fieldwork education – are presented and discussed here. For the other findings that emerged from the study, please refer to Whiteford (1998, 2000), Whiteford and Wilcock (2000) and Forwell et al (2001).

Being client centred: understanding and acknowledging difference

The participants described the process of being client centred as one that necessitates understanding and addressing the social and cultural identity of the person. In this respect, the concept of client-centred practice was seen as a useful tool in intercultural interaction:

I think we have been really grounded in being client centred and I really think that has come across quite strongly, especially in a lot of our courses and practical assignments, there has been a big focus ... to look at what is important to that person, I think I will carry that into my practice and when I interact I will use those concepts because I do already, I mean I might not know a lot about their culture in terms of the way they do things and I probably won't understand where they are coming from entirely, but I feel I have got that starting place ... that's the basis of a therapeutic relationship.

This participant apparently suggests that being exposed to the concept of client-centredness influenced the participant's perception not only of others but also of the participant. As well as describing a client-centred orientation as useful as a 'starting place' when interacting with a person from a different cultural background to the participant's own, the participant also suggests that it should form the basis of the therapeutic relationship.

The next participant reflects similar perceptions of client-centredness:

... the learning we have done around the occupational therapy client-centred approach in working with clients has taught us,

or me, about culture ... it has been helpful just so that when I am out working just really knowing that I am different to the person I am working with and I need to be aware of that in all situations ... that my way of thinking and doing things is not necessarily the way the client is going to think or do, so I need to find out from the client what their culture is about, so that I can work and be effective for that person. What has been told to us over the 3 years is that a person is the expert, and I am going out there now thinking that, you know, I might be an occupational therapist, but I am there because my client has a need and they are the ones that know about the need they have and I am there to find out about it and do what I can.

This person provides an important interpretation of what it means to be a health professional, namely that health professionals should primarily be concerned with meeting the needs of the client. This participant also portrays clients as experts in understanding their own needs. These are statements consistent with a client-centred perspective, but they become more challenging when considered in the context of intercultural contact because there is a tacit assumption that the client is acting as an autonomous being, able to assert his or her position and negotiate with the therapist. Additionally, there is an assumption that the client is an individual. The reality may be, instead, that a therapist could be working with a community, a group, an extended family or the residents of a housing project, as opposed to an individual.

Two final comments also address the importance of client-centredness:

- ... client-centredness comes into it the whole way, and that is really good because that is continual and it encompasses cultural elements as well, so that has been really helpful, that has been good. It is a way of looking at a person in a certain way and I think that is something that is quite unique to occupational therapy.
- It's all really client centred and all that sort of thing which I think is fantastic, which is really important that we learn about people's family links and all that sort of stuff, not that I think everybody has picked up on it – they haven't, definitely not.

This second comment serves as a reminder that even when a concept is reinforced in different ways over a period of time, it may not really 'gel' for everybody at the same time.

Active learning through fieldwork: acknowledging and dealing with difference

The theme of learning about sociocultural difference through doing was a strong feature of the participant narratives. This 'learning through doing', in respect of dealing with socioculturally diverse clients, is addressed in the following extract, in which the participant reflects that being exposed to real people and events is more useful than other types of learning:

We did an assignment on family traditions, and yes it is more realising that we have a culture ... but we didn't learn what

other cultures do, like what other cultures believe, we just were getting in touch with what we believe ... we had a guy come in too, I just remembered. I can't remember which course he came for, but he came in and he was great; it was really good, having some good speakers like that who have had personal experiences and can come from that angle, it always comes across as more interesting than a textbook ... culture doesn't come out of textbooks does it?

This participant's words convey the value of personal experience and the power of stories and anecdotes about others' experiences to teach us. The salient message is that this person wants to learn from either direct experience or through reflection on the experiences of others. Culture, as is pointed out, is not a static entity, but about how people live and the meanings that they ascribe to everyday events.

The way that theory links with experiential and anecdotal learning is the theme of the next participant's reflections:

Being out on fieldwork was the biggest thing for me. Being out there with hands on, having to deal with people face to face. And this year we were given a client from the clinic and that was really good, cause that was hands on again, we had a young man who was severely disabled and just working with him and his caregivers and getting absolutely nowhere, I couldn't do a thing with him. So the hands-on stuff is the most valuable, I feel like I learnt far more from that than theory. However, all the background stuff we do in first and second year, physiology and neuro-science is really dry at the time, but I think it's vital that we have that background.

This person has been able to connect 'hands-on' learning with a pre-existing knowledge base, one which seemed 'dry at the time' but has a new value as it becomes incorporated into practice. In relating the story of working with a young man who was very challenging, the participant also confirms the value of struggling and failing as part of learning.

Finally, a participant's reflection which analyses ways in which learning was facilitated is presented. The segment also relates to learning through doing, but adds another perspective as to how concepts were generalised:

I felt like I learnt a lot about culture basically from my placements – like experiencing things. It is harder to learn things when you are being taught it as in a school situation. It is heaps easier to experience it to learn. I think probably most of my learning has come from that, has come from placements and being able to apply what you have learnt, I have found placements just awesome, even when I had a bad placement, or bad experience on placement ... you can pick up a lot of things from placements, not just about culture.

Discussion

Learning: developing understandings and knowledge – the importance of client-centredness

Whilst aspects of the curriculum content and delivery were

a source of angst to the students who participated in this study, many reported that a grounding in client-centredness was one of the most important dimensions of their learning. Law et al (1995, p253) defined client-centred practice as an 'approach to service which embraces a philosophy for, and partnership with, people receiving services'. Such an orientation to partnership with clients has a particular resonance in New Zealand/Aotearoa because the Treaty of Waitangi (an historically significant document) signifies a partnership between the Crown and the indigenous people of New Zealand, the Maori (Kawharu 1994). Accordingly, the concept of 'working in partnership' is embedded in everyday understandings for many people in this country.

Interestingly, client-centredness was seen as both a 'beginning point' in conceptualising intercultural practice, a guiding philosophy and a basis for perceiving self both as person and as therapist. It was described as 'encompassing cultural elements' by one of the participants, a description echoed by Rochon and Baptiste (1998, p156) who suggested that 'any discussion of client-centred practice would be radically incomplete without addressing the multiple faces of cultural environments that impact directly on the establishment of facilitative client/therapist partnerships'. The students appeared to have worked from a broad conceptualisation of the client as a social and cultural being. It appeared that these types of construction were useful in framing and delivering occupational therapy services to clients from different cultural backgrounds to the students.

As discussed briefly in the data presentation, client-centred practice can become more complex in intercultural interactions. On this point, Townsend (1998) noted that client-centred practice is the most appropriate basis of intervention with minority group clients because it 'reflects a commitment to equity and democracy' (p63). Such an orientation in education and practice can only serve to empower those people and communities who have for so long been alienated from mainstream, hierarchical health care services.

Doing: developing skills and competence through action

Given that students spend in excess of 1,000 hours in fieldwork over the duration of their occupational therapy degrees, this represents both a significant amount of their learning experience (Christie et al 1985, Thompson and Ryan 1996a) and an important one (Thompson and Ryan 1996b). From the narrative accounts of the participants of this study, there appears to be a collective view that fieldwork experiences were absolutely central to the development of intercultural understandings and, subsequently, competence. Nevertheless, these hands-on experiences and the opportunities to practise and develop skills remain a crucial base for the development of intercultural competence over time, especially when coupled with reflection (Lock 1995).

One of the essential elements of fieldwork education is having contact with clients. In particular, the contact with clients from diverse cultural backgrounds was reported as

highly valuable by the participants. For some of the participants who had previously had very limited contact with people from diverse backgrounds, these beginning interactions represented a very new realm of experience. To what extent the participants felt prepared for these intercultural encounters, however, was perceived and experienced differently. In this regard, some of the participants suggested a greater focus in the classroom on specific intercultural communication skills and greater time spent on intercultural fieldwork preparation. Suggestions from the literature as to what could be included in this type of pre-training or preparation include case study exploration (Mullarvey-O'Byrne 1994), viewing videos of intercultural interviews (Lynham 1992), undertaking a practice sociocultural interview (Yuen and Yow 1999) and discussing 'cultural vignettes' that have come from practitioners in the field (Zeller 1995).

Part of the process of skill acquisition is that of observing the skill(s) being performed by a competent or expert practitioner. Overall, supervising therapists were reported by students as powerful role models, an interesting outcome given that role modelling receives relatively little attention in the professional literature. While there is some attention in the literature as to the importance of intercultural mentoring (AAN 1992, Camphina-Bacote 1995), it is a relatively small subset. This implies a number of possibilities. Perhaps the health professions are not adequately valuing the importance of role modelling by clinicians. If so, then this situation needs to be ameliorated through highlighting the role modelling process and providing a coaching approach in this regard. Students, supervising therapists and the educational programmes should have a shared understanding of the centrality of role modelling to student learning (Christie et al 1985). In particular, role modelling in respect of intercultural service delivery needs to be highlighted and included in programme expectations of fieldwork experiences. To support clinicians in this regard, it may be necessary to offer continuing education programmes that enhance intercultural competency. Such programmes may include, for example, innovative strategies such as contact with traditional healers (Kelly 1995), community elders and expert clinicians.

Summary

This article has presented the findings of a study of occupational therapy students in New Zealand that explored their experiences of learning to work with clients from diverse cultural backgrounds. Student perceptions of what was most valuable to them during their education focused on the value of a client-centred orientation and the 'real life' intercultural experiences afforded through fieldwork.

Diversity is increasingly becoming a feature of occupational therapy internationally. Given this trend, and the research findings of this study, recommendations for an occupational therapy education that best prepares students for the diversity that they will encounter upon graduation

have been presented. These recommendations relate to curriculum content, specifically the concept of client-centredness, as well as pragmatic strategies to enhance intercultural learning in fieldwork. Issues relating to continuing professional development for clinicians have also been addressed.

In closing, it is worth recapitulating the major recommendations arising from the research described in this article. The purpose of such a summary is to highlight the potential of such recommendations to inform occupational therapy educational processes on how best to prepare students for the diversity that they will encounter in a wide range of practice settings, now and in the future. Recommendations based on the data subset of the study discussed here include:

1. Centralising client-centredness in occupational therapy curricula:
 - 1.1. Embedding client-centredness in a curriculum structure that, in a coherent way, also addresses concepts relating to diversity, including ethnic, cultural, gender, sexual preference and socioeconomic difference
 - 1.2. Presenting client-centredness as a complex construct that includes exploration of who, in a range of contexts and relative to cultural norms, the client is
2. Acknowledging the value and importance of fieldwork education in the development of intercultural competence:
 - 2.1. Undertaking focused fieldwork preparation sessions that deal specifically with intercultural communication, such as practice intercultural interviews, and strategies for intercultural practice, such as negotiated liaison with interpreters and use of cultural informants
 - 2.2. Using therapists who are experts/are experienced in intercultural practice to assist with fieldwork preparation or in direct supervision/mentoring roles for students whilst on fieldwork
3. Provide continuing education opportunities in intercultural practice for therapists
4. Undertake continued focused inquiry into the complexities of intercultural practice from different stakeholder perspectives.

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Authors

- Gail Whiteford, PhD, Associate Professor and Head, Occupational Therapy, School of Community Health, Charles Sturt University, PO Box 789, Albury, NSW 2640, Australia.
- Valerie Wright St-Clair, Head of School, Occupational Therapy, Auckland University of Technology, Auckland, New Zealand.