Curriculum development using VR technology to enhance empathetic communication skills in future health care professionals

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Project Coordinator:

MMC Mediterranean Management Centre — www.mmclearningsolutions.com

Project partners

UNIVERSITY of NICOSIA MEDICAL SCHOOL — https://www.unic.ac.cy/el/

CYPRUS CERTIFICATION COMPANY — http://www.cycert.org.cy/index.php/el/

VUB VRIJE UNIVERSITEIT BRUSSEL — https://www.vub.be/

CHARITÉ UNIVERSITÄTSMEDIZIN BERLIN — https://www.charite.de/en/

UNIVERSITY OF THESSALY — https://www.uth.gr/

ΩMEGA TECHNOLOGY — http://www.omegatech.gr/

Work Area 3: *Showing empathy in diverse environments and overcoming barriers/ challenges to empathy*

Unit 3.1: Showing empathy in diverse environments

Duration: 6 hours

Trainer:

Day 3, Part A

EMPATHY AND CULTURAL COMPETENCE IN MULTICULTURAL AND SOCIOCULTURAL ENVIRONMENTS

Learning Outcomes: Knowledge

41. Define cultural competence in multicultural and sociocultural environments and its effects on patient outcomes

42. Outline the different theoretical approaches to cultural competence

43. Outline research evidence on the importance of cultural competence on patient and working with colleagues from various cultural and social background

44. Define Interprofessional Learning (IPL) in undergraduate health care settings

45. Outline research evidence on the effectiveness of (IPL) in undergraduate health care settings

Learning Outcomes: Skills (1/2)

46. Self-reflect and self-assess his/her level or lack of empathy in daily life in diverse environments.

Use evidence-based techniques as listed below to develop empathy during information exchanges with patients and other health care professionals from various cultural and social background:

47. Use interpreters to eliminate linguistic barriers with adverse effects on language

48. Show genuine interest and curiosity for the cultural beliefs of the patient/colleague

Learning Outcomes: Skills (1/2)

49. Demonstrate avoidance of making assumptions

50. Demonstrate avoidance of stereotyping

51. Deal sensitively with issues of sexuality, unease of some physical examinations, use and abuse of alcohol and other substances, etc.

Learning Outcomes: Competencies

52. Evaluate the feedback from colleagues, and patients on his/her level of empathy and ways of improving in culturally diverse environments and with culturally diverse people

53. Adapt his/her empathetic behaviour into the patient's and other health carers' needs from culturally diverse environments

Some helpful rules

► Mobile Phones

► Smoking

► Breaks

► Other

Participation
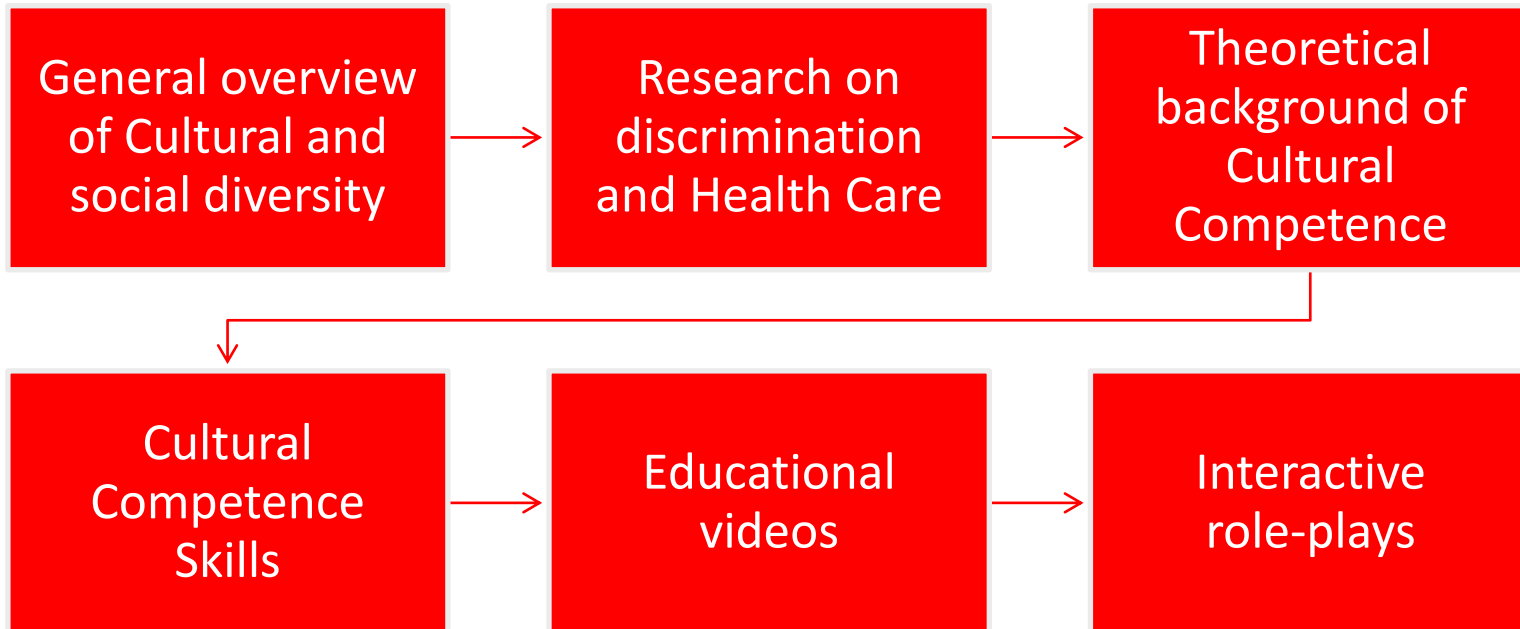
COFFEE BREAK
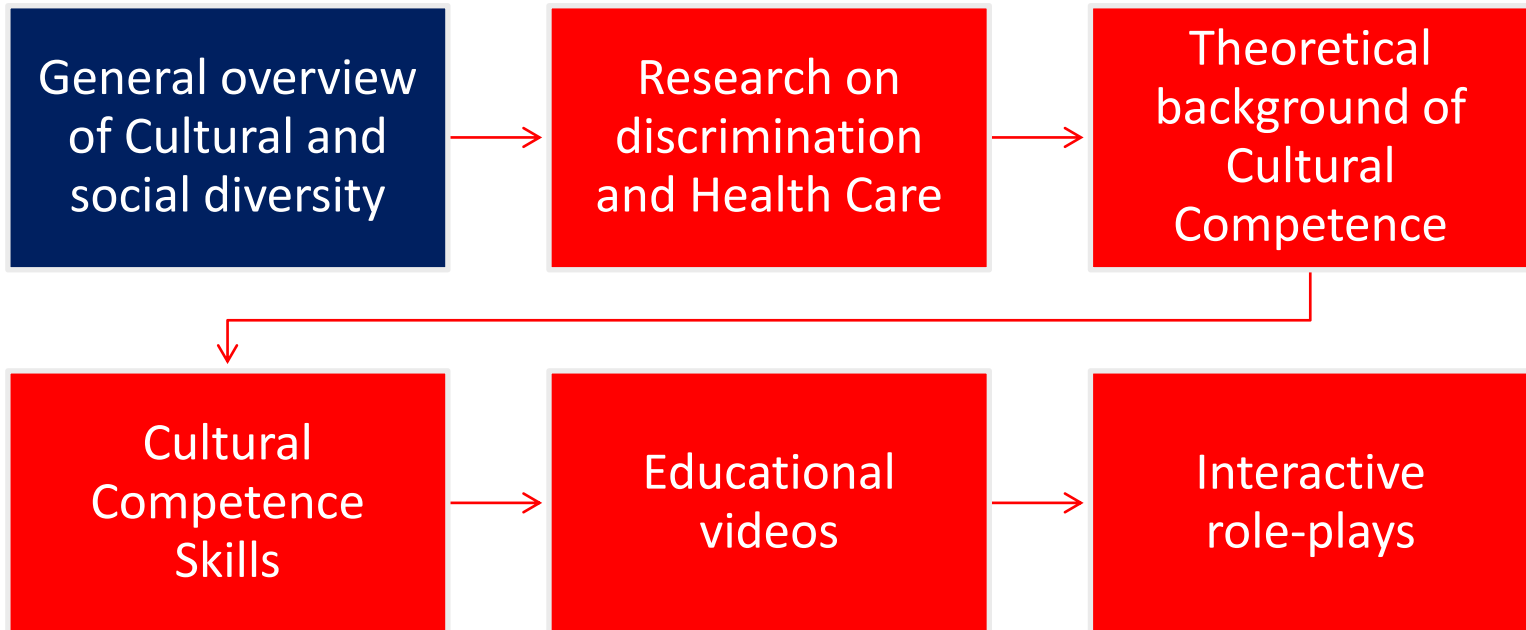
Respect

Express your opinion

Route Map

General overview of Cultural and social diversity	→	Research on discrimination and Health Care	→	Theoretical background of Cultural Competence

Cultural Competence Skills	→	Educational videos	→	Interactive role-plays

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Test your cultural Communication IQ

Defining Diversity

▶ **Diversity:** the state of being different

such as cultural or ethnic differences, age, race, sex, sexual orientation, gender, gender identity, disability status or special health care needs, socioeconomic status, geographic location (rural and urban) or religion

Walk Apart—Walk Together Activity

Defining Culture

► *"**Culture** is a socially transmitted pattern of shared meanings by which people communicate, perpetuate and develop knowledge and attitudes about life. An individual's cultural identity may be based on heritage as well as individual circumstances and personal choice and is a dynamic entity."*

(Diversity in Medicine and Healthcare 2014)

Immigration and Europe
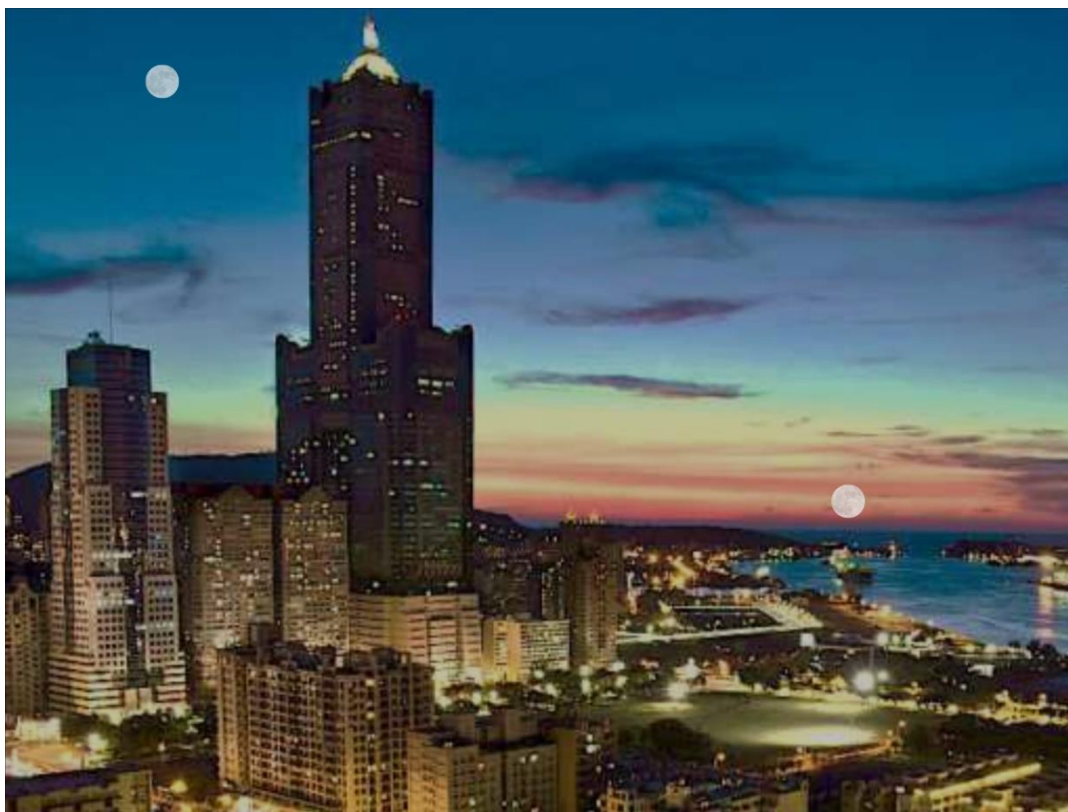
A more multicultural society

Let's talk about Mr Jones…..
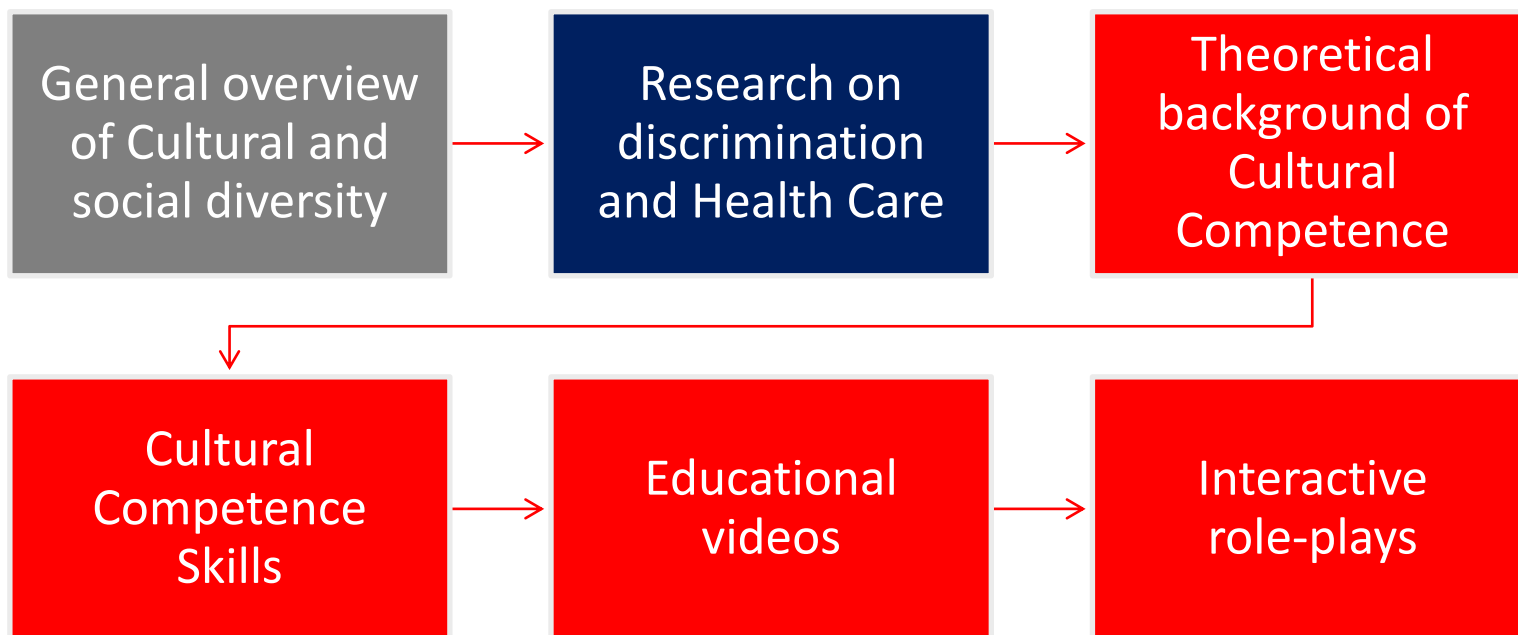
Let's talk about Mr Jones…..

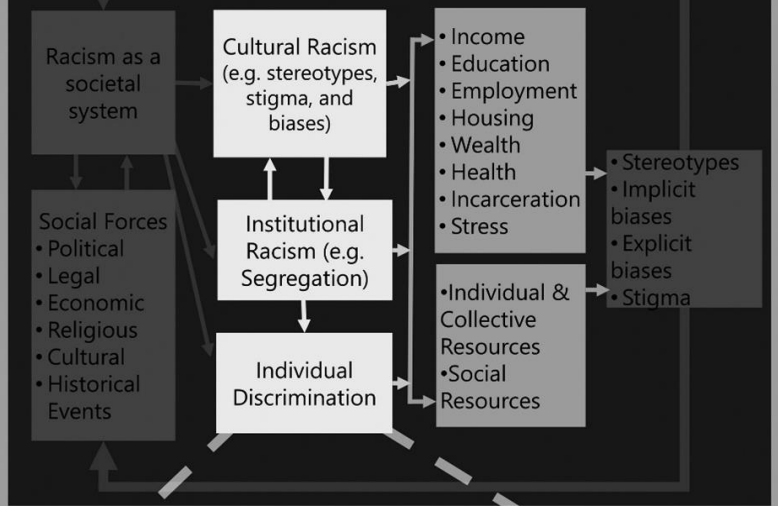# Stereotyping

PARIS
IN THE
THE SPRING

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Racism and health effect

Figure 1. The House that Racism Built
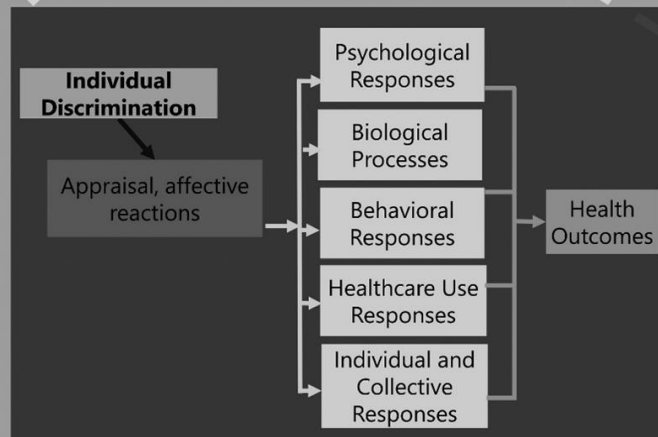
Williams et al., 2019; Health Serv Res.

The Toilet (2017)

Discrimination and health care

▶ Persons reporting experiences of racial discrimination had **two to three times the odds** of being less trusting of HCP and systems, perceiving **lower quality** of and satisfaction with care, and expressing **less satisfaction** with patient-provider communication and relationships.

▶ Experiencing racism was also associated with **delays in seeking health care** and **reduced adherenc**e to medical recommendations

Ben J, et al., 2017; Metanalysis; PLOS ONE

Discrimination and health problems

Discrimination is associated with:

► alcohol consumption and other drinking-related problems

► poor sleep

► adverse cardiovascular disease (CVD) outcomes and risk factors of CVD,

► body mass index (BMI), waist circumference, and incidence of obesity,

► hypertension

Ben J, et al., 2017; Metanalysis; PLOS ONE

Discrimination and health problems (cont.)

Discrimination is associated with:

► emotional dysregulation (venting and denial)

► increased biological dysregulation, as measured by increases in three indicators of inflammation (interleukin-6, e-selectin, and c-reactive protein)

► poorer mental health outcomes (eg, depression, anxiety, psychological stress), and inverse associated with positive mental health outcomes (eg, self-esteem, life satisfaction, control, well-being).

Ben J, et al., 2017; Metanalysis; PLOS ONE

Brainstorming exercise
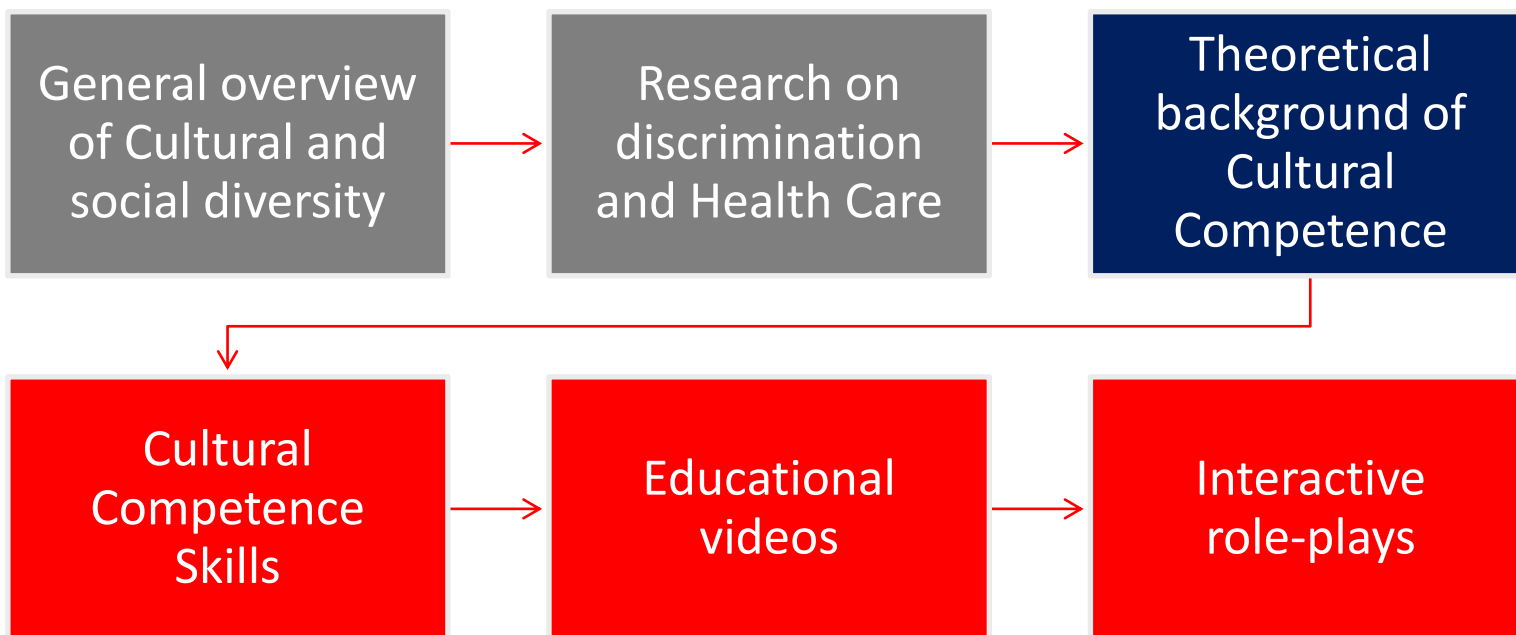
https://www.youtube.com/watch?v=gUm7KxP0qDs
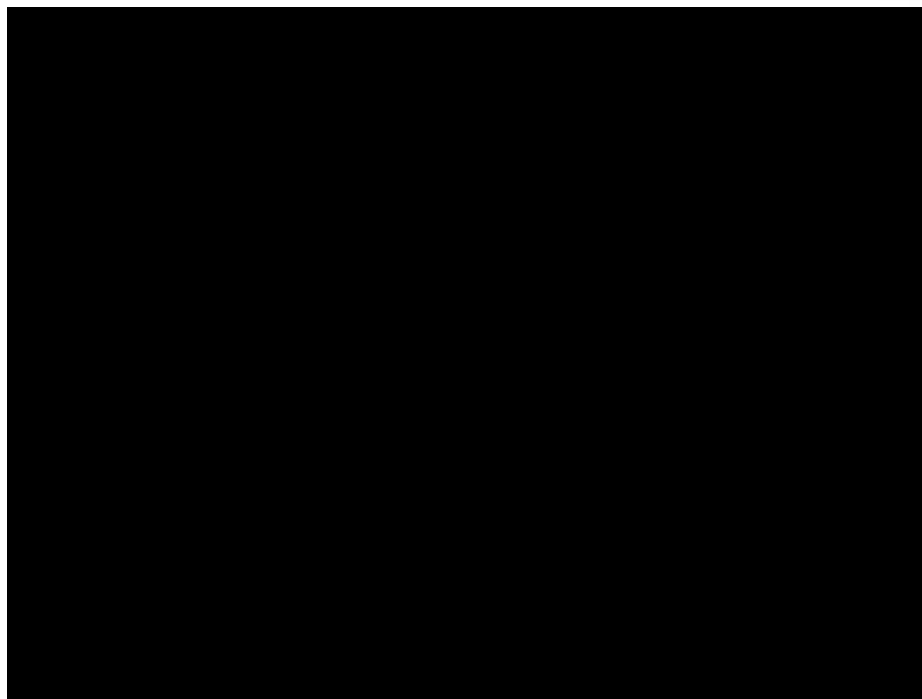
Common issues and barriers in cross-cultural communication and social diversity

► Use of language (foreign, slang, dialect, offence due to over-familiarity etc.)

► Use and interpretation of non-verbal communication (physical touch, body language, proximity, eye contact, face expressions)

► Cultural beliefs and healthcare (interpretation of symptoms, causation, treatment, attitudes, alternatives, expectations about roles, family life events, psychological issues)

► Sensitive issues (sexuality, uneasiness, use/abuse, domestic violence, bad news)

► Medical practice issues/barriers (doctors assumptions, ethical issues)

Silverman et al., 2013

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Cultural Competence Models

- **Campinha-Bacote model**

- Cross model

- Cultural humility model

Defining Cultural Competence

► **Campinha-Bacote model**: *Cultural competence is "the process in which the healthcare professional continually strives to achieve the ability and availability to effectively work within the cultural context of the client—family, individual, or community." This model of cultural competence views cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire as the five constructs of cultural competence. (Campinha-Bacote et al., 1999)*

The Campinha-Bacote Model

1. Cultural Awareness
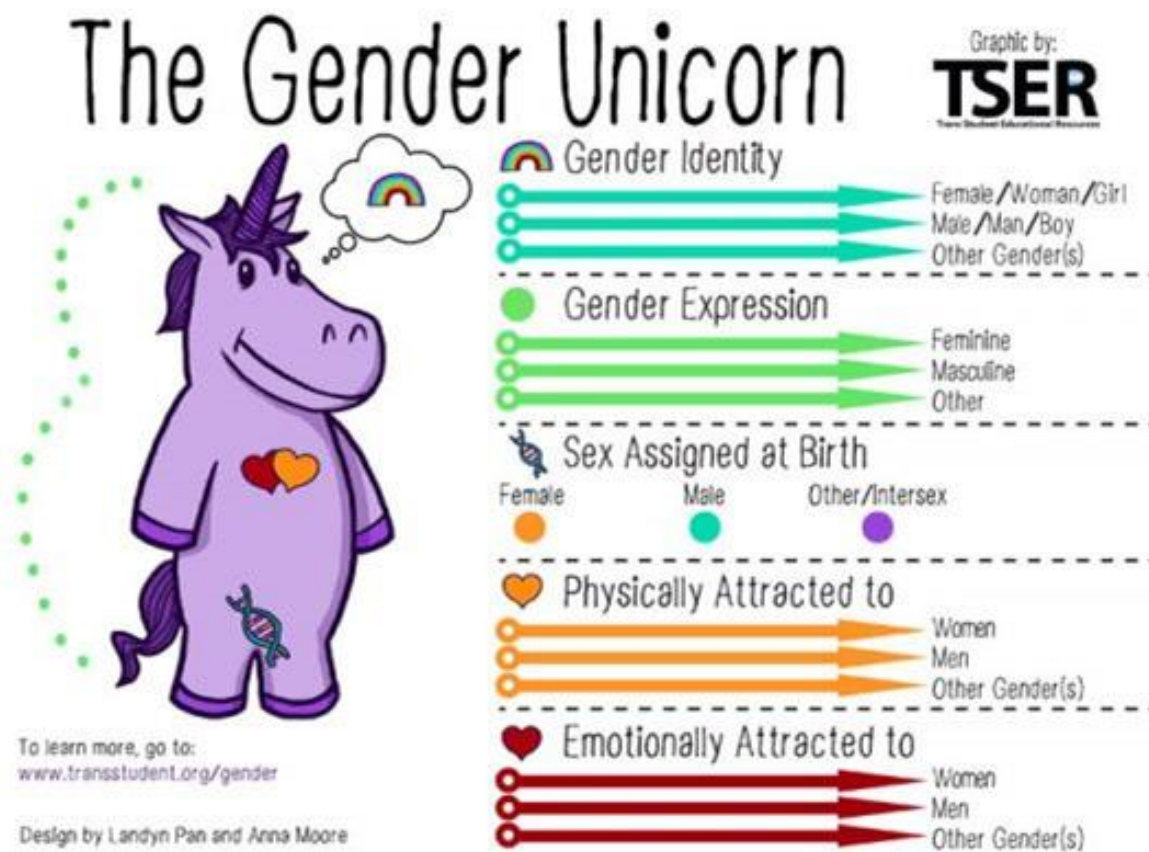
2. Cultural Knowledge

3. Cultural Skill

4. Cultural Encounter

5. Cultural Desire

Cultural awareness & knowledge- The Gender Unicorn example

Trans Student Educational Resources, 2015. "The Gender Unicorn." www.transstudent.org/gender

Cultural Competence and effectiveness (HCP outcomes)

▶ **Significant intervention effects for HCP** by self-reported measures in terms of improved cultural competence compared to the control group (Berlin et al., 2010; Horky et al., 2017; Je et al., 2015; Kim & Lee, 2016; Kutob et al., 2009; Park & Kweon, 2013; Schim et al., 2006; Sequist et al., 2010; Smith, 2001) **whereas two studies reported no significant** intervention effects (Kutob et al., 2013; Thom et al., 2006).

▶ **Virtual simulation** provides opportunities for cultural competence for HCP (Kron et al., 2017; Ward et al., 2018; Weideman et al., 2016; Lau et al., 2016; Everson et al., 2015; Perry et al., 2015)

Chae et al., 2020; Systematic Review; JJNS
Chae et al, 2021; Systematic review; CSN

Cultural Competence and effectiveness (Patients outcomes)

► **Significant effect** on trust and patient satisfaction (Kim & Lee, 2016)

► **No significant intervention effect** on patient physiological outcomes such as (hemoglobin A1c, low-density lipoprotein cholesterol, and blood pressure) (Sequist et al., 2010; Thom et al., 2006).
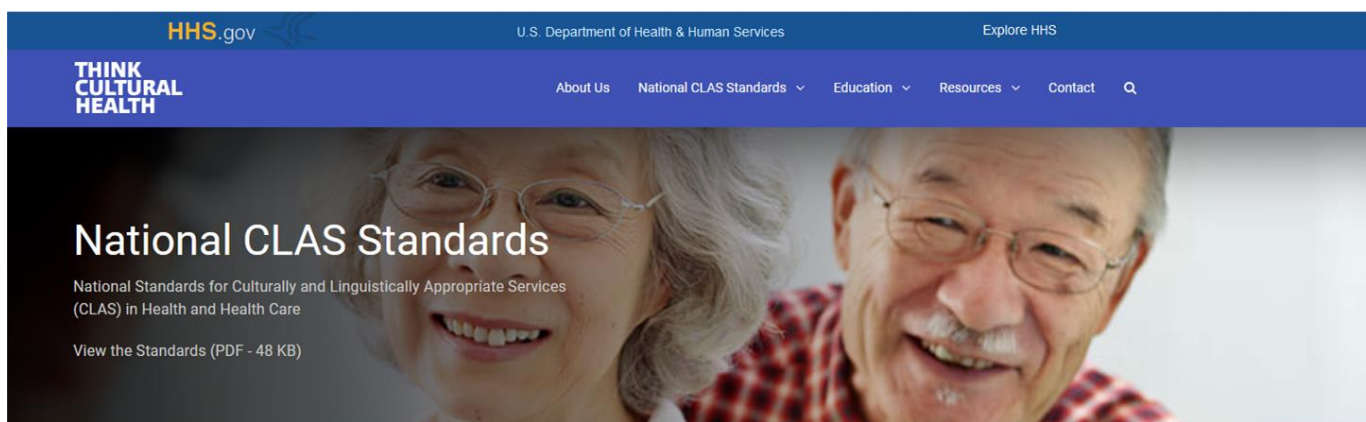
Chae et al., 2020; Systematic Review; JJNS

Cultural Competence and Physiotherapy

► Student physiotherapists seems to have a moderate level of self-perceived cultural responsiveness. Fewer number of weeks of clinical placement attended, lower levels of dogmatism, and greater social desirability is related to greater self-perceived cultural responsiveness. Fourth year undergraduate students perceived themselves to be less culturally responsive than first and second year students. (Te et al., 2019)

► Aligning treatment with the beliefs and values of culturally and linguistically diverse communities enhance patient engagement with physiotherapy (Brady et al., 2018).

► Language barriers, limited resources, and cultural barriers are the most common barriers to cultural competence in rehabilitation settings (Grandpierre et al, 2018).

Policies for Cultural Competence

https://thinkculturalhealth.hhs.gov/clas

Cultural Competence Self-Evaluation Checklist

diversityteam.org

Cultural Competence Self-assessment Checklist

Central Vancouver Island Multicultural Society

Central Vancouver Island Multicultural Society

immigrant welcome centre
Promoting Diversity for over 30 years

Canada
BRITISH COLUMBIA | WelcomeBC

This project is made possible through funding from the
Government of Canada and the Province of British Columbia.

EMPATHY IN HEALTH CARE

Goals for Becoming Culturally Competent

	Cultural Self-Awareness	Cultural Knowledge	Cultural Skills
Short-Term Goal What do you want to accomplish now?			
Medium-Term Goal What do you want to accomplish over the next few weeks?			
Long-Term Goal What do you want to accomplish over the next year?			

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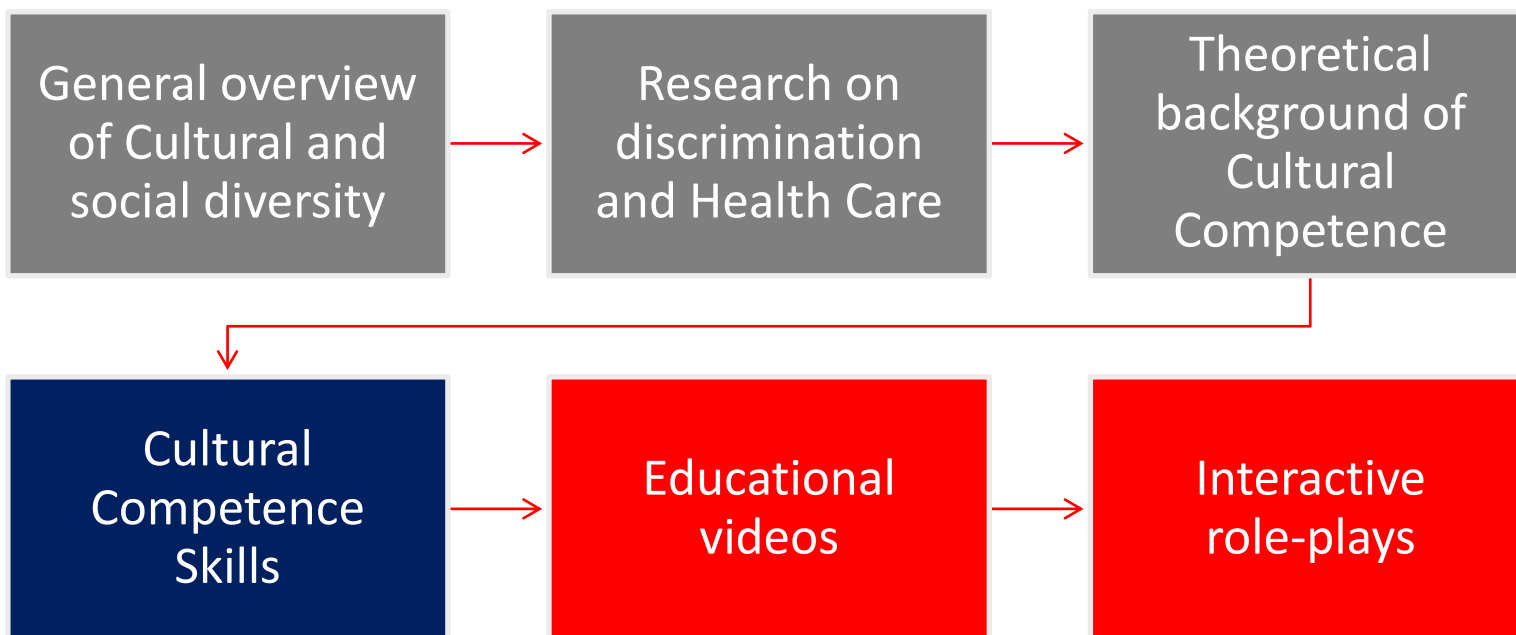
Enhancing cross-cultural communication with patients (skills)

▶ Be aware of your own values
▶ Learn about the cultural background of your patients
▶ Learn which cultural differences might affect decision making about treatment
▶ Show patients that you are curious about and respectful of their culture
▶ Find out if there are similarities in ideas and expectations and build on them whenever
▶ possible
▶ Be open-minded about cultural practices unfamiliar to you
▶ Openly discuss any differences between expectations and what you are able to deliver
▶ Explain that you will try to give the best medical care possible, although you are not an expert on their culture

Eleftheriadou & Noble, 2019

Initiation

'You mention that you are from Afghanistan. I don't know anything about Afghanistan's culture … Is it OK, for instance, for a doctor to shake the hand of a patient? What is your preference for greeting?

'I can understand that it must be frustrating for you that I can't understand you as well as you would like. Would it help if we had an interpreter?'

'I'd like to know what sort of treatment you were expecting or hoping for. From what I know of Chinese culture, it might be quite different from what we offer here. If that is true for you, I'd like to help'.

'You tell me that your body hurts all over … Do you have any ideas about why this may be?

Silverman et al., 2013

Role play

Giving instructions when the patient does not make eye contact

Smile in different cultures

Nonverbal Communication in Cross-Cultural Contexts
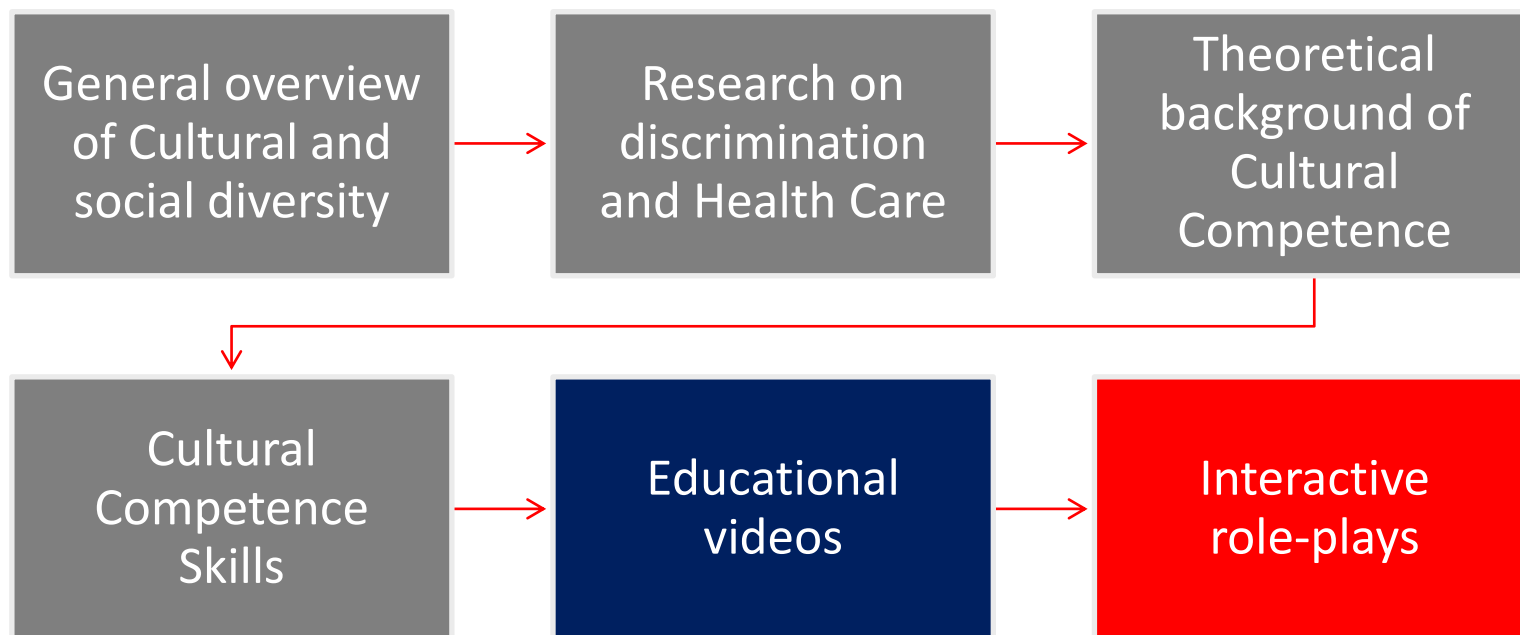
▶ Nonverbal behaviors can convey culturally specific meaning in the clinical setting

▶ Discordant patient-physician race is linked with impaired information exchange

▶ Implicit bias emitted nonverbally negatively impacts communication and outcomes

▶ Training in identifying culturally-specific nonverbal behavior is suggested

Lorie et al, 2017; Systematic Review; *PEC*

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Analysis of Video using Calgary/Cambridge Guide

► Use the Calgary/Cambridge Guide for cultural and social diversity to evaluate Educational video"Empathy Cultural Diversity, working with interpreter: Immigrant patient with lung infection"

► Watch Educational Video "Empathy Cultural Diversity, working with interpreter: Immigrant patient with lung infection" and ask students to tick the skills they observe on the Calgary/Cambridge Guide for cultural and social diversity

► Seek students' feedback on video and discuss

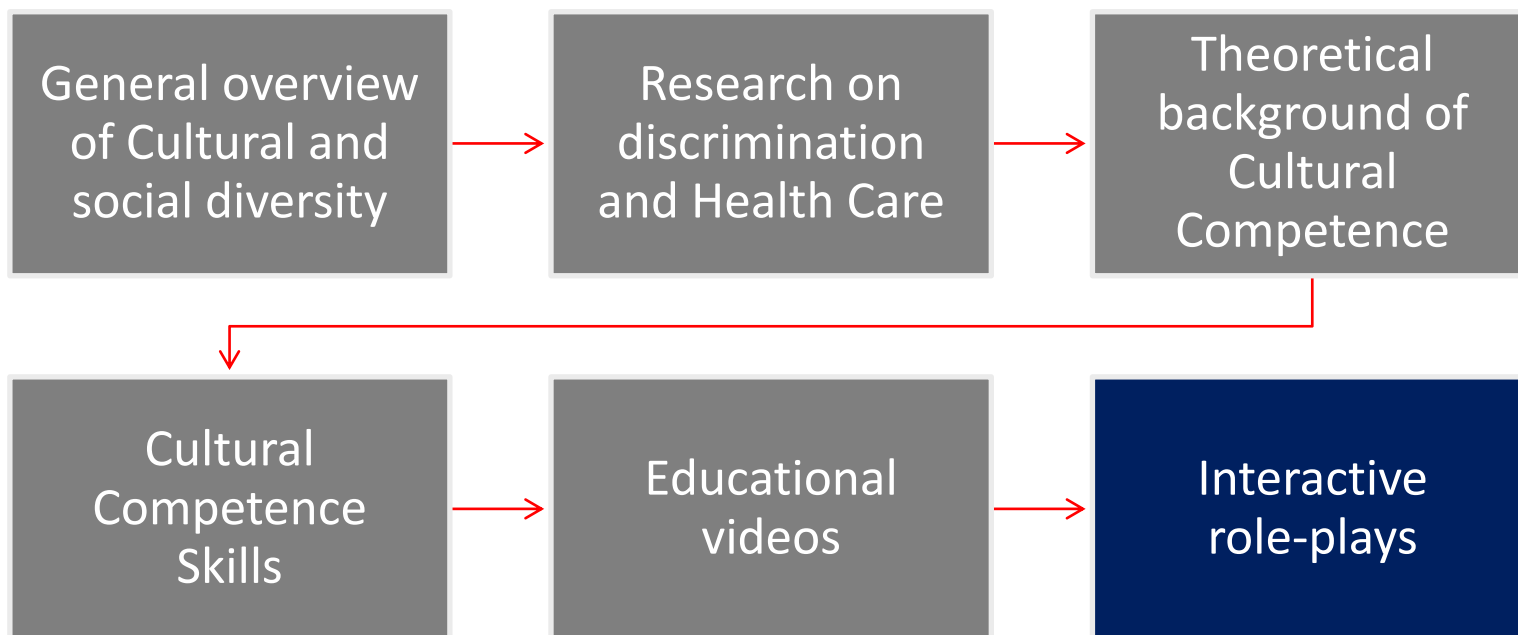► (Each partner to choose the most appropriate scenario for the LOBs)

Educational Video

Scenario: 6. Empathy Cultural Diversity, working with interpreter: Immigrant patient with lung infection

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ALOBA principles (1/2)

1*. **How to organise the feedback process**

► Set the learner's agenda

► Look at the outcomes learner and patient are trying to achieve

► Encourage self assessment and self problem solving first

► Involve the whole group in problem solving

ALOBA principles (2/2)

2. *How to give useful feedback*

► Use descriptive feedback to encourage a non-judgmental approach

► Provide balanced feedback

► Make offers and suggestions; generate alternatives

► Be well intentioned, valuing and supportive

Role play

Scenario: 4. Communicating with the angry/ elderly patient after hip replacement

Group Discussion

► **Closure and evaluation of the day**

Revision Questions

1. What is cultural competence?

2. What are the first 10 skills that come to mind when you want to establish an empathetic relationship with patients in different multicultural situations?

3. Based on today's learning, what are the skills you need to further work on?

Showing empathy in diverse environments and overcoming barriers/ challenges to empathy

Definition and models of cultural competence

Research in cultural competence

Skills and competencies in building empathetic relationships in cultural and social diverse situations

Key Points

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