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Importance of a Pre-Departure Training Curriculum for International Service Learning in Facilitating Cultural Competency and Professional Skills in an Occupational Therapy Doctoral Program

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**Importance of a Pre-Departure Training Curriculum for International Service Learning in
Facilitating Cultural Competency and Professional Skills in an Occupational Therapy
Doctoral Program**

by

Helen Song

A Capstone Project Presented to the
FACULTY OF OCCUPATIONAL THERAPY
GEORGIA STATE UNIVERSITY

In Partial Fulfillment of the
Requirements for the Degree
OCCUPATIONAL THERAPY DOCTORATE

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Helen Song

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Abstract

Background: As the U.S. population becomes increasingly diverse, the demand for culturally responsive care is growing (AOTA, 2020; USAFacts, 2024). Occupational therapy (OT) students must be equipped not only with clinical competencies but also the cultural humility and reflective skills necessary to work in global and cross-cultural contexts (Kokorelias et al., 2025; Speer & Conley, 2024). Although international service learning (ISL) has been shown to foster these skills, many programs lack standardized, evidence-informed pre-departure training to adequately prepare students (Amerson, 2014; Chabot et al., 2021; Kalbarczyk et al., 2019; Short et al., 2020)

Objective: To explore the importance of a structured, evidence-informed pre-departure training curriculum in preparing occupational therapy doctoral students for ISL experiences, with a focus on enhancing cultural competence, clinical skill development, and critical reflection. This project also aimed to design and pilot an International Service Learning Opportunity (ISLO) guide to support student preparation and faculty implementation.

ACOTE Area: This project primarily aligns with ACOTE standard (d) Program Development and Evaluation through the creation and pilot of a structured pre-departure training curriculum and ISLO guide. It also supports (g) Education by preparing students for global clinical practice and (a) Clinical by addressing cultural competence and clinical skill development.

Methods: This mixed-methods capstone project was conducted through Georgia State University's OTD program. A multi-part needs assessment was completed, including (1) surveys of 28 graduate OT students and 4 faculty who participated in a study abroad in the past five years, (2) an informal interview and review of the Dominican Republic ISL program, and (3) the author's personal experience as an ISL participant. Following the needs assessment, a revised pre-departure training curriculum was developed and implemented with students attending the 2025 Dominican Republic ISL trip. Outcome measures included pre- and post-surveys using a modified Clinical Cultural Competency

Questionnaire (CCCQ) and a professional skills self-assessment. Quantitative data were analyzed using descriptive statistics and paired t-tests; qualitative feedback was analyzed using thematic analysis.

Results: The revised pre-departure curriculum included sessions on cultural humility, guided reflection using the Gibbs Cycle, condition-specific clinical content, interpreter collaboration, and a student reflection journal. Results (n=23) showed statistically significant gains in cultural competence across multiple CCCQ subscales: knowledge ($p = .001$), skills ($p = .013$), comfort ($p = .008$), and perceived importance of training ($p = .008$). Professional skills subscales showed gains in interpersonal communication ($p = .011$), performance skills ($p = .010$), and clinical reasoning ($p = .029$). However, changes in ethical reasoning and reflection were not statistically significant ($p > .05$). Qualitative feedback indicated that while students valued reflection, its implementation varied, and opportunities for deep critical thinking could be expanded.

Conclusions and Relevance: Findings support the development and integration of a structured pre-departure training curriculum to enhance OT students' readiness for global practice. The program contributed to measurable improvements in cultural competence and several domains of professional skills. These results highlight the importance of structured preparation and provide a scalable model for future ISL initiatives within occupational therapy education. Improved training can help produce more competent, reflective, and culturally responsive practitioners prepared for diverse clinical environments.

Table of Contents

Chapter 1	Literature Review	9
Chapter 2	Needs Assessment	22
Chapter 3	Theories and Models	39
Chapter 4	Methods	44
Chapter 5	Results	56
Chapter 6	Discussion	70
Chapter 7	Implications for Occupational Therapy Practice	78
Chapter 8	Sustainability Plan/Implementation Plan	83
Chapter 9	Conclusions	85
References		88
Appendix 1	Learning Objectives	94
Appendix 2	Supervision Plan	97
Appendix 3	Summary Pages	99
Appendix 4	Needs Assessment Survey: Students	101
Appendix 5	Needs Assessment Survey: Faculty	104

Appendix 6	Modified CCCQ and Professional Skills Development (Pre- Survey)	107
Appendix 7	Modified CCCQ and Professional Skills Development (Post- Survey)	110
Appendix 8	International Service Learning Opportunity (ISLO) Guide	113

List of Tables

Table 1	Needs Assessment Demographic Characteristics by Group (n=32)	28
Table 2	Summary of Modified CCCQ for OT students	52
Table 3	Summary Professional Skills Development Survey	53
Table 4	Pre-Survey Demographic Characteristics (n=23)	56
Table 5	Summary of Fieldwork Level I and/or II (n=23)	57
Table 6	CCCQ Results	62
Table 7	Professional Skills Development Results	65

List of Figures

Figure 1	Needs Assessment	23
Figure 2	Perceived Preparedness	29
Figure 3	Pre-Departure Training Content	34
Figure 4	Levels of Preparedness	35
Figure 5	Mezirow's Theory of Transformative Learning	40
Figure 6	Bandura's Self-Efficacy Theory	42
Figure 7	Dominican Republic ISL Timeline	49

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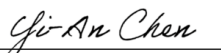
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Capstone Project Approval Form

As a requirement of the Georgia State Occupational Therapy Doctorate (OTD) program, Helen Song (*student's name*) has developed his/her Capstone Project and submitted the Summary Pages summarizing his/her plans for the 14-week Capstone Experience, which will start on 4/7/2025 (*date*) and finish on 7/11/2025 (*date*).

We, the undersigned, agree and approve the plans proposed and written in the Summary Pages (attached).

Helen Song		04/01/2025
Student's Printed Name	Student's Signature	Date
Dr. Kinsuk Maitra		04/03/2025
Faculty Mentor's Printed Name	Faculty Mentor's Signature	Date
Dr. Kinsuk Maitra		04/07/2025
Site Mentor's Printed Name	Site Mentor's Signature	Date
Dr. Yi-An Chen		07/07/2025
Capstone Coordinator's Printed Name	Capstone Coordinator's Signature	Date

Chapter 1: Literature Review

Introduction

The population of the United States is becoming more diverse, seasoning our cultural landscape and contributing to the nation's perpetual stew and metaphorical melting pot. The non-white demographic of the nation has nearly doubled in the last forty years, increasing from over 24% of the population in 1990 to over 40% in 2023 (USA Facts, 2024). Recent reports from the U.S. Census Bureau also indicate the highest population growth in decades, largely driven by net international migration, which is defined as the difference between the number of people entering and leaving U.S. borders (Bureau, 2024). As these numbers continue to rise and societies grow more interconnected, globalization becomes a driving force shaping our world. Globalization can be simply defined as the increasing interconnectedness of nations through trade, travel, technology, and the exchange of ideas and culture (Mittelman & Hanaway, 2012). This phenomenon influences all aspects of society, including the healthcare industry and the future of healthcare education and practice.

In today's increasingly globalized healthcare landscape, professionals are expected to deliver culturally responsive care and adapt to diverse service contexts seamlessly (Norris et al., 2020). This expectation holds true for occupational therapy (OT), a profession that emphasizes holistic, person-centered care and relies on an understanding of cultural, social, and environmental factors that shape health and function (AOTA, 2025). The cultural context of a client is a foundational concept in the occupational therapy practice framework ("Occupational Therapy Practice Framework: Domain and Process (3rd Edition)," 2014), as it shapes an individual's identity and influences their choice of daily activities (occupations) and overall wellbeing. As part of their formal education and training, OT students are called upon to develop

competencies that extend beyond traditional clinical skills. These include the ability to navigate varied cultural environments with humility, adapt to different health systems, and engage ethically with global communities (Kokorelias et al., 2025; Ortlund et al., 2024). Among the many strategies used to prepare future OTs and other healthcare professionals, international service learning (ISL) experiences have long been recognized as a valuable approach for fostering new perspectives, building professional skills, and shaping globally minded practitioners (Sofija et al., 2024). In recent studies, community service learning and ISL have been the most popular pedagogical practices used in OT education programs to teach diversity, at 37% and 25% respectively (Grenier et al., 2020).

Authors of *A Student Guide to Study Abroad* emphasize the importance of integrating study abroad experiences as part of a curriculum and “incorporating proper cross-cultural preparation and supportive reintegration to help students understand and internalize what they learn” (Debate, 2013). These ISL experiences, especially when accompanied by structured pre-departure training and critical reflection components, offer a promising pathway for cultivating cultural competence, clinical confidence, and professional identity. While enthusiasm for these programs is growing, the evidence base around their most effective components and their long-term impact remains underdeveloped (Bessette & Camden, 2017; Short et al., 2020).

The Potential and Framework of ISL Experiences

The term study abroad is often used as an umbrella term that encompasses a range of international education experiences, including internships, cultural exchange, experiential learning, volunteer trips, and service learning; to name a few (Andonian et al., 2023; Cipriani,

2017; Coffin et al., 2021; St. Peters & Short, 2018). While these terms are used interchangeably, each carries distinct goals and structures. For this project, our focus is on ISL experiences, a model that combines academic learning with meaningful service in an international community (Moak, 2020). It emphasizes reciprocal benefit, where students actively engage with and contribute to the host community. ISL is commonly used as a practical educational experience that enables healthcare students to use their clinical abilities in a community abroad, which they may not have encountered in their home country (Chabot et al., 2021; Cipriani, 2017).

Occupational therapy ISL experiences occur worldwide and often involve interprofessional collaboration, typically taking place in community wellness programs, residential facilities, or pediatric rehabilitation clinics. ISL experiences have also been lauded for their potential to build occupational justice perspectives and cultural responsiveness in students (Chabot et al., 2021).

Programs like those studied by Coffin et al. (2021) and Chakraborty and Proctor (2019) highlight the impact of ISL on students' understanding of interprofessional collaboration, ethical reasoning, and global service. Saviers et al. (2023) found statistically significant long-term gains in cultural competencies in OT students two years after completing a level I fieldwork experience in Costa Rica. Valdes et al. (2023) observed that even short-term, community-based service-learning experiences reinforced concepts of occupational justice and deepened students' engagement with vulnerable populations. These opportunities were found to influence not just clinical reasoning skill development but also students' values and long-term career interests. Ferguson (2025) provides a compelling example through a virtual, inter-institutional pilot program for occupational therapy students. In the study, Baylor University occupational therapy doctoral (OTD) students participated in a virtual exchange with eight countries. Also known as collaborative online international learning (COIL), the project demonstrated that even remote,

asynchronous engagement can also foster global mindsets, interprofessional collaboration, and cultural humility.

These structured experiences are not only pedagogically sound but also support professional identity formation, critical thinking, and the development of cultural humility. When well-designed, international service learning serves as more than a travel opportunity; it becomes a framework through which students engage in experiential learning, confront their assumptions, and cultivate the competencies needed for ethical, client-centered care in diverse settings (Ceo-DiFrancesco et al., 2022; Coffin et al., 2021).

Pre-Departure Training: Building a Foundation

Despite the many positive outcomes associated with ISL, the success of these experiences is closely tied to the quality of students' pre-departure preparation. Cipriani (2017) outlines several key elements for effective ISL experiences, including intentional preparation, cultural immersion, guided reflection, and sustainable community partnerships. Trotter et al. (2021) emphasize the importance of preparing students before they participate in global learning opportunities, particularly those involving community-based engagement in under-resourced countries. The study found that students who lacked structured orientation often felt unprepared for the cultural, emotional, and ethical challenges they encountered abroad. The authors argue that meaningful pre-departure programming, which includes exposure to cultural context, communication strategies, and ethical considerations, can significantly enhance students' ability to adapt, reflect, and grow during their international placements.

Amerson (2014) reinforces the value of intentional, research-based preparation and offers evidence-supported recommendations for designing ISL programs. Her work highlights that using a service-learning framework that includes preparation, action, reflection, and reciprocity is essential for developing cultural competence. She also recommends that students engage in both structured and unstructured activities, participate in direct care both in the home visits and community. These strategies not only improve communication and critical thinking, but also help students challenge assumptions and develop deeper empathy. Amerson notes that students often enter these programs with inflated or inaccurate perceptions of their cultural competence. Intentional pre-departure training can help students recognize and confront these limitations, resulting in more transformative learning.

Other scholars support this perspective. Efthymiou (2023) found that structured training before short-term placements improved empathy, intercultural communication, and collaborative competencies. Similarly, Kalbarczyk et al. (2019), in a systematic review of global health education programs, observed that while logistical and safety training is often emphasized, key areas such as emotional resilience, power dynamics, and guided reflection are frequently overlooked. Without these components, students may miss critical opportunities for personal and professional development. Research by Chwialkowska (2020) found that cultural orientation and mentoring were both evidence-based pre-departure strategies that supported transformative learning. Additionally, van Vuuren (2016) and Nadeau et al. (2020) reported positive student feedback on simulation-based learning, noting that it created safe learning environments and enhanced students' sense of preparedness.

Effective pre-departure programs intentionally balance cognitive preparation with affective development. This includes learning to understand, express, and regulate emotions, as

well as encouraging students to critically examine their own privilege, positionality, and assumptions (Dou et al., 2023). Without structured preparation, students may unintentionally reinforce stereotypes or engage in culturally insensitive behavior, which can negatively affect both learning outcomes and relationships with host communities (Kosman et al., 2023). Together, these findings make clear that pre-departure training is not only a logistical step, but a foundational educational practice essential for preparing students to engage ethically and effectively in ISL experiences.

Cultural Competence and Cultural Humility

The intertwined concepts of cultural competence and cultural humility are central to discussions on preparing OT students for ethical and effective global practice (Agner, 2020; Kokorelias et al., 2025). While cultural competence typically refers to acquiring the knowledge, skills, and attitudes necessary to work effectively across cultural lines; cultural humility emphasizes an ongoing, reflective orientation that is marked by self-evaluation, openness, and a commitment to redressing power imbalances and honoring the perspectives of others (Tervalon & Murray-García, 1998). The American Occupational Therapy Association (AOTA) emphasizes that OT practitioners must develop cultural competence and humility to effectively meet the needs of an increasingly diverse client population and uphold the profession's ethical standards of equitable, inclusive care (AOTA, 2020). Ultimately, cultural humility complements cultural competence by encouraging lifelong reflection, openness to feedback, and awareness of one's own biases.

Cultural competence has consistently emerged as a primary goal of ISL experiences and remains a cornerstone of OT education (Grenier et al., 2020). However, cultural competence alone may be insufficient for true ethical practice in a global context. Kokorelias et al. (2025) and Anderson (2022) emphasize that cultural humility is often underrepresented in occupational therapy, despite its alignment with core values such as client-centered care. They advocate for embedding humility throughout each stage and context of practice and emphasize adoption of these insights into OT education/training. Speer and Conley (2024) echoed this concern, noting that students often conflate cultural competence with humility, which can lead to superficial understandings and limit meaningful advocacy or systemic awareness. Their findings suggest that without scaffolded support and reflective integration, training risks becoming checklist-driven rather than transformative. Their research also found that cultural training varies widely across programs and is often inconsistently applied or disconnected from practical applications. This inconsistency may also hinder students' ability to internalize and apply these concepts in clinical settings.

Research on ISL as an experiential pedagogy for OT students shows that while these opportunities can be a transformative and valuable experience, its direct impact on measurable cultural competence is mixed. Quantitative studies using pre-test and post-test design, using tools like the Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals Student Version (IAPCC-SV) and the Cultural Intelligence Scale (CIS), found statistically significant gains in cultural competency in OT students immediately after an ISL experience (Keane & Provident, 2017; Meaux et al., 2021; Short et al., 2020). However, Short et al. (2020) found that in the long-term, three-years following their experience, participant scores demonstrated decay in gains but remained above baseline. Qualitative research consistently

indicates that ISL promotes shifts in perspective, greater cultural awareness and sensitivity, and enhanced self-confidence; particularly when programs incorporate intentional reflection and meaningful engagement with their host communities (Ceo-DiFrancesco et al., 2020; Chabot et al., 2021; Jettner et al., 2025; Keane & Provident, 2017). For OT students, cultivating both cultural competence and humility is essential not only for ethical international service but also for delivering client-centered, equitable care across all practice settings.

Transformative Learning is Driven by Reflective Practice

Reflection is foundational to transforming experience into meaningful insight and fostering professional growth in future healthcare professionals (Heydari & Beigzadeh, 2024). While reflection typically involves recalling and describing personal experiences, critical reflection requires a deeper level of analysis that challenges assumptions, considers multiple perspectives, and examines the social, cultural, and systemic contexts in which experiences occur (Jacoby, 2010). Researchers emphasize that structured critical reflection allows students to process complex cultural and clinical encounters, deepening their self-awareness and reinforcing learning outcomes (Chabot et al., 2021; Moak, 2020; Short et al., 2020; Speer & Conley, 2024). Schnedl and Milton (2021) argue that transformative learning during international experiences occurs when students critically reflect on their assumptions, values, and roles in unfamiliar situations. Feedback from an alumni survey post-ISL found that hands-on, diverse learning experiences, paired with self-reflection, shaped students' professional identities and inspired a commitment to lifelong learning. This aligns with St. Peters and Short (2018), who emphasizes that critical reflection is essential to students' development of professional identity and cultural humility during ISL. The author found that structured opportunities to reflect on cultural

interactions helped students recognize their biases, navigate ethical tensions, and grow personally and professionally.

ISL experiences can also serve as safe spaces for students to practice professional communication and therapeutic use of self. As described by St. Peters and Short (2018), Saviers et al. (2023), and Ferguson (2025), character development and deep personal transformation are most effectively fostered through ethical, clinically enriching, immersive service learning that moves beyond mere exposure. van Vuuren (2016) extends this insight to simulated learning environments, showing that reflection on clinical skills enhanced communication, improved assessment abilities, increased confidence, and reduced anxiety. Short et al. (2020) provided longitudinal evidence showing that metacognitive reflection, defined as the ability to assess and adapt one's thinking in culturally complex situations, was the only domain of cultural intelligence to show sustained gains years after participation in an ISL experience. This finding underscores the importance of reflection not as a one-time activity, but as a skill that must be intentionally developed and reinforced over time.

Critical reflection facilitates deeper cultural awareness, professional identity formation, occupational competence; and helps students become more deeply aware of implicit biases (Cook et al., 2023; Nelson et al., 2023). In a quantitative study involving 153 master's-level OT students, engagement in guided critical reflection workshops led to statistically significant increases in students' awareness of their underlying personal assumptions (Nelson et al., 2023). In a mixed-methods study, Dunne et al. (2024) found that most students rated written reflection activities as "moderately" to "very useful," with many reaching "reflective" or "critically reflective" levels on the M-REFLECT2 rubric, which evaluates the depth and quality of reflective inquiry. Similarly, thematic analysis by Ceo-DiFrancesco et al. (2020) revealed that

students' post-trip reflections ranged from surface-level observations to more complex analyses of how to navigate power dynamics, their personal biases, and how to apply cultural humility in future OT practice. These findings highlight both the quantitative and qualitative value of structured critical reflection in cultivating critical thinking skills and sparks personal transformation among emerging OT practitioners.

Clinical and Professional Skill Development Through Experience-Based Learning

ISL provides a rich context for developing clinical and professional skills through hands-on, experience-based learning. By engaging with diverse patient populations, potential language barriers, unfamiliar healthcare systems, and more, students are challenged to apply their academic knowledge in real-world settings (Chabot et al., 2022; Velez & Koo, 2020). As OT students build competence in their clinical skills, such as assessment, communication, and intervention planning, this foundation serves as a stepping stones toward more advanced professional behaviors and *fosters the development of professional behaviors and clinical reasoning in preparation for clinical practice* (Potvin et al., 2021). Studies have shown that these experiences help students develop communication skills, confidence in clinical decision-making, and a deeper understanding of the social determinants of health, to name a few (Cipriani, 2017; Jettner et al., 2025; Saviers et al., 2023).

Schnedl and Milton (2021) found that participation in ISL enhanced OT students' professional soft skills, such as communication across language barriers, collaboration, and problem solving; and tested their technical clinical skills and applied knowledge. Participants emphasized that their experience in Guatemala allowed them to practice creatively in resource-

limited environments and apply their classroom learning in diverse, real-world contexts. Lawson and Olson (2017) further support these claims by noting that application of clinical OT skills and interventions in low-resource environments encouraged creative problem-solving and adaptability; skills they now consider essential in their current practice settings. Depending on the location, students may also encounter a variety of healthcare settings, including but not limited to hospitals, clinics, community centers, schools, and orphanages. Chabot et al. (2022) found that students experienced the strongest emotional responses during authentic clinical activities, which included delivering care (with their developing clinical skills), providing health education, or distributing/donating essential resources and items.

Chakraborty and Proctor (2019), Coffin et al. (2021), and Meaux et al. (2021) found improvements in interprofessional understanding among allied health students, resulting in more positive team dynamics and a clearer understanding of each profession's role. Andonian et al. (2023) highlight the value of mentorship and peer collaboration in fostering skill development and self-awareness. These findings suggest that working alongside educators and peers in a supportive learning environment, one that prioritizes students' emotional well-being, enhances their ability to critically reflect, take appropriate risks, and integrate theoretical learning with hands-on experience in a meaningful way. Chabot et al. (2021) reported that OT students participating in an ISL experience in Morocco provided neuro-muscular rehabilitation, addressed pain and contracture management, and adapted to communication barriers in the absence of interpreters. These challenges contributed to the development of cultural sensitivity, strengthened professional identity, and increased comfort levels in working with diverse populations. Similarly, Olsen and Jentoft (2023) found that OT students completing fieldwork in Zambia engaged in group therapy design, constructed assistive devices using unconventional materials

(e.g., cardboard, flour, water), and collaborated closely with families and caregivers to ensure treatment sustainability. As a result, students developed professional competencies such as tolerance, flexibility, ethical reasoning, and a focus on sustainable practice. Together, these studies highlight how clinical skill development during ISL varies across settings, yet consistently promotes professional growth. These immersive experiences not only enhance technical competence but also support the formation of professional identity, critical for ethical and effective occupational therapy practice.

Gaps and Opportunities in Literature

Despite promising findings, the current literature reveals several notable gaps in the implementation and evaluation of ISL and training prior to departure. One major limitation is the lack of longitudinal data, few studies assess the enduring impact of these experiences beyond immediate post-program reflections, leaving long-term outcomes unclear (Short et al., 2020). Additionally, there is considerable inconsistency in how cultural competence and humility are taught across occupational therapy programs, with little agreement on best practices or standardized assessment tools (AOTA, 2020). According to Fruhstorfer et al. (2024) allied health professions also tend to focus on the development of cultural competency “rather than exploring participants' transformative learning or long-term professional growth.” Additionally, reflective components during existing pre-departure training often fall short of addressing deeper issues of power, privilege, and positionality, limiting students' understanding of systemic inequities and the ethical complexities inherent in global service work as well (Kalbarczyk et al., 2019). To conclude, although existing literature highlights effective strategies for preparing students for

ISL, a universally accepted standard for pre-experience training has yet to be established (Schnedl & Milton, 2021).

Conclusion

The intersection of cultural competence and humility, clinical readiness and professional skill development, and self-reflection creates opportunities for innovation and growth in graduate-level occupational therapy education. ISL experiences, when supported by robust pre-departure training and reflective scaffolding, offer a powerful avenue for developing these capacities. To fulfill this potential, the purpose of this capstone project is to explore the importance of an evidence-based pre-departure training curriculum on the cultural competence and professional skill development of occupational therapy doctoral students preparing for an international service learning (ISL) experience, in order to inform the development of an ISL Opportunity (ISLO) guide.

Chapter 2: Needs Assessment

Introduction

Georgia State University (GSU) aims to serve as a national model of inclusive excellence, with a strong emphasis on global engagement as a core component of that vision. As stated by President M. Brian Blake, “experiential learning is a vital part of a Georgia State education. An essential piece of that is studying abroad, which shapes and broadens our students’ worldviews” (Georgia State University, 2022). To support this mission, the university provides various initiatives, such as the International Education Fee (IEF) Scholarship, the Free Passport Initiative (FPI), and numerous resources for students, faculty, and families to ensure that international opportunities are accessible to everyone (Georgia State University, 2023)

The GSU Department of Occupational Therapy has embraced this commitment to global learning. With the healthcare landscape becoming increasingly diverse and complex, it is critical to ensure that students are equipped with the tools needed to navigate cross-cultural clinical environments. ISL provides students with opportunities to develop cultural humility, strengthen clinical and communication skills, and engage meaningfully with underserved communities in collaboration with peers, faculty, interpreters, and more. Since enrolling its first class in 2017, the department has developed and grown study abroad opportunities to India, the Dominican Republic, and Belgium. As of Summer 2025, India and Dominican Republic are the only programs which follow the ISL model. Students are also encouraged to participate in study abroad experiences based on their individual interests and needs and have participated in programs through other departments in countries such as Germany and Norway. As part of its mission to prepare students for professional practice in diverse cultural and clinical settings, the department is committed to growing its international education experiences.

To support this growing area of education, a formal needs assessment was conducted to better understand current pre-departure training practices and inform the development of an ISLO guide and supplementary curriculum. The primary goal was to identify existing gaps, evaluate student and faculty perceptions, and gather insights from individuals directly involved in ISL experiences. This needs assessment drew on multiple sources of information, including survey data from students and faculty, informal interview and review of the Dominican Republic ISL program, and the author's personal experience. Together, these data sources were used to guide the direction and content of the capstone project and to ensure that future training resources are both evidence-informed and grounded in the lived experiences of program participants.

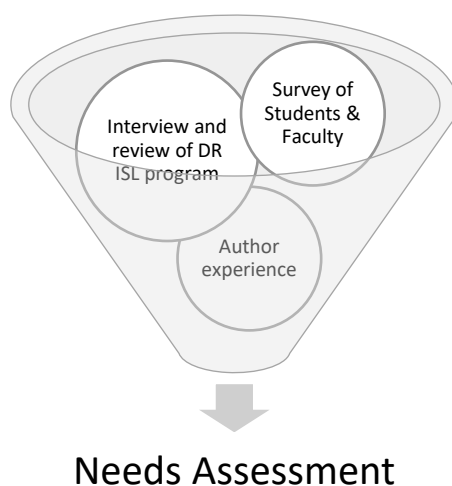


Figure 1. Needs Assessment

Methods

1. Survey of Students and Faculty

A survey was designed to gather both quantitative and qualitative data from participants. It included sections on participant demographics, previous international experience(s), and

perceptions of pre-departure training and preparedness across three key domains: cultural competence, clinical skills and critical reflection skills; the latter two skills which are sub-topics which inform the greater topic of professional skills development. Additionally, participants were asked about their interest in the development of a pre-departure manual, or guide, and the types of content they would find most useful. The survey featured a combination of question formats, including Likert scale items, numbered rating scales, multiple-choice questions, and open-ended responses to allow for more detailed feedback. The survey questions were reviewed by three faculty members from the Byrdine F. Lewis College of Nursing and Health Professions, and revisions were made based on their recommendations.

The survey aimed to gather information from two key stakeholders:

1. Graduate students who have participated in a study abroad opportunity in the last five years (Appendix 4)
2. Faculty/staff who have led a study abroad opportunity in the last five years (Appendix 5)

To accommodate both stakeholder groups, the survey's wording was adjusted as necessary without compromising the question's integrity. Using a mixed-methods approach, the author used a convenience sample of graduate-level occupational therapy students and faculty from Georgia State University's Byrdine F. Lewis College of Nursing and Health Professions.

Distribution

A Qualtrics survey was distributed between April and June 2025. Faculty were hand-selected and emailed individually based on inclusion criteria, while students from the last five

OT cohorts (2021-2026) were invited via an email blast. Recruitment also occurred via word-of-mouth and IRB approval was obtained prior to distribution.

Data Analysis

All survey data was manually cleaned to address inconsistencies, remove incomplete entries, and add missing labels via Google Sheets. Student data was analyzed first, followed by faculty feedback, before both data sets were compared to identify similarities and differences. Descriptive statistics, such as means, percentages, and frequencies, were computed for all demographic questions, and the number of respondents for each item was noted. Frequency distributions and means were used to analyze quantitative data obtained from 5-point Likert scale questions. Ranking questions, where participants rated items on a scale from 1 to 10 (1 = Not important at all, 10 = Extremely important), were analyzed using weighted averages to identify overall trends in responses. Light coding and thematic analysis were used to group the qualitative responses (from all open-ended questions) into three main categories: perceived preparedness and outcomes, pre-departure training, and pre-departure manual. Under each category, the results were then further organized into the three predetermined outcome measures of cultural competency, clinical skills, and critical reflection skills.

2. Interview and Review of Dominican Republic ISL Program

The existing Dominican Republic ISL program was reviewed through an informal faculty interview and top to bottom review of the 2024 and planned 2025 pre-departure training process, to gain insight into the structure and effectiveness of the components. To start, the author conducted an informal interview with the faculty program director who has overseen the

Dominican Republic program since its inception. This conversation provided context on the program's history, syllabi, structure, student feedback from previous cohorts, and suggestions for improvement. Resources used by the 2024 attendees were also shared, which included the student-developed in-home assessment tool to be used by students and a digital handout bank (stored in Google Drive). Access was also granted to the program's iCollege course, which included materials such as the syllabus, course readings and content, and a class roster.

3. Author Reflection

As an OTD student who participated in an ISL experience in India early 2024, I bring a personal perspective that has shaped the direction of this capstone project. Going through the pre-departure training and the immersive international experience myself, I often felt uncertain and unprepared, particularly regarding my clinical skills. That lack of confidence led to self-doubt, and a desire to have reviewed more course content before departure. However, I found strength in prior experiences, such as fieldwork, volunteering, and caregiving; which allowed me to engage more confidently in certain aspects of the trip. Culturally, the experience was transformative in a multitude of ways. It challenged my assumptions, helped me confront internal biases, and expanded my understanding of OT in a global context. Although the service learning components of the program were the most challenging due to limited preparation, the cultural engagement was deeply enriching and reinforced the value of global exposure in OT education.

Having participated in study abroad and community-based service programs before graduate school, I was already passionate about experiential learning. However, this trip emphasized the critical need for better preparation, particularly when clinical skills such as

assessment, activity analysis, and intervention are required. Because this was the first year of the India program, there were clear opportunities for improvement, and this realization inspired the development of my capstone. My goal is to create a pre-departure guide and supplemental resources that is practical, accessible, and tailored to student needs. Also, one that feels directly applicable to their role, enhances student confidence, and supports both digital and print learning preferences. Information is power, and when pre-departure training connects cultural knowledge to clinical application in meaningful, personal ways, it can be assumed that students will feel more prepared, supported, and empowered throughout their ISL experience.

Results

Survey Demographics

A total of 32 individuals participated in the survey(s): 28 graduate students and 4 faculty members. Due to the survey's skippable format, and incorporation of skip logic to increase efficiency, not all respondents completed every question. Among student participants, the average age was 26, with the majority identifying as female and 57.58% identifying as White. All student respondents were enrolled in the occupational therapy program, and most (n=14) had completed at least two years of graduate education. Notably, the majority of students (n=24) reported having no prior experience studying or working abroad before entering graduate school.

Among faculty participants, the gender breakdown was evenly split (50.00% male, 50.00% female), with the majority identifying as White. On average, faculty reported an average of 22.25 years of professional experience in their respective fields. Although all faculty had

confirmed leading an ISL experience within the past five years, only half had personally studied or worked abroad prior to doing so.

Table 1 Needs Assessment Demographic Characteristics by Group (n=32)

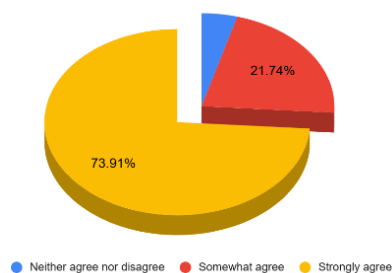
Characteristic	Students (n=28)		Faculty (n=4)	
	n	%	n	%
Age				
18-25	20	71.43%	0	0.00%
26-44	8	28.57%	1	25.00%
45-59	0	0.00%	3	75.00%
60+	0	0.00%	0	0.00%
Sex				
Female	26	7.14%	2	50.00%
Male	2	92.86%	2	50.00%
Ethnicity/Race				
White	19	57.58%	3	75.00%
Asian	6	18.8%	1	25.00%
Black or African American	3	9.09%	0	0.00%
Hispanic or Latino	4	12.12%	0	0.00%
Prefer not to say	1	3.03%	0	0.00%
Highest Level of Education				
Bachelor's degree	26	7.14%	0	7.14%
Doctorate or professional degree	2	92.86%	4	100.00%
Prior Experience Abroad (i.e. studied or worked)				
Yes	24	14.29%	2	50.00%
No	4	85.71%	2	50.00%

Perceived Outcomes

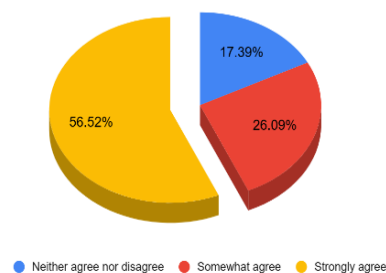
Among the student respondents, a majority reported significant perceived growth in cultural competence, critical reflection, and clinical skills as a result of participating in an ISL experience. 73.91% *strongly agreed* that their cultural competence increased, with an additional 21.74% *somewhat agreeing*. In terms of critical reflection skills, over half (56.52%) *strongly agreed* their skills had increased, while 26.09% *somewhat agreed*, and 17.39% remained *neutral*.

For clinical skills, 65.22% *strongly agreed* that their skills had improved, and 30.43% *somewhat agreed*. These results suggest that students overwhelmingly perceive international service learning as a meaningful contributor to their professional and personal development across all three domains.

Do you feel/perceive that your cultural competence increased as a result of attending an international service learning experience?



Do you feel/perceive that your critical reflection skills increased as a result of attending an international service learning experience?



Do you feel/perceive that your clinical skills increased as a result of attending an international service learning experience?

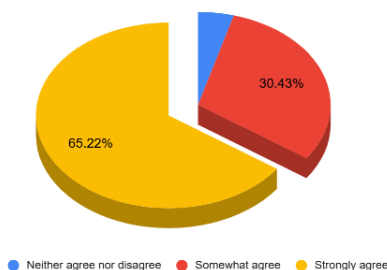


Figure 2. Perceived Preparedness

Note: All data in figures represent student responses; faculty data is presented narratively

Faculty responses indicated a generally positive perception of the impact of ISL experiences on student development. All faculty agreed that students' cultural competence increased, with 50.00% selecting *strongly agree* and 50.00% selecting *somewhat agree*. Similarly, all participants felt that students' critical reflection skills improved, though to varying degrees; with 25.00% selecting *strongly agree* and 75.00% selecting *somewhat agree*. Perceptions of clinical skill development were more neutral, with half of respondents selecting

somewhat agree and the other half indicating *neither agree nor disagree*, suggesting more variability or uncertainty regarding the clinical impact of these experiences.

Pre-Departure Training: Cultural Competence

When asked to rate the importance of pre-departure training in helping someone feel culturally competent during a service learning experience (on a scale from 1 to 10, with 10 being the highest), the average score was 9.56. When asked whether their pre-departure training included cultural competency education, 45.00% of student respondents reported that it did. However, 75.00% (n=15) did not feel adequately prepared in cultural competency. Students who received training described a range of preparatory activities, the majority of which were assignment-based and student-led. Common approaches included: small-group research projects on aspects of the host country's culture (e.g., family roles, landscape, health practices) which were then presented to peers in a large group setting; sharing cultural digital resources to be accessed during the trip; and faculty-led virtual and in-person classroom sessions dedicated to cultural competency. While some found these activities helpful, others noted that the preparation was superficial or lacked depth. One participant described the training as "somewhat helpful" and noted that during a different graduate-level study abroad experience, they received no memorable cultural education before departure.

Several students expressed that the training relied too heavily on self-directed learning, which left gaps in understanding and contributed to culture shock upon arrival. Additionally, students felt that discussions on important social concepts like white privilege, American ethnocentrism, and cultural stereotypes would have better prepared them for respectful, immersive engagement. Participants suggested improvements such as incorporating guest

speakers with lived cultural experience, fostering more open discussions on difficult topics, and integrating cultural education throughout the entire study abroad experience rather than limiting it to pre-departure sessions.

Faculty responses reflected similar insights. 75.00% of participants (n=3) reported that their programs included cultural competency training, but only half felt the training adequately prepared students to feel culturally competent. With an average score of 6.67, with the highest score being 10, participants placed moderate importance on pre-departure training for helping students feel culturally competent. Faculty noted that pre-departure training helped students feel more comfortable and reduced anxiety by providing a general understanding of what to expect during the international experience. They did, however, call attention to some shortcomings, such as the need for more detailed information about the specific regions being visited and stronger support for students with diverse identities; such as those concerned about how their sexual orientation might be perceived abroad. Overall, both students and faculty recognized the value of cultural preparation, but emphasized the need for a more comprehensive, structured, and inclusive approach to cultural competency training.

Pre-Departure Training: Critical Reflection Skills

Just 36.84% (n=7) of the student respondents indicated that the topic of critical reflection was covered in their pre-departure training, while the majority (63.16%) said it was not. Student descriptions of the training revealed that exposure to critical reflection varied widely. Some students recalled engaging in reflection through written assignments focused on personal identity, cultural background, or previous fieldwork experiences. Others stated that critical reflection was introduced briefly during group discussions. Majority of respondents rated the

importance of pre-departure training for critical reflection skill development as high, with 50.00% giving the highest possible score of 10 and a mean score of 8.50. Overall, 88.89% of participants selected a score of 7 or above, indicating that most view such training as an essential foundation for reflective learning during ISL experiences.

Despite this, many students felt the training was limited in scope and largely introductory. While some pre-departure activities encouraged reflective thinking, participants frequently expressed a need for more structured opportunities to practice and develop reflection skills. Suggestions for improvement included the use of guided exercises, incorporation of cultural case scenarios, open dialogue around difficult or uncomfortable topics, and opportunities for written reflection, especially for students less comfortable sharing verbally. A number of participants emphasized that critical reflection should not be treated as a one-time pre-departure activity but rather as a skill that should be supported before, during, and after the international experience. Several participants noted a strong connection between learning about culture and developing reflective skills, often drawing on knowledge from their Social and Cultural Determinants of Health course. One respondent shared, “The training helped me develop critical reflection skills by encouraging me to think intentionally about my cultural assumptions, communication style, and personal values before entering a new environment.” This feedback aligned with the finding that only half of the students (n=9) felt adequately prepared to critically reflect on their experiences through pre-departure training.

Faculty responses echoed these mixed perspectives. While all faculty respondents agreed that students were adequately prepared to reflect, the average importance rating given to critical reflection training was relatively moderate, with scores of 6 and below, and a mean of 4.33. Only one faculty member provided an example of critical reflection being addressed in pre-departure

training, citing the use of a photo journal assignment to help students document and reflect on their attitudes and experiences. Another faculty member reported that critical reflection was not addressed much at all in their program's training.

Pre-Departure Training: Clinical Skills

Among student respondents, 70.59% confirmed that their pre-departure training included clinical skill development, while 29.41% indicated it did not. Participants described their training as a combination of anticipatory planning and a review of fundamental skills. To refresh their knowledge and get ready for a range of clinical scenarios, students participated in group presentations, roleplay, and cooperative projects. These include making intake forms, going over relevant assessments, and interventions; all while considering the needs of specific populations they would encounter abroad. Many also mentioned how their readiness was greatly influenced by their recent Level II fieldwork.

Despite these efforts, student feedback suggested several areas for improvement. While the training helped establish expectations, it often emphasized what tools to bring rather than how to use them effectively in unfamiliar or cross-cultural contexts. Many participants felt that the training lacked the hands-on practice necessary for reinforcing clinical confidence, especially for students whose previous fieldwork experiences were in different settings or populations. Students expressed a desire for more structured review sessions, preparation for challenges like language barriers and short-term patient education. One participant described the training as primarily focused on skills review, but expressed a desire for more discussion on "how to adapt those skills to the different environment we were entering." The students placed high importance on pre-departure training helping develop clinical skills, with an average score of 8.25.

In contrast, faculty feedback indicated a low perceived importance of including clinical skill development in pre-departure training, with all respondents selecting a rating of 3 or below. Two faculty members felt that students were adequately prepared, largely due to their previous coursework and clinical rotations, rather than the training itself. Faculty emphasized that most clinical skills are honed through hands-on experience rather than classroom instruction. Their feedback suggests that while students may desire more active clinical skills review, faculty tend to view pre-departure training as a supplement to prior experiential learning rather than a primary source of skill development. As one participant noted, many of these skills “don’t develop until they have the lived [experience].”

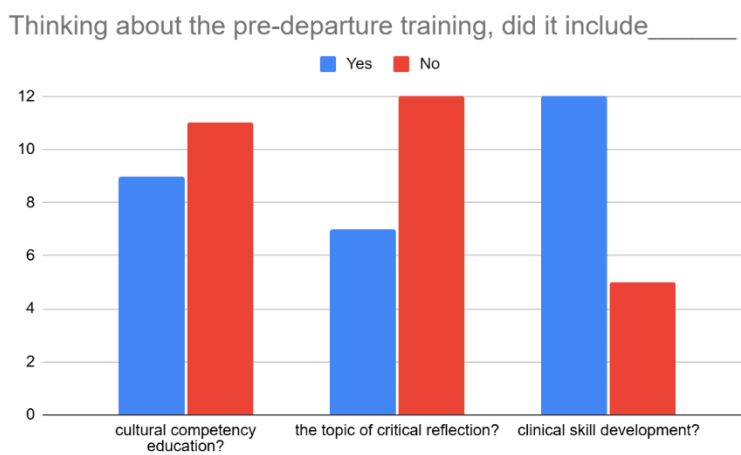


Figure 3. Pre-Departure Training Content

Note: All data in figures represent student responses; faculty data is presented narratively

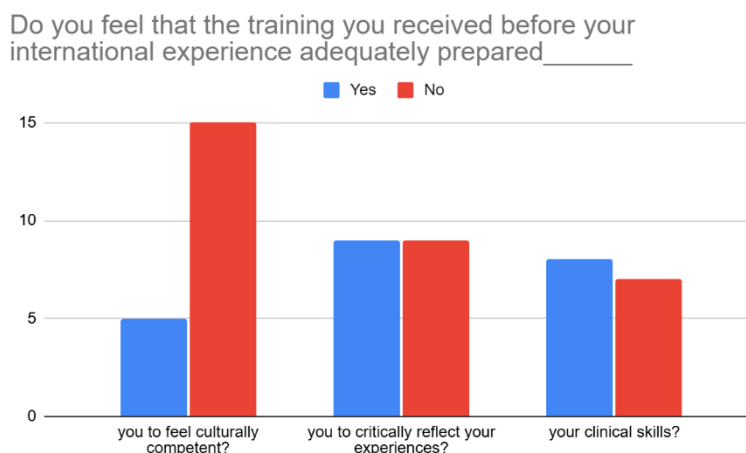


Figure 4. Levels of Preparedness

Note: All data in figures represent student responses; faculty data is presented narratively

Pre-Departure Manual Feedback

Both students and faculty overwhelmingly supported the idea of a pre-departure manual to better prepare participants for ISL experiences. Among student respondents, over 95.00% indicated that such a resource would be helpful. Faculty responses were similarly supportive, with three out of four agreeing on the helpfulness of a pre-departure resource.

Students expressed a strong desire for the manual to be comprehensive and practical, covering topics such as budgeting, basic conversational phrases in the host country's language, cultural norms, and destination-specific packing list. Many emphasized the importance of including detailed information about the clinical and therapy aspects of the trip, such as expectations for assessment versus intervention, common conditions seen, and how local health systems operate. Students also wanted a clearer understanding of program logistics, including safety information, required documents, flight and local transportation details. Additional suggestions include providing weather expectations, food and housing details, and guidelines for respectful behavior.

Faculty echoed many of these priorities, particularly in relation to logistics and safety. Their recommendations focused on including key details such as emergency contact numbers, copies of university insurance, on-site faculty contact information, and a clear overview of regional cultural expectations. Overall, the strong support from both groups reflects a shared recognition that a well-designed manual could reduce anxiety, promote preparedness, and support both cultural and clinical success during ISL programs.

Informal Interview and Program Review

A 60-minute informal interview was conducted with the faculty program director of the program to better understand the structure and logistics of the Dominican Republic service learning trip, with a particular focus on the 2024 group. During this conversation, the author gained insight into the format of the program, which included a review of the types of clinical sites students would rotate through: in-home visits, rehab center for pediatric and adult population, and a skilled nursing facility. It was also noted that students would be organized into groups of 3–5 based on their prior Level II fieldwork experience to ensure a diversity of clinical backgrounds. The local partner organization, Comunidad Connect, was responsible for providing logistical support, assigning interpreters to each student group, and coordinating a cultural excursion.

Based on the feedback from the 2024 group several areas of improvements were identified to enhance future pre-departure training. These included: (1) improved organization of digital handouts for ease of access, (2) the creation of a reflection journal to promote in-trip reflection, complementing existing pre- and post-trip activities, (3) a simulated interpreter activity utilizing the in-home assessment tool developed by previous students, (4) an expanded

clinical review section that includes additional conditions, assessments, and intervention strategies suitable for low-resource settings, and (5) an updated packing list with suggested low-cost therapeutic tools.

Discussion and Conclusion

Both students and faculty expressed strong support for international service learning as a meaningful and transformative component of occupational therapy education. Among survey respondents, 86.96% of students reported being extremely likely to encourage their peers to participate in similar programs, and 75.00% of faculty indicated they would strongly recommend such experiences to their students. This shared enthusiasm reinforces the perceived value of ISL in shaping competent, compassionate, and culturally responsive practitioners.

The results of this needs assessment, considered alongside the existing literature, underscore the critical importance of comprehensive pre-departure training in preparing students for the complexities of international service learning. Across both student and faculty feedback, there was consistent agreement on the need for training in three key domains: cultural competence, clinical skills, and critical reflection. While many students appreciated opportunities for research, discussion, and peer collaboration prior to departure, they also expressed a desire for more structured, hands-on, and culturally informed preparation. Faculty echoed these concerns, highlighting gaps in clinical readiness and emphasizing the importance of targeted support for students from diverse backgrounds and identities.

Based on the feedback provided by students and faculty regarding the content and format of the proposed training materials, as well as a review of existing service learning programming within the OT department, the author determined that a shift from a manual to a guide was more

appropriate. Unlike a manual, which is typically reference-oriented, the guide is designed to be more action-oriented and practical, offering interactive tools, checklists, and structured activities to better support student engagement and skill development. This pivot aligns with the overall goal of promoting student preparedness and ensuring that global learning experiences are both effective and ethically grounded.

Together, these findings support the development of a standardized pre-departure training guide and curriculum that directly respond to student and faculty needs. Such resources have the potential to strengthen global learning opportunities, enhance student outcomes, and contribute to a more equitable and sustainable model of international service learning within occupational therapy education.

Chapter 3: Theories and Models

The theoretical support for this capstone project incorporates several different psychological and educational theories. These include concepts from Mezirow's Theory of Transformative Learning, Bandura's Self-Efficacy Theory, and Campinha-Bacote's Process of Cultural Competence in the Delivery of Healthcare Services (PCCDHS) Model. Collectively, these form a foundational basis for developing a comprehensive pre-departure preparation program for OT students.

Mezirow's Theory of Transformative Learning

Sometimes referred to as transformational learning, transformative learning theory centers on the idea that students can adjust their perspectives in response to new information (Western Governors University, 2020). Mezirow defines transformative learning as the process through which people question their presumptions, engage in critical reflection, and then update their frames of reference to include fresh, inclusive viewpoints (Cranton, 2016; Mezirow, 2002).

This process is especially relevant for OT students preparing to engage in international service learning, where encounters with unfamiliar cultures, healthcare systems, and social norms can serve as powerful "disorienting dilemmas," which is the first phase of the theory (Briese et al., 2020; Kitchenham, 2008). These dilemmas, which are defined as encountering situations requiring resolution, prompt the learner to participate in critical self examination; potentially eliciting emotional responses such as guilt or shame. This is followed by the recognition that others share similar experiences and a critical assessment of one's various assumptions. Learners then explore new roles or actions, develop a plan on how to implement them, acquire the necessary knowledge and skills, and try out their new roles tentatively. As they

build competence and confidence through this process, they move into the final phase of the reintegration of this new perspective into their life.

In the pre-departure curriculum, this theory will be applied through reflective journaling, case-based discussions, and guided group debriefings that mirror simulation-based learning strategies (Briese et al., 2020). These components enable students to not only process their anticipated experiences but also to rehearse appropriate responses to potentially complex situations abroad. By teaching critical self-reflection skills and promoting transformation of their “habits of mind and points of view” before departure, the curriculum parallels the final phases of transformative learning theory (Briese et al., 2020; Western Governors University, 2020). These elements ultimately prepare students to engage in global health contexts with greater cultural humility and professional awareness, to ultimately transform their worldview.

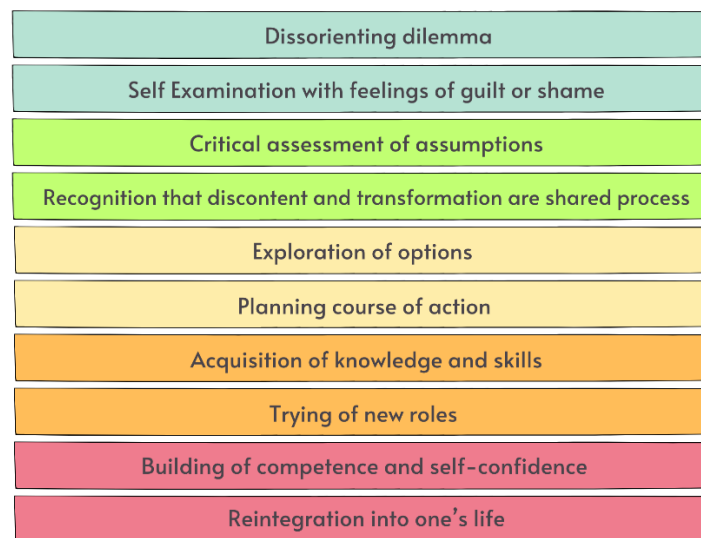


Figure 5. Mezirow's Theory of Transformative Learning

Bandura's Self-Efficacy Theory

Bandura's self-efficacy theory explains how a strong belief in one's abilities supports motivation, well-being, and a sense of personal achievement (Bandura, 1997; Lopez-Garrido, 2023). Bandura's theory centers on the belief that individuals are more likely to take on and persist in challenging tasks when they believe in their ability to succeed. On the other hand, those with low self-efficacy tend to shy away from difficult situations, concentrate on negative outcomes, and think that their failures are the result of a lack of skill. Research indicates that students' academic performance is positively impacted by their academic self-efficacy (Ham, 2025).

According to Bandura, self-efficacy is shaped by four main sources: mastery experiences, vicarious experiences, verbal persuasion, and emotional or physiological states (Lopez-Garrido, 2023). This program aims to strengthen students' belief in their ability to succeed in ISL environments by intentionally incorporating these sources through mentorship and structured training. Graduate-level students entering these experiences already possess foundational mastery experiences, including completion of undergraduate coursework and fieldwork placements, which the curriculum will help them recognize and build upon. Vicarious experiences, gained by observing peers who have succeeded in similar roles or situations, will be supported through stories and feedback from past program participants and faculty. Next, verbal persuasion, or encouragement and constructive feedback, will be woven throughout simulation-based learning to promote growth in a supportive environment, free from the pressure of formal grading. Lastly, to help manage the emotional and psychological states of students an emphasis on physical and emotional wellbeing will be incorporated. These main sources contribute to the development of self-efficacy, one's confidence in their ability to influence outcomes and navigate their environment, which in turn affects behavior and performance.

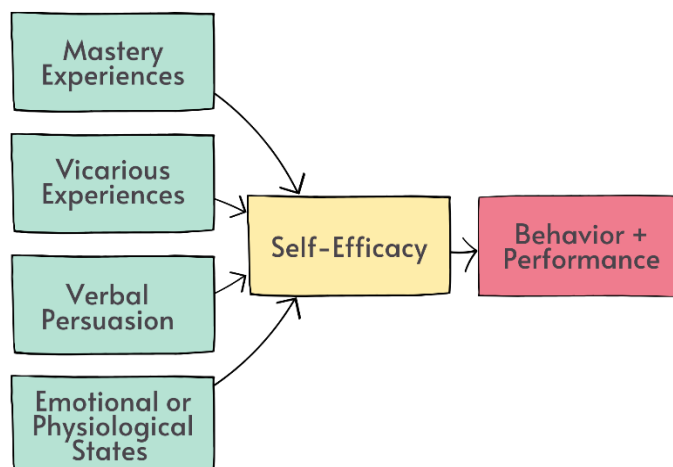


Figure 6. Bandura's Self-Efficacy Theory

Campinha-Bacote's Process of Cultural Competence in the Delivery of Healthcare Services (PCCDHS) Model

Finally, Campinha-Bacote's PCCDHS model is a widely recognized framework that guides healthcare professionals in developing cultural competence by viewing it as an ongoing process in which providers strive to work effectively within the cultural context of individuals, families, and communities (Campinha-Bacote, 2002). The model's author, Dr. Campinha-Bacote, coined the term 'competemility' to represent the synergistic relationship between cultural competence and cultural humility. The approach suggests that healthcare professionals need to work on both cultural humility and cultural competency simultaneously, while seeking out and experiencing different cultural encounters.

While the model has undergone several versions over the years, it has consistently comprised of five interrelated constructs that must be continuously developed to deliver culturally responsive care: cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire. Cultural awareness involves self-examination of personal biases;

knowledge includes learning about diverse cultural beliefs and health practices; skill refers to conducting culturally appropriate assessments; encounters involve direct interaction with people from different backgrounds; and desire reflects the genuine motivation to engage in this work.

Wall-Bassett et al. (2018) demonstrated the effectiveness of this model within ISL, showing that structured reflection, cultural immersion, and interdisciplinary collaboration significantly enhanced students' understanding of and engagement with these constructs. Their findings highlight how the model serves not only as a theoretical framework but also as a practical guide for promoting culturally responsive care in real-world global contexts.

Chapter 4: Methods

Project Design

This capstone project consisted of two interrelated components. The first component involved enhancing the existing pre-departure training by integrating new, evidence-informed materials based on a multi-part needs assessment. These additions aimed to strengthen cultural, clinical, and reflective preparation for students and will ultimately contribute to the development of a comprehensive pre-departure training guide for OT students preparing for ISL experiences. Select components of the revised training were piloted with students participating in the 2025 Dominican Republic ISL trip.

The second component focused on evaluating the impact of ISL participation on student outcomes, specifically in the areas of cultural competence and professional skills development; with the sub-outcomes of clinical skills and critical reflection skill development. A mixed-methods approach was used to explore both measurable learning outcomes and the more subjective, experiential aspects of participating in an ISL program. To assess change over time, a pre- and post-survey was distributed to students participating in the 2025 Dominican Republic ISL trip. These surveys were designed to capture shifts in students' self-reported competencies across the targeted domains. The project design was grounded in current literature and informed by stakeholder feedback gathered during the early phases of development.

Site Description

This project was conducted through Georgia State University's OTD program, housed within one of the nation's premier public research universities. Georgia State is recognized for its commitment to innovation, diversity, and global engagement (Georgia State University, 2022).

The OTD program places strong emphasis on preparing future clinicians to thrive in an increasingly globalized healthcare environment. As part of this mission, the department offers enriching international opportunities for students, including annual service learning programs in India and the Dominican Republic, as well as study abroad experiences in Belgium and Norway.

The capstone project was implemented within this dynamic academic setting, drawing on the university's robust infrastructure for experiential learning and international collaboration. Data collection took place through online Qualtrics surveys and in-person classroom observations conducted during the pre-departure training sessions and post-return sessions for the 2025 Dominican Republic ISL trip. This program has been in development for over three years and represents a structured, immersive opportunity for students to apply their clinical and cultural skills in real-world contexts. The service learning program in the Dominican Republic combines meaningful clinical experiences with cultural exploration. The service component includes site visits to a rehabilitation center serving both pediatric and adult populations, an assisted living facility, and in-home visits. During home visits, students conduct assessments using a structured in-home assessment tool alongside a staff interpreter and deliver occupational therapy interventions in 60-minute sessions. The cultural exploration portion of the program varies by year but typically includes tourism focused activities such as ATV excursions, a catamaran ride, a guided city tour, and a visit to a local university. The department continually refines its curriculum based on student and faculty feedback annually, with a commitment to expanding programming and updating content in order to create robust and enriching experiences. These efforts aim to support the development of culturally competent, reflective, and globally-minded OT practitioners.

Participants

Participants in this study were graduate-level occupational therapy doctoral students enrolled in the 2025 ISL trip to the Dominican Republic. This cohort was selected due to the alignment of their trip timeline with the capstone project, as well as the program's status as the most developed and senior ISL experience within the department. The Dominican Republic program has an established relationship with the host site, Comunidad Connect, coordinates all in-country services and accommodations. These factors made it an ideal foundation for piloting and refining pre-departure training materials.

Participants were recruited through convenience sampling and invited to participate verbally. Participation was entirely voluntary and not required for involvement in the ISL program. A brief in-person overview of the study was provided by the author and site mentor during the initial pre-departure initial session. Students were informed that the author would observe all pre- and post- sessions and collect field notes as part of the capstone project. These observations focused on student engagement and group discussions, and were used alongside survey responses.

Program Development

The development of the pre-departure training program was a multi-step, evidence-informed process that drew from several key sources. First, a comprehensive literature review was conducted to extract evidence-based strategies and best practices used in ISL programs around the world. Second, past pre-departure curricula were reviewed alongside participant feedback from the needs assessment and informal interview with faculty leadership occurred to help identify strengths, gaps, and areas for refinement. Course syllabi were also analyzed to

determine where additional educational content could be integrated without duplicating efforts, ensuring alignment with the existing program rather than reinventing the wheel. In addition, the needs assessment served as a practical checklist to ensure essential components were addressed; any missing elements were thoughtfully incorporated into the revised training. As a result of this multi-faceted development process, the existing pre-departure training was updated with the following topics:

1. Cultural Competency and Cultural Humility

Students received a presentation that defined and differentiated the concepts of cultural competency and cultural humility. The session emphasized that while cultural competency is an umbrella term commonly used in healthcare, the field of OT is increasingly shifting toward cultural humility as a lifelong, reflective practice. Students were encouraged to consider how both frameworks apply in international settings and were provided with examples of how these concepts impact therapeutic relationships, clinical decision-making, and ethical engagement in diverse communities.

2. Critical Reflection

Students were introduced to evidence-based strategies for critical reflection, including the use of mindfulness techniques and structured reflection prompts. The importance of intentional reflection before, during, and after the service learning experience was emphasized as essential for deepening learning and professional growth. Additionally, a formal walkthrough of the Gibbs Reflection Cycle was reviewed in training as a visual guide (Colorado Department of Education, 2025). Each student received a printed reflection journal that included guided activities, prompts, and space for journaling, with the intention of supporting the goal of consistent reflection

throughout the trip. Journal entries followed the Triple Entry Journal format, which allowed for deep reflection under the sub-categories: observation, connection, and digestion (Cress et al., 2013).

3. Updated Packing List and Handout Organization

An enhanced and practical packing list was provided to help students prepare for clinical and non-clinical situations in a resource-limited setting. The list included traditional medical and therapy supplies, personal items, and non-traditional tools that could be adapted for therapeutic use. Suggestions for creative intervention ideas using the listed items were also included to promote adaptability and problem-solving in the field. In addition to these updates, the students were introduced to the digital handout bank stored in Google Drive, which was initiated by the 2024 group. The author reviewed the content of the drive and organized content into categories for increased ease of use.

4. Updated List of Conditions and Clinical Topics

Training content was updated to include a more comprehensive review of conditions likely to be encountered during the trip, such as cerebral palsy, developmental delays, and musculoskeletal impairments. Broad clinical topics and medical conditions were selected based on input from faculty leadership and feedback from students who had previously attended the program. These updates aimed to enhance students' clinical preparedness and confidence.

5. Working with Interpreters

A new component of the training focused on best practices when working with interpreters. It included a review presentation of effective communication strategies, appropriate positioning of the interpreter, clinician(s), and caregivers, as well as cultural

nuances and ethical considerations. Students participated and observed in a role-play scenario to practice using interpreters in a simulated home visit while following the in-home assessment tool. This addition was developed in response to student feedback and is supported by evidence emphasizing the critical role of interpreter collaboration in cross-cultural clinical care.

Program Implementation

The revised pre-departure training program was implemented in-person on campus the week prior to the 2025 Dominican Republic ISL trip departure date (Figure 7). Training was delivered across two four-hour sessions, supplemented with group work and homework assignments designed to deepen engagement with the material. Instruction was primarily led by the faculty program director, providing continuity and expertise, and the capstone author contributed supplementary knowledge and materials while concurrently observing the training process for research purposes. Content was delivered through in-person presentations, uploaded to Georgia State's iCollege platform, and stored in Google Drive. This approach improved the organization and accessibility of materials, both online and offline, which was especially important given the given the technological limitations expected in the host country.

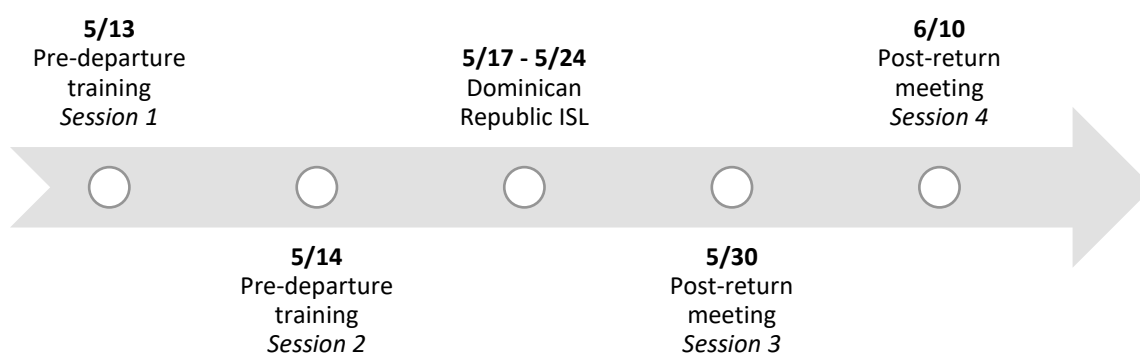


Figure 7. Dominican Republic ISL Timeline

Outcome Measures and Distribution

To evaluate the effectiveness of the training and the overall service learning experience, both quantitative and qualitative outcome measures were employed. The primary outcome measures for this study were cultural competence and professional skills development. Professional skills were further examined through the sub-outcomes of clinical skills and critical reflection, both of which were directly addressed in the pre-departure training curriculum. These outcomes were selected based on the literature review and needs assessment, which identified them as common indicators in ISL research and as core components of established ISL frameworks. Additionally, these outcomes align with the stated objectives of the OTD program's ISL course, as outlined in the course syllabus.

The pre-survey was distributed during the first pre-departure training session, a week prior to departure, and the post-survey was distributed approximately one week after returning from the trip. The study was conducted using a double-blind process, in which participants selected a randomized four-digit code from a table. Students were instructed to email the code to themselves for future reference, allowing for pre- and post-survey responses to be matched during data analysis while maintaining anonymity. Participation was voluntary, and students were permitted to skip any survey questions they did not wish to answer.

Survey Instrument

The survey consisted of three distinct sections (Appendix 6). The first section captured demographic information, including prior travel abroad, educational background, and previous clinical or healthcare-related experience. Modeled after the demographic section of the Clinical

Cultural Competency Questionnaire (CCCQ), which follows U.S. census categories, this information provided context for interpreting the outcomes and describing the participant population (Like & Fulcomer, 2001).

The second section utilized a modified version of the CCCQ. This validated tool was originally developed by Rutgers Robert Wood Johnson Medical School and Dr. Robert Like to assess how training affected the cultural competence and understanding of health disparities of practicing physicians (Okoro et al., 2012). The CCCQ has been widely used to assess cultural knowledge, attitudes, awareness, and skills through a series of items rated on a 5-point Likert scale (Medina et al., 2022). This section concluded with an open-ended question asking students: “what are some potential challenges to integrating training about culturally competent health care in health care organizations and clinical practice?”

The original CCCQ survey instrument was designed to assess healthcare providers’ cultural competence across six subscales: Demographic Characteristics, Knowledge, Skills, Encounters/Situations, Attitudes, and Education and Training (Okoro et al., 2012). For the purposes of this study, the CCCQ was adapted to better align with the context of OT students to improve data organization following modifications. The revised survey maintains the original intent of the tool, but was restructured into the following eight subscales: Knowledge, Skill, Comfort, Importance (Health Disparities), Importance (Sociocultural Issues), Awareness, Importance (Training), and Previous Training. Modifications also included removing physician-specific language and eliminating questions deemed irrelevant to the target population. For example, one item assessing knowledge of ethnopharmacology was removed from the knowledge subscale, as were various items referencing specific legislation or governmental

agencies that did not apply to OT practice. These adaptations were made with permission from the original author to ensure appropriateness and clarity for the intended audience.

Table 2 *Summary of Modified CCCQ for OT students*

Category/Subscale	Area of Focus	Number of Items/Questions
Knowledge	Knowledge of health disparities	13
Skill	Skills in dealing with sociocultural issues	14
Comfort	Comfort level in dealing with cross-cultural encounters or situations	12
Importance (Health Disparities)	Importance of factors which contribute to health disparities	12 ^a
Importance (Sociocultural Issues)	Importance of sociocultural issues in interactions	4
Awareness	Awareness of sociocultural factors/constructs	3
Importance (Training)	Importance of health professionals to receive cultural competency training	1
Previous Training	Previous training in cultural diversity	3 ^b

Note. While Demographic Characteristics is one of the original subscales of the CCCQ, it was separated and included as its own distinct section in both the pre- and post-surveys for the purposes of this study. Table design modeled from work by Okoro et al (2012).

^a *An additional question (number 13) included an open-ended “Other” text box, but no participants used it.*

^b *Survey concludes with two open-ended questions: (1) What challenges might arise when integrating cultural competency training in healthcare? and (2) Additional comments or suggestions.*

The third section of the survey focused on professional skill development. This portion was modeled after the *American Occupational Therapy Association’s 2021 Standards for Continuing Competence* (AOTA, 2021). It includes items representing the five domains of professional competence: knowledge, professional reasoning, interpersonal skills, performance skills, and ethical practice. Each domain was operationalized into survey questions that reflected observable behaviors and allowed for students to self-assess. The survey also includes three

questions that ask participants to assess their critical reflection skills; whose data was used to evaluate that outcome. In this section, the pre- and post-surveys used parallel question formats with tense adjustments to reflect the timing of the experience. The pre-survey used future-oriented language (e.g., “This Study Abroad experience and Service Learning will help me”), while the post-survey used past-tense phrasing (e.g., “This Study Abroad experience and Service Learning helped me”) to capture perceived outcomes (Appendix 7).

Table 3 *Summary Professional Skills Development Survey*

Category/Subscale	Area of Focus	Number of Items/Questions
Professional Skills	Growth in clinical knowledge and professional knowledge	4
Clinical Reasoning Skills	Growth in clinical reasoning and decision-making skills	4
Interpersonal Skills	Growth in interpersonal, communication, and collaboration skills	6
Performance Skills	Growth in client-centered care, occupational justice, and use of the OT process.	6
Ethical Practice Skills	Growth in ethical reasoning and adherence to professional values	4

Note. Questions relating to self assessment of reflection skills fall under the Clinical Reasoning Skills subscale and Interpersonal Skills subscale.

Qualitative Data

Qualitative data was gathered from open-ended survey responses, field notes taken by the author, and observations conducted during the two pre-departure training sessions and two post-return meetings. These meetings included informal student reflections shared during group debrief sessions, which offered valuable insight into students’ personal experiences, perceptions of cultural differences, and perceived growth in clinical and professional skills. The combination

of written responses and in-person reflections provided a richer understanding of the program's impact beyond what quantitative measures could capture.

Data Analysis

All data was exported from Qualtrics and imported into SPSS for manual data cleaning, initial review, and statistical analysis. To analyze the quantitative data collected from the pre- and post-surveys, SPSS was used to run descriptive statistics, paired samples t-tests, and frequency counts. Descriptive statistics, including means, percentages, and standard deviations, were calculated to summarize responses to demographic items as well as Likert-scale questions assessing cultural competence and professional skills. Items in each survey section were assessed using a 5-point Likert scale on which 1 = Not at all, 2 = A Little, 3 = Somewhat, 4 = Quite a Bit, and 5 = Very or, 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly Agree. The total score for each subscale was obtained by summing the scores for each item in that subscale. Consistent with the score analysis presented in a comparable study using the CCCQ, responses of 1 or 2 on individual items signified very low levels of cultural competence, responses of 3 denoted rather low levels of cultural competence, and responses of 4 or 5 represented moderate to high levels of cultural competence (Brown et al., 2021).

A paired samples t-test was conducted to compare pre- and post-trip scores on the adapted Cultural Competence and Confidence Questionnaire (CCCQ) and professional skills items to determine whether statistically significant changes occurred. The level of significance was set at $p < 0.05$ to evaluate meaningful differences between pre- and post-assessments. Demographic data was summarized using counts and percentages to describe the characteristics of the participant group. According to the conceptual model that guided the study's conduct, the

sum of the subscales' scores indicates the clinical cultural competence level; higher scores denote higher levels of cultural competence, while lower scores denote lower levels (Like & Fulcomer, 2001).

For the qualitative data, a basic thematic analysis was performed on open-ended survey responses. While formal coding software was not used, responses were read multiple times and manually grouped into themes based on recurring language, shared ideas, and consistent insights. This inductive approach allowed for the identification of common patterns across participants and helped capture perspectives relevant to the study's focus on cultural competence, professional skills development, clinical skills, and critical reflection skills. Additionally, field notes and observations from the post-trip reflection session were reviewed to provide further context and support qualitative findings, offering insight into students' reflective growth and overall experience.

Chapter 5: Results

Participant Characteristics

A total of 23 occupational therapy doctoral students from Georgia State University completed the pre-departure survey, and 22 students completed the post-return survey. The demographic data presented here is based on the pre-survey, which was more comprehensive than the post. The majority (43.48%) were 24 years old, followed by 30.43% who were 25. Most participants identified as female (82.61%), with a small representation of males (13.04%) and one participant identifying as non-binary (4.35%). Students were able to select multiple race/ethnicity categories. The largest group identified was White (65.22%), followed by Asian (26.09%), African American/Black (13.04%), and Latino/Hispanic/Spanish origin (8.70%). No participants selected American Indian/Alaska Native or Native Hawaiian/Other Pacific Islander. The majority of students (86.96%) had previously visited or lived outside the United States, reporting a wide range of international destinations including India, Italy, France, England, and Guatemala. Four students (17.39%) had received formal education outside the U.S., in countries such as Spain, Belgium, and India. Additionally, four students (17.39%) reported speaking a language other than English, including Spanish, Igbo, and Korean. All respondents reported an expected graduation year of 2026. The majority had completed Level I and/or II fieldwork in pediatric settings (86.96%), followed by outpatient ortho (26.09%), outpatient neuro (21.74%), and mental health (34.78%). Additional settings included acute care, community-based care, school-based services, and low vision or lymphedema-specific placements.

Table 4 Pre-Survey *Demographic Characteristics (n=23)*

Characteristic	<i>n</i>	%
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Sex		
Male	3	13.04
Female	19	82.61
Non-binary	1	4.35
Race/Ethnicity		
African American/Black	3	13.04
American Indian/Alaska Native	0	0.00
Asian	6	26.09
Latin/Hispanic/Spanish origin	2	8.70
Native Hawaiian/Other Pacific Islander	0	0.00
White	15	65.22
Other	0	0.00
<hr/>		
Characteristic	<i>n</i>	<i>%</i>
Have you ever visited or lived in any countries outside the United States?		
Yes	20	86.96
No	3	13.04
Have you received education outside the United States?		
Yes	4	17.39
No	19	82.61
Do you speak any languages other than English?		
Yes	4	17.39
No	19	82.61
<hr/>		
Characteristic	<i>M</i>	<i>SD</i>
Age	25.65	4.509
Year of Graduation from Graduate School OR expected Year of Graduation	2026	0.000

Note. Demographics generated from pre- survey data only

Table 5 Summary of Fieldwork Level I and/or II (n=23)

Characteristic	<i>n</i>	<i>%</i>
Fieldwork Setting		
Acute care	3	13.04
Adults	2	8.70

Autism center	2	8.70
Community-based	3	13.04
Inpatient rehab	2	8.70
Low vision	1	4.35
Lymphedema	1	4.35
Mental Health	8	8.70
Outpatient (multiple sclerosis)	1	4.35
Outpatient neuro	5	21.74
Outpatient ortho	6	26.09
Pediatrics	20	86.96
School-based	4	17.39
Skilled nursing facility	1	4.35

Note. Data was collected through open-ended responses and manually organized into thematic categories. Participants could report more than one setting. Demographics generated from pre-survey data only

CCCQ

The results of the pre- and post-surveys revealed changes across several subscales of the modified Clinical Cultural Competency Questionnaire (CCCQ). Using a significance level of $\alpha = 0.05$, statistically significant improvements were observed in students' knowledge, skills, comfort, and perception of previous training, indicating growth in cultural competence following the international service-learning experience. Other subscales, including awareness and perceptions of the importance of training, sociocultural issues, and health disparities, showed minimal or non-significant change.

The mean score for the *knowledge subscale* increased from the pre-survey ($M = 40.35$, $SD = 3.72$) to the post-survey ($M = 46.18$, $SD = 7.22$), resulting in a mean difference of 5.82. A paired-samples *t*-test indicated that this change was statistically significant, $t(16) = 3.73$, $p = .002$. Improvements in the knowledge subscale indicate enhanced understanding of topics such as health disparities, sociocultural influences on health, and racial/ethnic group characteristics.

The mean score for the *skills subscale* increased from the pre-survey (M = 35.74, SD = 7.26) to the post-survey (M = 50.95, SD = 5.59), resulting in a mean difference of 15.21. A paired-samples *t*-test indicated that this change was statistically significant, $t(18) = 8.40, p = <.001$. This subscale includes student ratings of their ability to apply culturally responsive practices in clinical care. This change reflects improved confidence and competence in delivering care that is responsive to the sociocultural context of clients.

The mean score for the *comfort subscale* increased from the pre-survey (M = 30.33, SD = 6.67) to the post-survey (M = 42.24, SD = 6.57), resulting in a mean difference of 11.91. A paired-samples *t*-test indicated that this change was statistically significant, $t(20) = 8.73, p = <.001$. This subscale indicates increased confidence level in using interpreters, navigating cross-cultural ethical dilemmas, and addressing adherence issues.

The mean score for the *importance (health disparities) subscale* minimally increased from the pre-survey (M = 50.00, SD = 6.87) to the post-survey (M = 50.95, SD = 6.70), resulting in a mean difference of 0.95. A paired-samples *t*-test indicated that this change was not statistically significant, $t(20) = 0.68, p = 0.508$.

The mean score for the *importance (sociocultural issues) subscale* minimally decreased from the pre-survey (M = 17.71, SD = 2.13) to the post-survey (M = 17.62, SD = 2.25), resulting in a mean difference of -0.10. A paired-samples *t*-test indicated that this change was not statistically significant, $t(20) = -0.18, p = 0.859$.

The mean score for the *awareness subscale* increased from the pre-survey (M = 11.91, SD = 2.51) to the post-survey (M = 12.48, SD = 1.78), resulting in a mean difference of 0.57. A paired-samples *t*-test indicated that this change was not statistically significant, $t(20) = 1.61, p =$

0.124. This subscale includes students' recognition of their own cultural identity, biases, and stereotypes.

The mean score for the *importance (training) subscale* minimally increased from the pre-survey (M = 4.81, SD = 0.68) to the post-survey (M = 4.95, SD = 0.22), resulting in a mean difference of 0.14. A paired-samples *t*-test indicated that this change was not statistically significant, $t(20) = 1.00$, $p = 0.33$. This subscale assessed students' beliefs about the value of formal education in cultural competence and consisted of one question only.

The mean score for the *previous training subscale* increased from the pre-survey (M = 8.48, SD = 1.78) to the post-survey (M = 9.62, SD = 1.99), resulting in a mean difference of 1.14. A paired-samples *t*-test indicated that this change was statistically significant, $t(20) = 3.06$, $p = 0.006$. Results for this subscale suggest that students came to view the service-learning program itself as a meaningful form of cultural training, as the majority of participants experienced training in cultural diversity in graduate school.

Qualitative Responses to Potential Challenges in Integrating Training

Pre-Survey

In the pre-survey, participants identified several perceived challenges to integrating culturally competent healthcare training into clinical practice and organizational settings. Common barriers included limited time, financial constraints, and a lack of organizational resources. Many respondents noted that cultural competence training is often deprioritized due to stigma, political resistance, or skepticism about its relevance. Particularly in the current sociopolitical climate, where diversity, equity, and inclusion (DEI) initiatives face growing opposition. One participant shared:

“In a general sense, many sociopolitical issues serve as barriers. Dismantling of DEI efforts, current political climate, systemic racism, stereotypes, classism, homophobia, etc... Lack of education and awareness are also barriers as well.”

Participants also highlighted difficulties such as uncovering personal biases, lack of awareness, and the complexity of addressing the needs of diverse cultural groups. Several responses emphasized the importance of creating a nonjudgmental and inclusive environment for such training, while others expressed concern about the practicality and effectiveness of traditional didactic or research-based approaches.

“Creating an environment that fosters openness without judgment.”

Instead, they advocated for experiential learning methods, such as real-life case examples and storytelling, to foster meaningful understanding.

“I think it would be good to have a class but show examples of cases so people can understand the importance... I feel like I learn a lot more from hearing or reading people’s experiences.”

Additionally, some suggested embedding cultural competence into all levels of professional development, rather than presenting it as a separate or optional training component.

Post-Survey

In the post-survey, participants reaffirmed many of the previously identified challenges and provided deeper insights shaped by their service-learning experience. Common themes included time and financial constraints, lack of organizational prioritization, and insufficient integration of cultural competence training into hands-on clinical practice. Several students highlighted the continued influence of the current political climate and the dismantling of DEI efforts as major barriers to sustainable implementation.

“It may be incorrectly prioritized. Meaning some organizations may think other educational trainings are more important.”

“The main challenge is dismantlement of proactive causes such as DEI reforms. I think a lot of organizations lack the step to address cultural competence which creates a snowball effect.”

A notable concern was the difficulty of addressing such a broad range of cultures effectively, and the absence of standardized metrics to evaluate competence in this area. Participants emphasized the need for training to go beyond textbook knowledge, suggesting that learning through shared personal experiences and real-world case examples may be more impactful.

“Having someone with personal experience talk about real like scenario rather than just from a textbook.”

“Continuing training and supplementing it with real-world experience may be the most beneficial.”

Other challenges mentioned included clinician resistance, lack of ongoing development, and structural or policy-level limitations within healthcare organizations. Additionally, students noted that cultural competence is often undervalued compared to other clinical skills and expressed a desire for it to be embedded consistently across the curriculum rather than treated as a standalone topic.

“building low cost treatment solutions into every A&I course. making sure diversity is a topic addressed in every course.”

Table 6 CCCQ Results

Item	Pre-test		Post-test		<i>t(df)</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Knowledge	40.35	3.72	46.18	7.22	3.73 (16)	.002
Skill	35.74	7.26	50.95	5.59	8.40 (18)	<.001
Comfort	30.33	6.67	42.24	6.57	8.73 (20)	<.001
Importance (health disparities)	50.00	6.87	50.95	6.70	.68 (20)	.508
Importance (sociocultural issues)	17.71	2.13	17.62	2.25	-.18 (20)	.859
Awareness	11.91	2.51	12.48	1.78	1.61 (20)	.124

Importance (training)	4.81	.68	4.95	.22	1.00 (20)	.329
Previous training	8.48	1.78	9.62	1.99	3.06 (20)	.006

Note. Only 100% question completion counted, missing values omitted

Professional Skills

Based on the results of the paired-samples analysis, there were no statistically significant improvements across any of the five professional development subscales following the pre-departure training and ISL experience. These findings suggest that while students may have gained exposure to diverse clinical environments, this did not translate into measurable changes in self-perceived professional competencies during the short-term program.

The *professional skills score* showed no change at all from pre- to post-survey (mean difference = 0.00, $p = 1.000$), indicating that students' perceptions of their professionalism, civility, and ability to support inclusive, collaborative environments remained stable. This result may reflect that students already felt confident in this area or that the study abroad context did not challenge or expand this skill set in a significant way.

The *clinical reasoning skills score* increased only slightly from the pre-survey ($M = 17.62$, $SD = 1.50$) to the post-survey ($M = 17.71$, $SD = 1.79$), resulting in a mean difference of 0.10. A paired-samples t -test indicated that this change was not statistically significant, $t(20) = 0.18$, $p = 0.860$. Suggesting minimal perceived growth in students' ability to integrate evidence, reflect on practice, and make sound clinical decisions during the experience. While students likely encountered unfamiliar conditions and environments, the structure of the experience may not have provided enough scaffolding or feedback to significantly enhance clinical reasoning.

The *interpersonal skills score*, which included collaboration, communication, and self-reflection in team-based contexts, also remained relatively unchanged. The score minimally

increased from the pre-survey ($M = 26.67$, $SD = 2.29$) to the post-survey ($M = 26.71$, $SD = 2.59$), resulting in a mean difference of 0.05. A paired-samples t -test indicated that this change was not statistically significant, $t(20) = 0.08$, $p = 0.941$. This lack of movement could indicate that interpersonal strengths were already present prior to the training or that group dynamics during the trip did not significantly push students beyond their existing capabilities.

The *performance skills score* showed the largest mean increase from the pre-survey ($M = 24.76$, $SD = 1.64$) to the post-survey ($M = 25.71$, $SD = 2.55$), resulting in a mean difference of 0.95. However, the paired-samples t -test indicated that this change was not statistically significant, $t(20) = 1.58$, $p = 0.130$. This subscale focused on areas such as using informatics, addressing client well-being, and promoting occupational justice. Despite some perceived growth, the increase may not have been consistent or strong enough across participants to reach significance.

The *ethical practice skills score* increased modestly from the pre-survey ($M = 16.24$, $SD = 1.55$) to the post-survey ($M = 16.62$, $SD = 2.46$), resulting in a mean difference of 0.38. A paired-samples t -test indicated that this change was also not statistically significant, $t(20) = 0.64$, $p = 0.530$. This subscale assessed understanding and application of ethical reasoning and professional conduct. While students may have encountered ethically complex situations abroad, they may not have had the tools or guidance needed to process and apply these experiences toward lasting growth in this domain.

Critical Reflection Skills

Critical reflection skills were measured with the following questions falling under two professional skills development items:

1. Clinical Reasoning Skills:

- a. *“The Study Abroad experience and Service learning helped me to increase my clinical reasoning skills in how I reflect on my practice of occupational therapy and make informed decisions specific to roles, responsibilities, and professional development.”*

2. Interpersonal Skills:

- a. *“The Study Abroad experience and Service learning helped me to increase my interpersonal skills in how I embrace cultural humility through reflective practice and self-assessment of my biases to effectively interact and create a therapeutic relationship with persons who have backgrounds different from my own.”*
- b. *“The Study Abroad experience and Service learning helped me to increase my interpersonal skills in how I critically reflect on feedback provided by clients, supervisors, and colleagues and adjust my professional behavior and therapeutic use of self as needed.”*

The mean score for *critical reflection* decreased from the pre-survey (M = 13.43, SD = 1.12) to the post-survey (M = 13.14, SD = 1.35), resulting in a mean difference of -0.29. A paired-samples *t*-test indicated that this change was not statistically significant, $t(20) = -0.90$, $p = 0.379$.

Table 7 Professional Skills Development Results

Item	Pre-test		Post-test		<i>t(df)</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Professional skills	17.52	1.60	17.52	1.40	.00 (20)	1.000
Clinical reasoning skills	17.62	1.50	17.71	1.79	.18 (20)	.860
Interpersonal skills	26.67	2.29	26.71	2.59	.08 (20)	.941
Performance skills	24.76	1.64	25.71	2.55	1.58 (20)	.130
Ethical practice skills	16.24	1.55	16.62	2.450	.64 (20)	.530

Note. Only 100% question completion counted, missing values omitted

Pre-Departure Training Qualitative Findings

Two in-person pre-departure training sessions were observed by the author as part of the 2024 Dominican Republic service learning program. The first session included a syllabus review, packing logistics, and a university-led orientation by the Study Abroad department. Students participated in group discussions based on assigned readings related to intercultural sensitivity, action planning, and service-learning principles. Students also collaborated to research and then present information on different sociopolitical and cultural determinants of health in the Dominican Republic in small groups. In preparation for clinical work, students continued to work in small groups to review common medical conditions, assessments, and interventions, which were presented during the second session. The second session consisted of peer presentations, cultural competence and humility review, presentation on the role of reflection, interpreter education, and a demonstration/simulation activity of the in-home assessment tool in collaboration with an interpreter.

Across both sessions, the most commonly used instructional methods were a combination of group work and faculty-facilitated discussions. Engagement was generally high, particularly during student-led presentations and clinical brainstorming; however, attention seemed to decline as sessions progressed, likely due to the long-format (sessions averaged four hours). Simulation-based activities, such as the interpreter demonstration, were engaging but constrained by time, limiting full participation. While reflection and cultural humility were addressed through lecture and discussion, deeper topics such as privilege, power, and bias were not explicitly covered. Instead, students were encouraged to complete the Implicit Association Test (IAT) on their own time and to incorporate these topics in their self-reflections pre-departure (Greenwald et al., 2011). Students demonstrated high levels of confidence in clinical discussions, particularly when relating content to their prior Level II fieldwork experiences. They enthusiastically shared low-

resource intervention ideas and showed readiness to apply clinical reasoning if topics related to their previous experiences. Despite covering a wide range of relevant content, the training lacked opportunities for hands-on clinical skill development and real-time adaptation exercises for low-resource settings. Overall, while the sessions addressed the core goals of cultural competence, clinical preparation, and reflective practice, they may benefit from more dynamic instructional methods, increased time for experiential learning, and deeper facilitation of ethically complex topics.

Post-Return Meeting Qualitative Findings

Students reported that the in-person pre-departure training sessions were significantly more effective than virtual meetings, with delivery of clear expectations and reasonable assignments. However, they suggested spending less time on formal translator etiquette and training, as the in-country interpretation experience was more casual and flexible. Participants recommended allocating more time to clinical preparation, including reviews of common conditions like cerebral palsy, mental health assessment and intervention, and distinguishing adult versus pediatric interventions, especially to support students without prior fieldwork in those areas. They also emphasized the importance of preparing for complex transfers, navigating challenging conversations with clients or families, and brainstorming low-resource intervention alternatives. Increased use of role-play scenarios and the development of a shared document outlining common conditions and corresponding treatment strategies were identified as helpful additions to future training.

During the trip, students reported feeling most engaged during collaborative, hands-on activities and preferred sharing in small groups or anonymous settings. Peer-to-peer learning was

noted as particularly valuable, as students were able to share expertise from their prior clinical experiences. Students also appreciated having access to both digital and printed resources and handouts to meet varied needs based on internet availability and individual comfort levels.

Reported clinical experiences in the Dominican Republic varied in effectiveness. The assisted living facility was seen as difficult due to the challenge of treating all clients at once, while the rehab center was noted to be in less need of support than home health clients. Many students expressed that home visits were the most beneficial part of the trip, though they would have appreciated longer visit durations and advance notice of clients' diagnoses and needs. Faculty support and supervision were generally viewed positively. Students had mixed preferences regarding working in consistent versus rotating groups and ultimately suggested staying with the same group and interpreter for a full day before rotating, to support both continuity and collaborative learning.

Interpretation services by Comunidad Connect were generally satisfactory, but students suggested more structured discussions on potential challenges when working with interpreters to clarify expectations. They also emphasized the importance of being encouraged to voice concerns if interpretation challenges arise. Clearer communication and OT education with local partners (i.e. rehabilitation staff, interpreters) was recommended to help local facilities better understand the purpose and scope of occupational therapy. Logistical suggestions included allowing more time for travel to maximize treatment opportunities, preparing packed lunches to reduce delays, and improving the usability of the digital in-home assessment template. Lastly, students highlighted the need to avoid assuming familiarity with international travel among participants, suggesting that future programs provide guidance on topics such as using ATMs,

local transportation expectations, and appropriate attire for the cultural and environmental context.

Chapter 6: Discussion

As global health care settings continue to evolve, occupational therapists must be prepared to provide contextually responsive and culturally informed care. This project aimed to bridge classroom-based learning with real-world application by preparing OTD students at Georgia State University for the unique demands of service learning abroad in the Dominican Republic. The following discussion interprets the results within the context of existing literature, identifies new insights, acknowledges limitations, and considers the broader implications for occupational therapy education and practice.

Demographics

The demographic composition of participants in this study closely reflects national trends within the occupational therapy profession. Most survey respondents identified as female (82.61%), with a small proportion identifying as male (13.04%), which aligns with the 2022 Occupational Therapist workforce data from Data USA reporting 87.9% women and 12.1% men (Data USA, 2023). In terms of racial and ethnic background, the largest group of participants identified as White (65.22%), followed by Asian (26.09%), African American/Black (13.04%), and Latino/Hispanic/Spanish origin (8.70%). Compared to national data, where 80.7% of occupational therapists identify as White, 7.19% as Asian, and 5.12% as Black, these findings suggest that Georgia State University's OTD program exceeds national averages in racial and ethnic diversity, reflecting the program's commitment to inclusion and representation. Furthermore, a majority of students (86.96%) reported having previously traveled or lived outside of the United States, though only 17.4% had formally studied abroad. These findings

may reflect a generally high baseline of comfort with international travel, potentially reducing the severity of “culture shock”. Nevertheless, students still required additional preparation to effectively engage in service learning within an unfamiliar cultural environment. Clinically, while the curriculum introduces students to both pediatric and adult populations by their second year, 86.96% of participants reported that their prior fieldwork experience had been predominantly pediatric. This pediatric-heavy exposure may have contributed to initial uncertainty when treating adult clients during the Dominican Republic program, which primarily served adults.

Cultural Competence

After completing the ISL experience and pre-departure training, students demonstrated a moderate increase in cultural competence, particularly in the knowledge, skill, and comfort subscales, as well as in their perception of previous training. Improvements in the knowledge subscale reflect a deeper understanding of topics such as health disparities, sociocultural influences on health, and characteristics of different racial and ethnic groups. A mean difference of 5.82 and a p-value of .002 indicate a statistically significant lift in cultural competence. Skills subscale results also improved, reflecting increased confidence and competence in delivering care which is responsive to different sociocultural contexts, with a p-value of < .001. Comfort subscale improvements suggest heightened confidence in providing culturally competent care, understanding and navigating different cultural beliefs and behaviors, and addressing health disparities. Finally, perception of previous training also increased, which may imply that students view the service-learning program as a valuable cultural training tool. These findings align with Keane and Provident (2017) and Short et al. (2020), who found similar improvements in cultural

competence using comparable pre- and post- assessments. A novel insight emerged from students' reflections on the influence of the current political climate on cultural competence training, particularly within professional settings. Most students agreed on the importance of continuing and integrating these cultural competency trainings to further their professional development. They emphasized the need for learning methods that promote meaningful understanding, a perspective echoed in the literature by Chabot et al. (2021), where students placed the highest value on authentic and genuine interactions to enhance cultural sensitivity.

Professional Skill Development: Clinical Skills and Critical Reflection Skills

Survey data did not show a statistically significant increase in students' self-reported professional skills. However, post-trip meetings revealed meaningful, informal learning outcomes that suggest the ISL experience positively influenced students' practical skill development. During the post-return sessions, students expressed excitement about developing creative interventions and problem-solving in unfamiliar environments. They noted that completing full assessments and interventions within a single 60-minute session challenged them in meaningful ways and required flexibility, efficiency, and clear clinical reasoning. Many also reported drawing connections between their actions and prior coursework, indicating evidence of applied learning in a real-world context.

Post-trip, students voiced a desire for more time dedicated to clinical preparation prior to departure. While they agreed that the conditions and clinical topics were appropriate and applicable, they requested additional training on most commonly seen conditions, assessment strategies, and intervention planning. Several students also highlighted the need for more

education on how to perform complex transfers within small or irregular spaces—such as navigating patient mobility in homes with limited equipment or assistive tools like gait belts. These same concerns were echoed in the needs assessment data collected earlier in the project, reinforcing that clinical skills preparation is an area where future training could benefit from being more focused, specific, and intensive.

Despite these challenges, students frequently spoke about the value of peer collaboration throughout the trip. Working in pairs or small teams allowed students to share insights from their Level II fieldwork experiences and encouraged them to support one another in moments of clinical uncertainty. Where one student felt less confident, they were able to step back and observe, while others took the lead based on prior knowledge or personal strengths. This dynamic fostered an environment of peer mentoring and reciprocal learning, which proved especially beneficial in addressing complex clinical situations.

These experiences point to the value of collaboration in multidisciplinary and intercultural contexts. They also reflect the importance of soft skills, such as adaptability, communication, and shared leadership, as discussed in the work of Chakraborty and Proctor (2019), Coffin et al. (2021), and Schnedl and Milton (2021). Furthermore, students reported challenges specifically related to delivering mental health interventions and caregiver education, particularly within multigenerational households. Many felt underprepared to navigate these culturally complex scenarios and emphasized a need for more structured education on how to address mental health and promote family-centered care in diverse cultural contexts. Collectively, these findings suggest that while formal survey results may not capture all aspects of professional skill and clinical skill development, the ISL experience provided rich, practical learning opportunities.

Critical Reflection Skills

The critical reflection subscale did not show a statistically significant change from pre- to post-survey ($p = 0.379$). This result may be influenced by several contextual and methodological factors. First, critical reflection was introduced and emphasized early in the pre-departure training, with the pre-survey administered during Session 2. This early exposure may have influenced students to rate themselves more highly in the pre-survey, potentially inflating baseline scores. Additionally, the Georgia State University OT curriculum places strong emphasis on reflective practice. At the time of this study, students had completed four of five required fieldwork rotations, each of which incorporates structured self-reflection activities. This suggests that participants may have already developed a relatively high level of reflective ability prior to their participation in the ISL experience.

Moreover, critical reflection is inherently difficult to measure, particularly in short-term programs. While a paper-based reflection journal was offered to students, usage was optional and not formally assessed or tracked, which limits the ability to determine its impact on students' reflective growth. The absence of a validated, structured assessment tool further complicates efforts to capture changes in this domain. Observations from post-trip debrief meetings, however, revealed meaningful insights. During these discussions, many students demonstrated deeper engagement with reflective thinking, connecting personal values, clinical decision-making, and cultural awareness. That said, these group settings may not have provided the privacy or depth necessary for more vulnerable or transformative reflection, which typically requires time, trust, and emotional safety.

As part of the program curriculum, students were given the option to complete either a case report on a community member or a personal narrative reflection. Most chose the case report format, possibly indicating discomfort with sharing personal reflections in academic or group settings. This choice reinforces the need to design pre-departure and post-trip training environments that promote emotional safety and invite critical reflection without forcing disclosure. These findings align with literature from Dunne et al. (2024), Ceo-DiFrancesco et al. (2020), and Nelson et al. (2023), who stress that psychologically safe and intentionally structured reflection activities are essential to fostering cultural humility, ethical reasoning, and professional identity development.

Limitations

This project had several limitations that may have impacted the interpretation and generalizability of findings. First, the sample size was small and drawn from a single cohort attending one ISL trip to the Dominican Republic. Without a control group of students who did not participate in the ISL experience or pre-departure training, it is difficult to isolate the impact of the intervention from other potential influences, such as prior coursework or Level II fieldwork. Additionally, the survey relied entirely on self-assessment, which introduces the risk of social desirability bias; particularly given students' awareness that the results were part of a department-led research initiative.

Additionally, the CCCQ survey instrument was modified for use with occupational therapy students by removing physician-specific language and questions unrelated to the OT context. While these modifications improved relevance, they may have affected the validity and

reliability of the tool and limited comparability to other studies using the original version. It is also possible that a more appropriate or discipline-specific instrument may already exist.

A notable limitation of the study was the lack of a validated tool to measure professional skill development and critical reflection skills. This section of the survey instrument was created by the researchers and used for the first time in this study; its reliability and validity have not been established, which may limit the accuracy of the findings. As a result, data related to reflection were drawn from selected survey items and post-trip group discussions, which may not have fully captured the complexity of professional identity formation or reflective thinking. Similarly, post-trip survey data was collected within one week of students' return, which may not have allowed sufficient time for deeper cognitive and emotional processing, an essential component of transformative learning. Additionally, while the survey questions were designed to be parallel across pre- and post-assessments, differences in tense (for example, "this Study Abroad experience and Service Learning will help me" versus "this Study Abroad experience and Service Learning helped me") may have influenced students' interpretation of the questions, potentially affecting the comparability of responses across time points.

Qualitative data collection and analysis also had constraints. Post-trip feedback was gathered primarily through large group discussions during post-trip meetings, which may have inhibited more personal or critical responses. Thematic analysis was conducted by a single researcher, which introduces the potential for bias in interpretation and increases the likelihood that key themes may have been overlooked. Without follow-up interviews or written reflections, the depth and authenticity of students' insights could not be verified. Furthermore, the project relied entirely on voluntary participation, and survey questions could be skipped. As a result, some responses may have lacked thoughtful engagement.

Lastly, the author did not attend the ISL experience, limiting the ability to provide firsthand context or triangulate findings with direct observations. Despite these limitations, the project was strengthened by a high survey response rate, strong participation in post-trip debriefs, and full attendance in pre-departure training sessions.

Clinical Relevance

Findings underscore the importance of ISL experiences in preparing OT students for global, diverse clinical environments. Results show students engaged with all outcome areas during their program experience in some capacity (cultural competence and professional skills, including clinical skills and critical reflection skills), demonstrating the program's value in bridging classroom learning with real-world practice. These outcomes align with national educational priorities outlined by AOTA, which emphasize the integration of cultural awareness, humility, and responsiveness into OT education. As highlighted in AOTA's *Educator's Guide for Addressing Cultural Awareness*, embedding culturally informed experiences into academic programs is essential for developing ethical, competent practitioners prepared to meet the needs of an increasingly diverse client population (AOTA, 2020).

Chapter 7: Implications for Occupational Therapy Education

The findings and feedback gathered through surveys and post-trip reflections highlight the significant impact of intentional preparation on students' cultural competence, professional skill development, clinical skills, and critical reflection skills. These outcomes point to several important implications for the future of OT education. As the profession continues to evolve in response to global health needs and increasing cultural diversity, academic programs must consider how experiential learning, structured reflection, and culturally responsive training can be better integrated into curricula. This chapter outlines key implications in three areas: program development for ISL, broader changes to OT education, and future directions for research and implementation.

Implications for Program Development

While students placed high value on the opportunity to engage in cross-cultural clinical experiences, they identified several areas for improvement in the structure and delivery of pre-departure training and the overall service-learning experience. Current pre-departure training should be updated to include:

- **More practical logistical information:** such as personal comfort items and specific clinical tools to bring that would be appropriate for the location and context.

- **More flexible pre-departure training:** given the range of student travel experience and comfort levels, programs should offer a flexible orientation model that supports diverse needs.
- **More clinical skills review:** specifically, when it relates to commonly seen conditions, interventions in low-resource locations, mental health, caregiver education, and complex transfers.
- **More hands-on and simulation-based learning:** to promote real-time critical thinking, encourage creative problem-solving, and help identify gaps in clinical knowledge.

Another common theme shared by students was that the training relied too heavily on self-directed learning, which left critical gaps in understanding and contributed to experiences of culture shock upon arrival. A more structured approach, incorporating guided learning, guest speakers with lived cultural experience, role-play activities, and facilitated discussions on topics such as systemic inequities, identity, and privilege, can help ensure students are better prepared both emotionally and clinically. Involving members of the host community in the design and delivery of these components can enhance the authenticity, relevance, and mutual benefit of the program as well.

Program development should also address clinical readiness of students in low-resource environments. Training should incorporate opportunities for students to strengthen clinical reasoning under time-limited conditions (60 minutes or less), to practice therapeutic use of self while working with interpreters, and to develop strategies for providing effective care in single-session interactions. Additional preparation on how to deliver education, particularly for mental

health topics, should also be embedded into the training. Communication strategies, such as motivational interviewing and caregiver education techniques, may be particularly beneficial.

At Georgia State University, participation in pre-departure training remains a required, credit-bearing component of both the India and Dominican Republic ISL programs. This structure should be preserved, with increased emphasis on embedding reflection activities throughout the entire ISL experience rather than limiting them to pre- and post-trip sessions. Overall, future program development should focus on creating emotionally safe, well-structured, and collaborative learning environments, while also strengthening partnerships with host communities and building in systems for continuous program evaluation and feedback.

Implications for Occupational Therapy Education

Beyond specific program development, this study highlights broader implications for OT education, especially in fostering cultural competence, critical reflection, and adaptable clinical reasoning skills. As the U.S. population continues to diversify and global interconnectedness shapes healthcare, OT curricula must evolve to prepare students for real-world practice in multicultural and dynamic environments. Students in this study demonstrated strong awareness of the political and social contexts surrounding issues of equity, access, and cultural humility. Several participants emphasized their desire for more structured guidance on how to navigate these topics professionally, suggesting that current curricula do not always meet the complexity of real-world demands in real time.

Findings from this project also support the integration of hands-on, experiential learning into existing coursework. Students valued instructional strategies that allowed for problem-

solving, critical thinking, and self-assessment; particularly when delivered through simulations, peer collaboration, and first-person narratives from faculty, alumni, or clients (and family/caretakers). These methods were consistently cited as the most effective for deepening understanding and preparing for cross-cultural practice.

Future Directions

The findings of this capstone suggest several future directions for both research and curricular innovation in OT education. One important area for further exploration is the assessment of professional skills development. The survey instrument did not yield clear or measurable outcomes related to any of the subscales, including critical reflection skills, indicating a need for analysis of the evaluation tool(s). Additionally, there is still limited evidence on the most effective formats and content for pre-departure training in ISL contexts. Comparative studies exploring the impact of self-directed versus guided learning, as well as the integration of multimedia resources such as books, podcasts, and peer mentorship, could provide valuable insight. Students also emphasized the importance of social connection and peer collaboration, suggesting that team bonding activities, such as a shared meal pre-departure, may help build cohesion and trust, ultimately enhancing the learning experience.

Timing and length of pre-departure training is another area worthy of further investigation. It is currently unclear whether sessions held immediately before departure or spread out over a longer period yield better outcomes. Moreover, the field lacks evidence-based recommendations for the number of training hours needed to adequately prepare students. A

follow-up longitudinal study tracking students post-graduation, may shed light on the lasting impact of ISL on clinical practice, cultural competence, and professional growth.

Other allied health programs may also benefit from adapting or replicating elements of this ISL model. For example, Georgia State University's physical therapy and respiratory therapy programs currently partner with the same host organization in the Dominican Republic, but there is limited collaboration among faculty. Strengthening interprofessional relationships and sharing best practices across departments can lead to more cohesive and sustainable global health education models, while also providing meaningful benefits to the host organization and other stakeholders. As the GSU OTD department considers expanding its service learning programming, faculty collaboration within the department and institutional support will be essential to ensure consistency and long-term success. Lastly, cultural education should begin at the faculty level. Educators should actively work to strengthen their own cultural competence, enhance their ability to support students clinically and professionally, and develop strategies to effectively foster critical reflection skills throughout the learning process.

Chapter 8: Sustainability Plan/Implementation Plan

This section outlines the plan for sustaining and implementing the outcomes of this capstone project beyond the initial 2025 Dominican Republic ISL experience. The goal is to ensure that the project's findings continue to inform future ISL programming, curriculum development, and professional growth within Georgia State University's (GSU) Occupational Therapy Doctorate (OTD) program.

Long-Term Implementation of Findings

The findings of this project will be applied to future ISL cohorts through the continuous adaptation and refinement of the pre-departure training curriculum. Each year, the curriculum is revised based on participant feedback and faculty input to ensure content remains relevant, engaging, and evidence-informed. Clinical and cultural training materials, including a facilitator guide, reflection prompts, condition-specific handouts, and suggested assessments, will be stored in a Google Drive with access permissions. This also includes a copy of the international service learning opportunity (ISLO) guide, crafted by the author, which includes supplementary information and activities for students attending ISL programs. This will allow faculty and future student leaders to easily access and update materials while maintaining version control. A formal presentation of this capstone project and its materials will also be shared with OTD faculty to support program-wide knowledge transfer and long-term utilization. Allowing these resources the opportunity be directly applied to upcoming ISL trips in both the Dominican Republic and India in 2026.

Ongoing Research and Evaluation

A tandem cross-sectional and longitudinal study is currently being conducted by the department to assess the long-term impact of ISL participation. The survey instrument used in this capstone project will be redistributed to the 2025 Dominican Republic participants six months after their initial post-trip survey to evaluate sustained growth in cultural competence and clinical and professional skills. This data will inform the ongoing structure and content of ISL programs and may also influence broader curriculum design within the department.

Dissemination and Community Collaboration

To expand the reach of the project's findings, the capstone will be submitted for digital archiving through the Georgia State University Library, where it will be made publicly available. Additionally, a poster presentation proposal has been submitted for the 2025 Georgia Occupational Therapy Association (GOTA) Annual Conference. This dissemination effort provides an opportunity to share key insights with the broader occupational therapy community, foster professional dialogue, and explore collaborative opportunities with other institutions engaged in global learning initiatives. To further contribute to the academic literature, an application will also be submitted to *The American Journal of Occupational Therapy* to publish the findings as a brief report. This article type is designed for short reports of original research that are pilot, exploratory, or address a focused research question with limited generalizability ("Guidelines for Contributors to AJOT," 2024). Submitting to AJOT ensures that the project's outcomes are accessible to practitioners, educators, and researchers committed to advancing culturally informed, globally engaged OT practice.

Chapter 9: Conclusions

This capstone project's primary purpose was to explore the importance of an evidence-based pre-departure training curriculum on the cultural competence and professional skill development of OTD students preparing for an international service learning (ISL) experience, in order to inform the development of an ISL Opportunity (ISLO) guide. It aimed to address a gap in OT education by preparing students for global service learning through evidence-based programming informed by both students and faculty. The project sought to enhance students' cultural competence and professional skills development (as well as clinical skills and critical reflection abilities) in preparation for international clinical experiences. Using a mixed-methods approach that included a needs assessment, curriculum development, and pre- and post-program evaluations; the project examined the effectiveness of the intervention and identified strategies for improving future global learning opportunities.

Quantitative results demonstrated statistically significant improvements in cultural competence, including increased knowledge, clinical skills, comfort in cross-cultural clinical situations, and improved perceptions of previous training. These findings suggest that even brief ISL programs, when paired with intentional preparation, can positively impact students' ability to provide culturally responsive care. However, professional skill development, including in clinical reasoning skills and critical reflection scores, did not show meaningful statistical change; revealing a gap between gains in cultural competence and broader professional development. Qualitative feedback helped explain this discrepancy. Students reported that experiential learning such as home visits and collaborative treatment planning was the most impactful aspect of the program. They also identified areas for growth, such as the need to increase clinical preparation using more hands-on approaches. Many students expressed a desire for deeper engagement with

emotionally challenging topics and more time to process their experiences both before and after the trip as well.

The findings reinforce the importance of integrating global learning into OT curricula through structured, emotionally safe, and clinically relevant training. Educators are encouraged to design pre-departure programs that go beyond logistical information and include simulations, case-based learning, identity exploration, and guided discussions. In clinical practice, students must be prepared to work in unfamiliar, low-resource environments, and this requires training in therapeutic use of self, communication strategies, and efficient treatment planning.

Although the project yielded valuable insights, several limitations must be acknowledged. The small sample size, lack of a control group, and use of self-assessment surveys may have limited the generalizability of findings. Modifications to the survey instrument, reliance on group-based qualitative feedback, and the absence of a validated professional skills development tool further constrained the depth and reliability of the data. Additionally, the author did not attend the service learning trip, limiting the ability to provide firsthand context. Despite these challenges, the project benefited from a strong response rate, full pre-departure attendance, and alignment with departmental goals for expanding service learning programs.

Looking ahead, future programs should incorporate more targeted clinical content, structured reflection, and real-time feedback. Increased peer collaboration could also increase preparedness and group cohesion. Longitudinal research is also needed to understand the lasting impact of ISL on students' professional growth. Studies comparing different locations, instructional methods, and interprofessional models may also help refine best practices. Ultimately, cultural education must begin with faculty development. Educators should prioritize their own growth in cultural competence and work to foster reflective, culturally humble learning

environments. This project contributes a replicable model and a plethora of resources for preparing students to serve in diverse and global contexts, reinforcing the role of ISL as a meaningful and necessary component of OT education.

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Appendix 1 - Learning Objectives

<p>Capstone Goal 1: An evidence-based International Service-Learning Opportunity (ISLO) Guide will be created and components will be provided to occupational therapy doctoral students attending an international service learning opportunity to increase self-reported levels of cultural competence, critical reflection, and clinical skills.</p>
<p>1a Learning Objective: To conduct a comprehensive needs assessment to inform the development of the ISLO Guide and pre-departure training curriculum.</p> <p>1a Action Steps: Design interview questions and gather input through in-person or virtual interviews with key faculty and student stakeholders, synthesizing findings for curriculum development.</p> <p>1a Expected Outcomes/Results: Needs assessment data will inform the structure and content of the training curriculum, ensuring it is relevant, evidence-based, and aligned with student and faculty needs.</p> <p>1a Timelines: To be completed by May 2025</p>
<p>1b Learning Objective: To develop a multi-session pre-departure training curriculum and tandem ISLO Guide based on needs assessment, literature, and best practices.</p> <p>1b Action Steps: The student will review current literature and existing training resources, integrate findings with the needs assessment, and draft the full guide and curriculum for review by the site mentor.</p> <p>1b Expected Outcomes/Results: A complete, evidence-based guide and training program will be developed and approved by the site mentor, ensuring readiness for implementation.</p> <p>1b Timelines: To be completed by June 2025</p>
<p>1c Learning Objective: To deliver components of the finalized ISLO guide and pre-departure training curriculum to occupational therapy doctoral students preparing for international service learning.</p> <p>1c Action Steps: The student will implement the multi-session training with participating students, using components of the finalized guide and curriculum to guide the sessions.</p> <p>1c Expected Outcomes/Results: Students will receive structured pre-departure training designed to enhance their cultural competence, clinical reasoning, and reflective practice in preparation for global service experiences.</p> <p>1c Timelines: To be completed by May 2025</p>

Capstone Goal 2: Upon return from an international service learning opportunity, students will have self-reported improved critical reflection, cultural competence, and clinical skills after completion of a structured pre-departure training program.

2a Learning Objective: Evaluate changes in students' perceived critical reflection skills following participation in the pre-departure program.

2a Action Steps: Develop and administer pre-departure and post-return surveys using established critical reflection assessments and analyze results using both qualitative and quantitative methods.

2a Expected Outcomes/Results: Students will show measurable changes in self-reported critical reflection skills, supported by pre-/post-survey data, thematic analysis, and summarized graphics.

2a Timelines: 14 weeks

2b Learning Objective: Assess self-reported growth in students' cultural competence following participation in the pre-departure program.

2b Action Steps: The student will identify and implement validated cultural competence assessments in both pre- and post-surveys and interpret the results using mixed-methods analysis.

2b Expected Outcomes/Results: Students will report increased cultural competence, with findings presented through comparative data analysis.

2b Timelines: 14 weeks

2c Learning Objective: Measure students' self-perceived improvement in clinical skills after completing the pre-departure training and participating in the service learning experience.

2c Action Steps: Design and distribute pre- and post-surveys with validated clinical skills assessments and analyze the responses for statistical and thematic significance.

2c Expected Outcomes/Results: Findings will indicate perceived growth in clinical skills, supported by pre-/post-data, graphical summaries, and qualitative insights.

2c Timelines: 14 weeks

Capstone Goal 3: Within 14 weeks, develop and complete capstone project write up and dissemination of project to be shared with GSU OTD department

3a Learning Objective: To organize and outline all components of the capstone project write-up to establish a clear structure for content development.

3a Action Steps: Identify required sections, review existing project materials, and develop a detailed outline for each portion of the final paper.

3a Expected Outcomes/Results: A structured outline will be created to guide the drafting and editing process, resulting in improved clarity and cohesion across the capstone project.

3a Timelines: 14 weeks

3b Learning Objective: To draft, revise, and edit each section of the capstone write-up while integrating data analysis, literature, and critical reflection.

3b Action Steps: The student will work section by section to write, revise, and edit capstone paper, incorporating survey results, data interpretation, and relevant literature throughout.

3b Expected Outcomes/Results: A complete and professionally written capstone project will be produced, demonstrating critical thinking, academic writing skills, and application of evidence-based research.

3b Timelines: 14 weeks

3c Learning Objective: To disseminate capstone findings through a formal presentation, poster, and submission to the GSU library for publishing.

3c Action Steps: The student will develop a professional-quality presentation, deliver presentation to the OTD department, and submit the final paper and materials for publication at GSU.

3c Expected Outcomes/Results: The capstone project will be successfully shared with academic and professional audiences, enhancing communication skills and contributing to the field of occupational therapy.

3c Timelines: 14 weeks

Appendix 3 - Summary Pages

Importance of a Pre-Departure Training Curriculum for International Service Learning in Facilitating Cultural Competency and Professional Skills in an Occupational Therapy Doctoral Program


International service learning (ISL) programs are becoming increasingly common in occupational therapy education (Palombaro et al., 2017). However, according to Trotter and colleagues (2021), there are no best-practice guidelines on how to provide comprehensive pre-departure training to increase the cultural adaptability and preparedness of students attending service-learning experiences abroad. Upon self-reflection post-study abroad experience, students commonly discovered discrepancies between what was learned in the classroom and what was seen in the real world (Damons & Dunbar-Krige, 2020). To reduce discrepancies, as mentioned, and to enhance the benefits of service learning for students, there is a need to expand the body of research on this topic.

Purpose and Specific Aims. The purpose of this research is to explore the importance of an evidence-based pre-departure training curriculum on the cultural competence and professional skill development of occupational therapy doctoral students preparing for an international service learning (ISL) experience, in order to inform the development of an International Service Learning Opportunity (ISLO) guide. By collecting feedback from both the students and instructors who have taken part in study abroad service learning experiences in the last five years, I aim to use this data to design pre-departure training materials that will assist students in

improving their cultural competency and professional skill development, which includes clinical skills and critical reflection skills. The specific aims are: 1) to collect and utilize data from students and faculty through a needs assessment, via online survey, to develop a pre-departure training curriculum for occupational therapy doctoral students; 2) to create an evidence-based, International Service Learning Opportunity (ISLO) Guide for occupational therapy doctoral students; 3) to evaluate the effectiveness of a pre-departure training curriculum in enhancing graduate students' critical reflection skills, cultural competence, and clinical skills in the context of an international service learning experience; participants will complete pre-departure and post-return surveys assessing their perceived growth in these areas.

Outputs and Outcomes. The core product of this capstone project is to develop a comprehensive start-to-finish guide for occupational therapy graduate students participating in international service learning opportunities. The development of this guide, grounded in evidence-based information and student and faculty feedback, aims to enhance global health education by fostering cultural competency, critical reflection skills, and clinical skills among students; ensuring they can effectively contribute to and benefit from these transformative experiences. This resource can not only help prepare students to effectively engage in diverse cultural settings, but can also boost their confidence. Furthermore, insights from the guide's implementation may also inform and enhance future occupational therapy doctoral education – particularly in developing students' cultural competence, clinical skills and critical reflection skills. Collectively, these efforts aim to equip future healthcare professionals with the necessary competencies to help them interact, collaborate, and communicate effectively and respectfully with those different from them (Nair & Adetayo, 2019; Schouten et al., 2023).

Appendix 4 – Needs Assessment Survey: Students


 Georgia State University

Consent

Thank you for your interest in this survey. In this survey, you will be asked questions about international service learning opportunities at the graduate school level. Your participation is voluntary, and you may stop at any time. Your responses will remain anonymous and will be used only for research purposes. By continuing, you consent to participate in this survey. You are not required to participate in this study. At any point, you can stop answering questions, and all information will be kept private and will not be linked to any personal data. If you are willing to volunteer for this research study, please begin the survey.

Demographics

What is your age?

What is your gender?

Male
 Female
 Non-binary
 Prefer not to say
 Other

How would you describe your ethnicity/race? (Select all that apply)

White

Black or African American
 Hispanic or Latino
 Asian
 American Indian or Alaska Native
 Native Hawaiian or Pacific Islander
 Other
 Prefer not to say

What is the highest level of education you have completed?

Less than high school
 High school diploma or equivalent
 Some college
 Associate degree
 Bachelor's degree
 Master's degree
 Doctorate or professional degree
 Other

What graduate program are you a part of?

Occupational Therapy
 Physical Therapy
 Other

How many years of school have you completed?

1
 2
 3
 Other

Prior to graduate school, had you ever studied or worked abroad?

Yes
 No

If yes, please describe your program/experience:

How long was your experience?

1-7 days
 8-14 days
 14-20 days
 21-27 days
 28+ days

Have you attended an international service learning experience in **graduate school** (in the last 5 years)?

Yes
 No

The following questions will be related to your recent international service learning experience. Please reflect on your time abroad as you respond to each question.

For the purposes of this survey, a **pre-departure manual** would offer guidance and information on how students can be ready for their international service learning experience.

Do you think a pre-departure manual would be helpful?

Yes
 No

If yes, what specific components or topics should be included?:

Do you feel/perceive that your **cultural competence** increased as a result of attending an international service learning experience?

Strongly agree
 Somewhat agree
 Neither agree nor disagree
 Somewhat disagree
 Strongly disagree

Do you feel/perceive that your **critical reflection skills** increased as a result of attending an international service learning experience?

Strongly agree
 Somewhat agree
 Neither agree nor disagree
 Somewhat disagree
 Strongly disagree

Do you feel/perceive that your **clinical skills** increased as a result of attending an international service learning experience?

Strongly agree
 Somewhat agree
 Neither agree nor disagree
 Somewhat disagree

Strongly disagree

How likely are you to encourage your peers to attend a similar international service learning opportunity in the future?

Extremely likely
 Somewhat likely
 Neither likely nor unlikely
 Somewhat unlikely
 Extremely unlikely

Did you have pre-departure training before leaving for your international service learning experience?

Yes
 No

Cultural Competence

For the purposes of this survey, **cultural competence** is defined as, "having behaviors, attitudes, and policies that enables effective work in cross-cultural situations. Achieving cultural competence is a lifelong and ever-evolving process." Educator's guide for addressing cultural awareness, humility, and dexterity in occupational therapy curricula. (2020). *American Journal of Occupational Therapy*, 74(Supplement_3), 7413420003p1-7413420003p19. <https://doi.org/10.5014/ajot.2020.74s3005>

Thinking about the pre-departure training, did it include cultural competency education?

Yes
 No

If yes, please describe the experience:

On a scale from 1 to 10, how important do you think pre-departure training is in helping someone feel culturally competent for an international experience? (1 = Not important at all, 10 = Extremely important)

Not at all important Slightly important Moderately important Very important Extremely important

0 1 2 3 4 5 6 7 8 9 10

Do you feel that the training you received before your international experience adequately prepared you to feel culturally competent?

Yes
 No

In what ways did your pre-departure training help you feel culturally competent for your international experience, and what areas do you feel could have been improved?

Critical reflection

For the purposes of this survey, **critical reflection** is defined as a "process [which] questions individual and societal assumptions, disrupts unhelpful power relations, and strives for social change." Ng, S. L., Mylopoulos, M., Kangasjarvi, E., Boyd, V. A., Teles, S., Orsino, A., Lingard, L., & Phelan, S. (2020). Critically reflective practice and its sources: A qualitative exploration. *Medical Education*, 54(4), 312–319. <https://doi.org/10.1111/medu.14032>

Thinking about your pre-departure training once more, did it include the topic of critical reflection?

Yes
 No

If yes, please describe the experience:

Do you feel that the training you received before your international experience adequately prepared you to critically reflect your experiences?

Yes
 No

On a scale from 1 to 10, how important do you think pre-departure training is in helping someone critically reflect their international experience? (1 = Not important at all, 10 = Extremely important)

Not at all important Slightly important Moderately important Very important Extremely important

0 1 2 3 4 5 6 7 8 9 10

In what ways did your pre-departure training help you develop your critical reflection skills for your international experience, and what areas do you feel could have been improved?:

Clinical skills

For the purposes of this survey, **clinical skills** are defined as "physical examination skills, practical procedures, communication skills, and treatment/therapeutic skills." Michels, M. E. J., Evans, D. E., & Blok, G. A. (2012). What is a clinical skill? Searching for order in chaos through a modified Delphi process. *Medical Teacher*, 34(8), e573–e581. <https://doi.org/10.3109/0142159X.2012.669218>

Thinking about your pre-departure training, did it include clinical skill development?

Yes
 No

If yes, please describe the experience:


Do you feel that the training you received before your international experience adequately prepared your clinical skills?

Yes
 No


On a scale from 1 to 10, how important do you think pre-departure training is in helping develop clinical skills for an international experience? (1 = Not important at all, 10 = Extremely important)

Not at all important	Slightly important	Moderately important	Very important	Extremely important						
0	1	2	3	4	5	6	7	8	9	10

In what ways did your pre-departure training help you develop the clinical skills needed for their international experience, and what areas do you feel could have been improved?:



Appendix 5 – Needs Assessment Survey: Faculty


Georgia State University

Consent

Thank you for your interest in this survey. In this survey, you will be asked questions about international service learning opportunities at the graduate school level. Your participation is voluntary, and you may stop at any time. Your responses will remain anonymous and will be used only for research purposes. By continuing, you consent to participate in this survey. You are not required to participate in this study. At any point, you can stop answering questions, and all information will be kept private and will not be linked to any personal data. If you are willing to volunteer for this research study, please begin the survey.

Demographics

What is your age?

What is your gender?
 Male
 Female
 Non-binary
 Prefer not to say
 Other

How would you describe your ethnicity/race? (Select all that apply)

White

Black or African American
 Hispanic or Latino
 Asian
 American Indian or Alaska Native
 Native Hawaiian or Pacific Islander
 Other

 Prefer not to say

What is the highest level of education you have completed?

Less than high school
 High school diploma or equivalent
 Some college
 Associate degree
 Bachelor's degree
 Master's degree
 Doctorate or professional degree
 Other

What is your current profession or field of work? Please indicate your educational background or area of training:

How many years have you held your professional qualifications:

Prior to leading an international service learning experience, had you ever studied or worked abroad?

Yes
 No

If yes, please describe your program/experience:

How long was your experience?

1-7 days
 8-14 days
 14-20 days
 21-27 days
 28+ days

Have you led an international service learning experience for graduate students in the last 5 years?

Yes
 No

The following questions will be related to your recent international service learning experience. Please reflect on your time abroad as you respond to each question.

For the purposes of this survey, a **pre-departure manual** would offer guidance and information on how students can be ready for their international service learning experience.

Do you think a pre-departure manual would be helpful?

Yes
 No

If yes, what specific components or topics should be included?:

Do you feel/perceive that your students' **cultural competence** increased as a result of attending an international service learning experience?

Strongly agree
 Somewhat agree
 Neither agree nor disagree
 Somewhat disagree
 Strongly disagree

Do you feel/perceive that your students' **critical reflection skills** increased as a result of attending an international service learning experience?

Strongly agree
 Somewhat agree
 Neither agree nor disagree
 Somewhat disagree
 Strongly disagree

Do you feel/perceive that your students' **clinical skills** increased as a result of attending an international service learning experience?

Strongly agree
 Somewhat agree
 Neither agree nor disagree
 Somewhat disagree
 Strongly disagree

How likely are you to encourage your students to attend a similar international service learning opportunity in the future?

- Extremely likely
 Somewhat likely
 Neither likely nor unlikely
 Somewhat unlikely
 Extremely unlikely

Were your students provided pre-departure training before leaving for their international service learning experience?

- Yes
 No

Cultural Competence

For the purposes of this survey, **cultural competence** is defined as, "having behaviors, attitudes, and policies that enables effective work in cross-cultural situations. Achieving cultural competence is a lifelong and ever-evolving process." Educator's guide for addressing cultural awareness, humility, and dexterity in occupational therapy curricula. (2020). *American Journal of Occupational Therapy*, 74(Supplement_3), 7413420003p1-7413420003p19. <https://doi.org/10.5014/ajot.2020.74s3005>

Thinking about the pre-departure training, did it include cultural competency education?

- Yes
 No

If yes, please describe the experience:

On a scale from 1 to 10, how important do you think pre-departure training is in helping students feel culturally competent for an international experience? (1 = Not important at all, 10 = Extremely important)



Do you feel that the training provided before your international experience adequately prepared your students to feel culturally competent?

- Yes
 No

In what ways did the pre-departure training help your students feel culturally competent for your international experience, and what areas do you feel could have been improved?:

Critical reflection

For the purposes of this survey, **critical reflection** is defined as a "process [which] questions individual and societal assumptions, disrupts unhelpful power relations, and strives for social change." Ng, S. L., Mylopoulos, M., Kangasjarvi, E., Boyd, V. A., Teles, S., Orsino, A., Lingard, L., & Phelan, S. (2020). Critically reflective practice and its sources: A qualitative exploration. *Medical Education*, 54(4), 312–319. <https://doi.org/10.1111/medu.14032>

Thinking about the pre-departure training program once more, did it include the topic of critical reflection?

- Yes
 No

If yes, please describe the experience:

Do you feel that the training provided before your international experience adequately prepared your students to critically reflect on their experiences?

- Yes
 No

On a scale from 1 to 10, how important do you think pre-departure training is in helping students critically reflect their international experience? (1 = Not important at all, 10 = Extremely important)



In what ways did the pre-departure training help your students develop critical reflection skills for your international experience, and what areas do you feel could have been improved?:

Clinical skills

For the purposes of this survey, **clinical skills** are defined as "physical examination skills, practical procedures, communication skills, and treatment/therapeutic skills." Michels, M. E. J., Evans, D. E., & Blok, G. A. (2012). What is a clinical skill? Searching for order in chaos through a modified Delphi process. *Medical Teacher*, 34(8), e573–e581. <https://doi.org/10.3109/0142159X.2012.669218>

Thinking about the pre-departure training program once more, did it include clinical skill development?

- Yes
 No

If yes, please describe the experience:


Do you feel that the training provided before your international experience adequately prepared your student's clinical skills?

- Yes
 No

On a scale from 1 to 10, how important do you think pre-departure training is in helping develop clinical skills for an international experience? (1 = Not important at all, 10 = Extremely important)

Not at all important	Slightly important	Moderately important	Very important	Extremely important						
0	1	2	3	4	5	6	7	8	9	10

In what ways did the pre-departure training help your students develop the clinical skills needed for their international experience, and what areas do you feel could have been improved?



	Not at all	A Little	Somewhat	Quite a Bit	Very
Adolescent Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geriatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Different Healing Traditions (e.g., Ayurvedic Medicine, Traditional Chinese Medicine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Historical and contemporary impact of racism, bias, prejudice and discrimination in health care experienced by various population groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How SKILLED are you in dealing with sociocultural issues in the following areas of patient care?

	Not at all	A Little	Somewhat	Quite a Bit	Very
Greeting patients in a culturally sensitive manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eliciting the patient's perspective about health and illness (e.g., its etiology, name, treatment, course, prognosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eliciting information about use of folk remedies and/or other alternative healing modalities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eliciting information about use of folk healers and/or other alternative practitioners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performing a culturally sensitive occupational therapy assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating a culturally sensitive occupational therapy treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing culturally sensitive patient education and counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing culturally sensitive clinical preventive services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessing health literacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with medical interpreters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dealing with cross-cultural conflicts relating to diagnosis or treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dealing with cross-cultural adherence/compliance problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dealing with cross-cultural ethical conflicts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A Little	Somewhat	Quite a Bit	Very
Apologizing for cross-cultural misunderstandings or errors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How COMFORTABLE do you feel in dealing with the following cross-cultural encounters or situations?

	Not at all	A Little	Somewhat	Quite a Bit	Very
Caring for patients from culturally diverse backgrounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring for patients with limited English proficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring for a patient who insists on using or seeking folk healers or alternative therapies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying beliefs that are not expressed by a patient or caregiver but might interfere with the treatment regimen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being attentive to nonverbal cues or the use of culturally specific gestures that might have different meanings in different cultures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpreting different cultural expressions of pain, distress, and suffering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advising a patient to change behaviors or practices related to cultural beliefs that impact one's health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaking in an indirect rather than a direct way to a patient about his/her illness if this is more culturally appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breaking "bad news" to a patient's family first rather than to the patient if this is more culturally appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with health care professionals from culturally diverse backgrounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with a colleague who makes derogatory remarks about patients from a particular ethnic group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treating a patient who makes derogatory comments about your racial or ethnic background	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How IMPORTANT are each of the following factors in contributing to health disparities?

	Not at all	A Little	Somewhat	Quite a Bit	Very
Genetics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lifestyle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poverty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illiteracy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ageism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ableism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homophobia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How IMPORTANT do you believe sociocultural issues are in your interactions with:

	Not at all	A Little	Somewhat	Quite a Bit	Very
Patients?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Professional Colleagues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residents, Medical Students?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How AWARE are you of your own:

	Not at all	A Little	Somewhat	Quite a Bit	Very
Racial, ethnic, or cultural identity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racial, ethnic, or cultural stereotypes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A Little	Somewhat	Quite a Bit	Very
Bias and prejudices?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How IMPORTANT do you feel it is for health professionals to receive training in cultural diversity and/or multicultural health care?

	Not at all	A Little	Somewhat	Quite a Bit	Very
In College (e.g., undergraduate, associate)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In Graduate School?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In Fieldwork (level I and/or II)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW MUCH TRAINING in cultural diversity have you previously had:

	Not at all	A Little	Somewhat	Quite a Bit	Very
In College (e.g., undergraduate, associate)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In Graduate School?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In Fieldwork (level I and/or II)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What are some potential challenges to integrating training about culturally competent health care in health care organizations and clinical practice?

Please offer any further comments or suggestions that you may have.

Professional Skills Development

Instructions: Please indicate your level of agreement with each of the following statements

The Study Abroad experience and Service learning will help me to increase my -----

	Strongly Disagree	Disagree	Neutral	Agree	Strong Agree
Knowledge of the domain and process of occupational therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awareness of client-centered, occupation-based, and outcome-oriented occupational therapy practice and setting-specific responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of how to integrate relevant evidence, literature, and data related to primary responsibilities and clients served by occupational therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interest in seeking new and relevant knowledge to meet diverse client needs, and the changing health care environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Study Abroad experience and Service learning will help me to increase my clinical reasoning skills in -----

	Strongly Disagree	Disagree	Neutral	Agree	Strong Agree
How I reflect on my practice of occupational therapy and make informed decisions specific to roles, responsibilities, and professional development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Neutral	Agree	Strong Agree
How I select and apply client-centered evaluation methods, interventions, and outcome measures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How I combine data gathered from the occupational profile and analysis of occupational performance to inform the selection of interventions and outcome measures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How I apply evidence-informed practice and theoretical knowledge to inform, prioritize, and guide efficient and effective interventions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Study Abroad experience and Service learning will help me to increase my interpersonal skills in how I -----

	Strongly Disagree	Disagree	Neutral	Agree	Strong Agree
Effectively communicate using different methods (e.g. verbal, nonverbal, written) that match the abilities, personal factors, learning styles, and diverse needs of clients and others to convey the value of occupational therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Embrace cultural humility through reflective practice and self-assessment of my biases to effectively interact and create a therapeutic relationship with persons who have backgrounds different from my own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critically reflect on feedback provided by clients, supervisors, and colleagues and adjust my professional behavior and therapeutic use of self as needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborate with clients, families, significant others, and professionals to attain optimal consumer outcomes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop, sustain, and refine interprofessional and team relationships to meet identified outcomes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrate professional civility in engaging inclusively, collaboratively, and respectfully with clients, families, and professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Study Abroad experience and Service learning will help me to increase my performance skills in how I -----

	Strongly Disagree	Disagree	Neutral	Agree	Strong Agree
Use informatics (e.g. technology, guidelines, communication systems, resources) to improve processes and support my role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incorporate an ongoing interaction among evaluation, intervention, and outcomes throughout the occupational therapy process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Address clients' physical, social, and emotional well-being throughout the occupational therapy process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promote occupational justice and empower clients to seek and obtain resources that support participation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Create an inclusive, supportive environment where clients feel safe expressing themselves authentically.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promote clients' health, well-being, and life participation through engagement in occupation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Study Abroad experience and Service learning will help me to increase my ethical practice skills in how I -----

	Strongly Disagree	Disagree	Neutral	Agree	Strong Agree
Understand and adhere to the core values, principles, and standards of the AOTA Code of Ethics and other relevant codes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethical principles to uphold the profession's values and identify ethical implications related to practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage in ethical reasoning to guide decisions when faced with dilemmas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrate varying perspectives in ethics, clinical practice, occupational justice, and professional conduct.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Powered by Qualtrics

	Not at all	A Little	Somewhat	Quite a Bit	Very
Adolescent Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geriatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Different Healing Traditions (e.g., Ayurvedic Medicine, Traditional Chinese Medicine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Historical and contemporary impact of racism, bias, prejudice and discrimination in health care experienced by various population groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How SKILLED are you in dealing with sociocultural issues in the following areas of patient care?

	Not at all	A Little	Somewhat	Quite a Bit	Very
Greeting patients in a culturally sensitive manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eliciting the patient's perspective about health and illness (e.g., its etiology, name, treatment, course, prognosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eliciting information about use of folk remedies and/or other alternative healing modalities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eliciting information about use of folk healers and/or other alternative practitioners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performing a culturally sensitive occupational therapy assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating a culturally sensitive occupational therapy treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing culturally sensitive patient education and counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing culturally sensitive clinical preventive services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessing health literacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with medical interpreters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dealing with cross-cultural conflicts relating to diagnosis or treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dealing with cross-cultural adherence/compliance problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dealing with cross-cultural ethical conflicts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A Little	Somewhat	Quite a Bit	Very
Apologizing for cross-cultural misunderstandings or errors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How COMFORTABLE do you feel in dealing with the following cross-cultural encounters or situations?

	Not at all	A Little	Somewhat	Quite a Bit	Very
Caring for patients from culturally diverse backgrounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring for patients with limited English proficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring for a patient who insists on using or seeking folk healers or alternative therapies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying beliefs that are not expressed by a patient or caregiver but might interfere with the treatment regimen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being attentive to nonverbal cues or the use of culturally specific gestures that might have different meanings in different cultures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpreting different cultural expressions of pain, distress, and suffering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advising a patient to change behaviors or practices related to cultural beliefs that impact one's health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spending in an indirect rather than a direct way to a patient about his/her illness if this is more culturally appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breaking "bad news" to a patient's family first rather than to the patient if this is more culturally appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with health-care professionals from culturally diverse backgrounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with a colleague who makes derogatory remarks about patients from a particular ethnic group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treating a patient who makes derogatory comments about your racial or ethnic background	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How IMPORTANT are each of the following factors in contributing to health disparities?

	Not at all	A Little	Somewhat	Quite a Bit	Very
Genetics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lifestyle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poverty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illiteracy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ageism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ableism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homophobia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="width: 100px; height: 15px;" type="text"/>					

How IMPORTANT do you believe sociocultural issues are in your interactions with:

	Not at all	A Little	Somewhat	Quite a Bit	Very
Patients?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Professional Colleagues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residents, Medical Students?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How AWARE are you of your own:

	Not at all	A Little	Somewhat	Quite a Bit	Very
Racial, ethnic, or cultural identity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racial, ethnic, or cultural stereotypes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A Little	Somewhat	Quite a Bit	Very
Bias and prejudices?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How IMPORTANT do you feel it is for health professionals to receive training in cultural diversity and/or multicultural health care?

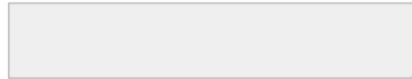
	Not at all	A Little	Somewhat	Quite a Bit	Very
In College (e.g., undergraduate, associate)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In Graduate School?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In Fieldwork (Level I and/or II)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW MUCH TRAINING in cultural diversity have you previously had:

	Not at all	A Little	Somewhat	Quite a Bit	Very
In College (e.g., undergraduate, associate)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In Graduate School?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In Fieldwork (Level I and/or II)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What are some potential challenges to integrating training about culturally competent health care in health care organizations and clinical practice?

Please offer any further comments or suggestions that you may have.



Professional Skills Development

Instructions: Please indicate your level of agreement with each of the following statements

The Study Abroad experience and Service learning helped me to increase my -----

	Strongly Disagree	Disagree	Neutral	Agree	Strong Agree
Knowledge of the domain and process of occupational therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awareness of client-centered, occupation-based, and outcome-oriented occupational therapy practice and setting-specific responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of how to integrate relevant evidence, literature, and data related to primary responsibilities and clients served by occupational therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interest in seeking new and relevant knowledge to meet diverse client needs, and the changing health care environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Study Abroad experience and Service learning helped me to increase my clinical reasoning skills in -----

	Strongly Disagree	Disagree	Neutral	Agree	Strong Agree
How I reflect on my practice of occupational therapy and make informed decisions specific to roles, responsibilities, and professional development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Neutral	Agree	Strong Agree
How I select and apply client-centered evaluation methods, interventions, and outcome measures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How I combine data gathered from the occupational profile and analysis of occupational performance to inform the selection of interventions and outcome measures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How I apply evidence-informed practice and theoretical knowledge to inform, prioritize, and guide efficient and effective interventions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Study Abroad experience and Service learning helped me to increase my interpersonal skills in how I -----

	Strongly Disagree	Disagree	Neutral	Agree	Strong Agree
Effectively communicate using different methods (e.g. verbal, nonverbal, written) that match the abilities, personal factors, learning styles, and diverse needs of clients and others to convey the value of occupational therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Embrace cultural humility through reflective practice and self-assessment of my biases to effectively interact and create a therapeutic relationship with persons who have backgrounds different from my own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critically reflect on feedback provided by clients, supervisors, and colleagues and adjust my professional behavior and therapeutic use of self as needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborate with clients, families, significant others, and professionals to attain optimal consumer outcomes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop, sustain, and refine interprofessional and team relationships to meet identified outcomes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrate professional civility in engaging inclusively, collaboratively, and respectfully with clients, families, and professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Study Abroad experience and Service learning helped me to increase my performance skills in how I -----

	Strongly Disagree	Disagree	Neutral	Agree	Strong Agree
Use informatics (e.g. technology, guidelines, communication systems, resources) to improve processes and support my role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incorporate an ongoing interaction among evaluation, intervention, and outcomes throughout the occupational therapy process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Address clients' physical, social, and emotional well-being throughout the occupational therapy process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promote occupational justice and empower clients to seek and obtain resources that support participation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Create an inclusive, supportive environment where clients feel safe expressing themselves authentically.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promote clients' health, well-being, and life participation through engagement in occupation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Study Abroad experience and Service learning helped me to increase my ethical practice skills in how I -----

	Strongly Disagree	Disagree	Neutral	Agree	Strong Agree
Understand and adhere to the core values, principles, and standards of the AOTA Code of Ethics and other relevant codes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethical principles to uphold the profession's values and identify ethical implications related to practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage in ethical reasoning to guide decisions when faced with dilemmas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrate varying perspectives in ethics, clinical practice, occupational justice, and professional conduct.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix 8 – International Service Learning Opportunity (ISLO) Guide

[International Service Learning Opportunity Preparation Guide and Workbook](#)