University of St Andrews

Mediating language and culture on a pre-medicine ESAP programme

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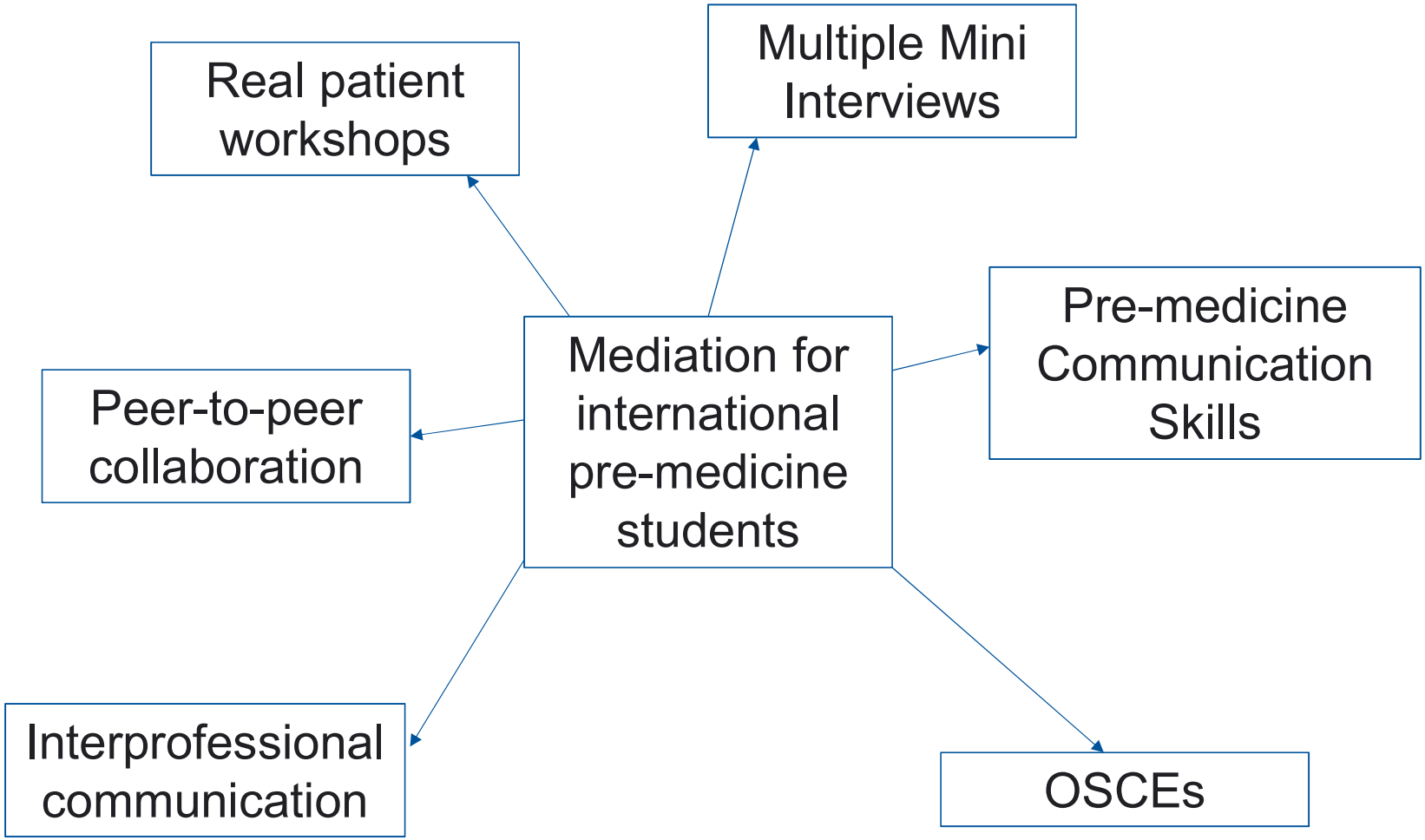
Overview

- Mediation and pre-medical students
- Pre-medical students: Challenges and goals
- Clinical communication and the CEFR
- Assessing the building of relationships and rapport
- Identifying features of a ‘good’ performance
  - Conversationalising the consultation
  - Metacommunicating
  - ‘Doing empathy’
- Examples of ‘communicative trouble’
  - Misalignment
  - Misunderstanding
- How does this inform the curriculum?
  - Self-awareness and reflection
  - Cultural awareness
  - Wider context
- Questions and discussion


Real patient workshops
Multiple Mini Interviews
Pre-medicine Communication Skills
Mediation for international pre-medicine students
Peer-to-peer collaboration
Interprofessional communication
OSCEs

The students

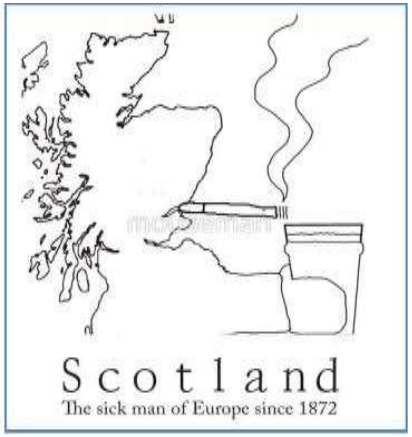
Malaysia
Singapore
Oman
United Arab Emirates
South Africa
Saudi Arabia
Jordan
Thailand
Brazil
Iraq

The town

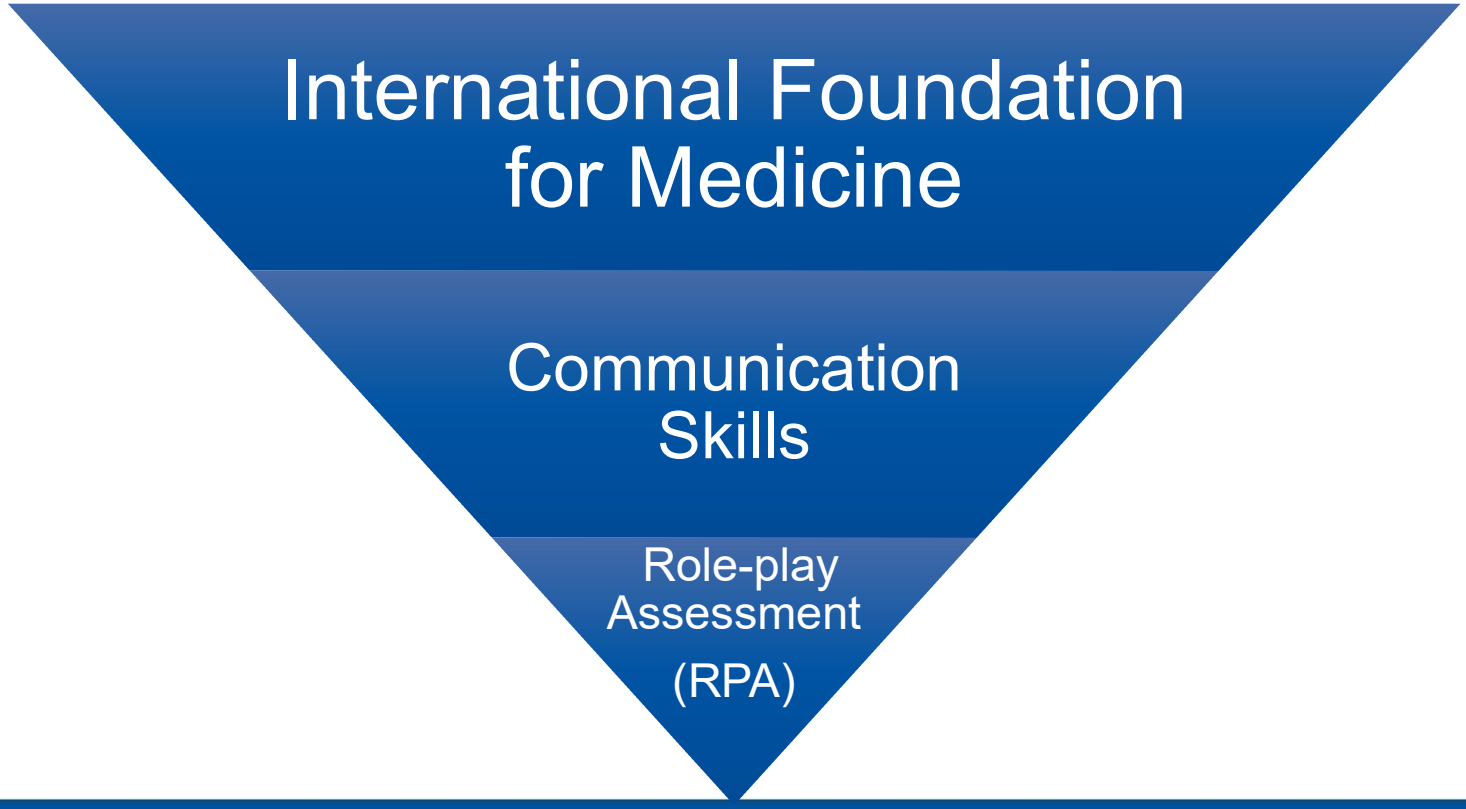
St Andrews, seen from the top of St Rule's Tower

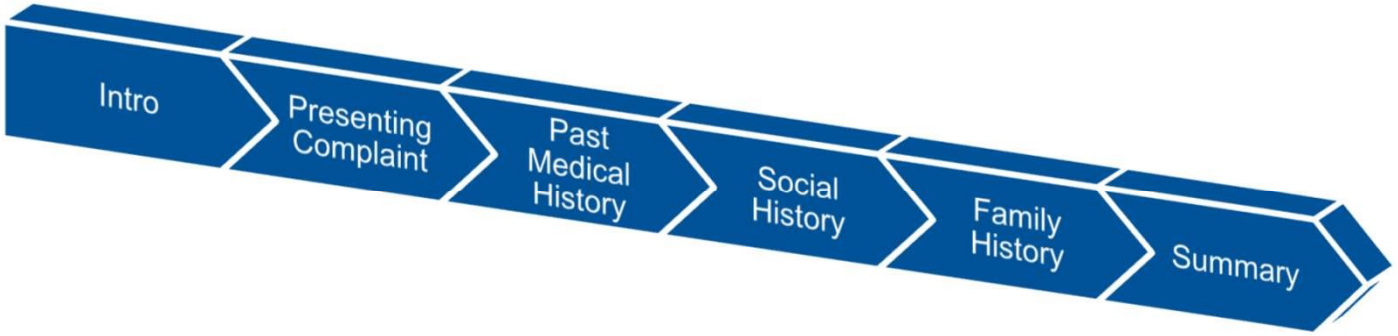
Location within Fife

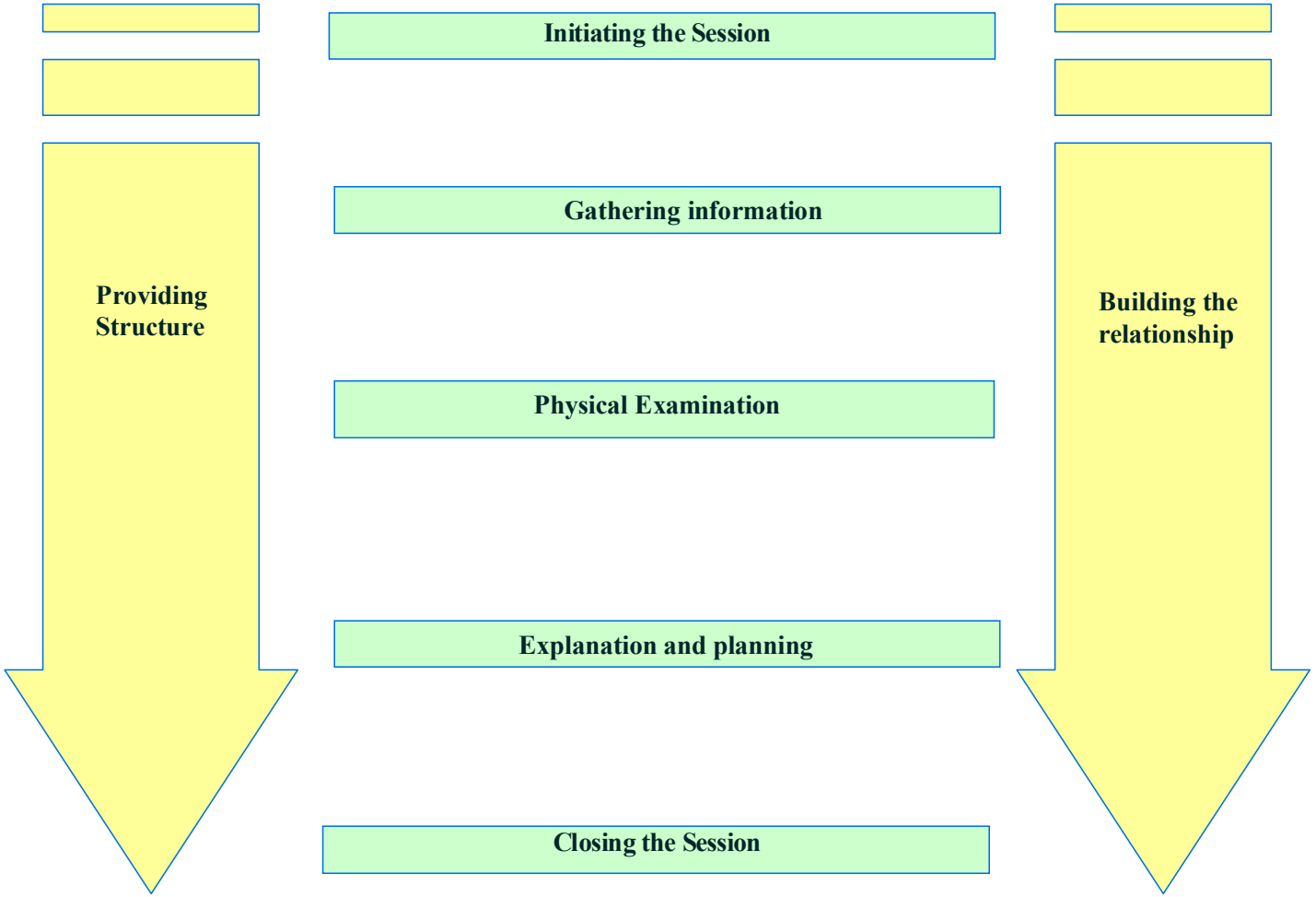
Own culture
Professional group
Culture they will be studying and working in


Scotland
The sick man of Europe since 1872

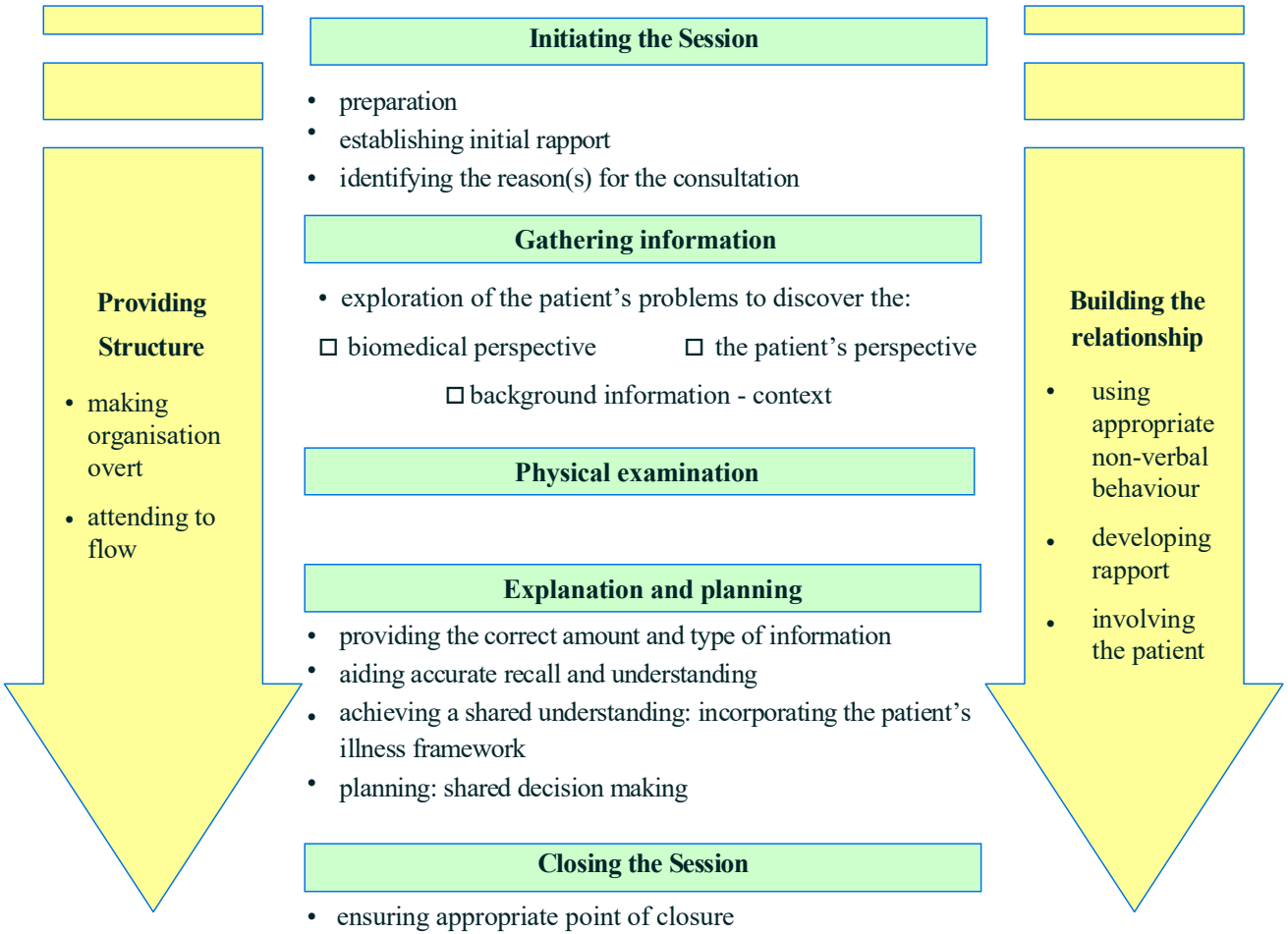
The RPA


International Foundation for Medicine
Communication Skills
Role-play Assessment (RPA)


Intro
Presenting Complaint
Past Medical History
Social History
Family History
Summary



(Kurtz *et al.*, 2003)



(Kurtz *et al.*, 2003)

CEFR: Mediation

Calgary-Cambridge

Collaborating to construct meaning

Clarifies patient's statements that are unclear or need amplification (e.g. "Could you explain what you mean by light headed")

Periodically summarises to verify own understanding of what the patient has said; invites patient to correct interpretation or provide further information.

Facilitating pluricultural space

Accepts legitimacy of patient's views and feelings; is not judgmental

Uses empathy to communicate understanding and appreciation of the patient's feelings or predicament; overtly acknowledges patient's views and feelings

(COE, 2018; Kurtz *et al*., 2003)

CEFR: Mediation

Facilitating communication in delicate situations and disagreements

Adapting language

Calgary-Cambridge

Deals sensitively with embarrassing and disturbing topics and physical pain, including when associated with physical examination

Provides support: expresses concern, understanding, willingness to help; acknowledges coping efforts and appropriate self care; offers partnership

Facilitates patient's responses verbally and non-verbally e.g. use of encouragement, silence, repetition, paraphrasing, interpretation

Uses concise, easily understood questions and comments, avoids or adequately explains jargon

(COE, 2018; Kurtz *et al*., 2003)

Marking criteria

Verbal						
Use of voice (intonation, word stress and pronunciation)	1	2	3	4	5	DK
Use of appropriate register and tone	1	2	3	4	5	DK
Use of layman terms when needed	1	2	3	4	5	DK
Non-verbal						
Eye-contact	1	2	3	4	5	DK
Posture	1	2	3	4	5	DK
Position	1	2	3	4	5	DK
Movement	1	2	3	4	5	DK
Facial expression	1	2	3	4	5	DK
Rapport						
Picking up on patient's verbal and non-verbal cues	1	2	3	4	5	DK
Acknowledging and accepting patients' point of view	1	2	3	4	5	DK
Demonstrating empathy	1	2	3	4	5	DK
Demonstrating active listening	1	2	3	4	5	DK
Structure and Questioning						
Use of open and closed questions	1	2	3	4	5	DK
Use of follow-up questions	1	2	3	4	5	DK
Meaningful summaries	1	2	3	4	5	DK
Use of signposting and transitional language	1	2	3	4	5	DK
Logical development of interview	1	2	3	4	5	DK

Assessing the building of relationships and rapport

Example: Empathy

- Empathy important part of patient-centred care.
- OSCEs, CSA and our own role-play assessment has ‘empathy’ and ‘building rapport’ as an integral part of criteria.
- However, empathy is an ‘inner emotional experience’ (Roberts, Atkins and Hawthorne, 2014: 32).
- ‘[D]oubly subjective’ nature of assessing how a simulated patient is feeling, or how they are acting to feel (Roberts, Atkins and Hawthorne, 2014: 32).
- Instead of assessing empathy, the linguistic action at play in empathetic encounters can be identified as ‘alignment’.

Alignment

Alignment ‘is identified when either speaker expresses agreement or explicit orientation to the concerns, feelings or expectations of the other’ (Roberts, Atkins and Hawthorne, 2014:37)

- ‘Conversationalising’ the consultation
- Metacommunicating
- ‘Doing empathy’

- Misalignments and repair
- Misunderstandings and repair

(Roberts, Atkins and Hawthorne, 2014)

Affiliative alignment: ‘Conversationalising’ the consultation

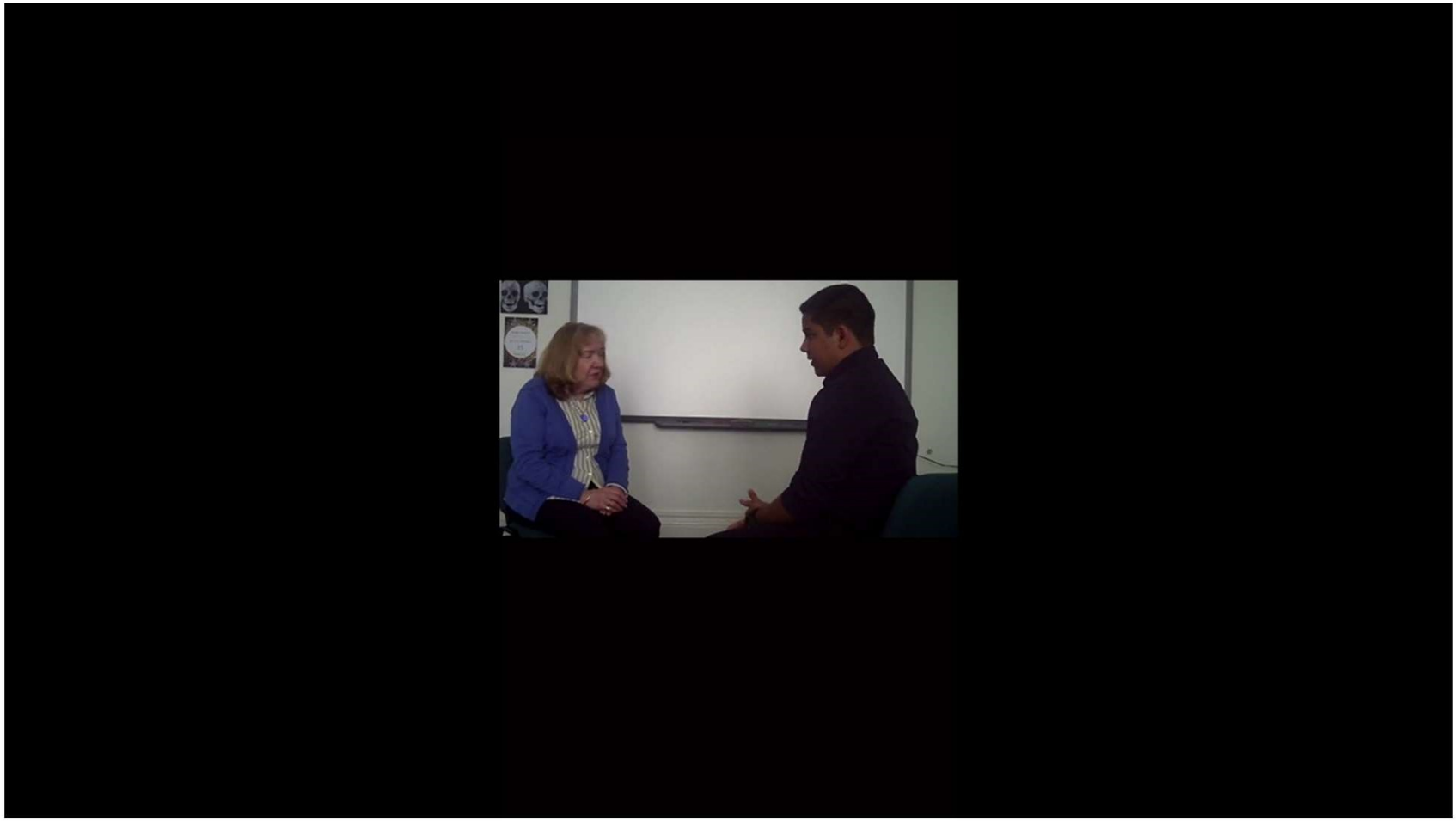
BERTA – OMANI – FEMALE - HS

```
1    S:   so you've mentioned your three children^
2    P:   yes
3    S:   erm are they all healthy and well
4    P:   Yes ((laughs))
5    S:   ((laughs))
6    P:   [Yes]=
7    S:   [er-]
8    P:   =20, 15 and 13 yes the twenty year old works but the
9         other two are still in school
10   S:   that's good to hear that's good to hear erm could you
11        tell me a bit more about your job so you've mentioned
12        that you're a cleaner?
```

Affiliative alignment: ‘Conversationalising’ the consultation

KATE – MALAYSIAN – FEMALE - MS

1	P:	I'm a cleaner
2	S:	mmm mmm
3	P:	so that's actually quite hard work=
4	S:	[Yeah I understand that]
5	P:	=[I do floors], I do dusting around about and so on,
6		erm so it's not always an easy job=
7	S:	[yah]
8	P:	[so] it's quite physical, so I'm working every day.
9		Sometimes if it's difficult and they need a bit of
10		extra help I might work at the weekends as well=
11	S:	=That's so nice of you
12	P:	well, ha ha, it's quite hard=
13	S:	it [is]
14	P:	=[and] now that my husband being made redundant I
15		might have to do that a bit more
16	S:	Oh, I ((shakes head))
17	P:	We'll just wait and see how this pans out



‘Doing empathy’

MARK – MALAYSIAN – MALE - HS

1	S:	okay, right, and are your parents alive and well?
2	P:	no, sadly no. my father died ten years ago: he had
3		cancer, liver cancer; and my mother died three years
4		ago: she was an elderly lady.
5	S:	I'm sorry once again. Erm, I understand that this
6		might be quite difficult; could you tell perhaps
7		tell about any conditions that run in your family
8		any medical conditions.
9	P:	I don't think there were any=
10	S:	=okay
11	P:	I can’t think of anything
12	S:	And do you have any children?
13	P:	Yeah, three
14	S:	Okay↑ that’s wonderful. And do they visit you?

‘Doing empathy’

ALICE – KUWAITI – FEMALE – MS/LS

S: I see. >erm er and er< and how are your parents?
P: Oh, I'm afraid they're both dead.
S: I see. And er were they having any medical conditions?
P: Well my father died from liver cancer and my mum was a diabetic. She died from complications with diabetes.
S: I see. Is diabetes something common in your family from your mother's side?
P: No, no.
S: So it was only her. Alright then, just to summarise what I've said...

Task

- Watch the clip
- Note down any instances of alignment, misalignment and misunderstandings that you notice
- After watching share your thoughts with your neighbour

EMMA – SOUTH KOREAN -FEMALE

1	S:	So, now I would like to move on to your family history maybe I can get a
2		good picture of what's happening Ummh can you tell me if there's
3		anything that's related that you might you can think of that might be
4		inherited to you or maybe something similar symptom that your family
5		has?
6	P	Uuhmm (.4) not not directly my dad died of prostrate cancer (.) umm (.)
7		my brother got uhmm diagnosed with type 2 diabetes just last year
8		[umm]=
9	S	[Oh sorry] to hear that=
10	P	=my mum's still alive, she umm ninety, she's she's quite well for her
11		age, but she's she's in a nursing home. She's been there two years now
12		(.) but we still get to see her every Sunday umm but but that's about it
13		for the family history bit=
14	S	=Uum so you said that your mother died of diabetes 2, type 2 diabetes?
15	P	It's my brother
16	S	oh brother
17	P	my brother was diagnosed just last year
18	S	what about your father?
19	P	he he died of prostrate cancer
20	S	oh prostrate cancer (.) can you tell me what prostrate cancer is I'm not
21		quite familiar.
22	P	Uhm (.) Prostate is is a gland kind of at the back of the penis between
23		your bladder [and]=
24	S	=[oh so] it's at the lower part of the body (.) Ok I see um (.) ok, um
25		should have got to your past medical history but I'll jump on to that later
26		(.) um (.) ok um (.) right maybe I should do that now ((laughs)) um so ah
27		(.) to move onto your past medical history ..

Impact on teaching and learning

- Self awareness and reflection
- Cultural awareness

Self awareness and Reflection

- ‘Noticing’ and explicit teaching
- Understanding how they may come across to others
- Getting feedback from peers, staff and ‘patients’ to recognise good (and bad) performance
- Video feedback project
- Reflection built into syllabus – MMI preparation, real patient workshops, clinical placements, patient – medical student roleplay
- Cultural awareness

Students' comments on why they felt project was 'very useful' or 'useful' according to word frequency.

Cultural Awareness

- Cohort from at least 10 different countries
- Taboo issues – alcohol, drug use, sexuality
- Understanding everyday life in the UK

DRUGS
MAP OF BRITAIN
BBC
III
VALIUM

Conclusion

- Pre-medical students need sociocultural and sociolinguistic skills that go beyond the four skills that have formally been emphasised in the CEFR and resulting assessments.
- The mediation descriptors offer a new depth and nuance that may help benchmark pre-medical assessments to the CEFR, potentially providing Medical Schools with a more holistic assessment of student's suitability for the communicative demands of medicine.

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