CURRICULUM DEVELOPMENT USING VR TECHNOLOGY TO ENHANCE EMPATHETIC COMMUNICATION SKILLS IN FUTURE HEALTH CARE PROFESSIONALS

INTELLECTUAL OUTPUT 7: TUTOR GUIDE FOR HEALTH CARE PROFESSIONALS (VET) EQF Level 5 - WORK AREA 3.1

ACTIVITY IO7A2: DEVELOPMENT OF THE TUTOR GUIDE

Co-funded by the Erasmus+ Programme of the European Union

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PROJECT MAIN DETAILS

Programme:	Erasmus+
Key Action:	Cooperation for innovation and the exchange of good practices
Project title:	Curriculum Development using VR technology to enhance empathetic communication skills in future health care professionals
Project Acronym:	EmpathyInHealth
Project Agreement Number:	2019-1-CY01-KA203-058432
Start Date:	01/09/2019
End Date:	31/08/2022

PROJECT PARTNERS

MMC Mediterranean Management Centre

VUB VRIJE UNIVERSITEIT BRUSSEL

UNIVERSITY of NICOSIA | MEDICAL SCHOOL

CYPRUS CERTIFICATION COMPANY

OMEGA TECHNOLOGY

CHARITÉ UNIVERSITÄTSMEDIZIN BERLIN

UNIVERSITY OF THESSALY

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1. DETAILED TOPIC LIST

Work Area ID	**3.1**	
Work Area	**Showing empathy in diverse environments and overcoming barriers/ challenges to empathy**	
Unit	**Unit 3.1: Showing empathy in diverse environments**	
Learning outcomes correspond to EQF	**Level 5**	
Learning outcomes		
Knowledge	**Skills**	**Competences**
He/she is able to	*He/she is able to*	*He/she is able to*
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	35. Define cultural competence in multicultural and sociocultural environments and its effects on the care recipient's health outcomes ***Use techniques as listed below to develop empathy during contact with the persons you are supporting:*** 36. Show genuine interest and curiosity for the cultural beliefs of the care recipient/colleague 37. Demonstrate avoidance of making assumptions 38. Demonstrate avoidance of stereotyping 39. Deal sensitively with issues of sexuality, unease of some physical examinations/caregiving,	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

	use and abuse of alcohol and other substances, etc.	

2. TRAINING METHODS

☒ Classroom Teaching

☒ Asynchronous Electronic Learning

☐ Directed Self Learning

3. TRAINING TECHNIQUES

☒ Lecture

☒ Role Play

☒ VR Videos

☒ Educational Videos

4. WORK AREA 3.1 AT A GLANCE

Activity	Time in minutes	Work Area	Unit	LOs
Face to Face Training				
General overview of cultural and social diversity	**60**	**3.1**	**3.1**	**32-34**
Research on discrimination and health care	**30**	**3.1**	**3.1**	**32-34**
Theoretical background of cultural competence	**30**	**3.1**	**3.1**	**32-34**

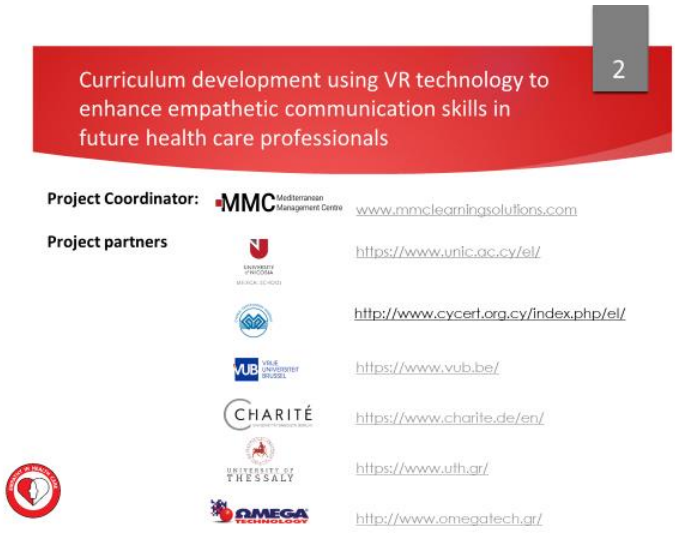
Cultural competence skills	**60**	**3.1**	**3.1**	**35-41**
Practice	**60**	**3.1**	**3.1**	**35-41**
	240 min = 4 hours			

5. TRAINING MATERIALS

5.1 POWERPOINT PRESENTATION: WORK AREA 3.1

Slide 1

Slide 2



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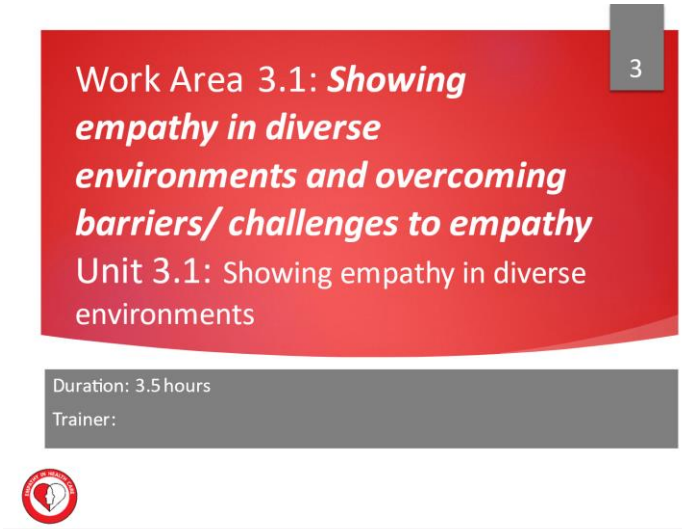

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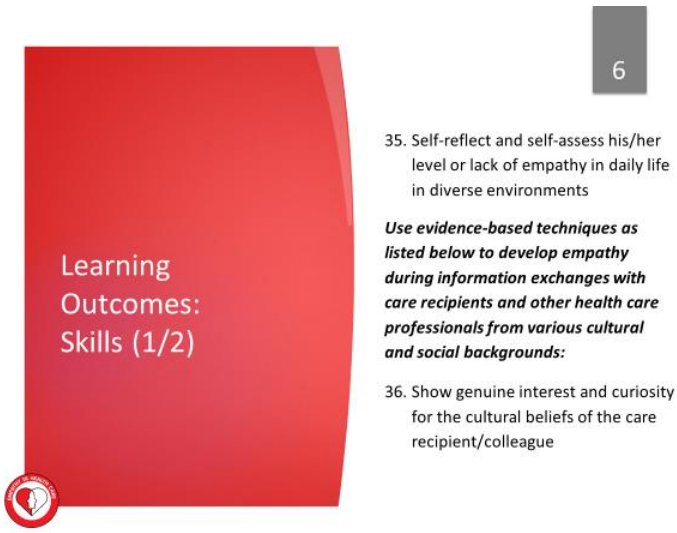

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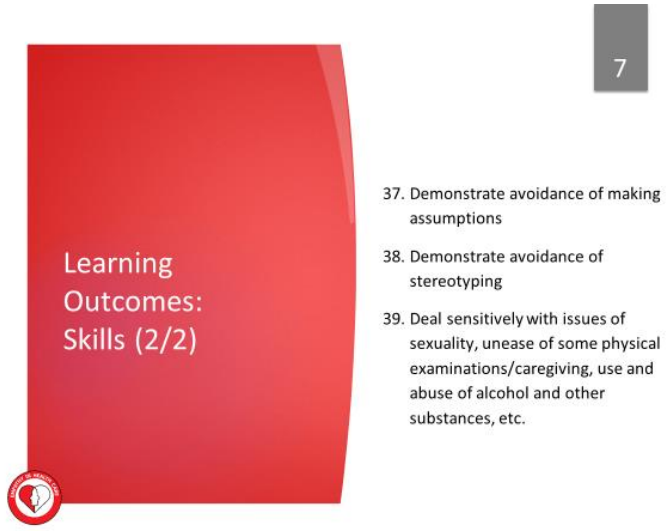


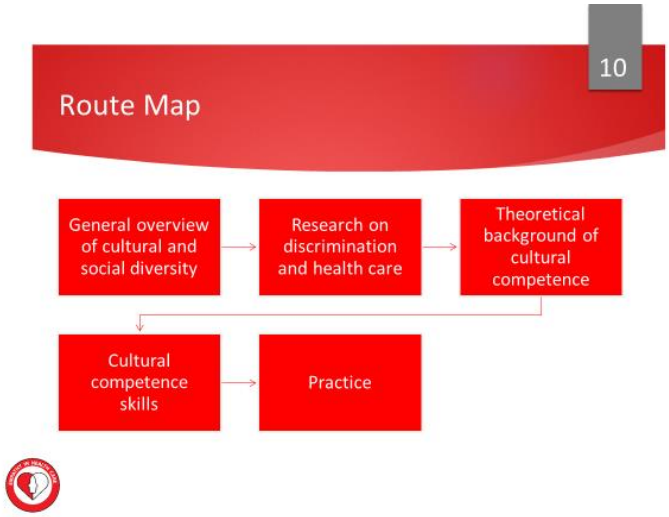
Slide 8

Slide 9

Some ground rules that each group should have:

- Be on time
- Mobiles off
- Do not interrupt others
- Equal participation by all members
- Feel free to ask questions
- Do not put down or make fun of others
- You have the right to disagree but do so respectively
- Always offer positive feedback first and then feedback on things that can be improved on, in a constructive manner

Slide 10



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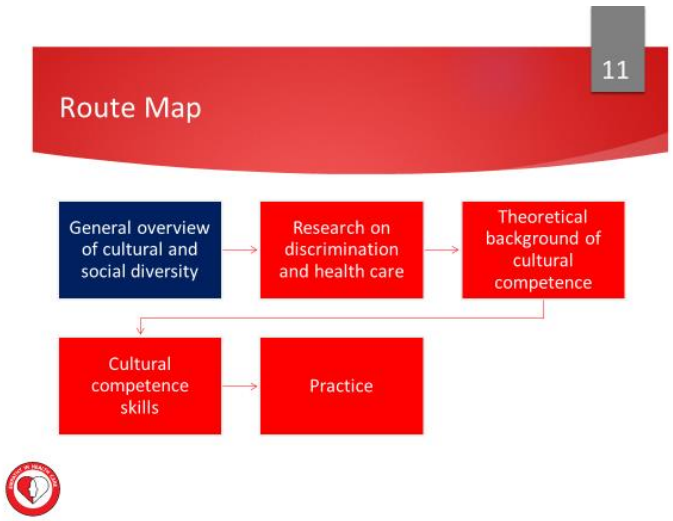

Slide 12

A warm up, brain storming activity. Ask the trainees to complete this short self-assessment test. Decide which statements are true and which are false.

1. When we use the term diversity we are referring only to persons of other races. F
2. A person's religious traditions should have no bearing on his or her health care. F
3. Recognizing our own personal biases can improve communication with diverse patients. T
4. We should consider an adult patient's age when instructing them. T

(Frain, 2020)

Duration: 5'

Slide 13

When you hear the word diversity, what comes to mind?

Initially you might think of cultural or ethnic differences, but diversity has many forms and layers. Consider, for example, that age, race, sex, sexual orientation, gender, gender identity, ability, socioeconomic status, and religion are among the many characteristics of diversity, and that multiple dimensions are present in every individual.

Communication and diversity

When we engage with people who look like us, act like us, and share our values, we generally find that communication is simple; but as we engage with people who are **diverse**, or different from ourselves, both patients/care recipients and coworkers, we may discover that communication is more challenging.

Sometimes differences are easy to identify. Sometimes differences may be subtle and we may not be aware of them. Although differences present challenges, awareness of the diversity of our patients and their experiences provides useful information for effective communication. As we practice awareness, we will begin to recognize not only differences but also similarities in "diverse" groups of people. This recognition and awareness will provide a strong foundation for effective communication.

Slide 14

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Slide 15

Activity:

This activity requires no special materials; it can be conducted in almost any setting. It is a particularly good activity for groups that are just forming.

Goal

To help participants recognize the differences among people, as well as the many similarities people share.

Time

10–15 minutes

Materials

Open space large enough for two people to take a short walk

Procedure

Two "volunteers" come forward and stand with their backs together. Ask the "audience" to call out things about these two volunteers that are different. Differences

sometimes pull us apart. As each difference is called, the volunteers take one step apart. When they reach the end of the available space, have them turn and face each other. Now, ask the audience to call out similarities of the volunteers. As each similarity is called

out, the volunteers take one step toward each other.

Discussion

1. Think about the things that were noted as differences. How many were things that we can easily see (gender, size, hair color, skin color, dress, wearing glasses or not, etc.)?
2. What were some of the similarities? While certain physical characteristics are similar, many other similarities are not so visible. Perhaps both "volunteers" are enthusiastic or both have similar interests or goals in life.
3. Talk about the importance of the differences and of the similarities among members of the group. Be sure to talk about the importance of accepting and welcoming all members into the group.

Slide 16

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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)

Slide 17

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Immigration and Europe

Slide 18

Increasingly, we encounter ethnic complexities and mobility of peoples throughout the world. Johnson et al. (1995) have said that 'each culture is a textured pattern of beliefs and practices, some of which are coherent and consistent and others contested and contradictory'.
They suggest that doctors must explore a patient's health beliefs and views of their symptoms and illness in every medical interview. If HCP ignore this advice, they risk making assumptions or value judgements and stereotyping patients. This can lead not only to conflict but also inaccuracy.

Slide 19

A warm up, brain storming activity about stereotyping.
Ask students what they believe Mr jones occupation is. Ask them to explain how they reached to this conclusion.

Duration: 5'

Slide 20

Inform students that Mr Jones is a doctor, however he loves tattoos and he rides a Harley-Davidson.

Slide 21

Explain what stereotyping is

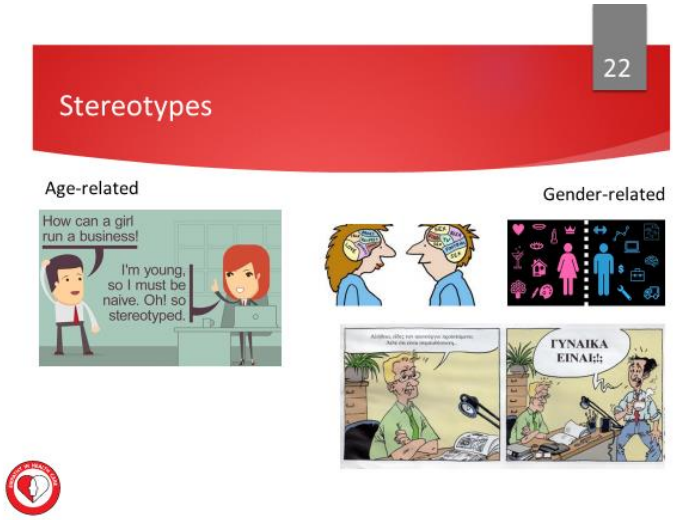
The word *stereotyping* was first used by journalist Walter Lippmann in 1922 to describe judgments made about others on the basis of their ethnic group membership. Today, the term is more broadly used to refer to judgments made on the basis of any group membership. Psychologists have attempted to explain stereotyping as mistakes our brains make in the perception of other people that are similar to those mistakes our brains make in the perception of visual illusions (Nisbett, 1980). When information is ambiguous, the brain often reaches the wrong conclusion.

Picture 1:

How we perceive the Moon's size has to do with how far away we think it is based on what's around it. Most of us see the top Moon, seemingly located in the distance based upon the convergence of the railroad tracks, as larger than the bottom Moon. Yet they're identical. This is known as the **Ponzo illusion**, discovered by Italian psychologist Mario Ponzo in 1913. In a real moonrise, it's thought that distant trees, buildings and landscape features play the role of converging lines. *NASA*

What we see, the most readily available image, is what we expect to see. We can reject any information that challenges that expectation. In Figure 2, a sign appears to read "Paris in the spring," but it actually has an extra *the.* As we don't expect to see a double *the,* often we do not perceive it. In a like manner, if we expect that heads of corporations are tall, slender, White males, we don't see people with disabilities, women, and people of color in that group, similarly to our doctor, Mr Jones.

Slide 22



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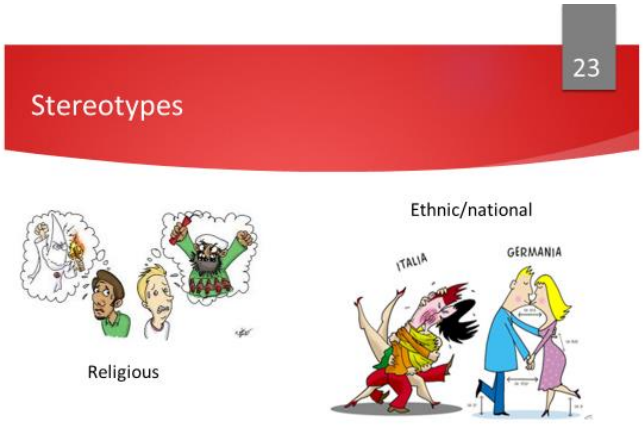

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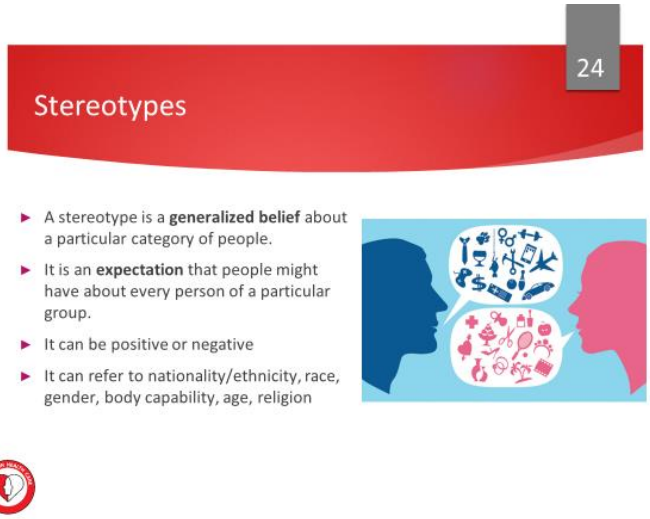

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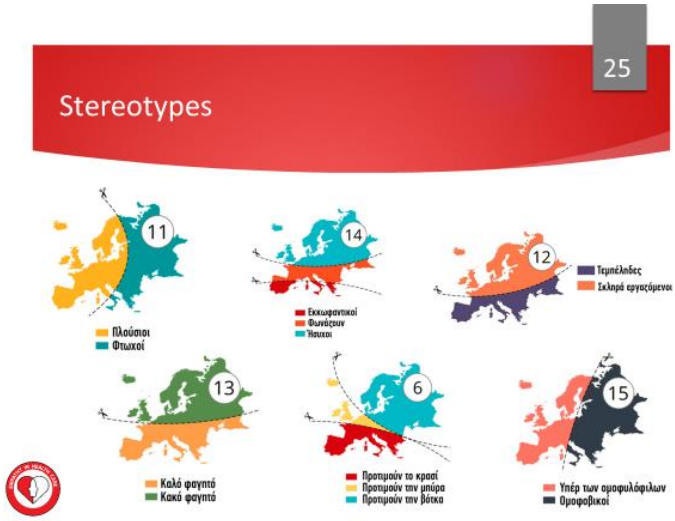
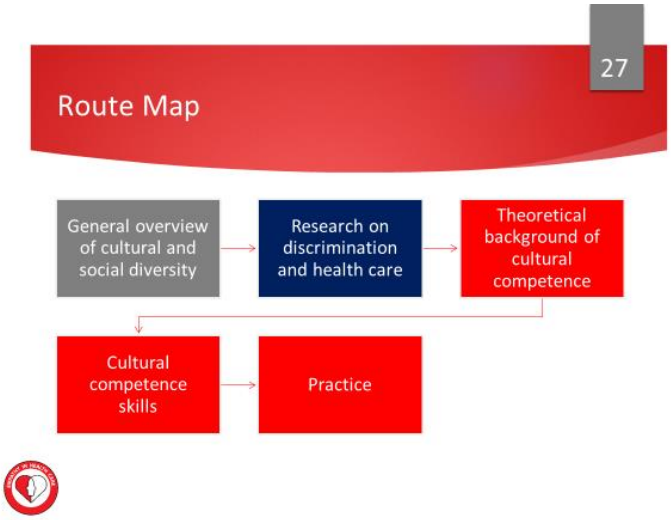


Slide 26

This slide can be placed whenever there is a break.

Slide 27



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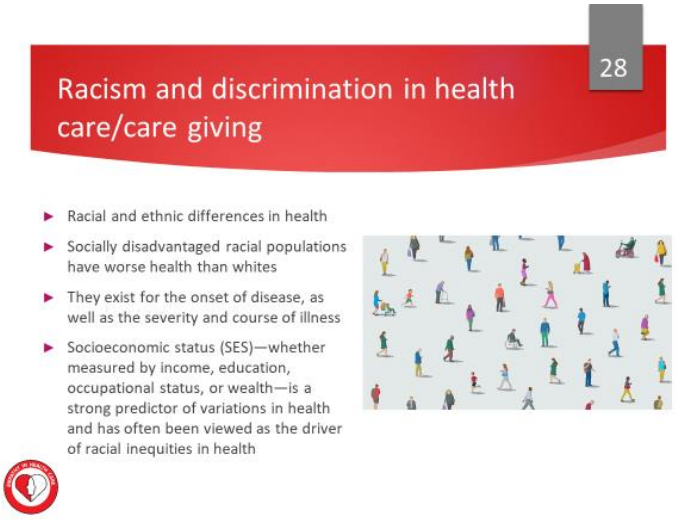


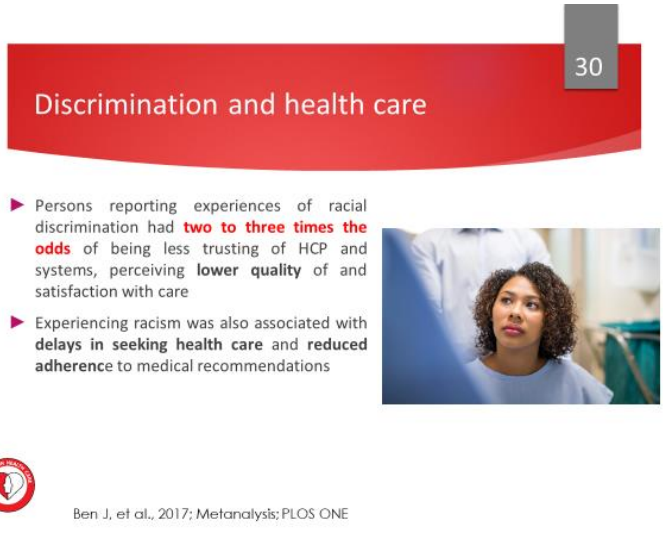
Slide 29

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

Produced by Content OD and the Around the Toilet project
Funded by AHRC Connected Communities

Trainees will watch this video, titled “The toilet”, in order to realize how important it is to understand that each person has grown up with different values, views, and perspectives.
This quirky animation weaves together personal accounts from transgender, disabled and Muslim people, who share the trials and tribulations of accessing and using public toilets in a society where some are made to feel welcome and others are not.
The video will help trainees to understand that it will be important to pause and consider their own personal biases as they engage with their clients. It is their responsibility to listen to their client’s concerns and adapt their communication style to communicate effectively during each interaction with them.

Slide 30



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Discrimination and health problems

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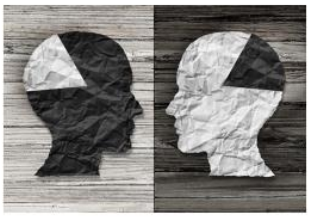
Discrimination is associated with:

- 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



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

Slide 32

Discrimination and health problems (cont.)

32

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).

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

Slide 33

https://www.youtube.com/watch?v=gUm7KxP0qDs

Brainstorming

Lay health beliefs are considered as important barriers

A warm up, brain storming activity for lay health beliefs.

A short video about the evil eye (extract from a Greek movie, or other more cultural adapted material according to the country. In case it is not applicable to your culture, you may replace it with another video or photo accordingly).

Ask students:

- **What are lay health beliefs?** ("Lay health beliefs" refer to beliefs or sets of ideas that ordinary people have about health and illness)
- **What are the types of health beliefs?** (Health beliefs can be ideas about what is health or healthy, what is causing diseases and how conditions can be managed)
- **Could you think of any examples of lay health beliefs?**

Belief about health: Health as functional capacity (ability to do things despite the presence of a condition.

Belief about the cause: evil eye (inflicted by other people), supernatural (inflicted by supernatural entities) → these two are not the same and students have been taught about the difference

Belief about management: invocation, prayer, cultural healers etc.

- **How lay health beliefs could be a barrier between a patient and a HCP**?

Health beliefs could make patient to have resistance and not be willing to be informed about evidence based treatments being difficult to reach a share decision making.

Slide 34

Common issues and barriers in cross-cultural communication and social diversity

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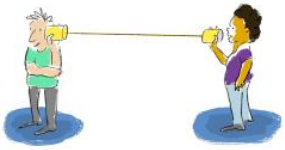
- Use of language (foreign, slang, dialect, offence due to over-familiarity etc.)
- Use and interpretation of non-verbal communication (physical touch, body language, proximity, eye contact, face expressions)



Silverman et al., 2013

Slide 35

Common issues and barriers in cross-cultural communication and social diversity

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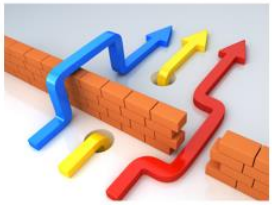
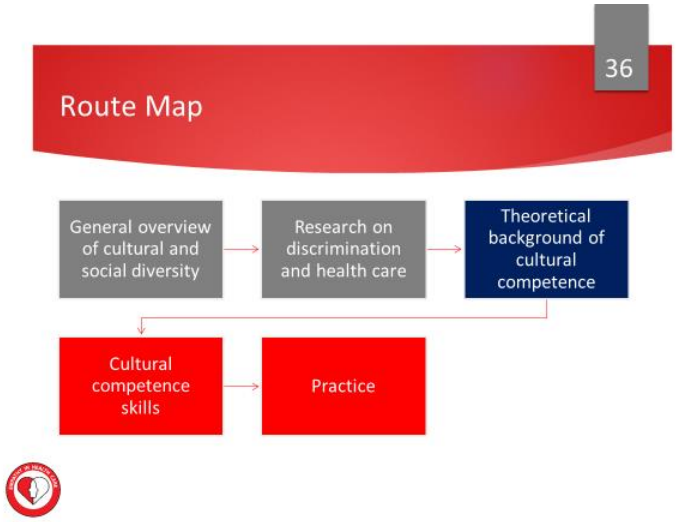
- Cultural beliefs and healthcare (interpretation of symptoms, causation, treatment, attitudes, alternatives, expectations about roles, family life events, psychological issues)
- Sensitive issues (sexuality, uneasiness, use/abuse, domestic violence, bad news)
- Caregiver's assumptions about a certain culture and vice versa



Silverman et al., 2013

Slide 36



Slide 37

More than 15 models of cultural competence are presented within the healthcare literature, with most identifying cultural awareness, cultural knowledge and cultural skills or behavior to be important elements of culturally competent practice (Alizadeh & Chavan, 2016). The most commonly used models are Campinha-Bacota model and Cross model, whereas a new model is the Cultural humility model. In the current presentation we will focus on Campinha-Bacota model.

We should note there is no universally agreed-upon definition of the Cultural Competence term. **However, most of the definitions in use today contain the idea that cultural competence requires an understanding of one's own culture and background in order to understand other cultures**. Moreover, there is no agreed-upon best method or path for an HCP to learn cultural competence.

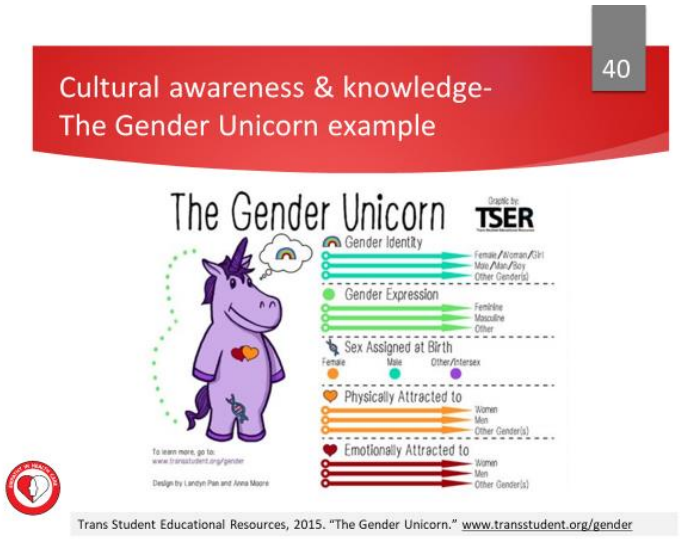
Slide 38

Slide 39

The process of cultural competence in the delivery of healthcare services, developed by Campinha_Bacote.
It is a process of *becoming* culturally competent, not *being* culturally competent" (Campinha-Bacote).
This process contains the following five steps:
1. Cultural Awareness. This is the process of looking closely and honestly at your own biases toward other cultures, as well as examining your own cultural background. Cultural awareness includes an awareness that racism and other forms of discrimination exist in healthcare delivery;
2. Cultural Knowledge. This is the process of seeking a thorough understanding of the attitudes and beliefs of other cultural and ethnic groups, as well as the health conditions and diseases that exist among diverse ethnic groups;

3. Cultural Skill. This is the ability to accurately understand the cultural details surrounding the patient's presenting problem and to physically assess the patient within the context of their culture;
4. Cultural Encounter. This is when the HCP actively seeks face-to face encounters with members of other cultures in order to better understand the HCP's own beliefs about other cultures and to prevent stereotyping;
5. Cultural Desire—This is the all-important desire of the HCP to become more culturally knowledgeable and skillful. It is important to emphasize that this has to be something the HCP genuinely wants to do instead of merely a need to fulfill a job requirement.
* *Cultural Encounter and Desire will be further discussed using the educational video*

Slide 40



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

Cultural awareness & knowledge example: The Gender Unicorn, giving the opportunity to the students learn about gender mapping concepts and get familiar with LGBD (lesbian, Gay, Bisexual, Transgender) culture.
Ask students whether they are familiar with Gender Unicorn (cultural awareness) and then give them the definitions as an example of cultural knowledge:
Gender Unicorn Definitions:

Gender Identity: One's internal sense of being male, female, neither of these, both, or another gender(s). Everyone has a gender identity, including you. For transgender people, their sex assigned at birth and their own internal sense of gender identity are not the same. Female, woman, and girl and male, man, and boy are also not necessarily linked to each other but are just six common gender identities.
Gender Expression/Presentation: The physical manifestation of one's gender identity through clothing, hairstyle, voice, body shape, etc. Many transgender people seek to make their gender expression (how they look) match their gender identity (who they are), rather than their sex assigned at birth.
Sex Assigned at Birth: The assignment and classification of people as male, female, intersex, or another sex based on a combination of anatomy, hormones, chromosomes. It is important we don't simply use "sex" because of the vagueness of the definition of sex and its place in transphobia. Chromosomes are frequently used to determine sex

from prenatal karyotyping (although not as often as genitalia). Chromosomes do not always determine genitalia, sex, or gender.

Physically Attracted To: Sexual orientation. It is important to note that sexual and romantic/emotional attraction can be from a variety of factors including but not limited to gender identity, gender expression/presentation, and sex assigned at birth.

Emotionally Attracted To: Romantic/emotional orientation. It is important to note that sexual and romantic/emotional attraction can be from a variety of factors including but not limited to gender identity, gender expression/presentation, and sex assigned at birth. There are other types of attraction related to gender such as aesthetical or platonic. These are simply two common forms of attraction.

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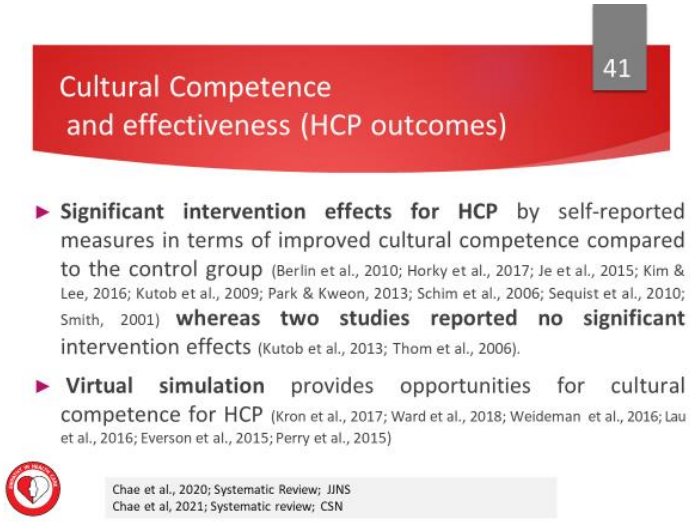
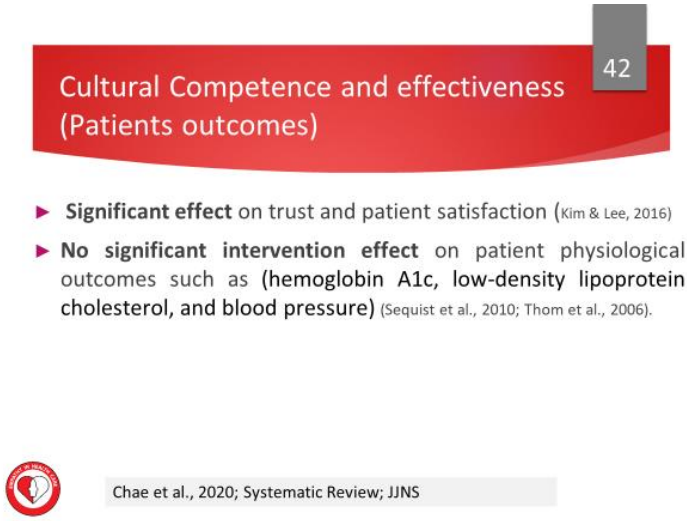


Evidence for Cultural Competence and effectiveness (patients' outcomes)

Patient outcomes were reported in three studies (Kim & Lee, 2016; Sequist et al., 2010 ; Thom et al., 2006). Kim and Lee (2016) reported satisfaction and trust. Sequist et al. (2010) reported physiological outcomes (hemoglobin A1c, low-density lipoprotein cholesterol, and blood pressure). Thom et al. (2006) reported both satisfaction and trust and physiological outcomes. Patient satisfaction and trust were obtained from self-reported measures (Kim & Lee, 2016; Thom et al., 2006), and physiological outcomes were derived from patients' medical records
(Sequist et al., 2010; Thom et al., 2006).

Slide 42



Slide 43

Some countries have certain policies for cultural competence and have specific published standards that are intended primarily for healthcare organizations. Although not legally binding—that is, they are not required by law—these standards should be practiced at all levels of patient care to ensure that the different cultural communities served have sufficient access to appropriate care.

The standards of USA are presented, written and published by the Office of Minority Health (OMH) in the U.S. Department of Health and Human Services (DIRECTED SELF LEARNING materials for learning more in depth about policies).

Slide 44

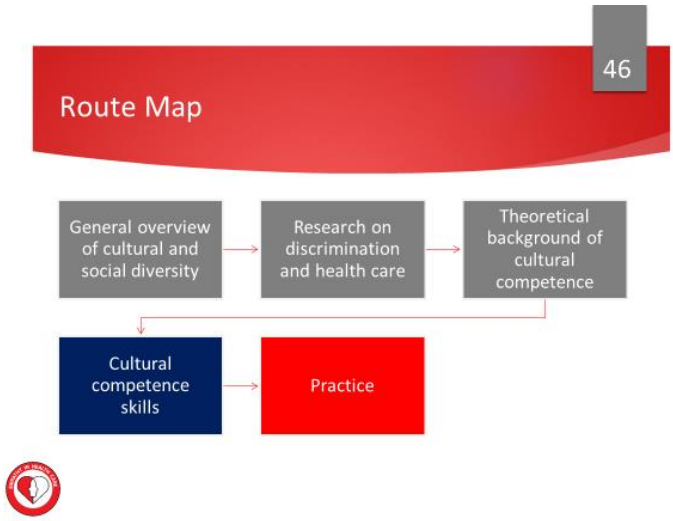
Cultural Competence Self-Evaluation Checklist [PDF] – This self-assessment tool has designed to help students: (1) think their skills, knowledge, and awareness in interactions with others and (2) identify areas of strength and areas that need further development. After they have completed the assessment, ask them to make a list of the areas where they need further development (those they rated a 1 or 2).

Instructions: Read each entry in the Awareness, Knowledge and Skills sections Place a check mark in the appropriate column which follows. At the end of each section add up the number of times you have checked that column. Multiple the number of times you have checked "Never" by 1, "Sometimes/Occasionally" by 2, "Fairly Often/Pretty well" by 3 and "Always/Very Well" by 4. The more points you have, the more culturally competent you are becoming.

Slide 45

Now ask the trainees to set three goals for becoming culturally competent and practicing cultural humility: one short-term goal that you can accomplish immediately, one medium-term goal that you can accomplish over the next several weeks, and one long-term goal that you can accomplish over the next year.

Slide 46



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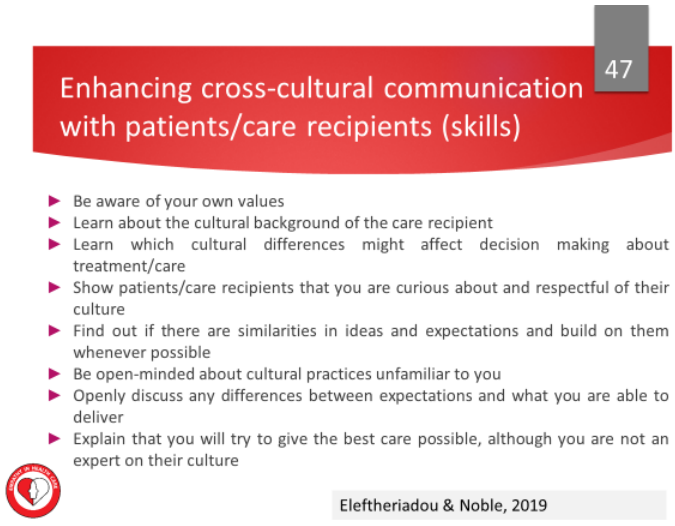


These are some evidence-based tips for Enhancing cross-cultural communication with patients. CALGARY - CAMBRIDGE GUIDE TO THE MEDICAL INTERVIEW–CROSS- CULTURAL COMMUNICATION AND SOCIAL DIVERSITY can be presented.

Slide 48

Slide 49

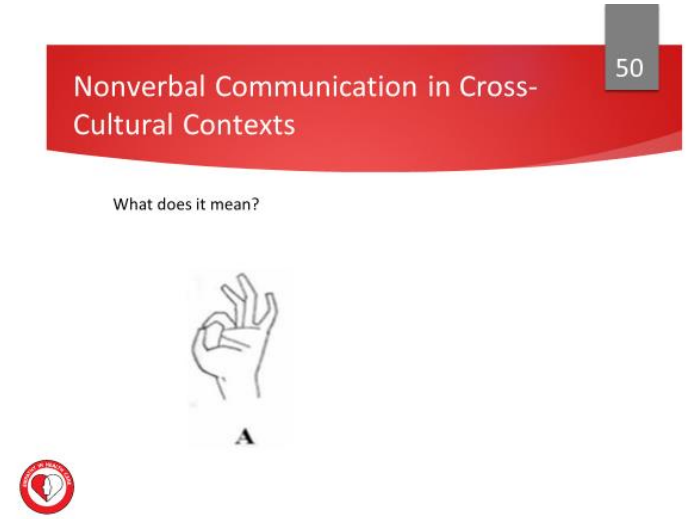
This slide gives an example of nonverbal Communication (smile) in Cross-Cultural Contexts

Smile in different cultures (American, German, Japanese, Thailand)

The Smile—Everyone knows how to smile. However, not all the members of all cultures smile for the same reason, and not all cultures believe that smiling is appropriate in the same situations. Smiling is an expression of happiness in American culture. Germans also smile as an indication of happiness, but only smile when with people they know closely and really like. In many Asian cultures the smile can mean something else altogether. Some Chinese, for example, may smile when they are discussing something sad or uncomfortable. In Japanese culture, a smile can be used to hide an emotion or to avoid answering a question. Even within Japanese culture there can be differences.

For instance, a person of lower social status in Japan may use a smile when taking orders from a superior when in fact they feel anger or contempt toward the superior. In Korean culture, smiling too much can be interpreted as the sign of a shallow person, leading many Koreans to smile less in public. One scholar notes that this "lack of smiling by Koreans has often been interpreted as a sign of hostility." People in Thailand, however, smile a lot, leading that country to be called "The Land of Smiles" by some students of culture.

Slide 50



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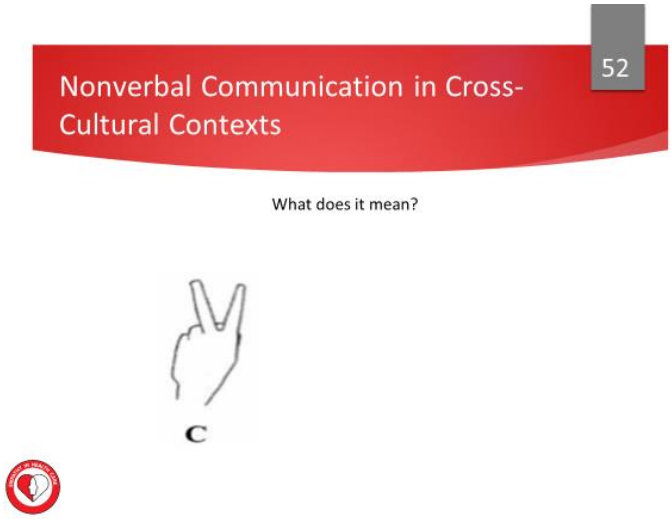

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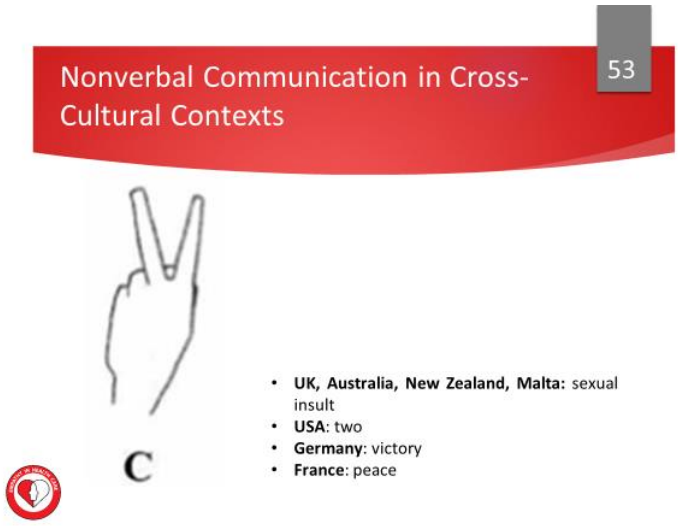

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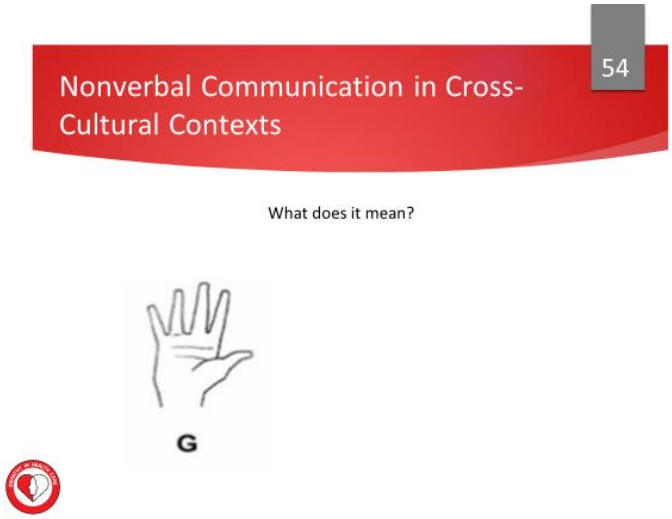

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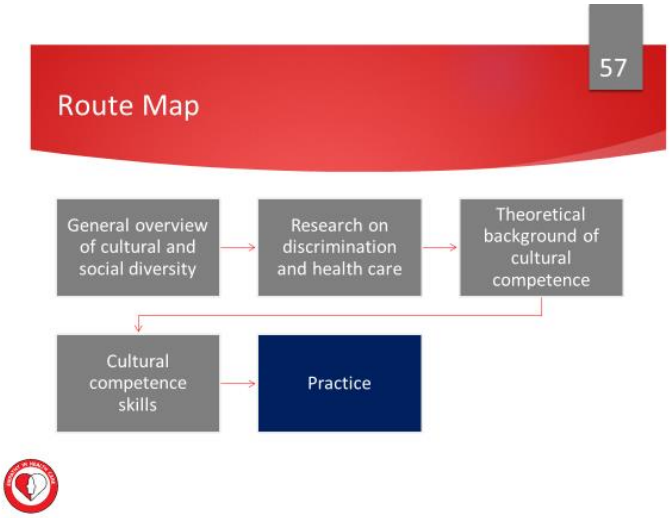
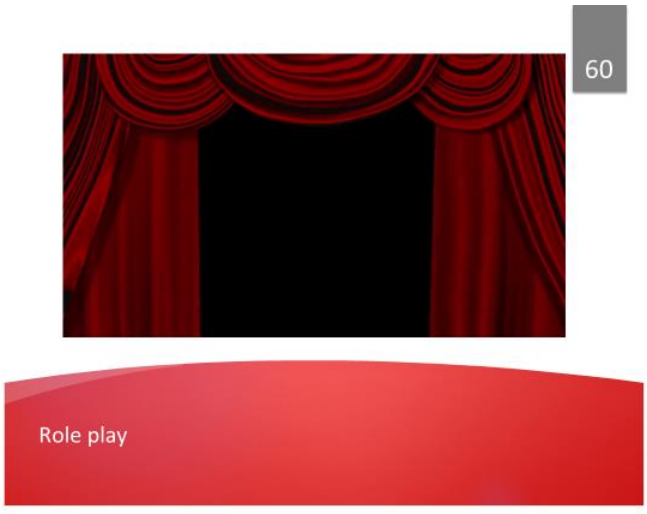


Slide 58

https://youtu.be/6sV4w4tx_I0

The trainees will watch the educational video on cultural diversity (**Scenario: 6. Empathy Cultural Diversity, working with interpreter: Immigrant patient with lung infection**) and will discuss it in accordance with the Calgary/Cambridge Guide on cultural competence.

Slide 59



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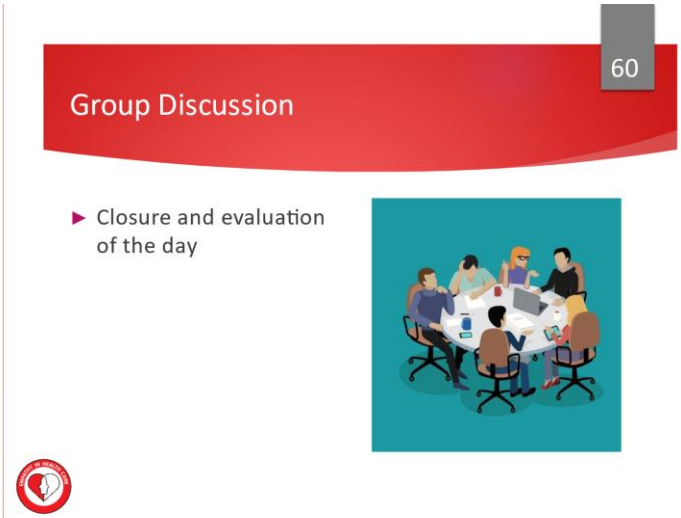
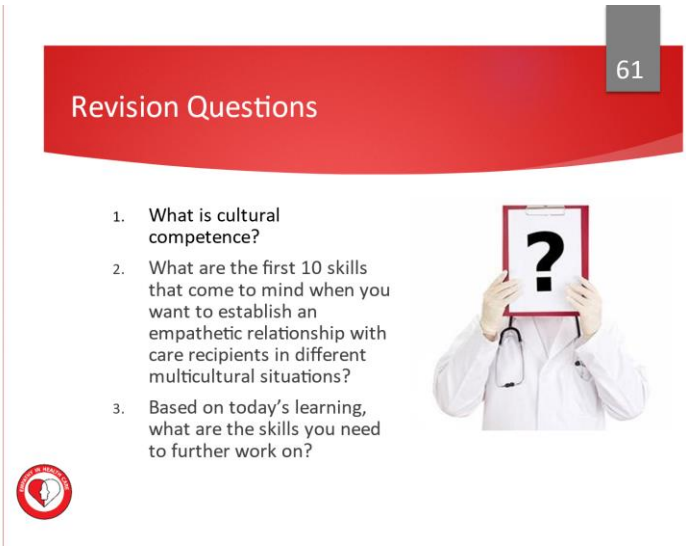


Ask each student to tell you one thing they have learnt and would like to take with them
Point them to any electronic resources they need to access in order to further improve their learning and practice.

Slide 61



Slide 62

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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

Slide 63

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Slide 64

Slide 65

Slide 66

5.2 EDUCATIONAL VIDEOS

5.2.1. EDUCATIONAL VIDEO 1: SCENARIO 6 (EMPATHY CULTURAL DIVERSITY, WORKING WITH INTERPRETER: IMMIGRANT PATIENT WITH LUNG INFECTION)

Scenario number: 6

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

Discipline: Physio/ Medic/VET

Developed by: UTH

Work areas: All work areas

Specific features: Cultural diversity, giving- gathering information, working with interpreter

Description of scenario: Man (20s) refugee (Muslim), Arabic speaking (interpreter) leaving in a refugee camp had a lung infection and he is in the pulmonary clinic now (fear, breathing difficulty, difficulty of communication, female therapist issues*). His wife is with him. A female physio is in charge, she has to give information and demonstrate respiratory exercises to him before his discharge.

5.3. ROLE PLAYS

5.3.1. ROLE PLAY 1: SCENARIO 10: ELDERLY IN NURSING HOME

Scenario Number: 10

Role play Title: Elderly in nursing home: dealing with cultural beliefs and barriers

Discipline: VET

Developed by: MMC

Work areas: 3.1 Showing empathy in diverse environments

Specific features: Dealing with angry patient due to different cultural background

Scenario description: A young caregiver from India starts working in a nursing home for elders in Cyprus. He soon becomes popular among old persons in the home because of his friendly behaviour and high qualifications. However, an 80-year-old woman with mobility problems, when she sees him wearing his turban and finds out that he is of another cultural background, refuses to receive care from him. Due to understaffing in the home, there is no other caregiver to undertake her care.

5.3.2. ROLE PLAY 2: SCENARIO 16: LGBTQ PERSON

Scenario Number: 16

Role play Title: LGBTQ person: Offering care to an LGBTQ person

Discipline: VET

Developed by: MMC

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

Specific features: Offering care to persons from diverse backgrounds

Scenario description:
A middle-aged man who suffers from Multiple sclerosis (MS) has been at a care home for two weeks. His male partner visits him. His carer does not know that the man is gay, so he is surprised when he enters the room and sees the two men having an intimate moment. The carer needs to interact with the couple showing empathy and understanding to diverse people.

5.4. EXERCISES

5.4.1. EXERCISE 1: KAHOOT QUIZ (SLIDE 12)

A warm up, brainstorming activity. Ask trainees to complete this short self-assessment test. Decide which statements are true and which are false.

1. When we use the term diversity we are referring only to persons of other races. F
2. A person's religious traditions should have no bearing on his or her health care. F
3. Recognizing our own personal biases can improve communication with diverse patients. T
4. We should consider an adult patient's age when instructing them. T

Duration: 5 minutes

5.4.2. EXERCISE 2: GROUP DISCUSSION (SLIDE 13)

To prompt trainees to discuss about diversity and how they deal with diverse people, ask them to answer the following questions in groups or before the whole class:

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

Useful information

1. Initially, you might think of cultural or ethnic differences, but diversity has many forms and layers. Consider, for example, that age, race, sex, sexual orientation, gender, gender identity, ability, socioeconomic status, and religion are among the many characteristics of diversity, and that multiple dimensions are present in every individual.
2. When we engage with people who look like us, act like us, and share our values, we generally find that communication is simple; but as we engage with people who are **diverse**, or different from ourselves, both patients/care recipients and coworkers, we may discover that communication is more challenging.
3. Sometimes differences are easy to identify. Sometimes differences may be subtle and we may not be aware of them. Although differences present challenges, awareness of the diversity of our patients and their experiences provides useful information for effective communication. As we practice cultural awareness, we will begin to recognize not only differences but also similarities in "diverse" groups of people. This recognition and awareness will provide a strong foundation for effective communication.

Duration: 20 minutes

5.4.3. EXERCISE 3: WALK APART—WALK TOGETHER ACTIVITY (SLIDE 15)

This activity is appropriate for a wide variety of ages, ranging from elementary school to adult. Since it requires no special materials, it can be conducted in almost any setting. It is a particularly good activity for groups that are just forming.

Goal

To help participants recognize the differences among people, as well as the many similarities people share.

Materials
Open space large enough for two people to take a short walk

Procedure
Two "volunteers" come forward and stand with backs together. Ask the "audience" to call out things about these two volunteers that are different. Differences sometimes pull us apart. As each difference is called, the volunteers take one step apart. When they reach the end of the available space, have them turn and face each other. Now, ask the audience to call out similarities of the volunteers. As each similarity is called out, the volunteers take one step toward each other.

Discussion
1. Think about the things that were noted as differences. How many were things that we can easily see (gender, size, hair color, skin color, dress, wearing glasses or not, etc.)?
2. What were some of the similarities?
While certain physical characteristics are similar, many other similarities are not so visible. Perhaps both "volunteers" are enthusiastic or both have similar interests or goals in life.
3. Talk about the importance of the differences and of the similarities among members of the group. Be sure to talk about the importance of accepting and welcoming all members
into the group.

Duration: 15 minutes

5.4.4. EXERCISE 4: LETS TALK ABOUT MR JONES… (SLIDES 19-20)

A warm up, brain storming activity about stereotyping.

Ask students what they believe Mr Jones' occupation is. Ask them to explain how they reached this conclusion.
Inform students that Mr Jones is a doctor, however he loves tattoos and he rides a Harley-Davidson.

5.4.5. EXERCISE 5: THE TOILET (SLIDE 29)

Trainees will watch this video, entitled "The toilet", in order to realize how important it is to understand that each person has grown up with different values, views, and perspectives. This quirky animation weaves together personal accounts from transgender, disabled and Muslim people, who share the trials and tribulations of accessing and using public toilets in a society where some are made to feel welcome and others are not. The video will help trainees to understand that it will be important to pause and consider their own personal biases as they engage with their clients. It is their responsibility to listen to

their client's concerns and adapt their communication style to communicate effectively during each interaction with them.

Duration: 15 minute

5.4.5. EXERCISE 5: BRAINSTORMING: LAY HEALTH BELIEFS (SLIDE 33)

A warm up, brain storming (5 mins) for lay health beliefs.
A quick video for evil eye (Greek movie).
Ask students:
•**What are lay health beliefs?** ("Lay health beliefs" refer to beliefs or sets of ideas ordinary people have about health and illness),
•**What are the types of health beliefs?** (Health beliefs can be ideas about what is health or healthy, what is causing diseases and how conditions can be managed),
•**Could you think of any examples of lay health beliefs?**
(Belief about health: Health as functional capacity (ability to do things despite the presence of a condition).
Belief about the cause: evil eye (inflicted by other people), supernatural (inflicted by supernatural entities) (these two are not the same and students have been taught about the difference).
Belief about management: invocation, prayer, cultural healers etc.)
• **How lay health beliefs could be a barrier between patient and HCP**?
Health beliefs could make patient to have resistance and not be willing to be informed about evidence-based treatments being difficult to reach a share decision making.

Duration: 30 minutes

5.4.6. EXERCISE 6: INDIVIDUAL EXERCISE: CULTURAL COMPETENCE (SLIDE 44)

The trainees should use Handout 1 - Cultural Competence Self-Evaluation Checklist [PDF] to evaluate their cultural competence. After they have completed the assessment, the tutor can ask them to make a list of the areas where they need further development (those they rated a 1 or 2).

Instructions: Read each entry in the Awareness, Knowledge and Skills sections Place a check mark in the appropriate column which follows. At the end of each section add up the number of times you have checked that column. Multiple the number of times you have checked "Never" by 1, "Sometimes/Occasionally" by 2, "Fairly Often/Pretty well" by 3 and "Always/Very Well" by 4. The more points you have, the more culturally competent you are becoming.

Duration: 20 minutes

5.5 ADDITIONAL HANDOUTS

5.5.1. HANDOUT 1: CALGARY CAMBRIDGE GUIDE FOR CROSS CULTURAL COMMUNICATION AND SOCIAL DIVERSITY

INITIATING THE SESSION

CALGARY - CAMBRIDGE GUIDE TO THE MEDICAL INTERVIEW – CROSS- CULTURAL COMMUNICATION AND SOCIAL DIVERSITY

1. Greet and make introduction

- Check pronunciation of name and how patient would like to be addressed.

2. Demonstrate interest, concern, respect, and attend to the patient's physical comfort

- Demonstrate sensitivity to patient's wish to be interviewed with a family member or by a male or female doctor.
- Offer the help of an interpreter and if agreed, include negotiations during the agenda setting process about the role the interpreter will play.
- Check preferred language to be used in the interview.
- Offer to postpone the interview if the language barrier is too great.
- Consider gender issues between doctor and patient in the interview and in the physical examination.

GATHERING INFORMATION

1. Discover the patient's perspective: ideas, concerns, expectations, effects on life and feelings

Explore the patient's:

- beliefs about causation
- culturally determined expectations of treatment
- family, marital, religious and social more
- understanding of social and community networks
- use of complementary or alternative sources of healthcare.
- Patients from some cultural or social backgrounds may be less aware of links between psychosocial issues and their physical symptoms. Exploring underlying depression and somatisation in these circumstances is not easy and may depend on remaining open to the

patient's point of view and building up trust over a long period of time. Physicians may have to judge when to accept the patient's healthcare choices or views of their illness, rather than risk challenging the patient unsuccessfully with consequent damage to trust or the doctor–patient relationship

2. Involve the patient, encourage them to contribute and to ask questions

- Patients need to be encouraged to ask questions. In a US study, black patients were less likely to ask questions of their oncologists and were less likely to have a companion with them (Eggly et al. 2011).

BUILDING THE RELATIONSHIP

1. Demonstrate appropriate non- verbal behaviour

- Be aware of possible cultural differences in non- verbal behaviour e.g. eye contact, touch, proximity.

2. Accept the patient's views and feelings nonjudgmentally

- Value the patient's ideas and beliefs non- judgementally, without stereotyping or patronising the patient (e.g. accept the patient's and family's wishes for examination, investigation and referral). Avoid making assumptions or check them out. Show sensitivity to cultural differences around issues such as sexual problems, use and abuse of alcohol or other substances, and domestic violence.

3. Provide support

- Overtly express support.

EXPLANATION AND PLANNING

1. Assess the patient's starting point

- Check out cultural context before giving information. This is particularly important when working with disabled patients where the research suggests that these patients feel less well listened to and respected, are given less information and are less commonly involved in planning treatment (Duggan et al. 2010).
- Work with an interpreter during the interview if necessary.
- Check that the interpreter has given information accurately and completely and that the patient understands.

2. Relate explanation to the patient's perspective

- Check cultural context/linguistic ability before giving information. Check whether the patient's concerns have been addressed.

3. Check understanding

- Checking understanding frequently is particularly important where there is a language problem, even if an interpreter is present.
- Give real choices based on the patient's background and situation.

4. Negotiate mutually acceptable plan

- The patient who is unused to a collaborative and sharing partnership with the doctor may find this unfamiliar or difficult to cope with.

References:

Silverman, J., Draper, J., & Kurtz, S. *Skills for communicating with patients* (3rd ed., pp. 237-238). Boca Raton London, New York: CRC Press Taylor & Francis Group.

5.5.2. HANDOUT 3: THE CULTURAL COMPETENCE SELF-EVALUATION CHECKLIST

Cultural Competence Self-Assessment Checklist

This self-assessment tool is designed to explore individual cultural competence. Its purpose is to help you to consider your skills, knowledge, and awareness of yourself in your interactions with others. Its goal is to assist you to recognize what you can do to become more effective in working and living in a diverse environment.

The term 'culture' includes not only culture related to race, ethnicity and ancestry, but also the culture (e.g.

beliefs, common experiences and ways of being in the world) shared by people with characteristics in common, such as people with disabilities, people who are Lesbian Bisexual, Gay and Transgender (LGBT), people who are deaf, members of faith and spiritual communities, people of various socioeconomic classes, etc.) In this tool, we are focusing on race, ethnicity and ancestry. However, remember that much of the awareness, knowledge and skills which you have gained from past

relationships with people who are different from you are transferable and can help you in your future relationships across difference.

Read each entry in the Awareness, Knowledge and Skills sections Place a check mark in the appropriate column which follows. At the end of each section add up the number of times you have checked that column. Multiple the number of times you have checked "Never" by 1, "Sometimes/Occasionally" by 2, "Fairly Often/Pretty well" by 3 and "Always/Very Well" by 4. The more points you have, the more culturally competent you are becoming.

This is simply a tool. This is not a test. The rating scale is there to help you identify areas of strength and areas that need further development in order to help you reach your goal of cultural competence. Remember that cultural competence is a process, and that learning occurs on a continuum and over a life time. You will not be asked to show anyone your answers unless you choose to do so.

While you complete this assessment, stay in touch with your emotions and remind yourself that learning is a journey.

Awareness		**Never**	**Sometimes/ occasionally**	**Fairly Often/Pretty Well**	**Always/very well**
Value Diversity	I view human difference as positive and a cause for celebration				
Know myself	I have a clear sense of my own ethnic, cultural and racial identity				
Share my culture	I am aware that in order to learn more about others I need to understand and be prepared to share my own culture				
Be aware of areas of discomfort	I am aware of my discomfort when I encounter differences in race, colour, religion, sexual orientation, language, and ethnicity.				

Check my assumptions	I am aware of the assumptions that I hold about people of cultures different from my own.				
Challenge my stereotypes	I am aware of my stereotypes as they arise and have developed personal strategies for reducing the harm they cause.				
Reflect on how my culture informs my judgement	I am aware of how my cultural perspective influences my judgement about what are 'appropriate', 'normal', or 'superior' behaviours, values, and communication styles.				
Accept ambiguity	I accept that in cross cultural situations there can be uncertainty and that uncertainty can make me anxious. It can also mean that I do not respond quickly and take the time needed to get more information.				
Be curious	I take any opportunity to put myself in places where I can learn about difference and create relationships				

Aware of my privilege if I am White	If I am a White person working with an Aboriginal person or Person of Colour, I understand that I will likely be perceived as a person with power and racial privilege, and that I may not be seen as 'unbiased' or as an ally.				
		1 pt x	2 pt x	3 pt x	4 pt x
Knowledge		**Never**	**Sometimes/ occasionally**	**Fairly Often/Pretty Well**	**Always/very well**
Gain from my mistakes	I will make mistakes and will learn from them				
Assess the limits of my knowledge	I will recognize that my knowledge of certain cultural groups is limited and commit to creating opportunities to learn more				
Ask questions	I will really listen to the answers before asking another question				
Acknowledge the importance of difference	I know that differences in colour, culture, ethnicity etc. are important parts of an individual's identity which they value and so do I. I will not hide behind the claim of "colour blindness".				

Know the historical experiences of non-European Canadians	I am knowledgeable about historical incidents in Canada's past that demonstrate racism and exclusion towards Canadians of non-European heritage (e.g. the Chinese Head Tax, the Komagata Maru, Indian Act and Japanese internment).				
Understand the influence culture can have	I recognize that cultures change over time and can vary from person to person, as does attachment to culture				
Commit to lifelong learning	I recognize that achieving cultural competence involves a commitment to learning over a life-time				
Understand the impact of racism, sexism, homophobia . . .	I recognize that stereotypical attitudes and discriminatory actions can dehumanize, even encourage violence against individuals because of their membership in groups which are different from myself				
Know my own family history	I know my family's story of immigration and assimilation into Canada				
Know my limitations	I continue to develop my capacity for assessing areas where there are gaps my knowledge				
		1 pt x	2 pt x	3 pt x	4 pt x

Skills		Never	Sometimes/ occasionally	Fairly Often/Pretty Well	Always/very well
Adapt to different situations	I am developing ways to interact respectfully and effectively with individuals and groups				
Challenge discriminatory and/or racist behaviour	I can effectively intervene when I observe others behaving in racist and/or discriminatory manner.				
Communicate across cultures	I am able to adapt my communication style to effectively communicate with people who communicate in ways that are different from my own.				
Seek out situations to expand my skills	I seek out people who challenge me to maintain and increase the cross-cultural skills I have.				
Become engaged	I am actively involved in initiatives, small or big, that promote understanding among members of diverse groups.				
Act respectfully in cross-cultural situations	I can act in ways that demonstrate respect for the culture and beliefs of others.				

Practice cultural protocols	I am learning about and put into practice the specific cultural protocols and practices which necessary for my work.				
Act as an ally	My colleagues who are Aboriginal, immigrants or People of Colour consider me an ally and know that I will support them with culturally appropriate ways.				
Be flexible	I work hard to understand the perspectives of others and consult with my diverse colleagues about culturally respectful and appropriate courses of action.				
Be adaptive	I know and use a variety of relationship building skills to create connections with people who are different from me.				
		1 pt x	2 pt x	3 pt x	4 pt x