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Abstract

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Keywords

Cultural competence with humility, cultural humility, cultural competency, interprofessional collaboration, occupational therapy curriculum

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Cultural Competence with Humility Using Interprofessional Multicultural Learning Activities: Student Perceptions

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ABSTRACT

This study examined students' perceptions of interprofessional multicultural learning activities used to develop cultural competence with humility (CCH). Limited research exists on student perceptions of learning activities for CCH in entry-level occupational therapy educational programs. This exploratory, mixed methods study used an anonymous online survey, the *Learning Activities Survey* (*LAS*), to collect student quantitative ratings and qualitative feedback about CCH learning activities and their experience within the *Counselors and Occupational Therapists Professionally Engaged in the Community* (*COPE*) program. A deductive thematic approach was used by two investigators for qualitative analyses of *COPE* learning activities by alignment in four a priori CCH constructs: cultural awareness, cultural knowledge, cultural skills, and cultural desire. Consensus was gained through discussion. Nineteen of 29 (65.5%) students completed the survey. The mean score on the *LAS* for 6 of 12 activities (50%) was at least *Moderately important* (mean ≥ 3.0) to student learning. Twelve of 19 students (63%) rated 11 of 12 learning activities as *Moderately important* (mean ≥ 3.0). Qualitatively, cognitive knowledge was the strongest reported CCH learning construct within the *COPE* program with a frequency of 32. The combined quantitative and qualitative responses indicated the learning activities positively influenced students' learning of CCH. This study may inform occupational therapy curricular activities that satisfy accreditation requirements and expectations of the profession to meet the cultural needs of society. It also provides support for revisions to occupational therapy educational program standards to better align with recent literature.

Introduction

Entry-level occupational therapy education has traditionally emphasized instruction on cultural competence to satisfy the Accreditation Council for Occupational Therapy Education (ACOTE) standards that require curricula to include social determinants of health education, culturally relevant assessments, and intervention plans considering cultural needs (ACOTE, 2018; Agner, 2020; AOTA, 2020; Awaad, 2003; Beagan, 2015; Grenier et al., 2020; Hammell, 2013). Cultural competence is the ability to understand, appreciate, and effectively work with individuals from diverse cultures and backgrounds (Agner, 2020; Campinha-Bacote, 2019; Tervalon & Murray-García, 1998). The traditional focus of cultural competency education has utilized self-assessment and competency checklists that often ignores variables like power imbalances, social injustice, and individualized cultural practices, which are essential to effective and inclusive clinical practice (Grenier et al., 2020).

The American Occupational Therapy Association (AOTA; 2022) developed *OT Vision 2025* to promote culturally responsive, intentionally inclusive, and equitable care that embraces diversity to "maximize health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living." Therefore, it is imperative for entry-level occupational therapy students to be equipped with the necessary skills and knowledge to address the unique needs and cultural expressions of clients served (Agner, 2020, AOTA 2020). AOTA (2020) also published the *Educator's Guide for Addressing Cultural Awareness, Humility, and Dexterity in Occupational Therapy Curricula* with essential recommendations for modifying the focus of entry-level occupational therapy education programs from cultural competence to cultural humility. Cultural humility involves a lifelong commitment to self-reflection and self-critique with openness to others' experiences and cultural perspectives (Agner, 2020; Campinha-Bacote, 2019; Tervalon & Murray-García, 1998).

The AOTA's (2020) *Educator's Guide* recommendations focused on implementing more culturally responsive curriculum design practices centered on the ability for students to critically examine personal attitudes about cultural differences while critiquing pre-conceived assumptions about others and valuing others' perspectives (AOTA, 2020). Other authors recommended a shift from teaching cultural competence to teaching cultural humility in health professions secondary to providers being hyper-focused on global cultural understanding instead of the client's individual needs (Agner, 2020; AOTA, 2020; Beagan, 2015; Campinha-Bacote, 2019; Danso, 2018; Foronda et al., 2016; Greene-Moton & Minkler, 2020; Grenier et al., 2020; Hammell, 2013). Current research highlights the need for entry-level education to go beyond cultural competency checklists to implement multicultural learning activities that not only address cultural competency but emphasize humility in every cultural encounter (Agner, 2020, Grenier et al., 2020). However, not all programs have fully integrated cultural humility constructs into the curriculum (Agner, 2020; Grenier et al., 2020).

The authors of this study developed the concept of cultural competence with humility (CCH) based on healthcare literature that utilized phrases such as cultural competemility, cultural dexterity, cultural humility and critical reflexivity, cultural

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awareness, cultural safety, cultural diversity concepts, cultural understanding, culturally relevant, and cultural competence (Agner, 2020; AOTA, 2020; AOTA, 2021; Beagan, 2015; Campinha-Bacote, 2019; Danso, 2018; Dickson et al., 2022). CCH integrates elements from each of those concepts by emphasizing the importance of cultural humility and consistent self-reflection that optimally supports population health and the well-being of communities (Agner, 2020; AOTA, 2020; Campinha-Bacote, 2019). Therefore, CCH is defined as the development of cultural awareness, knowledge, and skills while integrating culturally empowering practices and open-mindedness, through frequent multicultural experiences with reflection (Agner, 2020; Campinha-Bacote, 2019, Danso, 2018; Hughes-Hassell et al., 2019).

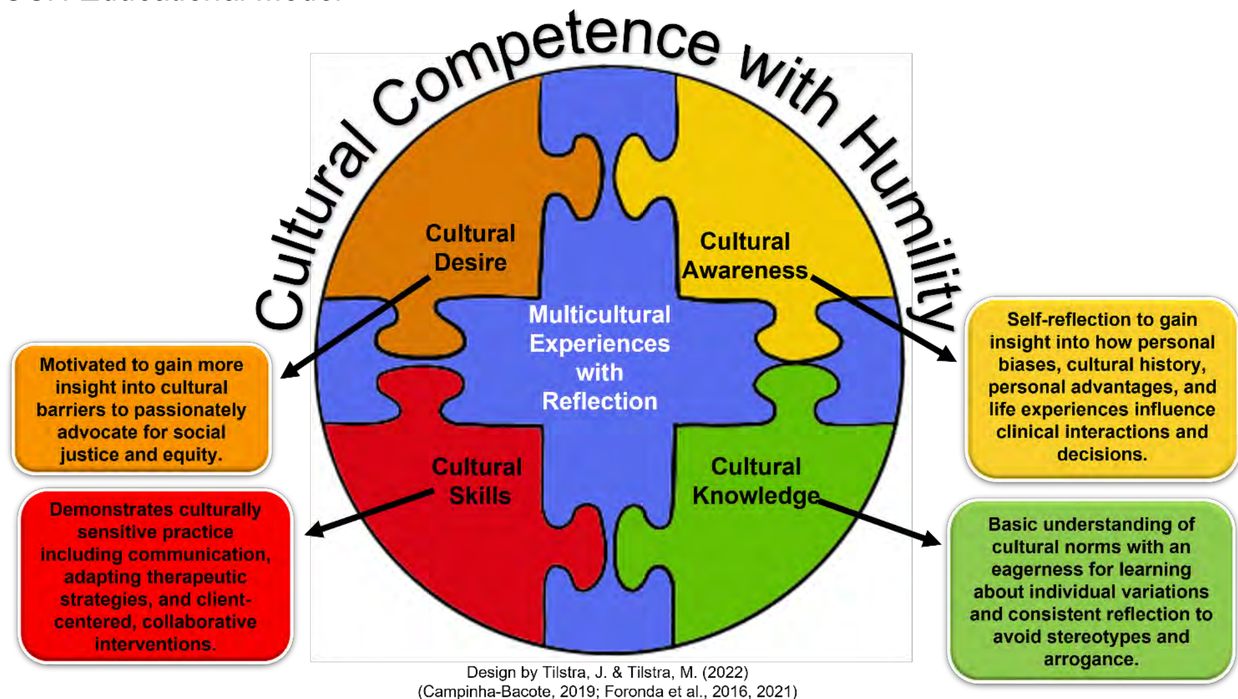
This study explored student experiences using interprofessional multicultural learning activities to enhance learning of CCH. The authors hypothesized that students would report most (80%) of the activities were moderately important to their learning CCH. The information gathered from the student perspectives may help to determine if the multicultural learning activities were not only an effective way to meet ACOTE accreditation standards, but also advance the curricula to meet the complex multicultural needs of society by aligning with *OT Vision 2025* (AOTA, 2022) and education recommendations from the AOTA's (2020) *Educators Guide*.

Literature Review

The *CCH Educational Model* was derived from the *Cultural Competemility Model* established by Campinha-Bacote (2019), which focused on cultural humility throughout five constructs: cultural awareness, knowledge, skills, desire, and encounters. Instead of identifying cultural encounters as just one part of cultural competemility, the *CCH Educational Model* emphasizes multicultural experiences with reflection as the central component of CCH. Multicultural experiences with reflection are imperative to facilitate cultural awareness, knowledge, skills, and desire to meet the dynamic, complex, and contemporary needs of society (AOTA, 2020; Beagan, 2015; Campinha-Bacote, 2019; Edeer & Rust, 2022; Fitzgerald & Campinha-Bacote, 2019; Foronda et al., 2016). Multicultural experiences with reflection are intentional interactions with diverse populations that facilitate open-mindedness and curiosity while reflecting on ways the experience can influence personal change (Bauer & Bai, 2018; Campinha-Bacote, 2019). Cultural awareness is developed through self-reflection to gain insight into how personal biases, cultural history, personal advantages, and life experiences influence clinical interactions and decisions (Campinha-Bacote, 2019; Foronda et al., 2016, 2020). Cultural knowledge is a basic understanding of cultural norms with an eagerness for learning about individual variations and consistent reflection to avoid stereotypes and arrogance. Cultural skills are evident when a practitioner demonstrates culturally sensitive practice including communication, adapting therapeutic strategies, and client-centered, collaborative interventions. Cultural desire means the motivation to gain more insight into cultural barriers to passionately advocate for social justice and equity. Figure 1 illustrates the interconnectedness between the key elements of CCH (cultural awareness, knowledge, skills, and desire), with multicultural experiences with reflection as the central component that links the four constructs.

Figure 1

CCH Educational Model



CCH educators should utilize a combination of didactic course content and multicultural experiences that promote consistent student reflection focusing on personal flexibility (the ability to set aside personal beliefs while considering various perspectives), self-awareness, and lifelong learning (Agner, 2020; Grenier et al., 2020, AOTA, 2020). Faculty who have a strong foundation in cultural knowledge and value CCH should model CCH behaviors and serve as lead facilitators of intentional class discussions about privilege, biases, stereotypes, health disparities, traumatic histories of cultural groups, cultural values, cultural beliefs, and systemic power injustices that impact health care (Abou-Arab & Ashcraft, 2021; Agner, 2020; AOTA, 2020; Fitzgerald & Campinha-Bacote, 2019; Grenier, 2015; Grenier et al., 2020). Other educational strategies for facilitating CCH include using multicultural, complex case studies and roleplaying that provide learning opportunities for students to create culturally appropriate interventions while empowering clients to advocate for their own needs (Kondili et al., 2022; Paparella-Pitzel et al., 2016; Ranjbar et al., 2020).

The *COPE* Program

The ***C****ounselors and* ***O****ccupational Therapists* ***P****rofessionally* ***E****ngaged in the Community (COPE*) program was developed by the Master of Occupational Therapy (MOT) and Counseling and Human Development (CHD) faculty at a small Catholic university. The *COPE* program was developed to enhance both the MOT and CHD programs through interprofessional education and training for students, faculty, and clinical supervisors. It also expanded experiential training for both programs, introduced relevant topics and

skill sets necessary to address unmet needs of the service population (e.g., telehealth, trauma informed care, CCH, violence prevention, and distance-learning technology), and reduced financial burdens for students who were committed to addressing the behavioral healthcare needs for underserved populations.

COPE **Program Aims**

Rooted in evidence-based practice and strong community partnerships, the *COPE* program aimed to increase the regional behavioral health workforce in underserved communities through collaborative learning between the two master's level programs. Underserved populations are defined by the Health Resources and Service Administration (HRSA, 2020) as anyone in a designated geographical area or group of persons who lack access to healthcare services due to economic, cultural, or language barriers that includes people living below the poverty line, Native Americans, people experiencing homelessness, and migrant farm workers. The *COPE* program aimed to advance students' overall CCH abilities and confidence when treating such individuals and communities. In addition to this, the *COPE* program aimed to increase the admission of MOT and CHD culturally diverse students who seek to work with underserved populations, to increase student access to high-quality clinical experiences within underserved communities, and to improve health outcomes for the regional population of residents with behavioral health disorders.

COPE **Program Students**

Graduate students enrolled in the final year of the MOT and CHD educational programs were eligible to apply for the *COPE* program. Seventy-seven MOT (n = 32) and CHD (n = 45) students were eligible including males and females from various cultural backgrounds aged 21 and above. All eligible students were sent a recruitment video describing the program and a link to the application that included two essay questions. Inclusion criteria included: final year of respective program, good academic standing, a reported interest in working with underserved communities after graduation, and a faculty letter of support. Exclusion criteria included: Non-United States citizens per the federally funded grant program stipulations, poor academic standing, and low score on essay questions as determined by a scoring rubric (see Table 1). Thirty-two students applied and three students were excluded (one for non-US citizen and two for low scores on the essay questions). The grant funding limited the students to 29 each year of the four-year grant. The first cohort included 19 MOT and 10 CHD students. Participating students were informed of all data collection and agreed to participate in the research studies, trainings, coursework, assessments, and field placements associated with the *COPE* grant in exchange for a $10,000 stipend. As required by the Institutional Review Board (IRB), all students were provided with contact information for campus counseling services in case of distress encountered during completion of any learning activities. The flow diagram of students is depicted in Figure 2.

Table 1

Scoring Rubric for COPE *Student Selection*

	3	**2**	**0**	**0**
Indicates willingness to go to nontraditional/new grant clinical site (no OT or counselor on staff to supervise)	yes	Maybe	n/a	no
	3	2	1	0
Describes interest in delivering behavioral health care in a high demand area and/or high needs populations.	Identifies at least one population of interest that is high demand/high needs; Indicates understanding what this might include	Adequate description	Answers Question	No answer
	3	2	1	0
Describes plan for pursuing a career working in either a high demand and/or high needs populations.	Identifies specific interest in continuing to work in behavioral health after graduation in high demand/high needs area.	Vague interest	Answers question	No answer
	1	NA	NA	0
Positive Faculty Recommendation:	Yes	NA	NA	No
TOTAL= /10				

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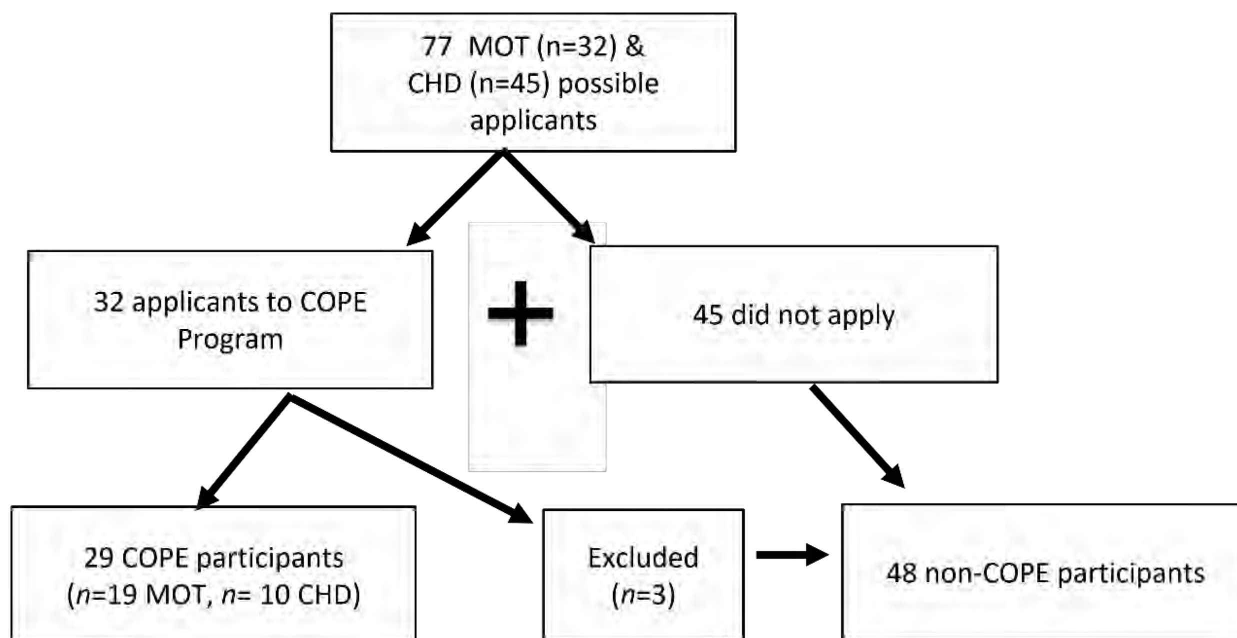
Figure 2

Flow Diagram of Participants for the COPE Program Cohort 1



COPE Program Delivery of CCH Learning

Through synchronous and asynchronous online modules within a virtual learning platform, students completed interprofessional multicultural learning activities utilizing case studies, videos, and discussion board posts. Topics of the *COPE* learning activities focused on issues of underserved populations including lesbian, gay, bisexual, transgender, queer/questioning, asexual plus other (LGBTQ+) individuals, refugees, those in rural communities, those living in poverty and/or homeless, and individuals with a history of or current issue with substance abuse, trauma, human trafficking, partner violence, or gun violence. Table 2 provides a description of the learning activities, objectives, and the CCH domains. The *COPE* program cultivated interprofessional dialogue in these activities to elicit reflection about cultural paradigms, power imbalances, personal biases, and advocacy for underserved populations. Each activity positioned students to further reflect and share within small MOT/CHD student group discussions, to problem-solve ways to change identified biased perceptions, and to implement client-specific treatment ideas. In addition to the learning activities, *COPE* students were required to complete a minimum of six months of clinical experience with underserved populations.

Table 2

Descriptions of COPE Learning Activities matched to CCH Domains

Multicultural Learning Activities	CCH Constructs
1. ***Interdisciplinary Professional Forum:*** Telehealth & ethics with remote supervision: *COPE* students and clinical supervisors discussed various case studies related to telehealth and mental health practice. Explore research related to the impact of technology and address the intrapersonal challenges for society as a whole and therapists. Discuss recommendations for maintaining therapist/client relationships and a healthy sense of self in today's technology driven world. Identify key ethical considerations with treating clients virtually. Discuss supervision strategies that integrate technology and/or interprofessional collaboration. Explore interprofessional collaboration techniques in a virtual world.	Knowledge, Skills
2. ***Scope of Practice for MOT/CHD***: Participants read articles related to the *COPE* program, occupational therapy practice, and counseling practice. They completed a quiz based on the readings. Identify the *COPE* program objectives. Identify different interventions that are within the OT Scope of practice. Identify key components of interprofessional practice. Identify Counseling scope of practice.	Knowledge
3. ***Ethical Treatment of Human Trafficking Survivor***: Mental health with human trafficking & dissociative identity disorder: *S*tudents completed a multi-step ethical case-study that involved interprofessional discussion and treatment planning for a human trafficking survivor. Identify beliefs and biases related to the ethical issues presented in the case study. Analyze differences between own beliefs and those of others from a variety of professions. Discuss rationales for selected solutions from the ethical issues describe in the case study. Incorporate a broader perspective of applied ethics into the interprofessional approach to care of others.	Knowledge, Skills, Desire
4. ***Read Articles Related to High-Needs/Underserved Populations:*** Partner violence, human trafficking, substance abuse, gun violence, refugee, homeless, LGBTQ+, low educational level, rural community, significant trauma, with a focus on local statistics related to the prevalence in the community and the gaps in services available. Participated in interprofessional discussion related to personal biases and awareness of health disparities.	Awareness, Knowledge

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Obtain knowledge of unique issues related to underserved populations. Participate in discussion forum to increase their knowledge and awareness of unique issued related to underserved populations.	
5. ***Watch a Movie Related to Violence*:** Power differences, gun violence, and trauma: Students watched the movie "The Hate U Give" in which the main character, Star, lived in a poor, primarily Black community but attended school in a wealthy, mostly White prep school. Through a very traumatic experience, Star learned to advocate for herself and those without a voice. After watching the movie, *COPE* students discussed how power differences influenced the outcomes, and they developed ideas for social or professional advocacy. Analyze the movie *The Hate You Give* for culturally diverse themes. Identify themes in a client's life that you would possibly address in mental health services. Identify roadblocks clients may have in their treatment plan. Identify key players and protective factors in a client's life. Identify unique multicultural issues to be mindful of in providing care to a client.	Awareness, Desire
6. ***Develop an Interprofessional Treatment Plan:*** Students developed an interprofessional treatment plan for Star from *The Hate U Give*. Provide a summary of the client's current status including clinical diagnosis. Identify at least 3 OT goals for the client. Identify at least 3 Counseling goals for the client. Describe a group that could be implemented that addresses goals for both disciplines.	Skills
7. ***Complete an Interprofessional Telehealth Group*** *Mental Health Practice*: students completed a case study. Then, they developed and implemented an interprofessional telehealth group with Doxy.me. Identify ways to ensure confidentiality during telehealth sessions. Discuss ethical challenges you may face using a telehealth platform. Identify professional challenges you could face while using a telehealth platform. Discuss if telehealth is appropriate for all clients and what modifications you would make to ensure accessibility.	Skills
8. **SPENT *Poverty Experience*:** Students completed the SPENT online simulated poverty experience (https://playspent.org/html/). They reflected on the difficult decisions they made during the experience and participated in an interprofessional discussion related to personal biases and stereotypes. Build awareness of the difficult decisions someone living in poverty may have to make.	Awareness, Skills, Desire

Generate new awareness of personal biases and stereotypes. Reflect on your experiences making difficult decisions when having limited resources.	
9. ***Scavenger Hunt Experience****:* Students visited local community facilities and problem-solved childcare, grocery shopping, clothing shopping for a job interview, getting prescriptions, and transportation on a minimal budget. Students reflected on health disparities, personal biases, stereotypes assumptions and participated in an interprofessional discussion related to ideas for addressing the gaps in services. Discover resources to help future clients who may be living in poverty. Reflect and discuss what personal biases were negated and how your experience may have changed your opinion. Discuss any assumptions you had that were proven correct or incorrect and how this impacts your future practice.	Awareness, Skills, Desire
10. **Watched a Movie or Read Articles Related to Addiction:** Students completed a self-reflection on personal biases with people with addictions and modifications to clinical practice. Discuss accurate descriptions/depictions of persons living with addiction. Discuss inaccurate depictions of someone with an addiction or of rehab facilities. Include discussion of how stigma influences society. Reflect on information you found surprising in the article or movie and how you can apply that information to your clinical practice? Reflect and discuss biases you had about individuals with addictions that you reevaluated based on the movie or article.	Awareness, Knowledge, Skills
11. ***Interview Other Mental Health Providers:*** Students interviewed two other mental health professionals about treating a young mother with substance abuse. They reflected on interprofessional competencies and different perspectives of clinicians. Increase understanding and knowledge of the 4 Interprofessional Core Competencies. Reflect and discuss the different perspectives of mental health care and how multiple disciplines can work together for the good of the client. Discuss the complicated history of clients and multiple perspectives you need to consider when designing client- centered treatment plans.	Awareness, Knowledge, Skills
12. ***Overall Interprofessional Collaboration****:* This included the Overall interprofessional discussions throughout the *COPE* program: Reflect on your experiences with consistent collaboration with another mental health practitioner. Discuss the pros and cons of collaboration.	Skills

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Methods

This exploratory mixed-method study used an online survey with a rating scale to gather quantitative student ratings for each of the learning activities and open-ended questions to provide qualitative responses that support student ratings. The study design aligned with a pragmatic worldview that focused on concurrently examining the combined qualitative and quantitative results (Creswell & Plano Clark, 2017). Institutional review board (IRB) approval (IRB # 2021018) was attained with the initial creation of the *COPE* program at the primary institution with an approved exemption (IRB # 2022042) relevant to this study. An *Authorization Agreement* was completed between the primary institution and partnering institution for IRB compliance.

Instrumentation

The *Learning Activities Survey* (*LAS*) was a tool developed by the primary researcher to gather quantitative and qualitative feedback from students related to each of the CCH learning activities in the *COPE* program (see Appendix). The *LAS* was reviewed by collaborating researchers for content, clarity, and readability prior to dissemination. The anonymous, online survey included five demographic questions,12 rating scale questions with a text box for qualitative comments, seven open-ended questions, and one yes/ no question to gather feedback about the *COPE* program and its learning activities. The *LAS* used a non-Likert scale for students to rate the importance of each *COPE* learning activity in their learning of CCH constructs (0 = *Not important at all*, 1 = *Neutral*, 2 = *Minimally important*, 3 = *Moderately important*, 4 = *Essential*). Evidence suggests that the non-Likert scale may have a higher-level reliability and validity compared to Likert-type scales and allows researchers flexibility to test hypotheses using discrete and continuous data analyses (Louangrath, 2018; Louangrath & Sutanapong, 2018).

Study Participants

This study used a purposive sample (*N* = 29) of the inaugural cohort of *COPE* program students who had completed all required learning activities and clinical experiences. All *COPE* students from the first cohort were invited to an in-person session to complete the optional, anonymous survey. All students who attended the in-person session filled out a separate card that was entered into a drawing to receive a $25 gift card. Those *COPE* students who did not attend the session were sent a recruitment email with a link to the survey, which remained open for two weeks. All non-*COPE* students were excluded from study participation.

Data Collection

Students completed the *LAS* using SurveyMonkey Audience™ (San Mateo, CA). Students completed an informed consent before proceeding to the full survey. Students could choose to exit the survey at any point during the process. The optional survey was anonymous and student identities remained confidential throughout the data collection and analysis. The *LAS* responses were downloaded into an Excel spreadsheet in a password-protected shared folder. Data was coded, verified for accuracy, and uploaded into the Statistical Package for the Social Sciences (SPSS) Version 27 (IBM, Armonk, NY) for analysis.

Data Analysis

The quantitative data were translated to numerical codes, verified for accuracy, and uploaded into the Statistical Package for the Social Sciences (SPSS) Version 27 (IBM, Armonk, NY) for analyses. Descriptive statistics (distribution, frequency, mean, and standard deviation) were used to analyze participant demographics and *LAS* ratings for each of the 12 *COPE* program learning activities. The *LAS* outcomes had two sections of qualitative data: (1) responses to support the rating for each of the learning activities and (2) responses to the open-ended questions. The qualitative responses that supported the ratings were subjected to qualitative analyses using a deductive semantic approach. A physical therapy researcher with no affiliation with the project (C.B-C) and an occupational therapist (MLT), who was one of the *COPE* program directors independently reviewed qualitative responses. They aligned participant responses within a priori CCH conceptual themes and definitions of cultural awareness, cultural knowledge, cultural skills, and cultural desire. They discussed the qualitative data with consensus achieved on construct matching for each respective section. The qualitative responses to the open-ended questions were reviewed, discussed, and summarized. No in vivo or emergent coding was completed on these responses since the questions were phrased in a way to elicit responses related to CCH constructs.

Results

Nineteen *COPE* students completed the *LAS*. Table 3 identifies study participant demographics (N = 19) in comparison to the *COPE* program students (N = 29).

Table 3

Participant Demographics (Study vs. COPE Program)

Demographic Variable(s)	Study Participants N = 19 *n* (%)	*COPE* Program Participants N = 29 *n* (%)
Academic Program		
MOT	19 (100)	19(65.5)
CHD	0 (0)	10(34.5)
Gender		
Female	18 (94.7)	26 (89.7)
Male	1 (5.3)	3 (10.3)
Type of Clinical Experience		
Non-traditional (OT)[a]	18 (94.7)	NA
Traditional (OT)[b]	1 (5.3)	NA
Age		
22-24 years old	17 (89.5)	22 (75.9)
25-27 years old	2 (10.6)	6 (20.7)
28-32 years old	0 (0)	1 (3.4)
Race/Ethnicity		
White or Caucasian	19 (100)	28 (96.6)
Black/African American	0 (0)	1 (3.4)

[a]Non-traditional fieldwork experiences occur within community- based settings that do not offer occupational therapy services. [b]Traditional fieldwork settings employ a full-time occupational therapist (i.e., hospitals, schools, private practice, and outpatient settings).

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LAS Rating Scores for *COPE* Program Learning Activities

Table 4 includes the mean ratings for each learning activity and the number of students out of 19 who rated the *COPE* learning activities as at least *Moderately important* (M ≥ 3.0) (merging of *Moderately important* and *Essential* ratings). The mean score for six of the 12 activities (50%) was at least *Moderately important* ($M \geq 3.0$) to learning CCH. The mean score for 12 of 12 (100%) of the activities was at least *minimally important* ($M \geq 2.$) The combined total mean score ($M = 3.0$) for all learning activities for the *COPE* program indicated moderate importance to the learning of CCH. Figure 3 illustrates the percentage of students rating each level of importance for the individual learning activities ranging from *Essential* (4) to *Not at all* (0). Despite the overall mean rating scores reported in Table 4, Figure 3 better illustrates how most students (63%) rated 11 of 12 activities as either *Moderately important* or *Essential* to their learning of CCH.

Table 4

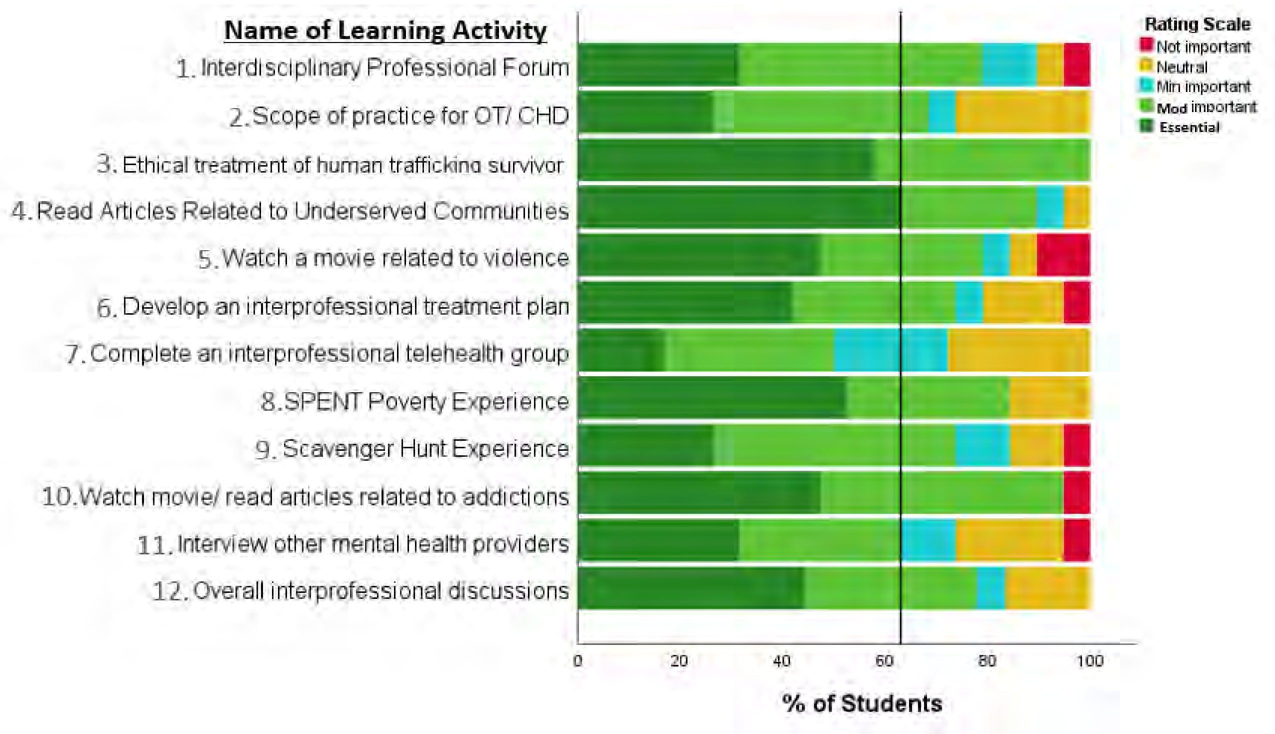
Learning Activity Mean Rating Scores of at Least Moderately Important

Name of Learning Activity (Activity #)	*Student Responses* *n* (%)	Mean (Std Dev)	Skewness
Ethical treatment of human trafficking survivor (3)	19 (100)	**3.58 (0.51)**	-0.35
Read articles related to high-needs/ underserved populations (4)	17 (98.5)	**3.47 (0.84)**	-1.79
Watch a movie/ read articles related to addictions (10)	18 (94.8)	**3.32 (0.95)**	-2.48
SPENT poverty experience (8)	16 (84.2)	**3.21 (1.08)**	-1.34
Overall interprofessional discussions (12)	14 (73.7)	**3.06 (1.11)**	-0.99
Watch a movie related to violence (5)	15 (79.0)	**3.00 (1.33)**	-1.42
Interdisciplinary Professional Forum (1)	15 (79.0)	2.95 (1.08)	-1.37
Develop an interprofessional treatment plan (6)	14 (73.7)	2.89 (1.29)	-1.01
Scavenger hunt experience (9)	14 (73.7)	2.79 (1.13)	-1.07
Scope of practice for MOT/ CHD (2)	13 (68.4)	2.68 (1.16)	-0.50
Interview other mental health providers (11)	12 (63.2)	2.63 (1.30)	-0.58
Complete an interprofessional telehealth group (7)	9 (47.4)	2.39 (1.09)	0.01

Note. Bolded scores are $M \geq 3.0$ (*Moderately important* to *Essential*).

Figure 3

COPE Program Learning Activities/Percentage Rating



Qualitative Reponses Related to Specific Learning Activities

All *LAS* qualitative responses were compiled, reviewed, and aligned by two researchers within the four a priori constructs (codes) of CCH – cultural awareness, cultural knowledge, cultural skills, and cultural desire. Table 5 provides context to each of the a priori codes by identifying subcomponents that guided the qualitative analysis process and offers sample participant responses supporting the construct. Additionally, frequencies of codes were tabulated across all 12 activities to summarize CCH constructs embedded within participant responses. Student comments were more profusely related to cultural knowledge and cultural skills.

Table 5

LAS Qualitative Responses and a priori Constructs (Codes)

CCH Constructs	Construct Frequency	Sub-Components	Sample Participant Responses
Cultural Awareness	8	Self-examination and critical reflection of biases; personal cultural background; self-awareness of stereotypes; altruism- putting their needs above own; acknowledge personal power and privilege	"…helped me call on my own biases." "…acknowledge our own privilege while treating a patient."
Cultural Knowledge	32	Openness to learning from patients/teachableness/perspective taking; gather information; acknowledging the individual variations	"…gain perspective about poverty…" "…more knowledgeable in those with addictions…"
Cultural Skills	17	Effective communication, respect, culturally appropriate interventions, client-centered care; Interprofessional collaboration, mutual empowerment	"…helped me to complete evaluation and treatment sessions." "…allowed each profession to understand their line of work and what their priorities for the client…"
Cultural Desire	1	Initiative, motivation, passion, seeking out information, advocacy, empower others	"It helped reaffirm my passion for mental health intervention and fighting addiction, which has been a subject near and dear to my heart for many years now."

The combined quantitative and qualitative data analysis related to the learning activities further supported the rating levels from *Essential* to *Not at all*. The three highest mean scores for *COPE* learning activities included *Ethical treatment of a human trafficking survivor, Read articles related to high-needs/ underserved populations,* and *Watch Movie/ Read Articles related to Addiction*.

- *Ethical treatment of a human trafficking survivor* activity had a mean score of 3.58 (S = 0.51) of the students rating either *Essential* (42.1%) or *Moderately important* (57.9%). Qualitative comments supported the activity as being essential to student learning, with one respondent stating that they improved their awareness of the "true complexity of patients I encounter."
- *Read articles related to high needs/ underserved populations* had a mean score of 3.47 (SD = 0.84) with students rating *Essential* (63.2%)*, Moderately important* (26.3%), *Minimally important* (5.3%), and *Neutral* (5.3%). Multiple qualitative comments supported this high rating. Students reported the importance of learning

about the prevalence of underserved populations to better understand the lived experiences of such populations, which allowed them to complete culturally sensitive evaluations and treatments.

- *Watch Movie/ Read Articles related to Addiction* activity had a mean score of 3.32 (SD = 0.95) with the students rating either *Essential* (47.4%) or *Moderately important (*47.4%), or *Not important* (5.3%). Qualitative comments supported the importance of learning about the impacts of addiction and self-reflection that helped students increase their awareness of personal biases.
- The three lowest mean scores for the *COPE* learning activities included *Complete an Interprofessional Telehealth group*, *Interview other mental health providers,* and *Scope of practice for MOT/ CHD.*
- *Complete an Interprofessional Telehealth group* had a mean score of 2.39 (SD =1.09) with the students rating *Essential* (15.8%), *Moderately important (*31.6%), *Minimally important* (21.1%), or *Neutral* (26.3%). The qualitative comments indicated reasons for the lower ratings with multiple students reporting difficulty coordinating the group project and needing more structured, detailed case studies. However, one student reported, "The telehealth group was very beneficial to practice collaboration within and amongst other disciplines."
- *Interview other mental health providers* had a mean score of 2.63 (SD =1.30) with the students rating *Essential* (31.6%), *Moderately important* (31.6.%), *Minimally important* (10.5%), *Neutral* (21.1%), or *Not important* (5.3%). The qualitative comments aligned with the lower mean scores with students reporting frustrations completing the activity, including difficulty with scheduling the interviews, and needing help understanding the purpose of the activity.
- *Scope of practice for MOT/ CHD* had a mean score of 2.68 (SD =1.16) with the students rating *Essential* (26.3%), *Moderately important (*42.1%), *Minimally important* (5.3%), or *Neutral* (26.3%). Qualitative comments supported the mean score with one student stating, "I think it would have been more beneficial if an OT or CHD student provided in their own words the scope of practice than just reading about it."

Qualitative Responses Open-Ended *LAS* Questions

The final section of the *LAS* asked open-ended questions to gain a deeper understanding of students' perspective of their CCH learning experiences and to further inform and develop the *COPE* program itself. The questions inquired about *COPE* program impact on various aspects of clinical practice from advocacy to power imbalances and cultural competency to personal biases and awareness. Additionally, students were asked to share their opinions about the *COPE* program's strengths and opportunities.

Overall, the *LAS* data suggest the *COPE* program had a positive impact on students' ability to serve various cultural groups in clinical practice by developing their cultural awareness, knowledge, and skills. One participant shared, "The *COPE* program helped prepare me to think critically about mental health and better ways to serve disadvantaged populations." Another stated, "I feel like it helped by opening my mind to

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the types of populations I would be seeing in the setting. It also allowed me to collaborate with other students/professionals." Another participant expressed, "I am more culturally aware and know about the possible biases that I may carry with me."

The *COPE* program was also helpful in promoting advocacy for underserved populations in the context of healthcare. One participant communicated, "I feel that the *COPE* assignments challenged and broadened my way of advocating for clients in various clinical settings, not just mental/community health" while another said, "I think I know how to advocate for OT's role in mental health after this program." Another participant wrote, "I felt more prepared when connected with and working with patients from underserved populations. I felt I had a better understanding of obstacles they face."

Power imbalances were explored from various lenses within the therapeutic relationship including sociodemographic, gender, ethnicity/racial, medical provider, and practitioner/student differences. Most students demonstrated an understanding of the influence that different power imbalances may have on the therapeutic relationship and client outcomes/experiences. One participant reported, "A patient could struggle to tell their story to someone they think does not understand" or that "…people can feel less comfortable sharing information with someone they feel is 'higher up' in a demographic than they are…" Gender differences were recognized as one participant shared, "gender played a role at times…" and that it "can hinder therapeutic relationships, especially if denying care." With ethnicity/racial differences, "feeling misunderstood" was reported while another participant conveyed, "this is so important to be aware of because it helps us become more informed supporters and advocates for people who are at a disadvantage at the hands of systemic racism." Medical provider power imbalance may create a space where "a patient may feel unable to ask questions if they feel inferior to their intellect." Participants did not offer much insight in terms of power imbalances between the practitioner/student.

Participants were consistent in reporting that CCH was important to clinical practice. "A therapist should be culturally competent and humble with all populations in all settings." One participant wrote that CCH was important with "one-on-one interaction with the patient and with their family/caregivers in an intervention and client-centered way to make sure you are providing meaningful care for the patient." Another expressed, "Being culturally competent can help you better understand your clients and what they value, which is important to carry over into treatment," "… they have a whole other side of their life that you know nothing about." Moreover, many students acknowledged the influence of personal biases and the need for self-awareness in providing care. A participant shared, "I like to say that I try my best with not having personal biases with people from various backgrounds, but the truth is that everyone has their own biases and that it is something you need to realize …" and another expressed, "Sometimes I recognized my implicit biases, but I always tried to recognize them, so they did not impact my therapeutic use of self."

Lastly, students offered opinions in terms of opportunities and strengths of the *COPE* program. Some recommendations for improvement included providing more opportunities for in-person interactions/lab to practice appropriate communication techniques and more complex mental health case scenarios to facilitate more problem-solving through treatment plans. Participants wanted more information about power differences, sexual assault survivors, social justice, and specific ways to advocate for underserved populations. Additionally, students had suggested modifications to learning activities such as adding specific case studies for the telehealth activity, having pre-recorded interviews with other mental health professionals to ease student challenges in finding such providers, and adding specific educational content on how to form an advocacy plan to address healthcare inequities with underserved populations. In terms of *COPE* program strengths, students valued the “interdisciplinary interactions” through collaborating with counseling students and the “exposures to different experiences, diverse populations, therapeutic altruism, and independent practice.” Participants also shared that the resources and experiences helped expand their knowledge about cultural beliefs and values of underserved populations.

Discussion

This exploratory study aimed to determine how *COPE* students perceived the importance of interprofessional multicultural learning activities in developing CCH (cultural awareness, knowledge, skills, and desire). Despite not meeting the expected hypothesis of the mean scores of 80% of the learning activities rated at least *Moderately important*, the data reported in Table 4 and Figure 3 clearly indicate that students found most of the activities globally important to their learning of CCH. Qualitative results confirmed these findings through student responses relevant to the learning activities and each CCH construct (see Table 5).

It remains uncertain whether the three activities with the lowest ratings would have been perceived as equally inferior had the CHD students participated in the study. The low rating on the activity*, Complete an interprofessional telehealth group,* may be partly due to issues using the telehealth platform and the challenges of scheduling a group therapy session with multiple students. MOT students also reported frustration in locating mental health providers other than occupational therapists or counselors to interview in a timely manner to complete the activity, *Interview other mental health providers.* The activity involving the understanding of the *Scope of practice for MOT/CHD* entailed reading supplied materials and taking a quiz, which might not have been the most optimal approach for presenting the content.

The *LAS* data suggested that students perceived the *COPE* learning activities to be important to their learning of CCH constructs of cultural awareness, knowledge, skills, and desire. These findings align with the literature in which students reported improvements in aspects of CCH when instruction included interprofessional collaboration, panel discussions, self-reflection, and online discussion boards through virtual learning platforms (Edeer & Rust, 2022). *COPE* students reported an increase in their confidence in clinical skills, a key aspect of being a successful entry-level OTP (Yu et al., 2021). This improvement aligns with an objective of the *COPE* program to

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improve students' confidence in working with underserved populations. Previous studies have also found that students who engage in culturally responsive experiences with various populations gain heightened self-awareness, confidence, and advocacy skills that promote culturally responsive and equitable care (Matteliano & Stone, 2014). In the qualitative responses, students reported that the *COPE* learning activities positively impacted their ability to serve various cultural groups and recognize their own biases. These comments support the literature findings that suggest that the multicultural experiences with reflection allowed for students to develop respect for diversity and to practice non-judgmental interactions using culturally sensitive verbal and nonverbal communication skills (Kondili et al., 2022; Paparella-Pitzel et al., 2016; Ranjbar et al., 2020).

COPE students reported that the learning activities helped them with advocacy skills for addressing health disparities in underserved populations. However, they recommended adding more activities targeting the ideas around social justice. While many *COPE* students reported recognizing power imbalances in clinical practice and its implications, it was concerning that some students still needed to acknowledge power differences that impacted therapeutic relationships. In order for students to practice cultural humility, they must acknowledge their personal and professional advantages (power imbalances) and recognize how their perspectives may differ from others (Hammell, 2013). Previous researchers suggest that learning activities using multicultural experiences with reflection should create opportunities for students to develop cultural desire through observation of social inequities and developing action plans that address social justice issues with underserved populations (Campinha-Bacote, 2019; Fitzgerald & Campinha-Bacote, 2019; Foronda et al., 2016).

Lastly, students identified the *COPE* learning activities were important to learning CCH with more than half of the students responding that the *COPE* program should be a required component of the MOT program. They reported the learning activities provided interactive multicultural experiences that helped them better understand various roles of other healthcare practitioners, improve their confidence with helping underserved clients, improve their cultural knowledge, and identify their personal biases. Students provided feedback to support modifications of the *COPE* program to strengthen the learning activities to better meet the needs of future students.

Study Limitations

This study was based on a pilot program in its first year, so longitudinal data are unavailable to determine if this study's results are consistent across time. The study sample was small as the students who completed the *LAS* survey were a sub-sample of *COPE* students from a small Catholic university with limited demographic variance, limiting generalizability of results. Despite the limited variance, the cohort students aligned with the racial and gender demographics of occupational therapy students in the United States, with 90% female and 74% Caucasian/White, which may afford some generalizability of the findings (AOTA, 2019). All students selected to be a part of the *COPE* program received a stipend from the HRSA funding for the project which may have biased *LAS* responses. Researchers attempted to encourage truthful,

nonjudgmental responses by making the surveys anonymous and encouraging students to provide honest feedback to help program development for future cohorts. The *LAS* has not been validated for the quantitative analysis. Using an online open-ended survey may have restricted the depth of insight and perspective that could have been obtained through an in-person interview or focus group, potentially limiting the richness of the data. Additionally, two researchers in this study developed and implemented the *COPE* program, which could have led to bias in interpretation of results supporting the *COPE* program. In an attempt to limit this bias, two additional researchers not associated with the *COPE* program assisted with data analysis and interpretation. The CHD *COPE* students chose to not complete the *LAS*, so researchers could not determine whether CHD students would rate the learning activities differently or offer other qualitative feedback about the program. Lastly, since the *LAS* was completed at the end of the program, several months had passed since the beginning of the learning activities, which could have resulted in potential recall errors or false memories. In an effort to minimize the need for recall of learning activities, *COPE* students were encouraged to review and refer to the virtual learning platform containing the *COPE* learning activities as they completed the *LAS*.

Implications for Occupational Therapy Education

The *COPE* program provides a curricular example for CCH learning that can be used to satisfy ACOTE accreditation standards while aligning with *OT Vision 2025* and education recommendations from the AOTA's (2020) *Educators Guide*. Through the use of interprofessional collaboration, multicultural experiences with reflection, and a virtual learning platform, the *COPE* program has learning activities that not only address health disparities and cultural knowledge, but they also promote inclusive care, social justice, and lifelong open-minded learning,

Unique Interprofessional Collaboration with MOT and CHD Programs

The *COPE* program leveraged unique interprofessional multicultural learning activities with MOT and CHD students by collaboratively problem-solving complex case studies to develop CCH skills necessary for entering the workforce. *COPE* MOT students reported many benefits of this CHD collaboration as it provided different perspectives on client assessment and treatment planning. The students designed unique group interventions that brought both disciplines together for the benefit of the clients served. By having the students work in consistent groups over several semesters, they developed collaborative relationships with each other, hopefully giving them the confidence to collaborate with other professionals during their careers. Despite the density of literature around interprofessional collaborations, there was no specificity with entry-level occupational therapy programs collaborating with counseling programs in an interprofessional cultural training program. Therefore, this study of the *COPE* program's interprofessional multicultural learning activities using multicultural experiences with reflection provides a unique model for entry-level occupational therapy educational programs to consider for future collaborations.

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Multicultural Experiences with Reflection

Reflection is a critical skill that should be emphasized throughout the entry-level occupational therapy curricula (AOTA, 2020). The *COPE* program's emphasis on various multicultural experiences with reflection integrated into the *COPE* learning activities supported students in developing aspects of CCH. The *COPE* learning activities emphasized students' reflections on their personal biases and stereotypes to facilitate the analytical thinking needed for clinical practice. Multicultural experiences with reflection were provided through a wide variety of interprofessional multicultural learning activities in the *COPE* program, including videos, case studies, community activities, and clinical experiences in underserved populations. Previous researchers support students' development of CCH through multicultural experiences with reflection by considering other perspectives and consistently re-evaluating viewpoints on health, role expectations, and family dynamics while remaining open to lifelong learning about various cultures (Agner, 2020; Kondili et al., 2022)**.** The *COPE* program integrates multiple cultural activities over several months and expands upon the literature of educational programs using single, individual cultural experiences to address aspects of CCH (Aldrich & Grajo, 2017; Barlow, 2021; Bauer & Bai, 2018).

Use of Virtual Learning Platform for Consistent Collaboration

Using a virtual learning platform for the interprofessional multicultural learning activities in the *COPE* program allowed for MOT and CHD students to engage, interact, reflect, and provide feedback to each other while completing their clinical experiences at various locations across the United States. The virtual learning platform provided a valuable and accessible learning space for *COPE* students to increase their cultural awareness, knowledge, skills, and desires through online discussion boards, self-reflection activities, and interprofessional collaborations that facilitated respect and openness (Agner, 2020; Aldrich & Grajo, 2017; AOTA, 2020; Beagan, 2015; Campinha-Bacote, 2019). Previous research findings supported using virtual learning platforms for cultural training programs to facilitate interactions with students across regions (Aldrich & Grajo, 2017; Aldrich & Johansson, 2015; Cabatan & Grajo, 2017; Edeer & Rust, 2022).

Suggestions for Future Research

The *LAS* was crafted for this initial study around the *COPE* program. Further research to establish the validity and reliability of the *LAS* would be beneficial. Expanding the study to include a larger number of students would increase the power and generalizability of the results. Additional research should also focus on streamlining and refining the *COPE* learning activities. Exploration of MOT/CHD interprofessional collaborations may also help to better understand the influence on CCH development with this unique professional pairing. Lastly, incorporating feedback from clinical supervisors would provide valuable insight into the students' performance of criterion related to CCH during their clinical experiences and help to identify areas for improvement to best meet the needs of clients served.

Conclusion

The *COPE* program utilized interprofessional multicultural learning activities that included virtual learning, collaboration, self-reflection, problem-solving, and treatment planning to facilitate learning CCH. The *COPE* program offers a sample of how CCH education can be integrated into entry-level occupational therapy curricula, meeting the standards of ACOTE accreditation. However, ACOTE does not currently have standards that require occupational therapy programs to implement education on how to address power imbalances and social injustices, which are critical components of equitable and inclusive care (ACOTE, 2018; Grenier et al., 2020). Revisions to the ACOTE standards should be considered to better align with the *AOTA's Educators Guide* and *OT Vision 2025* which encourages a more holistic and inclusive perspective.

The findings from this study contribute to the body of knowledge in health professions education by gaining student perspectives of evidence-based learning activities focused on developing various aspects of CCH (cultural awareness, knowledge, skills, and desire). The *COPE* program may support students in developing CCH to enhance their confidence with clinical skills and effectively interacting with clients within underserved populations. Additionally, the *COPE* program may encourage students' desire to enter the workforce within underserved populations that desperately need qualified, culturally humble healthcare providers. The *COPE* program can serve as a model for interprofessional CCH learning opportunities in healthcare education. The results from the study can inform and guide educational programs in adopting interprofessional multicultural learning activities that utilize multicultural experiences with reflection to facilitate the development of CCH in student practitioners. Future research can build on this framework to further advance our understanding of how to effectively prepare student practitioners to work with underserved populations. Integrating such programs can lead to the delivery of more culturally responsive, intentionally inclusive, and equitable healthcare services that embraces diversity.

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Appendix

Learning Activities Survey (LAS)

1. The purpose of this study, procedures to be followed, risks and benefits have been explained to me. I have been allowed to ask questions, and my questions have been answered to my satisfaction. I have been told that I may contact the XXXX's IRB Office at XXX if I have questions about my rights as a research subject, to discuss problems, concerns, or suggestions related to the research, or to obtain information or offer input about the research. I have read this consent form and agree to be in this study, with the understanding that I may withdraw at any time. Yes or No?

2. Which program are you enrolled in? Clinical Mental Health Counseling Program or Occupational Therapy

3. What gender do you identify as? Male, Female, Prefer not to answer, Other (please specify)

4. Age

5. Did you complete a clinical rotation in a community-based setting that had virtual supervision (non-traditional OT)?

6. Please choose the race/ ethnicity you identify as (check all that apply)
   - White or Caucasian
   - Black or African American
   - Hispanic or Latino or Spanish origin
   - Not Hispanic or Latino or Spanish origin
   - Asian or Asian American
   - American Indian or Alaska Native
   - Native Hawaiian or other Pacific Islander
   - Other

7. Please rate the importance of each of the COPE learning activities below in terms of effectiveness in learning cultural competence with humility. (0 being " not important at all" and 4 being "essential"). Next to each score: Please offer a comment to support your level of endorsement.
   - o Participating in the Interdisciplinary Professional Forum (Telehealth & Ethics with Remote Supervision) with students and supervisors
   - o Reading the Scope of practice for OT/CHD
   - o Interdisciplinary discussion related to ethical treatment of a trafficking survivor.
   - o Read articles related to high-needs/underserved populations (partner violence, human trafficking, substance abuse, gun violence, refugee,

homeless, LGBTQ+, low educational level, rural community, significant trauma) populations prevalence in the community & Interdisciplinary discussion.
  - Watching a Movie "The Hate U Give" and reflection related to multicultural issues, advocacy, and roadblocks to treatment.
  - Develop an Interprofessional Treatment Plan for Star from The Hate U Give using the Four Core Competencies for Interprofessional Collaborative Practice.
  - Interprofessional telehealth group with Doxy.me and reflection.
  - Poverty SPENT Experience
  - Scavenger Hunt and reflection on personal biases/ assumptions.
  - Movie or/read articles related to Addictions and overdose with reflection about personal biases with people with addictions.
  - Interviewing other mental health professionals related to the treatment of a young mother with substance abuse. Included reflection on interdisciplinary competencies.
  - Overall interdisciplinary discussions

8. How do you feel the *COPE* program impacted your ability to serve various cultural groups in clinical practice?

9. How do you feel the COPE program addressed advocacy for underserved populations in the context of clinical practice and organizational structure?

10. How do you feel potential power imbalances (sense that one person is better than another) impact therapeutic relationships related to sociodemographic differences? Gender differences? Ethnicity/ racial differences? Medical provider differences? Practitioner/ student differences?

11. What areas of clinical practice do you feel cultural competence with humility is important in and explain why?

12. How do you feel your personal biases influenced the care you provided with people from various backgrounds?

13. What do you feel are opportunities for improvement for the COPE program?

14. What do you feel are the strengths in the COPE program?

15. Do you feel the COPE program should be a required component of the OT or CHD program? Yes or No?

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