

KING'S
College
LONDON

Train the trainers—lessons from an MA module for clinical educators

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Objectives

1. Identify key components in faculty development;
2. Discuss the challenges and opportunities in faculty development;
3. Discuss theories to be used for faculty development, drawing lessons from the MA module;
4. Discuss pedagogical design for train the trainer programmes;
5. Reflect on the lessons learned from this module to inform participants' own design of faculty development;

The law: Equality Act 2010.

Under the Equality Act 2010 people are protected from discrimination on the basis of ‘protected characteristics’. In relation to both employment and services and functions, the relevant ‘protected characteristics’ are:

- **Disability**
- **Gender Reassignment**
- **Pregnancy and Maternity**
- **Race**
- **Religion or Belief**
- **Sex**
- **Sexual Orientation**

National Drivers: *GMC Outcomes for Graduates 2018*

1. **Professionalism attitude: 2j:** Recognise the potential impact of their [newly qualified doctors] **attitudes, values, beliefs, perceptions and personal biases** (which may be unconscious) on individuals and groups and identify personal strategies to address this.
2. **14** Newly qualified doctors must be able to work collaboratively with patients, their relatives, carers or other advocates to **make clinical judgements and decisions** based on a holistic assessment of the patient and their needs, priorities and concerns, and **appreciating the importance of the links** between pathophysiological, psychological, **spiritual, religious, social and cultural factors** for each individual.
3. **Consultation/communication: 11b:** encourage patients' questions, discuss their understanding of their condition and treatment options, and take into account their ideas, concerns, expectations, values and preferences.
4. **10a:** making adjustments to their **communication** approach if needed, for example for people who communicate differently due to a **disability** or who **speak a different first language**
5. **10b:** when English is not the patient's first language - by using an interpreter, translation service or other online methods of translation
6. **Health promotion: 25c:** evaluate the environmental, social, behavioural and cultural factors which influence health and disease in different populations
7. **25d:** assess, **by taking a history**, the environmental, social, psychological, behavioural and cultural factors influencing a patient's presentation, and identify options to address these, including **advocacy for those** who are disempowered
8. **24d.** recognise **sociological factors** that contribute to illness, the course of the disease and the success of treatment and **apply these to the care of patients** – including issues relating to health inequalities and the social determinants of health, the links between occupation and health, and the effects of poverty and affluence

National Drivers: *NMC Future nurse: Standards of Proficiency for Registered Nurses*

A holistic approach to the care of people is essential and all nursing procedures should be carried out in a way which reflects cultural awareness and ensures that the needs, priorities, expertise and preferences of people are always valued and taken into account. Becoming an accountable professional who can:

1.9 understand the need to base all decisions regarding care and interventions on people's needs and preferences, recognising and addressing any personal and external factors that may unduly influence their decisions.

*1.14 provide and promote **non-discriminatory, person-centred and sensitive care** at all times, reflecting on people's values and beliefs, diverse backgrounds, cultural characteristics, language requirements, needs and preferences, taking account of any need for adjustments.*

2.4 identify and use all appropriate opportunities, making reasonable adjustments when required, to discuss the impact of smoking, substance and alcohol use, sexual behaviours, diet and exercise on mental, physical and behavioural health and wellbeing, in the context of people's individual circumstances.

2.7 understand and explain the contribution of social influences, health literacy, individual circumstances, behaviours and lifestyle choices to mental, physical and behavioural health outcomes.

3.4 understand and apply a person-centred approach to nursing care, demonstrating shared assessment, planning, decision making and goal setting when working with people, their families, communities and populations of all ages.

7.9 facilitate equitable access to healthcare for people who are vulnerable or have a disability, demonstrate the ability to advocate on their behalf when required, and make necessary reasonable adjustments to the assessment, planning and delivery of their care.

*10.6 provide care for the deceased person and the bereaved respecting **cultural requirements and protocols**.*

National Drivers: General Dental Council (GDC)

Preparing for practice: Dental team learning outcomes for registration

The scope of what the GDC requires of students goes beyond academic achievement, and incorporates the attitudes, values and behaviours needed for registration.

*2.1 Describe the basic principles of a population health approach including demographic and social trends, UK and **international** oral health trends, determinants of health and **inequalities** in health, the ways in which these are measured and current patterns*

(dentists/ dental therapists/dental hygienists/dental nurses/ orthodontic therapist/ clinical dental technicians)

*2.1. Explain how **social, cultural and environmental factors** contribute to general and oral health*

(dental technicians)

*3.1 **Communicate** appropriately, effectively and sensitively at all times with and about patients, their representatives and the general public and in relation to:*

-referring patients to colleagues, particularly where patients are from diverse backgrounds or there are barriers to patient communication

(dentists/ dental therapists/ dental hygienists/ orthodontic therapist/ clinical dental technicians/ dental technicians)

*6.5 **Recognise and respect** the patient's perspective and expectations of dental care and the role of the dental team, taking into account issues relating to **equality and diversity***

(dentists/ dental therapists/ dental hygienists/ dental nurses/ orthodontic therapist/ clinical dental technicians/ dental technicians)

National Drivers: Pharmacy-General Pharmaceutical Council (GPHC)

Future pharmacists: Standards for the initial education and training of pharmacists

Standard 3-Equality, diversity and fairness

Equality and diversity awareness should be an integral part of initial education and training.

The scope of what the GDC requires of students goes beyond academic achievement, and incorporates the attitudes, values and behaviours needed for registration.

Group work: discuss

1. what is required in faculty development?

2. what are the challenges and opportunities?

The difficulties and problems in developing and delivering intercultural training

Educators have limited training in ethnic diversity or how to facilitate such training.

Educators were generally hesitant and apprehensive about their abilities to develop or deliver teaching due to their own lack of training and experience.

Educators find reflecting individual uncertainties and personal feelings especially challenges.

Training tends to be superficial description of cultural differences in health problems, beliefs or practices.

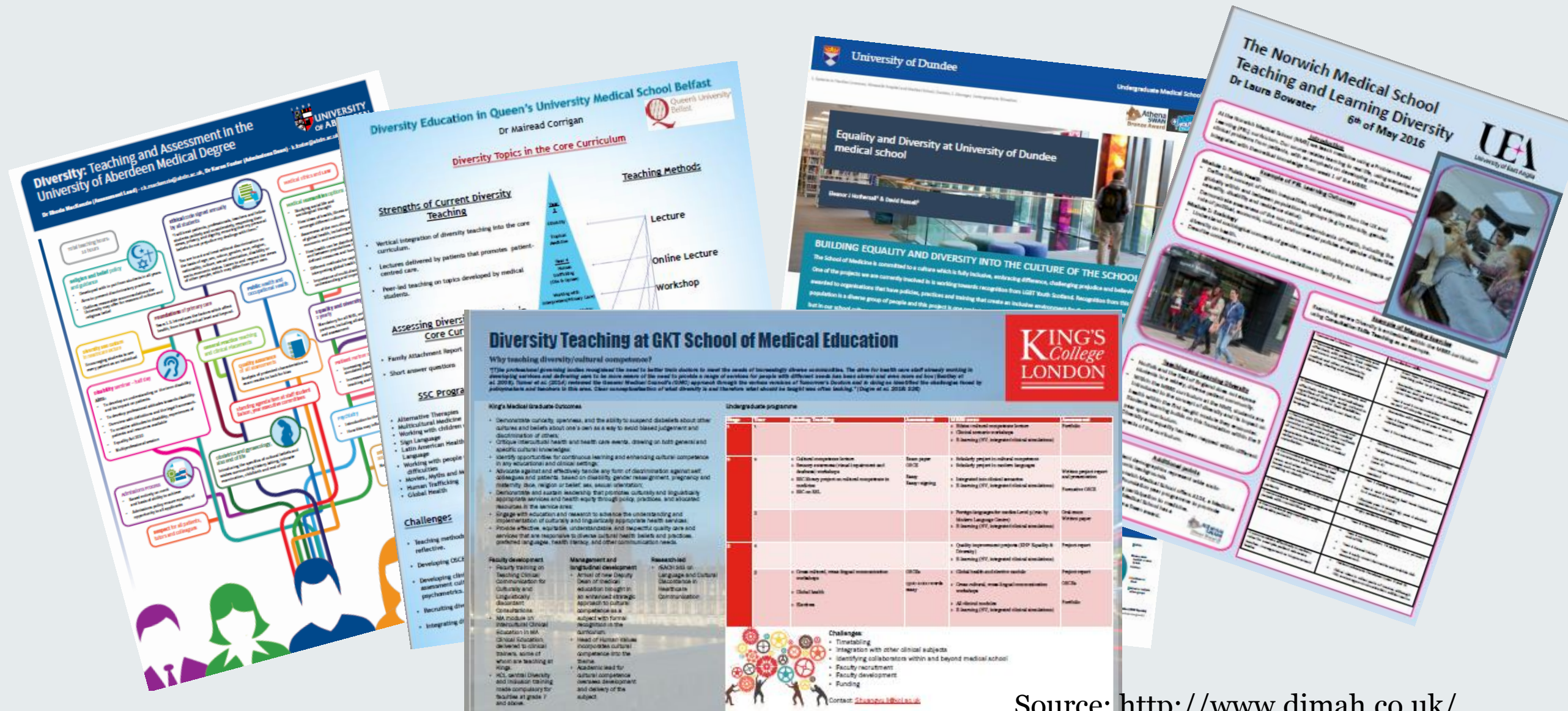
Teaching methods tend to be didactic rather than experiential or interactive.

Training tends to maintain the 'political correctness' instead of developing learners' ability to respond effectively to ethnic diversity.

Institutions' resistance to promoting such training on the basis that there were few minority ethnic groups in their locale.

Institutions fail to provide **resources** in terms of freeing staff to develop courses, or obtaining appropriate materials for teaching.

24 DIMAH posters & website information



Source: <http://www.dimah.co.uk/>

Challenges

- ❖ These challenges can be summarised as a lack of infrastructure development and faculty development.
- ❖ Pedagogical challenges run across curriculum timetabling, scenario building, and assessment.
- ❖ A lack of culturally diverse patient population for medical schools in more homogeneous rural areas is considered a challenge.

Opportunities

- ❑ Students' feedback regarding these sessions are generally positive, which created opportunities for further integration.
- ❑ A broader selection of educational resources is available, which include online materials, communication emails or newsletters.
- ❑ Some schools are undergoing curriculum changes or revisions, so many opportunities have been noticed in the challenged timetabling and assessment for possible integration. Opportunities to integrate culture and diversity content into OSCE assessment also have become possible.

**The MA in Clinical Education (MACE) Program
&
The Intercultural Clinical Education (ICE) Module**

Programme overview

Duration	<p>The programme is designed for working healthcare professionals, and is intended to be taken on a part-time basis. Depending on their intention and career trajectory, participants can choose from three exit points:</p> <p>Postgraduate Certificate One academic year (flexible up to 24 months)</p> <p>Postgraduate Diploma 24 to 36 months</p> <p>Masters 36 to 72 months</p>
Delivery	<p>Face-to-face seminars, teaching observations, and micro-teaching; blended and online learning to support face-to-face. Attendance is required at all face-to-face sessions.</p>
Credit	<p>PgCert – 60 credits at Level 7 PgDip – 120 credits at Level 7 MA – 180 credits at Level 7</p>
Estimated study hours	<p>PgCert – 600 (approximately 6 hours per week) PgDip – 1200 (6 hours per week) MA – 1800 (6 hours per week)</p>

September

M	T	W	T	F	S	S
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October

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29	30	31				

November

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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December

M	T	W	T	F	S	S
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03	04	05	06	07	08	09
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Term 1 modules

MACE Induction

14.00 – 17.00

18 September 2018

Fundamentals of Pedagogy¹

Tuesday morning 10.00 – 13.00
7TTY0005

25 September 2018

09 October 2018

23 October 2018

06 November 2018

27 November 2018

Fundamentals of Pedagogy¹

Wednesday evening 17.30 – 20.30
7TTY0005

26 September 2018

10 October 2018

24 October 2018

07 November 2018

28 November 2018

Effective Teaching & Learning

Wednesday afternoon 14.00 – 17.00
7TTY0019

26 September 2018

10 October 2018

24 October 2018

07 November 2018

28 November 2018

Professional Development in the Workplace

Wednesday afternoon 14.00 – 17.00
7TTY0007

10 October 2018

24 October 2018

07 November 2018

21 November 2018

12 December 2018

Simulation in Clinical Education

Wednesday afternoon 14.00 – 17.00
7TTY0022

26 September 2018

17 October 2018

14 November 2018

05 December 2018

Writing workshops

20 November 2018: 14.00 – 17.00

21 November 2018: 17.30 – 20.30

Across term modules

Dissertation

Wednesday afternoon 14.00 – 17.00
7TTY0018

26 September 2018

17 October 2018

21 November 2018

Using Research in Clinical Education*¹

Monday afternoon 14.00 – 17.00
7TTY0030

24 September 2018

15 October 2018

05 November 2018

03 December 2018

Using Research in Clinical Education*¹

Tuesday evening 17.30 – 20.30
7TTY0030

25 September 2018

16 October 2018

06 November 2018

04 December 2018

NMC Module

Across terms 14.00 – 17.00
7KNIM775

16 October 2018

27 November 2018

Observing Teaching¹ – Group A

Across terms
Monday afternoon 14.00 – 17.00

05 November 2018

03 December 2018

Observing Teaching¹ – Group B

Across terms
Tuesday afternoon 14.00 – 17.00

06 November 2018

04 December 2018

Observing Teaching¹ – Group C

Across terms
Friday afternoon 14.00 – 17.00

12 October 2018

07 December 2018

Observing Teaching¹ – Group D

Across terms
Thursday afternoon 14.00 – 17.00

01 November 2018

29 November 2018

Observing Teaching¹ – Group E

Across terms
Wednesday morning 10.00 – 13.00

31 October 2018

28 November 2018

Observing Teaching¹ – Group F

Across terms
Friday morning 10.00 – 13.00

19 October 2018

30 November 2018

Observing Teaching¹ – Group G

Across terms
Thursday morning 10.00 – 13.00

01 November 2018

29 November 2018

Observing Teaching¹ – Group H

Across terms
Tuesday evening 17.30 – 20.30

30 October 2018

27 November 2018

Observing Teaching¹ – Group I

Across terms
Thursday evening 17.30 – 20.30

08 November 2018

06 December 2018

January

M	T	W	T	F	S	S
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February

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March

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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Term 2 modules

Models of Expertise

Wednesday morning 09.30 – 17.00
7TTY0019

06 February 2019
13 March 2019

Effective Teaching & Learning[†]

Tuesday evening 17.30 – 20.30
7TTY0019

08 January 2019
22 January 2019
05 February 2019
26 February 2019
12 March 2019

Effective Teaching & Learning[†]

Tuesday afternoon 14.00 – 17.00
7TTY0019

08 January 2019
22 January 2019
05 February 2019
26 February 2019
12 March 2019

Intercultural Clinical Education

Tuesday morning 10.00 – 13.00
7TTY0021

08 January 2019
22 January 2019
05 February 2019
19 February 2019
05 March 2019

Across term modules

Dissertation

Wednesday afternoon 14.00 – 17.00
7TTY0018

16 January 2019
20 March 2019

Using Research in Clinical Education^{* †}

Monday afternoon 14.00 – 17.00
7TTY0030

07 January 2019
28 January 2019
18 February 2019

Using Research in Clinical Education^{* †}

Tuesday evening 17.30 – 20.30
7TTY0030

08 January 2019
29 January 2019
19 February 2019

NMC Module

Across terms 10.00 – 13.00
7KNIM775

16 January 2019
13 February 2019
13 March 2019

Observing Teaching[†] – Group A

Across terms
Monday afternoon 14.00 – 17.00

28 January 2019
04 March 2019

Observing Teaching[†] – Group B

Across terms
Tuesday afternoon 14.00 – 17.00

29 January 2019
05 March 2019

Observing Teaching[†] – Group C

Across terms
Friday afternoon 14.00 – 17.00

25 January 2019
01 March 2019

Observing Teaching[†] – Group D

Across terms
Thursday afternoon 14.00 – 17.00

31 January 2019
14 March 2019

Observing Teaching[†] – Group E

Across terms
Wednesday morning 10.00 – 13.00

30 January 2019
06 March 2019

Observing Teaching[†] – Group F

Across terms
Friday morning 10.00 – 13.00

01 February 2019
08 March 2019

Observing Teaching[†] – Group G

Across terms
Thursday morning 10.00 – 13.00

31 January 2019
14 March 2019

Observing Teaching[†] – Group H

Across terms
Tuesday evening 17.30 – 20.30

29 January 2019
05 March 2019

Observing Teaching[†] – Group I

Across terms
Thursday evening 17.30 – 20.30

07 February 2019
14 March 2019

ICE LOs

- 1. develop an understanding of key concepts of culture and how they affect clinical decision making, motivation and behaviour;**
- 2. explore individual beliefs and values as a starting point of intercultural learning;**
- 3. critically examine current cultural competence models used in clinical education and practice;**
- 4. explore current models of intercultural clinical education and new methods in clinical education to prepare students, clinicians and trainers for a diverse globalised clinical work environment.**

Intercultural competence/learning

Intercultural competence is about “transcending the limitations of one’s own world view” (Fantini, 2000: 31).

Intercultural learning is not confined to the classroom, i.e. intercultural competences develop over time in a variety of contexts (e.g. at work).

If one remains “firmly anchored in her own values and culture” (Byram’s 1992:11) intercultural learning is unlikely to be successful and intercultural competences are unlikely to develop. Having a few, isolated resources is not enough.

Group discussion:

What competences do you think should be taught?

How do/will you teach them?

Cultural competency is a skill which is learnt and developed over time through our ongoing experiences and interactions with different cultures. Campinha-Bacote [1] suggests that practitioners see themselves as **becoming**, rather than **being**, culturally competent. The key concepts for developing cultural competency are shown on the diagram below.

Please select each of the circles below to explore the components as defined in this model.



Campinha-Bacote model

Cultural awareness

The ability of the practitioner to be self-aware of their own culture, biases and prejudices.

Cultural desire

The motivation of practitioners to develop cultural competency.

Cultural knowledge

The process of seeking to understand the worldview about health beliefs - how individuals interpret illness and how it guides thinking and behaviour.

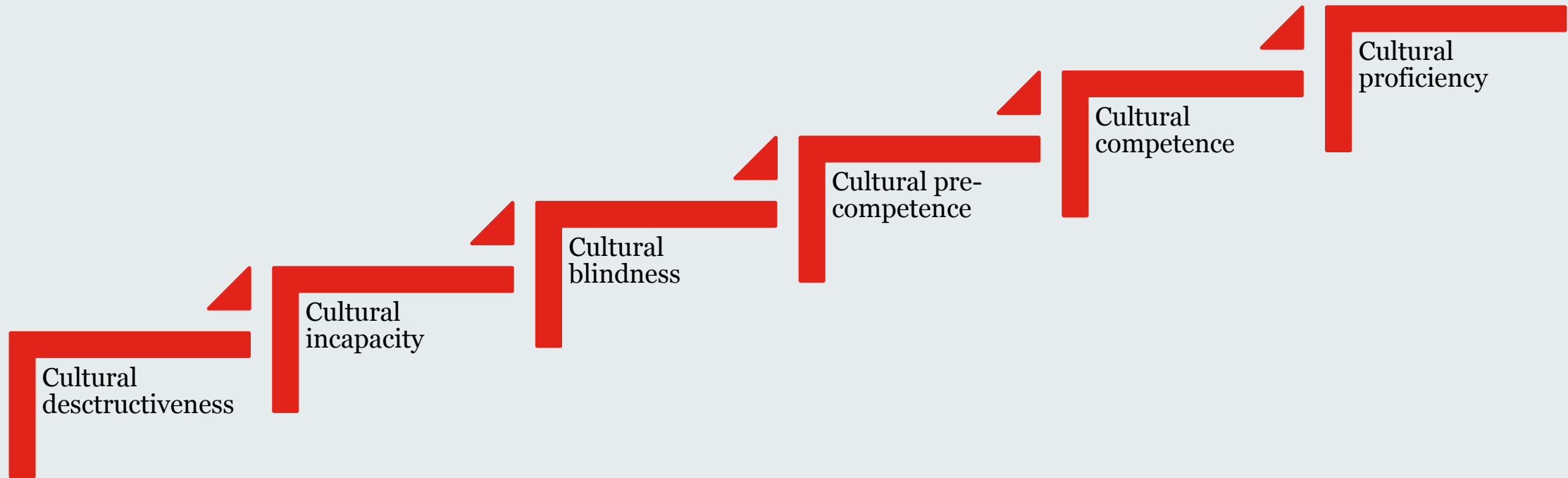
Cultural skill

The ability to collect relevant cultural information when patients attend with health complaints; and the ability to undertake health assessments with an appreciation of the physical, biological and physiological variations between different groups.

Cultural encounters

The process of the practitioner engaging with patients from culturally diverse backgrounds.

Cultural competence continuum (Cross, 2001)



1. Focusing on the superiority of one culture or race, causing destruction to care
2. Aware of the needs to do things differently but not recognise the significance of cultural competence or feel powerless against the system
3. Deny cultural differences and treat all the same; it prevents to examine longstanding systemic biases
4. There is willingness and commitment to engage and involve but runs the danger of tokenism and false sense of achievement. HC professionals may feel demoralised if encountered with challenges.
5. Recognise and respect for differences and ongoing self-assessment and working with diversity. It requires understanding of policy and practice and continuous review of both.

Attributes required by cultural competence



AFFECTIVE

- Openness
- Cultural desire
- Cultural sensitivity
- Cultural humility
- Cultural empowerment



COGNITIVE

- Cultural awareness
- Cultural knowledge
- Cultural understanding



BEHAVIOURAL

- Cultural skills
- Supportive interaction
- Self-reflection and critique
- Cultural proficiency

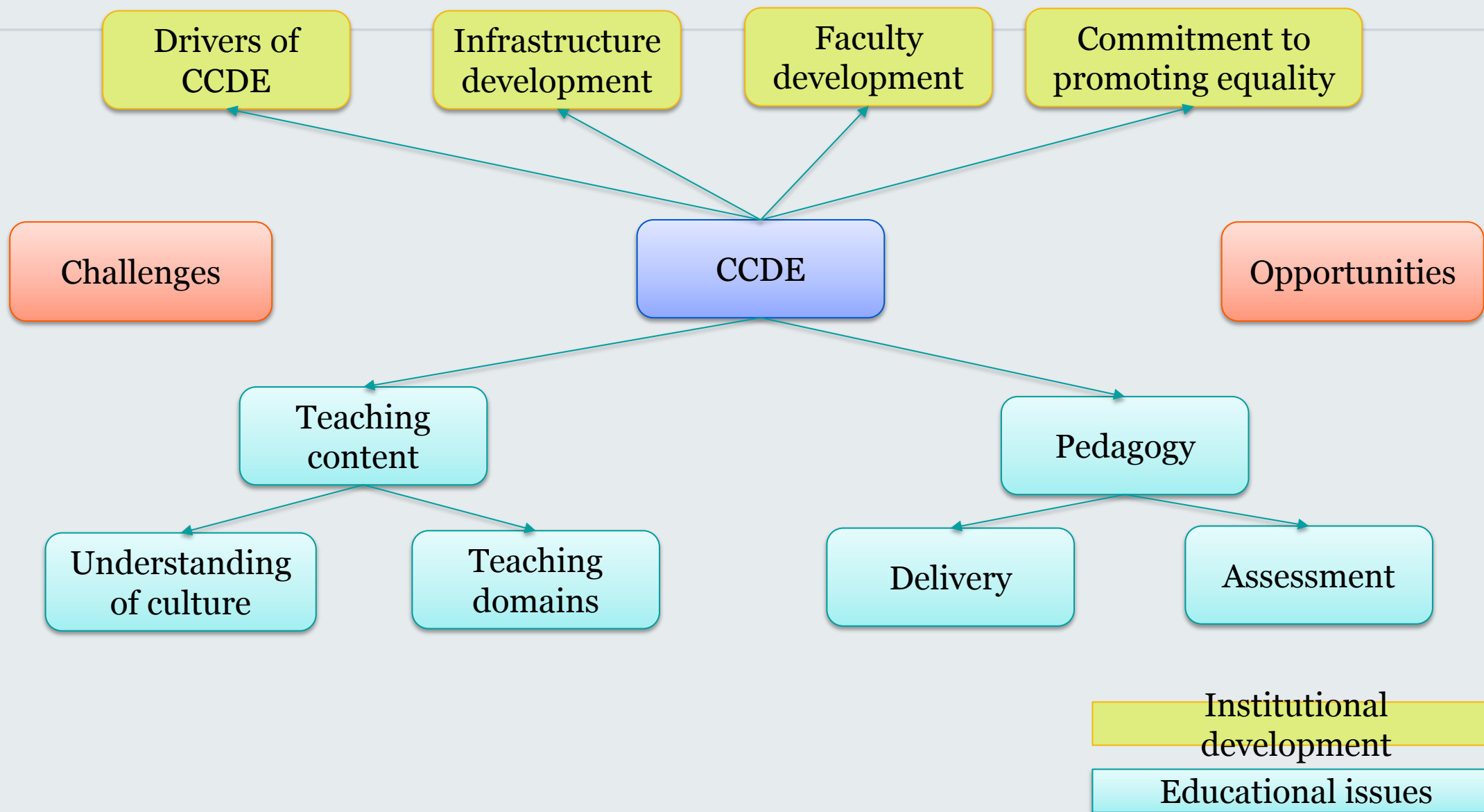
Teaching strategies/methods

Axtell et al.

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Table 4. Recommended Culturally Relevant Teaching Strategies

Type of Strategy	Strategy
Self-reflection/reflective practice	Reflective practice techniques such as journaling to reflect on patient encounters. Debriefing after clinical experiences. Asking students “what did you learn?” Exercises designed to reveal and address biases.
Stories of health and illness	Guided interviews with community members. Discussion of patient stories, through presentations by community members, written scenarios, and video vignettes.
Skills practice	Role play of written scenarios of providing care across cultures. Objective structured clinical exams or structured role plays with feedback from standardized patients.
Learning from communities	Home visits with patients and families to help students understand the cultural/family context. Field trips to relevant community sites or to visit cultural healers. Service-learning or work with community leaders on health projects. Develop interdisciplinary service-learning opportunities. Following an individual or family longitudinally. Clinical rotations at community sites with diverse population groups. Observation and feedback from faculty and patients.



Lessons learned from today



Thank you

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