Language Cultural Experiences through the Medlang Project

Anca Colibaba[1], Irina Gheorghiu[2], Stefan Colibaba[3], Ovidiu Ursa[4]
Rodica Gardikiotis[5], Cintia Colibaba[6], Ovidiu Petriș[7]

Abstract

The article is based on the Palliative Care MOOC project (MedLang) on palliative care (2014-1-RO01-KA203-002940), funded by Erasmus+ Strategic Partnership Programme. The objectives, activities and outputs of the project draw on the European context, whose main characteristics, e-learning, mobility and multiculturalism, have become common phenomena. Considering the high degree of mobility in the European Union languages, communication and cultural issues have become very important in the medical field. Integrating culture into language learning is a must in education as culture helps learners, international students, to be culturally competent and communicate efficiently and comfortably in different societies. The article looks at the project's main output, the language MOOC on palliative care, and highlights international medical students' opinions and attitudes towards the role of culture in foreign language learning. The study also presents some of the online activities designed to develop international medical students' cultural competence: students share their cultural experiences and give their own solutions to cultural issues. This helps them adjust to new environments and get better insights into and better understanding of cultures.

Keywords: culture, language, MOOC, international medical students

1. Introduction

The European MedLang project meets several needs, which were identified at the European level by the project partnership: the need to connect the knowledge and skills medical students acquire at university with the world of work, the need for multilingualism in medical education and training; the need to update teaching methods in order to increase students' interest in European universities by enhancing the ICT teaching and learning dimension. The aim of the project is to create open digital educational resources in the field of palliative medicine by developing innovative guidelines on standardized fundamental medical protocols and clinical language and communication skills. The partnership developed a guide of operational procedures on palliative medicine and medical language Palliative Care MOOCs supported by audio-visual educational materials, capturing twenty palliative care procedures in real practice [1].

2. The Role of the Doctor's Cultural Competence in the Doctor/Patient Relationship

Mobility is a constant of our world bringing about changes that affect all sectors. Medicine, either perceived from a physician's or patient's point of view, has to acknowledge people's cultural peculiarities in order to address any significant differences professionally and in the patient's best interest. Culture covers many aspects of an individual's life including gender, age, religion, sexual orientation, profession, tastes, status, or race. Cultural competence, or cultural awareness and sensitivity, is "the knowledge and interpersonal skills that allow providers to understand, appreciate, and work with individuals from cultures other than their own. Cultural competence involves an awareness and acceptance of cultural differences, self-awareness, knowledge of a patient's culture, and adaptation of skills" [2].

Each culture has its own verbal and nonverbal patterns of behaviour and its own way of expressing and interpreting messages. Therefore, it goes without saying that problems may arise when individuals of different cultures come into contact with each other. In order to communicate effectively

[1] GR.T.Popa University / EuroED Foundation (Romania)
[2] Albert Ludwigs Freiburg University (Germany)
[3] Al.I. Cuza University (Romania)
[4] Iuliu Haţieganu University of Medicine and Pharmacy Cluj (Romania)
[5] Gr. T. Popa University of Medicine and Pharmacy, Iasi (Romania)
[6] Ion Ionescu de la Brad University of Agricultural Sciences Iasi (Romania)
[7] Universitatea Gr.T.Popa Iasi (Romania)

with their colleagues, patients and families, doctors need new knowledge and skills. Brislin (1993) suggested that health care providers can effectively communicate with patients from other cultures if they are “culturally sensitive.” Cultural sensitivity is important in working with patients; physicians should always consider culture during discussions and recommendations for treatment and understanding and respecting their patient’s values, beliefs, and attitudes should underpin their actions. The delivery of health care depends on the physician/ patient communication, which takes place against a cultural background. Understanding the cultural context of a particular patient can improve the patient’s communication and care whereas lack of culturally competent care can result in the patient’s misunderstanding of the treatment plan; it can even jeopardise the patient’s health condition [4]. For example, a patient may not take a medication correctly due to a miscommunication, compromising the patient’s safety. Health care providers need to know themselves and their culture as well as the culture of their patients. They need to be sensitive to patients’ beliefs and values and even learn their languages. They also need to adapt their verbal and nonverbal communication and patterns of behaviour to the new cultural context [5]. In today’s changing health care environment, physicians and health care organizations are under increasing pressure to ensure quality health care for their patients. It is important for all care providers to understand that providing culturally competent services is essential to quality health care.

2.1 MedLang activities aiming at enhancing students’ cultural competence

The cultural file accompanying each unit is related to the topic of the unit and gives insights into how each protocol is performed in different parts of the world. The activity may be based on a case study which students have to examine and then write about their own experience on the Forum. Thus for the unit Evaluation of the patient’s awareness level of his/her health and illness, the discussion starts with a French student’s experience: "The patient’s awareness of his/her own health and illness is very important,” says Guillaume from France. "It’s how the patient mentally assesses the disease and becomes the master of his/her own health. Emotionally, the patient accepts the disease and this is the first step in fighting it and in taking control over it. This requires a certain level of education already promoted in France, where patients are the first line of defense against their own ailments. The concept of profane knowledge is common in France, implying therapeutic education (formative diagnosis, setting objectives against the disease, achieving them, assessment) at pedagogical and psycho-sociological levels. In this way, the patient understands the situation and gets involved in self-healing [3].”

The case triggers intriguing questions which students have to answer (relying on their reading or personal experience) on the Forum: Is there such an approach for dealing with chronic diseases in your country? How do you assess the patient’s level of disease awareness in your country? This is one of the students’ reactions to the above mentioned case: “In the Reunion Island of the Indian Ocean, where I come from, patients have different personal representations of diseases depending on their education levels, cultural backgrounds, religions and ways of life. Their understanding is often simplistic (for instance, a chikungunya epidemic in 2005-2006 affected 40% of the population because it was superficially dealt with, with chikungunya being a serious disease caused by infected mosquito bites). The locals, who are Roman Catholic Christians, Protestants, Hinduists, Islamists, Buddhists or Jews treat their diseases according to their specific representations of the human body, and the doctor must take that into consideration. Belief in witchcraft and spells keep patients away from allopathic treatments, as they choose incantations, magic or purifying salts. Therefore, in order for the patient to become aware of the disease, communication and therapeutic education are very important [3].”

Another example is taken from the conspiracy of silence unit; the conspiracy of silence is not a solution to improve communication with patients. It is brought about by underlying illiteracy, poverty, lack of punctuality, misunderstanding of medical terminology, folk beliefs and traditional medicine deeply rooted in peoples’ cultures. Medicine observes a code of ethics without which people would not feel safe in the hospitals of the world. Theoretically, according to legislation, the patient has priority in learning the diagnosis, but in practice the diagnosis is more often communicated to the family (in Morocco, this is formally accepted in Art. 31 of the Moroccan deontological code). The lack of undergraduate and subsequent communication training in the giving of bad news makes the doctor, who should take responsibility for the act, pass on to the GP or the family the task of informing the patient. The material provides students with good food for thought and the accompanying questions pave the way to interesting exchanges of ideas: What methods of communication with the patient do you suggest so that the doctor does not become part of a conspiracy of silence? Do you find any advantages to the doctor withholding information from the patient? Give examples from your own

experience. Will you, as a doctor, engage in a conspiracy of silence towards your patients? Under what circumstances will you do that? [3] These are the main ideas collected from international students:

"The therapeutic decision, in most European countries, is made in a dominant paternalistic manner, the patient's autonomy being a secondary concern addressed in light of the cultural context in which the doctor, the patient and the family live". "In Western Europe, France, Belgium, Switzerland or Germany, the patient demands to learn the truth about his or her health, requests to be told the exact diagnosis and gets involved in deciding and accepting the treatment". "In Eastern Europe, the patient has this same right, but due to lack of communication training, the doctor often concedes to the family's request to engage in a conspiracy of silence in order to spare the patient any negative attitudes towards the illness". "A doctor from Casablanca, says Imane, a student from Morocco, told a patient she had cancer. After the recommended treatment, the cancer returned. The patient accused the doctor and blamed him for not recommending the treatment with taxotere". "Indeed, the doctor confessed, I did not consider taxotere because it was too expensive for her. From now on, I shall inform my patients of all the options available for their disease, and then they can decide whether they can or cannot pay [3]."

2.2 Medical students' opinions about the role of culture in their development

All students participating in the MedLang pilot agreed that embedding culture in a medical course has become a must. They held that "Understanding the cultural context of a particular patient's health-related behaviour can improve communication and care; when an individual's culture disagrees with that of the medical team, it is often the patient's culture that generally prevails, ruining the physician–patient relationship." Such situations can be avoided by increasing doctors' understanding and awareness of the cultures they get in contact with. Romanian students agreed that in Romania, this diversity has been accepted by the people, who have this saying: "câte bordeie, atâtea obiceie," which can be translated as "many men, many minds," or "so many countries, so many customs." "We shouldn't ignore cultural differences because the beauty of the world lies in the differences," says Samira, a student from France.

Language is also a barrier. For those who do not speak the language, efforts should be made to provide assistance. However, "as a doctor, even knowing the basic of a language will work wonders". "Healthcare is not a "one-size-fits-all" profession! It is important to be sensitive to the way culture may influence your patients' medical experiences. There is no recipe. One way to start is to make your patients realise that you want to make them feel comfortable; that you are open-minded and friendly". Barriers to cultural understanding include stereotyping, prejudice and racism. "We are frequently unaware of our own stereotyping and prejudices. We should get over our prejudices [3]."

3. Conclusions

A doctor's ability to practice in a culturally competent manner improves his/her medical performance. Today's world requires that medical staff possess cultural competencies for dealing with all patients no matter their cultural background. Compassion, fairness, integrity and respect for diversity are vital elements of any effective treatment besides pedagogical and subject matter knowledge. Good physicians should also learn about and from their patients. Learning about individual patients' cultures and languages provides a foundation for the doctor/patient relationship. Culturally competent doctors are willing to recognize the potential of intercultural communication as a means of enhancing the chances of a successful treatment.

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