

TEACHER'S GUIDE FOR PLANNING AND FACILITATING MULTICULTURAL SCENARIO-BASED SIMULATIONS

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1 BACKGROUND

There are many features associated with different nationalities that make it easy to categorize individuals into groups. Hence, an understanding of nationalities can lead to a better understanding of cultural differences in interaction, in order to be able to work together with respect and appreciation for others. Such differences can be caused by, among other things, gender, age, and hierarchy between people (see table 1).

Table 1. Cultural dimensions according to Hofstede (Perry et al. 2018)

Cultural dimension	Description
Power distance	The power distance describes the social difference in power, and how society and its values accept that power is not evenly distributed (e.g., in work communities).
Individuality vs. collectivity	In a society that emphasizes individuality, there are loose ties between individuals and individuals are expected to take care of themselves and their immediate family. In a collective society, on the other hand, families are taken care of collectively throughout their life.
Masculinity vs. femininity	In a masculine society, the roles between the sexes are clearly differentiated: the role of the man is determined and focused on success, the women are modest, soft and caring. In a feminine society, on the other hand, the boundary between the sexes is more volatile; both men and women are assumed to be modest and equal and to focus on the qualitative values of life
Uncertainty avoidance	In a culture that seeks to avoid uncertainty, uncertain or new situations seem threatening.
Indulgence vs. restriction	In a society that favors pleasure or hedonism, one acts according to one's desires and the attainment of pleasure. In a restrictive society, this is not favored and is regulated by strict norms or standards.

This guide has been produced at Savonia University of Applied Sciences, as a part of the Sim-Versity project. The School of Health care at Savonia University of Applied Sciences participated in the Erasmus + project Optimizing patient safety through culturally competent simulation-based education with health professionals (Sim-Versity). The aim of the project was to develop simulation teaching by integrating a cultural perspective. Simulation learning has been found to be a good method for developing cultural care because it is a holistic teaching and learning method that can combine culturalism as a natural part of learning nursing.

2 THE PURPOSE OF THE GUIDE

The purpose of this guide is to evoke ideas in teachers and increase knowledge about planning and facilitating simulations for multicultural groups of learners. The guide is also intended to provide concrete tools and tips on how to take multiculturalism more into account in teaching. In addition, we seek to promote diverse and safe learning experiences in simulations. Multiculturalism should also be taken into account in the use of standardized patients and in simulations of learners of different ages.

A great number of simulations are used in health care education where multiculturalism can bring opportunities but also challenges. In simulations, for one thing, multiculturalism can be included to the learning outcomes of the simulation, in which case the group studies cultural specifics, for example in patient guidance. For another thing, there could be a multicultural group with students from all over the world or some exchange students with the group.



Challenges in multicultural simulations can arise especially in the debriefing. It is therefore important for the teacher to be aware of how cultural background can affect the learner's ability to interact during simulation and debriefing (table 2).

Table 2. Assumed special features of debriefing in different parts of the world (according to Chung et al. 2013, Aura, Silén-Lipponen & Huovinen 2020)

	Eastern Asia	Northern Europe	North America	South America	Australia	Africa
Talking time - facilitator	A lot	A little	Average	A lot	A little-average	Quite a lot
Talking time – learners	A little	A lot	A lot	A lot	A lot	Quite a lot
Interaction patterns	The facilitator participates in almost all discussions	Students talk a lot to each other	Students talk a lot to each other	The facilitator participates in almost all discussions	Students talk a lot to each other	The facilitator participates in almost all discussions
Interaction style	Mostly opinion / statement based	Mostly questions and answers / discussion	Mostly questions and answers / discussion	Mostly opinion / statement based	Mostly questions and answers / discussion	Mostly opinion / statement based
Initiative for interactions	From the facilitator	From the facilitator and learners	From the facilitator and learners	From the facilitator and learners	From the facilitator and learners	Mostly from the facilitator

3 PLANNING MULTICULTURAL GROUPS' SIMULATIONS

Careful planning of the simulation is important. It requires perseverance from curriculum planning to careful planning of the course and each individual simulation scenario. The planning must consider how multiculturalism affects, for example, the simulation scenario's learning outcomes, the content of the simulation, the language used in the simulation and the implementation of the debriefing.

When the goal of a multicultural group, in addition to the content learning outcomes of the simulation, is **to learn and adapt to the working culture of the host country, this should be taken into account in the simulations of the different study courses.** The use of the language of the host country (e.g. the language used by the patient) and clear language in the simulations should also be **planned in advance** when it is desired to simulate an authentic patient care situation. All materials used in teaching must also be translated into all languages of instruction.

In the planning phase of the simulation, **the hierarchical habits of different cultures should be recognized and taken into account.** Hierarchical habits may be reflected in students' professional-related roles. In many cultures, the doctor is in a higher position than the nurse and the man is above the woman. In addition, the multigenerational interaction, i.e. between a younger and an older person, may be different. In some cultures, older people are respected so that respect is more important than expressing one's own opinion. **Encouraging students to interact openly from the first simulations is very important from the point of view of patient safety** (see more in the chapter on the orientation phase of the simulation).



It is also a good idea for the teacher (further: facilitator) to take into account **possible linguistic challenges** in advance and plan the simulations accordingly. The use of neutral and clear language is recommended and cultural issues need to be considered in the use of humor as well (e.g. age, nationality, religion). In addition, simulation teaching in a foreign language **takes more time** and this thing needs to be considered when planning the content and duration of the simulation.

When planning a simulation scenario, **the facilitator's awareness of simulation as a pedagogical method** is important. It is known that social, cognitive, and emotional levels are strongly involved in simulation learning, requiring an open, analytical, and confidential attitude to learning and facilitating the simulation. In the simulation, the challenges experienced by students, such as the fear of losing a face, revealing incompetence, insecurity about taking on a new role or one's own previous experiences of simulation learning, need to be recognized. The educational tips used in the simulation should also be planned in advance (see the chapter Implementing the simulation).

4 IMPLEMENTATION OF MULTICULTURAL GROUPS' SIMULATION

4.1 Simulation Orientation

It is important to ensure that all learners have **an adequate and common understanding of simulation learning**. Learners should understand e.g. confidentiality, which means that the group's performances are not reviewed in other contexts after the simulations or, for example, the activities of a fellow student are “secretly” photographed. Learners should also be reminded that in simulations they must respect all parties, e.g., the values, religious beliefs, and different opinions of everyone involved in the simulation.

In addition, it is important that learners **are told the learning outcomes already in the orientation phase**. The facilitator plans the learning outcomes in such a way that they are clear to everyone, suitably challenging compared to the current skills and culturally possible to achieve. For immigrants and exchange students, it is a good idea to take into account possible specifics of the entry level, such as background training, domestic conditions and special features of health care.

The encouragement of the learners given by the facilitator is important, especially before the very first simulations. This lowers the threshold for participating in the simulation and introduces learners to the pedagogical practices of the host country. In addition, **clarity and simplicity of interaction** are important elements for learning and understanding. This is especially emphasized when teaching in a foreign language.



As a facilitator, it is important to identify **culturally sensitive topics** that may affect functioning and reflection in the simulation exercise. For example, factors related to sexuality, shyness in examining the patient and exposing the skin, and issues related to asepsis, such as the use of a veil in health care work.

In the orientation phase, as part of the rules and guidelines for working in simulation, it is important to highlight the core of simulation learning, i.e. **patient safety promotion**. This means that patient safety culture requires **open and honest** interaction; if you are unsure about something, you should admit it and ask for advice. On the other hand, if an error occurs, its open admission is as important as it is in real patient work. The simulations support all learners, from the first simulations, to adhere to the principles of patient safety, even if, for example, open interaction is not a natural part of their own culture.

4.2 Simulation Action

The starting point of the simulation is **equality**. This means that everyone in turn is allowed to be an actor and an observer. Thus, it is a good idea to encourage the group to keep the roles fair and to encourage everyone to be an actor, although it is inherently easier for some learners to be an actor or an observer. Underlying this thinking is the view that even in genuine health care work you are constantly monitored and evaluated and it is therefore already practiced in education.

In the simulation scenario, standardized patients (SPs) are commonly used in patient roles. SPs increase the realism of simulations by, among other things, producing real interaction and patient examination situations and they stimulate reflection on both positive and developmental issues. In the simulations, it would be good to use different SPs, people of different ages, genders and different ethnic backgrounds to enrich learning and create real experiences of encounter.



It is a good idea to plan ahead for **the use of different cues**. Challenges during the simulation can come from, for example, linguistic misunderstandings or, for example, from teamwork or touching another person (one's own intimate territory). It is also worth considering in advance the momentary suspension and review of the situation from the point of view of patient safety and evidence-based action. Constructive handling of critical situations requires the teacher to be sensitive and to support the learner instead of embarrassing him.

It is important to direct observers to observation in accordance with the learning outcomes of the simulation. In order to maintain a culturally feasible atmosphere, observers can be directed to positive and culturally safe topics. On the other hand, observers can also be helped to observe culturally specific issues if they are relevant to learning the topic. The teacher may also ask observers to focus on certain technical or learning content issues that do not address culture at all. In this way, observers learn to critically review and provide feedback in the direction of learning objectives.

4.3 Simulation Debriefing

An important part of a successful debriefing is that the facilitator knows his or her role. **The goal of the debriefing is for students to produce information** and therefore the facilitator should be willing to be quiet, listen and genuinely value everyone. The role of the facilitator is to support the discussion in accordance with the learning outcomes with open and constructive questions and to strengthen the safety of learning. Only when necessary the facilitator authoritatively intervenes in debriefing or corrects misconceptions.

Even the multicultural group's **debriefing should proceed in accordance with the learning outcomes of the simulation.** Thus, the debriefing should not be guided in such a way that students tell in connection with each debriefing how, for example, the patient care manifests itself in their own culture, **unless it is the desired learning outcome.** Cultural differences in practices can be large (e.g., corporal punishment of a child allowed in some countries), but if they are not the objectives for the simulation, they should not take up too much time from the debriefing. Of course, in order to correct misunderstandings, it is important to discuss and ensure that the student has understood the subject matter.

The facilitator's cultural awareness and pedagogical competence help **to steer the debriefing towards the learning outcomes with appropriate determination.** The facilitator must ensure that students understand the core material in terms of what they are learning. In other words, if the learning outcome

is, for example, to identify and know how to treat a patient with respiratory failure, the focus is on that outcome and the current evidence-based guidelines. This ensures an equal opportunity for learners to learn the core content of the topic.

Hierarchical habits between different generations, genders, or occupations **can influence the course of a debriefing**. It is also important for the facilitator to consider his / her role in advance so that the hierarchy between the facilitator and the learners is not emphasized. For example, the use of first names reduces hierarchy in a debriefing. The hierarchy can also have the effect that the student respects the facilitator and fellow students rather than expressing his or her own opinion. It is good for the facilitator to be aware of the possible hierarchical effects during the debriefing, and with guidance to enable and support the equal participation of all learners.



One key cultural challenge in the debriefing is **to promote open reflection and discussion among students**. Cultural differences in communication activity can be significant. Silent observation can be a cultural but also a personality trait. It is good to realize that even tacit observation in a simulation may be just as instructive for the learner. Stereotypically, it can be thought that only learners who actively participate in the discussion also think actively. However, from the perspective of patient safety culture, it is good for the facilitator to encourage also the quiet learner to practice open communication and interaction.

Sometimes a student can come from a country with **a great power distance**. Then there can be problems with open interaction, as these countries often have the authority to decide things and learners are happy to follow instructions. In particular, it may not be possible to give developmental feedback or criticism if one is accustomed to a community that does not include giving criticism. You may also want to avoid potential conflicts or not be rude. In addition, in cultures based on honor-shame, the debriefing may be felt as condemning.

Sensitive topics can evoke emotions and affect the way a student reflects on what he has learned. These may come up unexpectedly in the debriefing and be anomalous in, for example, pain management, social acceptance, or interaction. In these situations, the facilitator should be aware of and support the debriefing specifically **in the direction of the learning outcomes and in a neutral way**.

Group dynamics and group size play a role in the debriefing activity. In general, the larger the group, the more rigid the interaction and participatory activity. A good facilitator of a debriefing **recognizes the dynamics of the group** and is able to limit profusely speaking participants if necessary and give space to those who would not otherwise receive it.

As in the simulation, **linguistic challenges** in a debriefing also affect the comprehensibility and depth of the discussion. Linguistic challenges can present as a decrease in participatory activity or clumsiness of expression. A truncation of the expression can be a risk of being misunderstood. As a facilitator, it can be difficult to assess a student's understanding of the subject being studied if the student does not point out a lack of understanding.

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