Developing Cross-Cultural Communication Teaching for Medical Students

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Abstract

Cultural competency is crucial to providing compassionate and effective healthcare. Although a large proportion of UK medical schools include this in their curriculum, evidence exists that it is not well taught. This also applies internationally, reasons for which are unclear.

At Manchester, we set about questioning whether we can harness the cultural diversity of students themselves to improve delivery by means of developing an enquiry-based, student-led learning module in cross-cultural communication.

Clinical staff, students and patients at Manchester Royal Infirmary and Rusholme Health Centre were interviewed to provide examples of cross-cultural dilemmas faced; these were developed into role-play scenarios by a student team and piloted with student volunteers and simulated patients at a 'Diversity workshop'. Focus groups were held to discuss learning outcomes.

Preliminary findings show that students want more training on cross-cultural issues and that students themselves can successfully develop their own teaching material using Enquiry-Based Learning. Formal discourse analysis and student evaluation will be used to refine and integrate a similar workshop into the current communication curriculum at Manchester Medical School.

Background

Manchester is a cosmopolitan city with culturally diverse student and patient populations. Cultural awareness and sensitivity are crucial to providing compassionate and effective healthcare. Research shows that cultural differences often underpin miscommunication and dissatisfaction in the doctor-patient relationship and culture has a significant influence on patient outcomes (Robins *et al*. 2001; Pachter 1994; Berger 1998). Although the importance of student cultural competency is acknowledged and a large proportion of UK medical schools include this in their curriculum, evidence exists that it is not well taught (Dogra *et al*. 2005; Kai *et al*. 2001). This applies internationally as well, for reasons that are unclear (Beagan 2003). However, we do know that students experience difficulties within their own peer culture; and when communicating with patients in the workplace, the issues of cultural diversity become marginalised as students and doctors avoid these sensitive issues (Dogra *et al.* 2005; Kai *et al.* 2001; Beagan 2003; Roberts *et al.* in press).

A recent report highlighted the need to overcome such problems to help doctors develop professional behaviours appropriate to work in the 21st century (Royal College of Physicians 2005). We need to equip medical students with the skills and competencies to communicate effectively in a multicultural workplace.

Students themselves know the difficulties they face and may be best equipped to develop learning modules in cross-cultural communication. An initial group discussion with Phase 2 (clinical years 3, 4 and 5) medical students suggested that they themselves, through Enquiry-Based Learning (EBL), might be able to identify the barriers to communication within the cultural context and propose ways to overcome them. Given that we know, internationally, medical schools have difficulty in this aspect of the curriculum*,* empowering students to identify their learning needs may be the most effective solution and, in addition, enable them to contribute to undergraduate training, in keeping with standards of Good Medical Practice (General Medical Council 2006).

Aims

- To develop an enquiry-based student-led learning module incorporating frameworks for developing cultural competency for patient-centred communication;

- Enable students to demonstrate awareness of and respect for cultural diversity when communicating with adult patients of different cultural backgrounds;

- Enhance student knowledge and respect for different cultural practices;

- Improve student confidence in dealing with patients and/or peers of different cultural backgrounds;

- Allow self- and formative assessment of clinical cultural competency;

- Foster student contribution to Medical Education (Royal College of Physicians 2005).

Methods

1. Identify real-life examples of cross-cultural dilemmas

Semi-structured interviews were conducted with a purposive sample of 10 doctors, 8 students and 6 patients asking participants to describe any cross-cultural dilemmas faced during doctor/student -patient encounters; the feelings experienced and possible ways in which the dilemmas could have been averted or handled better.

2. Develop role-play scenarios from real-life examples

A culturally diverse student team led by Maria Ahmed met regularly to develop role-play scenarios from selected real-life examples. The team used existing scenario templates and received feed back from experienced tutors (Jo Hart, Val Wass) and the medical school simulated patient co-ordinator Byron McGuinness.

Figure 1 The Student Team (From top left to bottom right: Maria Ahmed, Sarah Shah, Olivia Clancy, Zenas Yiu, Tammy Towers, Steph Tiew, Jaki Kimis, Constantinos Papoutsos, Shameela Zulfiqar).

3. Pilot role-play scenarios with students & simulated patients

21 student volunteers and eight simulated patients were recruited to pilot the scenarios at a 'Diversity workshop' held in the CEEBL centre. Each of eight scenarios was piloted twice in groups of five to six students plus an expert facilitator (JH, VW). Consent was gained for role-plays to be video-taped using the CEEBL facilities for subsequent evaluation and discourse analysis.

A brief description of the eight scenarios piloted is provided in Table 1 below:

1. Racist patient complaining about 'Indian' nurses

2. Asian woman wanting abortion if female baby

3. Consent to examine neck of Muslim hijab-wearing woman

4. Jewish son refusing post-mortem exam of father

5. American citizen complaining about NHS

6. Asian woman with poor English +/- interpreter

7. Jehovah's Witness patient refusing blood transfusion

8. Diabetic Afro-Caribbean lady requiring lifestyle advice

Table 1 Scenarios piloted at 'Diversity workshop'.

4. Focus groups & analysis

Questionnaires were completed by the student volunteers and focus groups were held with the volunteers and student team. These were audio-taped for qualitative analysis, which is currently in progress.

5. Develop learning module in Cross-cultural Communication

The final step will involve using student feedback and analysis to refine the scenarios and to develop possible frameworks for cross-cultural communication. The scenarios will then be incorporated into the current communication curriculum at Manchester Medical School.

Preliminary Results

Student volunteer demographics

Gender: 16 female, 5 male (3:1)
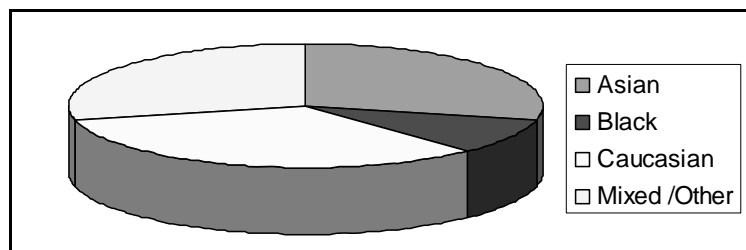Age: range 21-26, mean 23 years

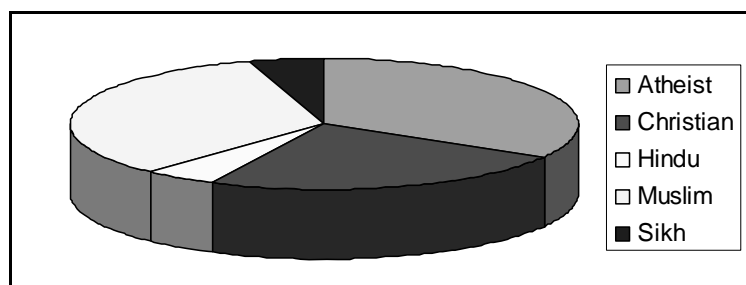*Figure 2* Ethnicity of student volunteers.

Figure 3 Religion of student volunteers.

Questionnaire responses

- How much past training have you received in cross-cultural communication?
    95% 'None' or 'A little'

- How important is cross-cultural communication?
    90% 'Very' or 'Quite'

- How useful was this workshop?
    90% 'Very' or 'Quite'

- Should this workshop be included in the curriculum?
    20 'Yes' vs. 1 'No' (wanted more clinical skills training…)

Some quotes about the workshop

…it was a good way to practise real-life situations in an environment where you could afford to make mistakes and learn from it…

…the topics covered were very realistic and covered a wide range of multicultural dilemmas…

…I have learnt a lot about my assumptions over different cultures and how they might affect the way I behave towards patients…

…It was useful seeing how patients' cultures affect their ideas and agendas in consultations and how difficult it can be sometimes to deal with it…

Most talked-about scenarios

Figure 4 Racist patient complaining about 'Indian nurses'.

The racist scenario was really good… because I felt so strongly about that one…I was deeply quite offended by it because I could see obviously how differently he treated her (white student)…

…Yeah, there's no-one is there, for you to go and say 'This person was racist and it upset me. What should I do about it?'…

Figure 5 Asian woman with poor English +/- interpreter.

Yeah. The interpreter one was brilliant. It's such a situation that you always see, that no doctor…I've not seen one doctor do it well. They always get it wrong. No doctor's been trained in how to use an interpreter…

A lot of doctors just talk to the interpreter. And like we said today, it's best to have the interpreter sat by you, so you can just look at the patient.

Figure 6 Diabetic Afro-Caribbean woman requiring lifestyle advice.

I think the diet is quite an important aspect… but that's what they've been raised on. It's what their culture's always eaten. To then turn round and say to somebody 'That's not a great diet and you need to eat like this'…it's a massive adjustment

…You can almost see it as like an insult can't you? You're insulting the way they've been brought up, and their culture and the way that they eat…

Figure 7 Consent to examine neck of Muslim hijab-wearing woman.

I thought that one was quite good actually because I suppose I kind of…stereotype people, 'Oh no, she's an Asian lady, she wants to be covered up.' But she'd probably be quite willing if the setting was correct

That's taught me…not just accept things at face value, but kind of realise that there is a spectrum of people's beliefs and what they're willing for you to do

Preliminary Conclusions

As discussed, analysis is currently in progress but preliminary conclusions include the following:

- Students want more training in cross-cultural communication;

- Students are able to use Enquiry-Based Learning to develop their own teaching material;

- Realistic scenarios stimulate discussion regarding other real-life cross-cultural difficulties;

- We need to be flexible; we can't know everything about all cultures; ask the patient.

Predominant themes emerging from analysis of the focus groups include:

- 'Diversity within diversity': there is a spectrum of beliefs across individuals within one culture and hence a need to avoid stereotyping;

- 'Doctors have feelings too': cross-cultural dilemmas have a strong emotional impact and adequate de-briefing/reflection is necessary;

- 'Team diversity': small-group, Enquiry-Based Learning provides a safe environment within which to share and learn from experiences;

- 'Same rules apply': the generic principles of communication apply to communication cross-culturally; however, cultural knowledge helps.

What Next?

As discussed, formal analysis will inform the refinement of scenarios and derivation of possible frameworks for cross-cultural communication, with the ultimate aim of implementing a similar 'Diversity workshop' or embedding specific scenarios into the current communication curriculum at Manchester Medical School.

Dissemination of findings is a key part of our project. We recently presented preliminary findings at the national Association for the Study of Medical Education (ASME) conference in 2007, where we received a best poster prize, and have submitted abstracts to present our work at the International Conference on Clinical Competence 2008 in Ottawa. We hope to present our findings locally once formal analysis is complete and to submit our work for publication in the Medical Education literature.

We hope that our project will stimulate similar work in the field of cross-cultural communication and encourage Medical schools and indeed schools in paramedical disciplines internationally to incorporate this crucial yet under-taught subject into their respective curricula.

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