DOI: 10.5455/jcme.20150621103120



Teaching cultural competence through teambased learning (TBL)

Lori Graham¹, Courtney West²

¹Office of Medical Education Department of Internal Medicine Texas A&M Health Science Center, College of Medicine Round Rock, Texas, USA ²Office of Medical Education Department of Internal Medicine Texas A&M Health Science Center, College of Medicine Bryan, Texas, USA

Address for correspondence: Courtney West, Office of Medical Education; Department of Internal Medicine, Texas A&M Health Science Center, College of Medicine, Bryan, Texas, USA. west@medicine.tamhsc.edu

Received: March 17, 2015 Accepted: May 28, 2015 Published: June 24, 2015

ABSTRACT

Teaching Cultural Competence through Team-Based Learning describes strategies and instructional methods for effective teaching using more than one modality. While the focus was on teaching cultural competence, developing a workshop that allowed for the incorporation of a hot topic and a specific active teaching method, gave way to a myriad of opportunities. Participants were able to identify background knowledge and awareness of cultural competence, while training in and learning about a modified TBL and the lesson cycle. This permitted for the design and construction of a demonstration which included implementing specific teaching methods while delivering cultural competence content. This faculty development experience was created to determine if this combined format of integrating teaching modality instruction and simultaneously covering specific material was effective. Our questions were: Would participants learn successfully in this manner, and if so, would they be willing to try it themselves? Some of the faculty members who expressed interest at the conclusion of the workshop decided to incorporate some of these strategies. The positive feedback about the workshop provided motivation to share this best practice with others. Beginning with the hook we utilized, the design is described and the process is elaborated on in such a way that others could likely create a similar workshop for the similar purposes.

KEY WORDS:Teaching strategies, instructional methods, team-based learning, cultural competence, lesson cycle

INTRODUCTION

If you mention faculty development, most people envision sitting in a room staring at a speaker for hours. When the topic cultural competence is mentioned in a similar context, people tend to think of someone lecturing about diversity. How many times have you attended an engaging and applicable faculty development workshop that went beyond a typical lecture? If we expect student engagement, faculty must also be engaged in their learning. This enables them to apply the material to their teaching contexts, and incorporate strategies for active learning. So, how is that accomplished?

First, start with an interesting and applicable topic. This will grab your audience's attention. Then, at the beginning of the session, incorporate an anticipatory set or "hook" to pique interest and establish a readiness for what is to follow [1]. For example, when preparing a workshop for residents and faculty, we asked them what topics they were interested in several months prior to the session. Since two of the topics were cultural competence and team-based learning (TBL), we decided to take the "hot topic" of cultural competence and deliver the material in a TBL format. To begin the faculty development workshop, we used a clip from the popular sitcom Gray's Anatomy as the "hook" [2]. Experiential learning theory, "the process whereby knowledge is created through the transformation of experience," was

used in this teaching and learning experience [3]. While learning styles and personality traits contribute, along with critical thinking and decision making skills [4], experiential learning theory provided a foundation that the authors utilized as they created the cultural competence and teambased learning workshop.

Demonstrating cultural competence in a team-based learning (TBL) format provided the opportunity to learn about cultural competence, while teaching the method and strategies associated with TBL. The workshop gave participants an opportunity to identify their background knowledge and awareness of cultural competence, to examine resources available for teaching cultural competence, and to formulate a description of the elements associated with TBL. The authors wanted to determine if participants would find using this particular format valuable after experiencing it themselves.

THE DESIGN

To design and conduct a demonstration of teaching cultural competence in a TBL format, the authors settled on a modified TBL and the use of the lesson cycle. The workshop format included the following: anticipatory set (hook), objective, instruction, modeling, checking for understanding, guided practice, independent practice and closure. Specific

components are critical to success in teaching [5]. The components the authors used are included in Figure 1. The instructional activity sequence also included discussion and explanation of the components of TBL including: pre-class preparation, incorporation of a modified TBL and the use of a lesson cycle [2], all of which proved to be a successful format for learner engagement and interest in the process. For those not familiar with the lesson cycle [2], it was an opportunity to model the use of the lesson cycle, incorporate the steps of TBL, teach the components of planning needed to be successful with this format, and communicate the value of awareness with regard to cultural competence.

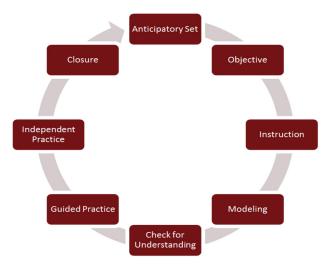


Figure 1. Hunter's Lesson Cycle [2]

THE PROCESS

Sixteen participants first watched the video clip to pique their interest in the topic of cultural competence. The video clip required participants to identify the complexity of a medical decision associated with cultural differences [6,7], and reflect on their knowledge related to cultural competence. Betancourt [6] refers largely to understanding what cultural differences can actually mean to different people, while Frosch & Kaplan [7] discussed the pros and cons in complexity issues through shared decision making in clinical cases. Both of these topics were significant in relation to the direction this teaching and learning experience would take.

After viewing the video and describing the objectives for both cultural competence and the TBL component, the participants were engaged in a "Cultural Competence TBL Exercise." This included: the Individual Readiness Assurance Test (IRAT), the Group Readiness Assurance Test (GRAT), the IF-AT (immediate feedback-assessment technique and written appeals), instructor feedback, and the application exercise. The IRAT consists of a short quiz that has to be completed individually. The GRAT is where the

same short quiz is completed by the team. IF-AT cards are like lottery scratch off cards. When the group comes to a consensus, they scratch off an answer. The correct answer has a star underneath. These are used for the GRAT activity since they provide immediate feedback. Participants also have an opportunity to write an appeal for a question or questions if they feel they have a rationale for a different answer. The application exercise requires participants to apply baseline knowledge demonstrated on the IRAT and GRAT to more complex problems and/or cases. The application questions are completed one by one by the groups. When each application question is discussed, the groups report their answers simultaneously and then provide rationales for their answers. Once all of the answers have been explained, the best answer is revealed.

Characteristics of TBL, an explanation of why TBL should/ would be used, essential factors related to the lesson, and a discussion of the strengths and weaknesses of TBL were part of the process. The IRAT/GRAT portion of the activity included questions such as how bias is defined and what is stereotyping. A true/false section provided statements for participants to evaluate language and culture items that affect things such as diet, health practices and language barriers. Another question looked at a medical interview with a patient from a different cultural background and choosing which technique might be the least useful. A question related to medical history taking when working with a patient whose ability to speak English is limited was also asked, and the effective use of verbal and non-verbal communication was included as well. These questions were adapted from experiences and resources related to quality, culture, and disparities [8,9].

The application questions were specific cases involving cultural issues with discernment required to respond to the patients appropriately. The cases were in a step-by-step format with a question and a continued scenario to further knowledge of the circumstances. There were four total questions in the application section. The questions elicited a great deal of discussion among participants. The group answers were reported and rationales were provided by the groups. To wrap up the session, we discussed the relevance and applicability of the video clips and cases. It was our goal to ensure that participants were able to define cultural diversity and identify the difference in culturally related diversity terminology, helping them to recognize their own assumptions.

CONCLUSIONS

The intention of the workshop, as stated previously, was to incorporate the use of TBL and the lesson cycle to provide a unique way of learning more about both modalities. We essentially "connected the two teaching modalities" with the opportunity to teach about cultural competence. Modifications were necessary to accomplish the goals. For

example, we skipped the preparation phase, which is the initial step in TBL, in an effort to assess each person's existing level of cultural competence based on background and educational experiences without prior preparation. We also asked groups to report their GRAT answers simultaneously. The groups were required to explain why they selected particular answers when the responses varied. We did not use the IF-AT cards, as they provide immediate feedback, and we wanted participants to have the ability to discuss the options in a whole group setting, thus enabling them to learn from each other as they shared information.

Overall, the topic and the teaching modalities appeared to be well-received as the participants rated the workshop 4.6/5.0 overall with samples and examples of content receiving a 4.8/5.0 rating. Several participants also expressed interest in using the TBL format and the lesson cycle in their didactic teaching. For example, one participant indicated that it was "a good format to deliver the topic" while another "liked the group learning and hopes to incorporate it into the curriculum." Additionally, a participant indicated that he/she "learned about the IRAT/GRAT and TBL which are effective ways of learning valuable information." This and other feedback resulted in us deciding to deliver other faculty development sessions in a TBL format. The active learning opportunity has piqued interest and enhanced engagement in our faculty development activities.

REFERENCES

- 1. Graham L, West C. Want to Make Didactics More Engaging: Don't Forget to Use a Hook! Educ Prim Care 2015; 11:1 [in press].
- 2. Hunter M. What's wrong with Madeline Hunter? Educ Lead 1985; 42(5), 57-60.
- Kolb D. Experiential learning: Experience as the source of learning and development. New Jersey: Prentice-Hall, 1984.
- Kobb D, Boyatis R, Mainemelis C. Experiential learning theory: Previous research and new directions. In: R. J. Sternberg and L. F. Zhang (Eds.), Perspectives on cognitive, learning, and thinking styled. NJ: Lawrence Erlbaum, 2000.
- Fink D. Integrated course design. Manhattan, KS: The IDEA Center, 2005. Retrieved Available from: http://www.theideacenter.org/sites/ default/files/ldea_Paper_42.pdf. [Last accessed on 2012 Nov 6].
- Betancourt J, Green A, Carrillo J, Ananeh-Firempong II O. Defining Cultural Competence: A Practical Framework for Addressing Racial/ Ethnic Disparities in Health and Health Care. Public Health Rep 2003; 118(4): 294-302.
- 7. Frosch D, Kaplan R. Shared decision-making in clinical medicine: Past research and future directions. Am J Prev Med 1999; 17:285-94.
- Management Sciences for Health. The Manager's Electronic Resource Center: The Provider's Guide to Quality and Culture, 2012. Available from: http://www.erc.msh.org/mainpage.cfm?file=1.12. htm&module=providerquiz&language=English. [Last accessed on 2012 Nov 6].
- Smith A, Estrada C. Cultural Competence Online for Medical Practice (CCOMP): A Clinician's Guide to Reduce Cardiovascular Disparities. University of Alabama School of Medicine, Division of Continuing Medical Education and Division of General Internal Medicine, 2012. Available from: http://www.c-comp.org/guide/providers/Default.aspx. [Last accessed on 2012 Nov 6].

© **SAGEYA.** This is an open access article licensed under the terms of the Creative Commons Attribution Non-Commercial License (http://creativecommons.org/licenses/by-nc/3.0/) which permits unrestricted, noncommercial use, distribution and reproduction in any medium, provided the work is properly cited.

Source of Support: Nil, Confl ict of Interest: None declared