

**Enhancing intercultural competence among pharmacy students  
through the EXCELL program**

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## Enhancing intercultural competence among Pharmacy students through the EXCELL program

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Research indicates that international students often face problems integrating into a new host university community. To enhance intercultural competence and improve pharmacy students' confidence and self-efficacy, the EXCELL (Excellence in Cultural Experiential Learning and Leadership) intercultural skills program was integrated into a first-year pharmacy course. The program aimed to teach social competencies relevant to the Australian context for all pharmacy students, both domestic and international. Pre- and post-surveys were conducted to evaluate the impact of the course on students' intercultural and interpersonal skills, as well as students' perceptions about the course. Teaching staff reflections on the strengths and weaknesses of the trial were also evaluated. Results showed students made significant improvements in each of the following competencies: seeking help and information, making social contact, participating in groups, expressing disagreement, refusing a request and giving feedback. Students also showed significant improvement on all six sub-scales of the Interpersonal Skills Checklist ( $p < 0.001$ ), and for social confidence and sharing interests from the Cross-Ethnic Social Self-Efficacy scale ( $p < 0.05$ ). International and students from a non-English speaking background rated the course as more valuable than did domestic students. Teaching staff found the course very useful for building rapport and students' connectedness. Embedding the EXCELL program in a first year Pharmacy course appears to be a promising strategy to improve students' intercultural competence and social skills. Future curriculum developments needs to focus

on creating more pharmacy specific and interpersonally challenging examples in order to engage and address the learning needs of domestic and international students.

**Keywords:** Pharmacy, EXCELL, intercultural communication,

## Background

Communication skills have been identified as a vital professional skill for practising pharmacists to ensure that patients have sufficient understanding of their medications to facilitate safe and effective use (National Prescribing Service, 2010). The National Competency Standards Framework for pharmacists in Australia (Pharmaceutical Society of Australia, 2010) expects pharmacists to communicate effectively. Element 2 of the Framework is specific about recognising and responding to the communication needs of consumers and carers from different cultural and linguistic backgrounds. As well, the Australian Association of Consultant Pharmacy has embedded within its competency map the requirement for pharmacists conducting medication reviews to manage work issues and interpersonal relationships in pharmacy practice. This involves applying communication skills, participating in negotiations, addressing problems, managing conflict and applying assertiveness skills (Australian Association of Consultant Pharmacy, 2011).

Communication skills courses involving experiential training are increasingly a core component of Pharmacy university programs, with internships providing practical opportunities to hone these communication skills (Kokkinn & Hotham, 2005; Majzub, Rais, & Jusoff, 2010). It is significant however, that only minimal attention is given within these programs to the development of intercultural skills. This is particularly important because the increasing ethnic diversity of the Australian population means that pharmacists need awareness, knowledge and skills to interact effectively with patients and clients from culturally and linguistically diverse backgrounds (Australian Bureau of Statistics, 2010b). Another important driver is graduate attributes (Haigh & Clifford, 2011). Similar to many other universities that emphasise the need for graduates to be globally minded, Griffith University has identified that all graduates need the skills to interact in culturally diverse environments (Griffith University, 2011), in addition to meeting accreditation requirements of their profession.

A current priority project funded by the Australian Government Office for Learning and Teaching (OLT) titled “Internationalisation at Home”, addresses the need for intercultural skill development of domestic students and their international student counterparts. The project conducted at Griffith University and the University of Canberra examines how modules of the EXCELL intercultural skills program can be embedded in Health and Business curricula. The curricula innovation presented in this paper provides a benchmark for the current OLT project.

It is important to highlight two issues that provide the context for the curricula innovation discussed in this paper. First, there are a high proportion of international students with English as a second language (Griffith University, 2010). Second, School of Pharmacy staff members had identified several issues within the Bachelor of Pharmaceutical Science (BPharmaceutSc) student population that needed to be addressed. The first two issues apply to the entire student cohort, while the other three issues refer to international students in particular.

- Minimal opportunities for first year BPharmaceutSc students to develop a cohesive sense of being a group;
- A lack of identification as pharmacy students, as first year students are enrolled in a

- foundation year course that does not include pharmacy specific courses;
- International students often struggled to understand Australian social norms at university, including seeking feedback and addressing concerns about grades;
- International students were reported to have difficulties with English language and social aspects of pharmacy practicums and oral exams;
- International students often seemed isolated and appeared not to connect with domestic students during class discussions

It is often assumed that simply by becoming immersed in a culture, students will develop the necessary skills to become successful in that new society. However, this is not necessarily the case as students struggle to meet demands of academic work and making friends in a new and unfamiliar environment (Halualani, 2008; Krause, Hartley, James, & McInnis, 2005; Volet & Ang, 1998). These concerns have also been identified in the literature, with students from non-English speaking backgrounds (NESB) often struggling to communicate in English (Stupans, 2008). Given that over a quarter of all Australians are born overseas (Australian Bureau of Statistics, 2010a) and countries can differ in their language, cultural norms and beliefs, students from culturally and linguistically diverse backgrounds (CALD) inevitably experience some cultural and language difficulties. To address these communication difficulties, additional support courses have been incorporated within pharmacy programs (McKauge et al., 2009; Parkhurst, 2007).

### **The research under consideration**

In 2010, a small group of Saudi students enrolled into the Bachelor of Clinical Pharmacy program completed the EXCELL program, which recognised the six most basic competencies for success in interpersonal situations (Westwood, Mak, Barker, & Ishiyama, 2000). The positive results from this pilot program (Maganlal, Blauberg, & Barker, 2011) lead to the inclusion of EXCELL into a first year pharmacy course in semester 1, 2011.

### **Methodology**

The EXCELL program was delivered as a series of two-hour, once-weekly workshops over a period of seven weeks. The 112 students were divided into four groups, to allow for an optimal class size for the practical components of the program. An underlying theme of 'pharmacists-in-training' was developed to engage all students with the pharmacy profession. The program aimed to develop intercultural awareness as well as the knowledge and skills needed to act as a socially and ethically responsible student, practitioner and global citizen.

Course expectations were clearly articulated about the requirement to attend and participate in all tutorial activities, including group discussions, role-plays, and to complete the assigned homework. Students were advised that the curriculum provided a foundation for subsequent pharmacy courses. The introductory session also included two videos providing exemplars of poor and appropriate social skills in a pharmacist-patient role-play, reinforcing the importance of effective communication skills. This facilitated further discussion on the expectation placed on pharmacy students to be able to effectively communicate with staff and peers.

The subsequent six workshops introduced six social competencies: seeking help or information,

making social contact and social conversation, participating in groups or team settings, expressing disagreement, refusing a request, and giving feedback. Workshops involved demonstrations and opportunities for students to practise these skills in pairs or small groups and utilised case scenarios from university, pharmacy settings and everyday life to provide a sense of relevance. Having been taught the competency, the students were asked to practise the skill during the week for homework and to reflect on the homework experience. This allowed for a class discussion the following week on the value and difficulty of the competency.

### **Data collection and analysis**

There were 112 students enrolled in the program; 46 males and 66 females. Sign-on forms revealed an average attendance rate of 80%. Self-reported data showed that 98 students were Australian citizens or permanent residents, 12 were overseas students, and 79 students reported English as the primary language at home. In contrast to recent figures where 27% of the Australian population are immigrants, (Australian Bureau of Statistics, 2010a), 41%(46) of this student cohort were born overseas.

All students were invited to participate in the course evaluation. 112 students completed the questionnaires in week one, with 92 responding at the end of the program in week seven. Ethics approval was obtained from Griffith University Human Research Ethics Committee (GIH/07/10/HREC). Students were asked to code their responses so that the responses across the two time points could be linked, however, surveys were de-identified. The questionnaire included the following measures: Self-rating of EXCELL competencies (Table 1), the Interpersonal Skills Checklist (ISC) (Table 2) (Ishiyama, 1996), the Cross Ethnic Social Self-Efficacy Scale (CESSSES) (Table 3) (Fan & Mak, 1998), confidence with English on a 7 point scale, and open-ended questions regarding perceived relevance and difficulty of the EXCELL program. Seven-point Likert scales were used for all quantitative measures; “not at all effective to extremely effective”, for ISC, and “strongly disagree to strongly agree” for CESSSES. Students also evaluated elements of the EXCELL program (Table 4) rating its relevance to their needs as both pharmacy students and future practitioners. Students were also given the opportunity to provide further comments and suggestions for future improvements. The teaching team, comprising three Pharmacy lecturers and two tutors from Psychology and Business, evaluated the program as well, responding to questions relating to benefits for students, strengths and weaknesses, opportunities and threats, and suggested changes for the EXCELL program.

### **Skills improvements over the period of the course**

Analysis revealed significant improvement on self-rated EXCELL competencies from week 1 to week 7 ( $p < 0.001$ ), with the greatest improvement for the competency of giving feedback (Table 1). The majority of students improved over time on each competency (64% -98.8 %).

As shown in Table 2, significant improvements ( $p < 0.001$ ) were seen on all six sub-scales of the ISC that included skills relating to processing, active engagement, self enhancement, approaching, assertiveness and how to interrupt.

As evident in Table 3, students reported significant improvements in social confidence and sharing interests over the period of the EXCELL program ( $p < 0.05$ ).

**Table 1: Comparing changes in self-reported competencies from week 1 to week 7**

Competencies		Mean	t	df	% Improved
Pair 1	Seeking help or information C1 C7	4.47 5.67	-11.402***	85	75.5%
Pair 2	Making social contact and conversation C1 C7	4.80 5.79	-8.660***	84	64.7%
Pair 3	Participating in groups C1 C7	4.95 6.01	-9.292***	84	68.2%
Pair 4	Expressing disagreement C1 C7	4.36 5.48	-8.891***	84	64.7%
Pair 5	Refusing a request C1 C7	4.53 5.59	-8.598***	85	64.0%
Pair 6	Giving feedback C1 C7	2.13 5.59	-35.533***	85	98.8%

\*\*\*  $p < 0.001$

**Table 2: Comparing Interpersonal Skills Checklist subscales from week 1 to week 7**

ISC	Week 1	Week 7	t	df	Sig. (2-tailed)
Processing skills	4.59	5.11	-5.38	67	.000
active engagement skills	5.20	5.63	-4.01	69	.000
self enhancement skills	4.39	5.03	-6.41	69	.000
approaching skills	4.75	5.30	-5.37	69	.000
assertive skills	4.53	5.11	-5.44	68	.000
interruption skills	4.95	5.35	-3.54	69	.001

\*7-point scale: 1 = 'not at all effective', 7 = 'extremely effective'

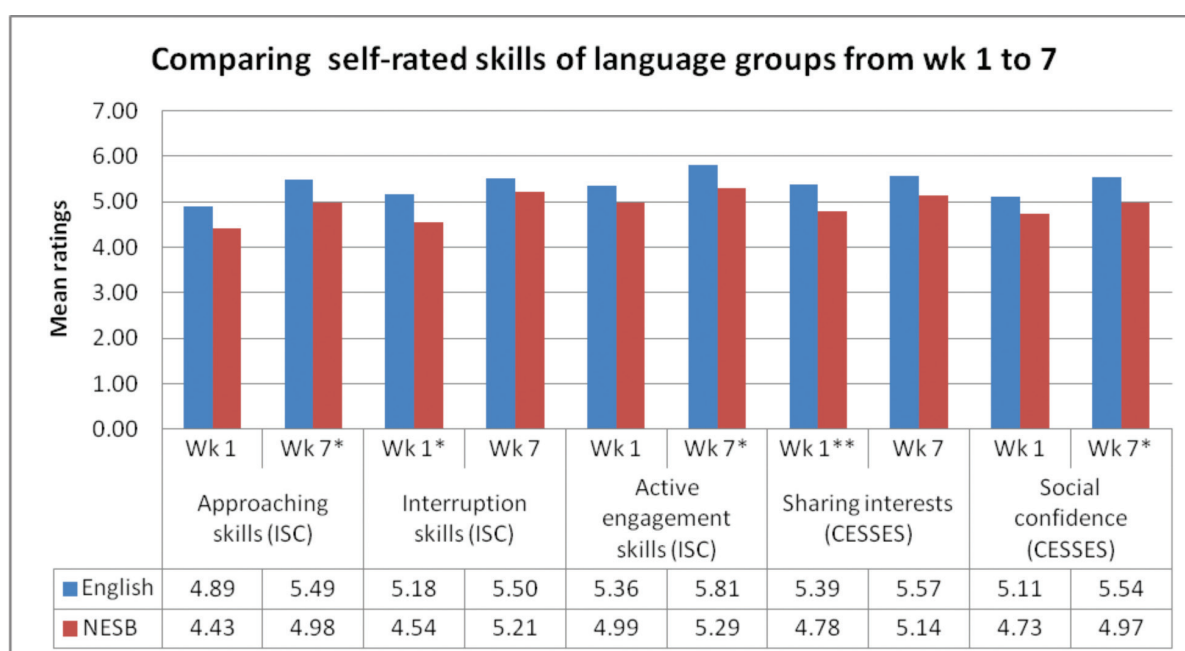
**Table 3: Comparing Cross Ethnic Social Self-Efficacy scales from week 1 to week 7**

CESSES	Week 1	Week 7	t	df	Sig. (2-tailed)
social confidence	5.10	5.33	-2.059	66	.043
sharing interests	5.25	5.45	-2.014	67	.048

\*7-point scale: 1 = 'strongly disagree', 7 = 'strongly agree'

Figure 1 shows there was significant differences on self-rated skills between students speaking English at home and NESB students from week 1 to week 7 of the course. While the researchers had considered that international students may have benefitted more from EXCELL than domestic students, the small number of international students ( $n=12$ ) rendered such comparisons of limited value.





\* $p < 0.05$ ; \*\*  $p < 0.01$

**Figure 1: Self-rated skills with significant differences by home language groups**

Students from NESB generally regarded most elements of the EXCELL program as more valuable than students who spoke English at home (Table 4), even though English speaking students often reported similar improvements to those from NESB (Figure 1). Course elements rated more highly by NESB students included: pre-session homework about each competency; discussion of competencies by tutors, small group discussions, and action plans at the end of each session.

**Table 4: Student ratings of elements of EXCELL program elements.**

Elements of the program	Language at home	
	English	NESB
Extent met needs as Pharmacy student	4.44	4.89
Relevance as future Pharmacist	5.03	5.46
Pre-session homework ***	3.52	4.61
Discussion of competency by tutors**	4.34	5.21
Building the cultural maps*	3.77	4.32
Demonstrations of competencies by tutors	4.91	5.32
Student role-plays of competencies*	4.59	5.21
Student and tutor feedback on competencies*	4.66	5.36
Small group discussions**	4.83	5.54
Action plan at end of session**	3.83	4.64
Homework practice of action plan	3.94	4.54
Self-evaluation of homework practice*	4.03	4.71

\*  $p < 0.10$ ; \*\*  $p < 0.05$ , \*\*\* $p < 0.01$



Students were given the opportunity to provide qualitative comments about the most and least helpful components of the EXCELL course, including suggestions for improvement.

### **Useful parts of the course**

Seventy-five students (91.5%) described at least one positive aspect of the course, with 22 students identifying more than one aspect as useful. Role-plays were considered useful by 24% of students (20/82). A further 79% of students (56/71) were able to name at least one new aspect learnt during EXCELL. Comments included:

“I found the most useful part of the course was it enabled me to get to know other pharmacy students”

“That there is an ‘ABCD’ process of making contact with people and how important each step is.”

### **Least useful parts of the course**

Pitching the complexity of the communication scenarios is an important area that requires further re-design because 19% of students (14/72) and Australian students in particular did not find the communication scenarios challenging enough. Comments included:

“As much as I felt that role-plays were helpful in participating in groups/building confidence, I believe that they were emphasised too much in discussing competencies i.e., too much time was used and I lost interest.”

“For me being Australian I already have good communicating skills thus relearning them when I already know the right and wrongs seemed not very useful.”

In addition, being assigned homework tasks to practise the competencies learnt in the classroom was disliked by 35% of the class (25/72).

### **Reflections of teaching staff**

Building relationships with peers and increasing student self-confidence were considered beneficial outcomes from the program. Strengths included role-plays by staff in addition to the organisation, expertise and teamwork of staff members. The difficulty of catering adequately for divergent abilities and loss of cultural diversity focus were seen as weaknesses of the program. Comments included:

“Help students feel part of pharmacy school and give them a “taste” of what the future holds for them.”

“Students were also given the courage to speak up and to value who they are, particularly through the ‘name game’. Some of the students developed confidence through the course, going from barely able to speak in a group, to speaking up in the role plays.”

### **Discussion**

The research presented here represents an innovative approach to embedding intercultural skills development in a first year pharmacy course. Interestingly, the study’s cohort showed greater cultural diversity than the general Australian population. These demographic patterns, with

cultural and linguistic diversity amongst domestic as well as international students, suggest that a broader view of diversity needs to be considered when teaching intercultural and social competence skills within a discipline. The study findings regarding differences in competencies and skills for the NESB students highlights one aspect of this diversity and the associated social difficulties they may experience within the Australian context, a point echoed previously as relevant for pharmacy practice (National Prescribing Service, 2010).

Previous research has highlighted that pharmacy students can easily adopt negative stereotypes toward the more diverse and vulnerable groups within the client population (Chen, LaLopa, & Dang, 2008). Professional education needs to confront stereotyping and other barriers which may interfere with optimal student learning, to ensure that they become responsible global citizens and improve patient outcomes as practising pharmacists.

Despite the negativity that existed due to the course being zero-credit point, particularly when non-graded homework was required, it was encouraging that students reported improvements in communication competencies, as well as becoming more aware of the importance of social skills and cross-cultural issues. There was also a noticeable student engagement with other first year BPharmaceutSc students in class.

Similar to the work of Evans (2006) in the United States and teacher and student evaluations of the pilot EXCELL course in Australia, the current teaching of the EXCELL modules demonstrates benefits for the student population. Likewise, evaluation studies of the complete EXCELL program have demonstrated its effectiveness in enhancing social interaction skills and cross-cultural social confidence in culturally diverse classes, benefitting both international and local students (Ho, Holmes, & Cooper, 2004; Mak & Buckingham, 2007; Woods, Barker, & Daly, 2004).

Almost all students reported changes in at least one of the six key competencies. Some students commented that teaching these skills was an insult, because certain skills were regarded as too simple. However, the skill of giving feedback was acknowledged by all students as useful. This is consistent with previous research with pharmacy interns on placement, where both giving and receiving constructive feedback were highlighted by mentors and students as the most important skills for development (Hyvärinen, Tanskanen, Katajavuori, & Isotalus, 2010).

Similarly, the feedback received from placement preceptors for experiential placements noted that poor communication skills were observed by some students during this work-experience. (McKauge, 2007). In particular, students with English as an additional language, whether international students, or domestic students from a CALD background, were identified by McKauge as having the greatest difficulty.

Drew (2001) described how student motivation was enhanced by increasing the relevance of courses to actual practice or the real world. Drew also values asking students what helps them learn, as this research considered through both qualitative questions and by items rating how valuable students found different aspects of the course. While a number of pharmacy examples were used within the EXCELL program, perhaps a greater integration of pharmacy contexts would be helpful. For example, role-play scenarios involving a patient unable to communicate in English or a hearing-impaired person who uses only sign language to communicate could be considered as useful interventions to sensitize future pharmacists to cross-cultural differences (Shah, King, & Patel, 2004).

International students and those who spoke English as a second language rated the EXCELL course and its teaching components more positively; conversely the more competent English speakers may have been over-confident. The highest rated teaching elements in EXCELL revolved around the teaching of the competencies, including discussion, demonstration, role-plays and feedback. In contrast, the pre-session and post-session homework were rated as less valuable, along with the building of cultural maps.

More challenging tasks could be set for students' groups with varying communication skills.

For example, Chen, LaLopa, and Dang (2008) described an empathy modelling pedagogy, in which pharmacy students are asked to role-play as a pharmacy client who is a member of a disadvantaged group or someone who is illiterate. Another possibility is to ask more advanced students to research and practice socially acceptable customs and language phrases which are relevant to pharmacy practice from an unfamiliar culture. Homework tasks for socially confident English speakers need to encourage crossing the cultural/ethnic comfort zones to increase awareness about the difficulties of doing so (Redmond, 2000), and to learn to manage such difficulties. Besides, experiential approaches to communication skills development, including role-playing and improvisational exercises, are widely regarded as integral to improving basic skills and self-reflection (Boesen, Herrier, Apgar, & Jackowski, 2009; Hasan, 2008).

The teaching staff from Pharmacy, Psychology and Business Schools, constituted a unique collaboration and was a strength of the program. This allowed the specialist knowledge of pharmacy staff to integrate with the expertise in teaching and evaluating intercultural communication skills from other staff members. All staff commented on the positive collaborative atmosphere, with regular communication between team members via weekly meetings and emails.

## Limitations

The size of the comparison group, such as that of international students ( $n=12$ ), was a limitation on the generalisability of the result, and the extent of analysis possible. This study also lacked a control group, an abortive attempt to collect comparison data resulted in too few cases to be able to make useful comparisons. Future research designs would benefit from a larger sample size and adding a control group.

The study responses consist of self-reported perceptions items which are not validated by direct observation of student behaviour. Within the EXCELL program, teaching staff noted the social skills demonstrated by students within class, and disagreed with some students who self-rated their skills as needing no further development. Self-assessment can lead to inaccuracies as observed by Austin and Gregory who found pharmacy students were most inaccurate in assessing their own empathy and ability to focus or structure communication (Austin & Gregory, 2007). Furthermore, there is no evidence to demonstrate that the observed changes in confidence can be translated to changes in student's behavioural skills. Additional behavioural skills assessments would improve both the teaching and evaluation components of a future intercultural skills course.

## Recommendations

To optimise the value of embedding the EXCELL intercultural skills program in the first year Bachelor of Pharmaceutical Science, course or similar courses, the following modifications are suggested:

- Base-line assessments: A pre-course evaluation of competencies may provide baseline data and allow for some individualisation and targeting of skill levels to suit the various needs of different sub-groups in the student cohort.
- Culture learning: Students reporting high initial levels of social competence and confidence in communication and cross-cultural courses, could be set more demanding and complex tasks, such as exploring the social norms around the core competencies of particular socio-cultural groups (different from their own) that students are likely to encounter in pharmacy practice.
- Video-recordings of behavioural skills: Future courses may consider the use of video recording. Participation by students in a video-recorded counselling-simulation exercise has been identified as an effective tool to improve practice skills (Mort & Hansen, 2010). Not only did students' skills improve, but their ability to self-assess also became more accurate in subsequent video reviews (Lane & Gottlieb, 2004).
- Participation and engagement in and beyond the classroom: Exploring options to maximise student participation and engagement in classroom activities is a high priority. Ensuring the link between the classroom and the requirements of practice as a Pharmacy professional is evident at all times may foster students' commitment as 'professionals-in-training'. In particular, careful consideration needs to be given to pitching appropriate, challenging homework tasks, which facilitate the practice of skills learnt in the classroom. Homework assignments need to include reflective learning. In order to maximise student engagement, consideration needs to be given to awarding participation marks to homework assignments.

## Conclusion

Results of the initial trial of embedding intercultural skills in a first year Pharmacy course are encouraging. Clearly, international students and students from non-English speaking backgrounds studying at Australian universities have a unique set of issues relating to their studies which need to be addressed. Reflecting on the recommendations that arise from this curriculum innovation indicate that any intercultural skills training embedded in a course needs to be relevant to both domestic and international students. This involves managing different skill levels within any class cohort. Equipping pharmacy students with the communication skills to competently manage cultural diversity is already recognised as an important professional competence. Ways of achieving this, including this trial of EXCELL with first year pharmacy students, need to be widely promoted and discussed in order to develop a stronger understanding among pharmacy educators of optimal teaching approaches. If targeted correctly, the EXCELL program has the potential to improve the intercultural communication skills of all pharmacy students with a broader appeal to other disciplines.

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