



A Case Study of Online Peer Learning to Foster Cultural Awareness in Medical students

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## Presentation Outline

Background & Introduction to Study

Reflection & Cultural Competence

Why Online Discussion?

Study Design

Discussion of Initial Findings

## Introduction

- Internationalization of curriculum – cultural competence in medical students
- Purpose - foster reflection leading to cultural awareness of self and 'other'
- Pilot online discussions among diverse medical student cohort

## Reflection & Cultural Competence

- Rationale for focus on reflection
  - Length of Unit
  - Core competency in medicine
- Reflection  $\Rightarrow$  cultural competence
  - Understand one's self as cultural being
  - Understand one's own assumptions, biases, values and shift world view

## Why Online Discussion?

**Socio-cultural learning** – students articulate and negotiate meaning through discussion with peers (Laurillard, 2009)

**Asynchronous communication** – allows time for careful thought and more deliberate discourse (Curtis, 2006)

**Constructivist approach** – students construct knowledge as they engage in activities that have personal relevance (Levine, 2007)

## Study Design

- 231 students & 23 tutors/groups
- 3-week Culture & Health Unit
- Two online assignments (Week 1 & 2)
- One post & one reply to peer / per week
- Required but not assessed assignment (Ma, 2010)

## Example of Online Assignment

**Week 2:** *Based on film "Hold Your Breath"...*

*How does the doctor's culture and perceptions impact his ability to provide culturally competent medical care?*

*Consider the doctor's, patient's and family's perspective in your posting*

## Student Post

- *... I'm increasingly ...convinced..that culture isn't so much something you belong to, but instead are the assumptions you make in your day-to-day activities and your way of thinking.*
- *Had the doctor inquired further into Mr Kochi's ... refusal of chemotherapy, he may have uncovered [why].. he wouldn't accept a pump.*
- *Instead the doctor's own assumption interfered, the assumption that the refusal was a part of Mr Kochi's faith (partially correct but nonetheless damaging) and that one should not enquire further into such matters.*

## Initial findings

### – Multiple viewpoints

*“Just going off what Marc said I think you are right in looking at this case from their point of view... the established practice [for] their culture was their herbal treatments, I hadn't really thought of it in that aspect.”*

### – Diversity of student cohort

*“...In the Samoan culture there is a very significant spiritual aspect which permeates through all aspects of life, particularly a strong connection between the physical and the spiritual.*

*Thus the religious component of health means Samoans and Pacific Islanders in general will look towards the Bible for guidance rather than the hospital.”*

## Student Feedback

*“It made me think more deeply by reading other peoples comments... I had to try and comprehend what they were saying, and at the same time try to articulate my own thoughts. “*

*“...before this unit, I personally felt that I didn't have my own culture. But now I know everyone does.”*

## Tutor Feedback

- *“Putting ideas into words seemed to give them some clarity and exposed them to new ideas...”*
- *“... they took their thinking to a deeper level--rather than just blurting something out verbally, they had to really think about what they were saying and how it would advance the discussion.*
- *We have such good discussions in class it was...not necessary*

## Pedagogical challenges

- Structure and types of online tasks
- Students wrote what they thought we wanted to hear
- Public versus private reflection
- Participants unfamiliar with technology

## Questions & Discussion

## References

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