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

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

**Project Coordinator:** 



www.mmclearningsolutions.com

**Project partners** 



https://www.unic.ac.cy/el/



http://www.cycert.org.cy/index.php/el/



https://www.vub.be/



https://www.charite.de/en/



https://www.uth.gr/





http://www.omegatech.gr/

Work Area 3.1: Showing empathy in diverse environments and overcoming barriers/ challenges to empathy Unit 3.1: Showing empathy in diverse environments

Duration: 4 hours

Trainer:







# Learning Outcomes: Knowledge

- 32. Define cultural competence in multicultural and sociocultural environments and its effects on the care recipient's health outcomes
- 33. Outline the different theoretical approaches to cultural competence
- 34. Outline research evidence on the importance of cultural competence in healthcare/caregiving and working with persons from various cultural and social backgrounds



Learning
Outcomes:
Skills (1/2)

35. 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 care recipients and other health care professionals from various cultural and social backgrounds:

36. Show genuine interest and curiosity for the cultural beliefs of the care recipient/colleague



# Learning Outcomes: Skills (2/2)

- 37. Demonstrate avoidance of making assumptions
- 38. Demonstrate avoidance of stereotyping
- 39. Deal sensitively with issues of sexuality, unease of some physical examinations/caregiving, use and abuse of alcohol and other substances, etc.



# Learning Outcomes: Competencies

- 40. Evaluate the feedback from colleagues and care recipients on his/her level of empathy and ways of improving in culturally diverse environments and with culturally diverse people
- 41. Adapt his/her empathetic behaviour to the care recipient and other health carers' needs from culturally diverse environments



#### Some helpful rules

- Mobile Phones
- Smoking
- Breaks
- Other



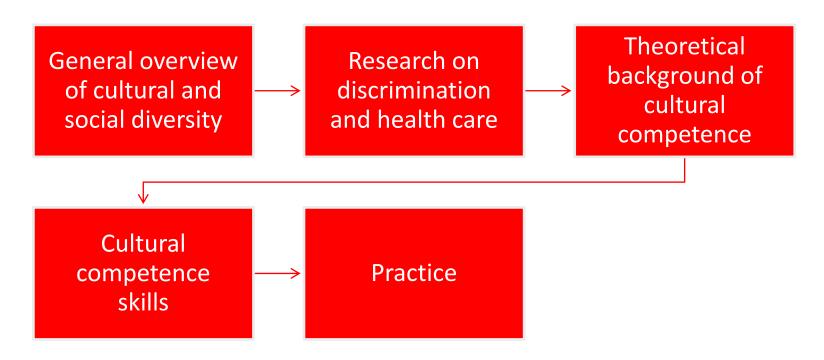


# Participation -



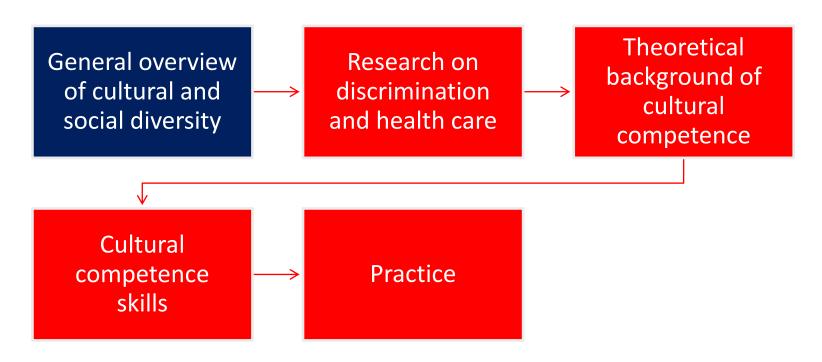
# Respect Express your opinion

#### Route Map





#### Route Map





#### Test your Cultural Communication IQ





#### **Group Discussion**

- When you hear the word "diversity" what comes to mind?
- Do you think that diversity affects your communication with patients/care recipients/clients?
- How do you deal with diverse people?





#### **Defining Diversity**

▶ Diversity: the state of being different. What makes us different from the others.

It refers to 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), 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





## Dealing with diverse health beliefs in a multicultural society

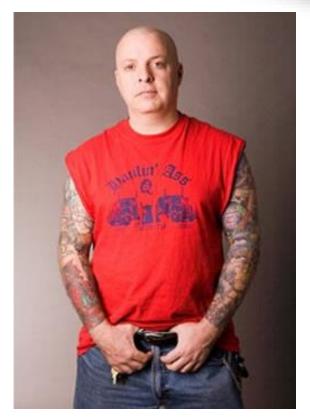
How should healthcare professionals/care givers deal with diverse health beliefs?





#### Brainstorming: Let's talk about Mr Jones...













#### Stereotyping



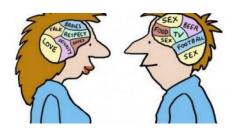




#### Age-related



#### Gender-related













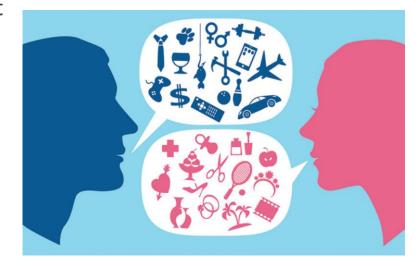
Religious

#### Ethnic/national

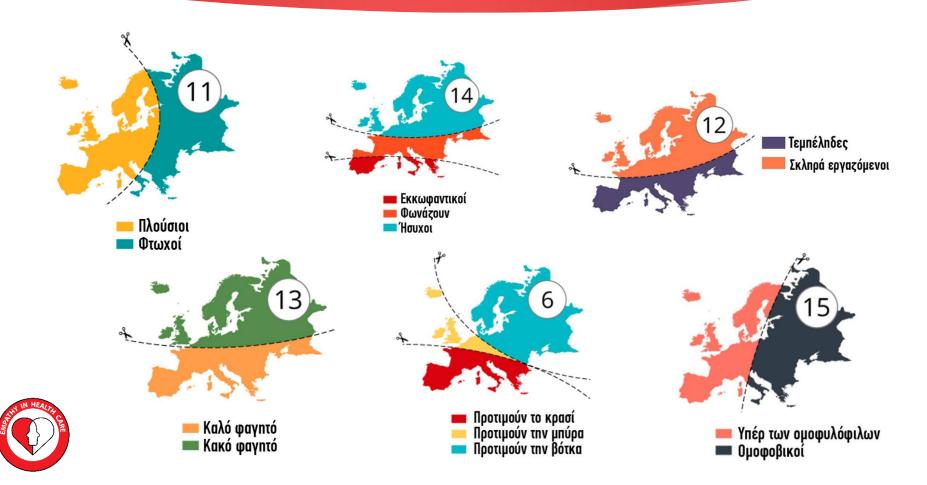


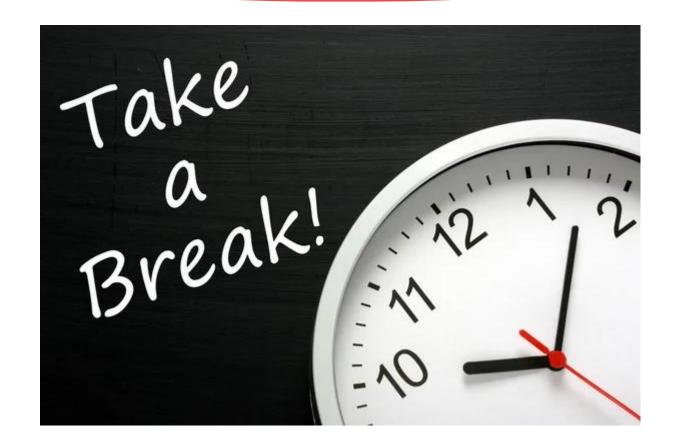


- ► A stereotype is a **generalized belief** about a particular category of people.
- ► It is an **expectation** that people might have about every person of a particular group.
- ► It can be positive or negative
- It can refer to nationality/ethnicity, race, gender, body capability, age, religion



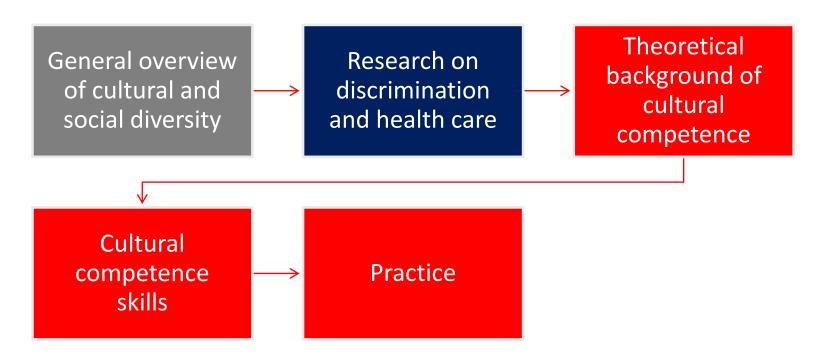








#### Route Map





## Racism and discrimination in health care/care giving

- Racial and ethnic differences in health
- Socially disadvantaged racial populations have worse health than whites
- ► They exist for the onset of disease, as well as the severity and course of illness
- Socioeconomic status (SES)—whether measured by income, education, occupational status, or wealth—is a strong predictor of variations in health and has often been viewed as the driver of racial inequities in health





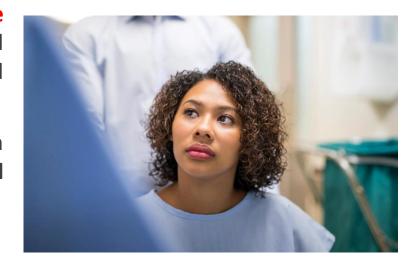
#### The Toilet (2017)



https://www.youtube.com/watch?v=LT5MJW2yVE4

#### 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
- Experiencing racism was also associated with delays in seeking health care and reduced adherence to medical recommendations

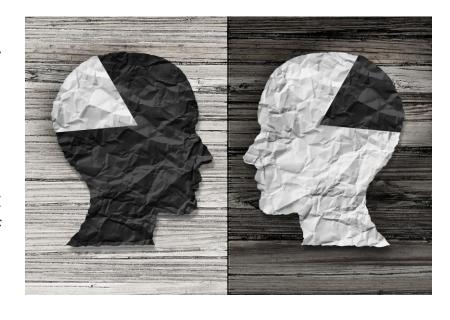




#### Discrimination and health problems

#### Discrimination is associated with:

- alcohol consumption and other drinking-related problems
- poor sleep
- adverse cardiovascular disease (CVD) outcomes and risk factors of CVD,
- Higher body mass index (BMI), waist circumference, and incidence of obesity,
- hypertension





### Discrimination and health problems (cont.)

#### Discrimination is associated with:

- emotional dysregulation (venting and denial)
- increased biological dysregulation
- poorer mental health outcomes (e.g., depression, anxiety, psychological stress), and inverse associated with positive mental health outcomes (e.g., self-esteem, life satisfaction, control, well-being).





33

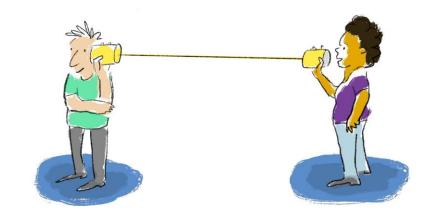
#### Brainstorming exercise





#### Common issues and barriers in crosscultural communication and social diversity

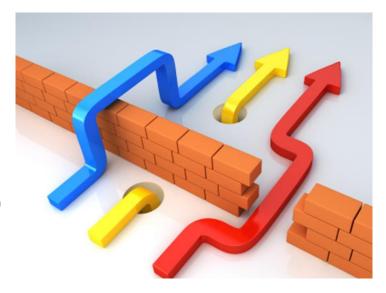
- Use of language (foreign, slang, dialect, offence due to overfamiliarity etc.)
- Use and interpretation of nonverbal communication (physical touch, body language, proximity, eye contact, face expressions)





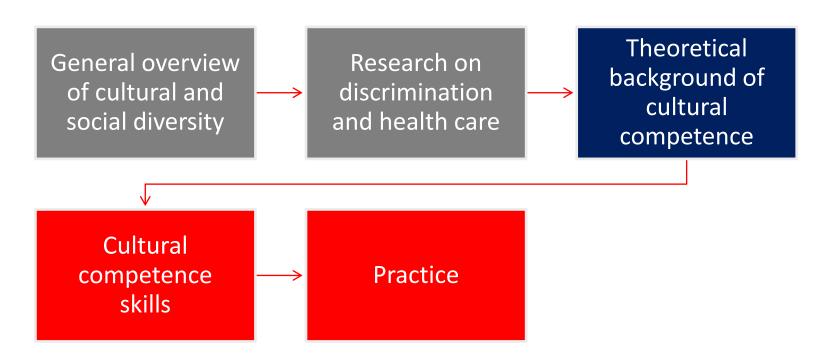
#### Common issues and barriers in crosscultural communication and social diversity

- 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)
- Caregiver's assumptions about a certain culture and vice versa





#### Route Map





## **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)



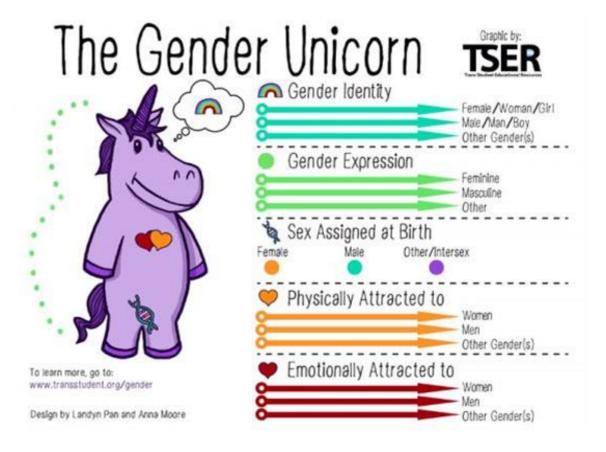
#### The Campinha-Bacote Model

- 1. Cultural Awareness
- 2. Cultural Knowledge
- 3. Cultural Skill
- 4. Cultural Encounter
- 5. Cultural Desire





# Cultural awareness & knowledge-The Gender Unicorn example





# 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)



# 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).



#### Policies for Cultural Competence





CLAS

#### Culturally and Linguistically Appropriate Services

For us, CLAS is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health dispartites and achieve health equity. CLAS is about respect and responsiveness: Respect the whole individual and Respond to the individual's health needs and preferences.

What is CLAS?



# Cultural Competence Self-Evaluation Checklist



diversityteam.org

Cultural Competence Self-assessment Checklist

Central Vancouver Island Multicultural Society







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

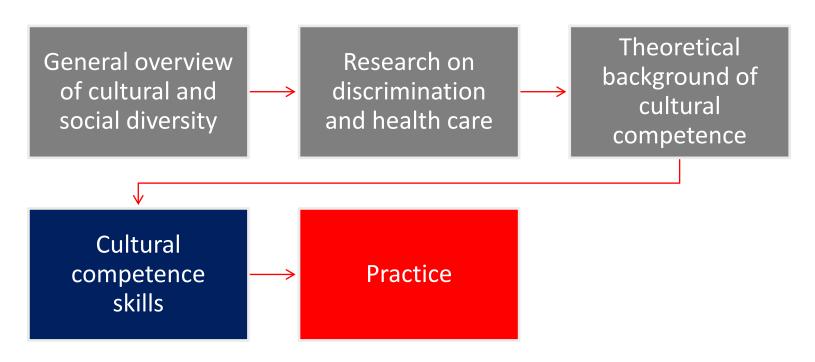




# Goals for Becoming Culturally Competent

		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?			
A L	Long-Term Goal What do you want to accomplish over the next year?			

#### Route Map





# Enhancing cross-cultural communication with patients/care recipients (skills)

- ► Be aware of your own values
- ► Learn about the cultural background of the care recipient
- ► Learn which cultural differences might affect decision making about treatment/care
- Show patients/care recipients 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 care possible, although you are not an expert on their culture

- ► Non-verbal communication
- Body language
- ► Face expressions
- Gestures
- Eye contact





#### Smile in different cultures









What does it mean?







- Europe and North America: OK
- Some Mediterranean countries, Russia, Brazil, Turkey: sexual insult
- Tunisia, France, Belgium: zero, useless
- **Japan:** money, coins



What does it mean?







• UK, Australia, New Zealand, Malta: sexual

insult

• USA: two

• **Germany**: victory

• **France**: peace



What does it mean?





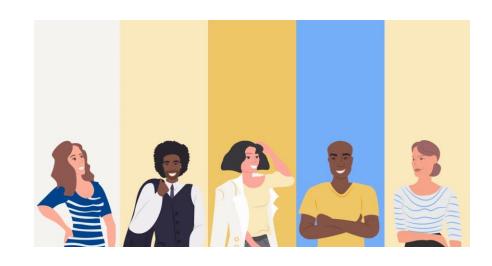


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- Western countries: 5
- Everywhere: Stop!
- Greece, Turkey, Cyprus: insult

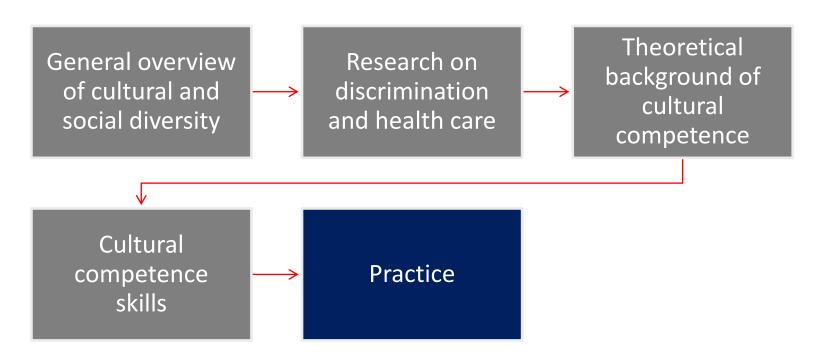


- Difficulties in interpreting non-verbal signs/behaviors
- Implicit bias shown nonverbally negatively impacts communication and outcomes
- Training in identifying culturally-specific nonverbal behavior is suggested





#### Route Map







#### **Educational Video**

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



Role play

### **Group Discussion**

Closure and evaluation of the day





#### **Revision Questions**

- What is cultural competence?
- 2. What are the first 10 skills that come to mind when you want to establish an empathetic relationship with care recipients 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 on cultural competence

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



#### **Key Points**

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