

# Clarifying Culture – what is ‘culture’ and how does it influence the learning and professional development of doctors?

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## Summary of some of the cultural concepts explored

### Definition

“Culture consists of a body of learned beliefs, traditions, and guides for behaving and interpreting behaviour that are shared among members of a particular group. It includes values, beliefs, customs, communication style, behaviours, practices and institutions” (*Blue J 2003*). Cultural studies show that ‘education’ for a culture begins in childhood and is further reinforced in the school. Teachers and peers, being part of the culture, inculcate additional values that consolidate the cultural learning and assimilation at home. The process of progression through education and work further defines cultural knowledge, and in turn lead to the development of ‘layers of culture’ that include religion, gender, professional, organisational, etc.

### Values and dimensions of culture

Values are broad tendencies to prefer certain states of affairs over others. They become ingrained, we are not always conscious of them, but they can be inferred by the way people react to different circumstances. Key dimensions of cultural values can be understood on the basis of the response of members of a culture to dimensions such as:

1. An individual’s interpretation of their relationship with others, in particular, those in a position of authority.
2. The assignment of tasks to gender and the interpretation of success on completion of tasks.
3. The relationship to knowledge, and the exploration of knowledge

### Culture and Medical Education

The culture of medical education has, overtime, evolved into a contemporary model of adult education – key features of the model are as follows

- Teachers are viewed as both purveyors and recipients of knowledge, seeking active participation from learners, wanting to engage in a partnership of learning.
- Teachers enjoy students who balance respect with challenge, questioning and debate.

- It is expected that learners and teachers will manage professional boundaries, that learners will take responsibility for their learning, be good team members, and demonstrate their ability to learn from mistakes.

In contrast, this educational model will be unfamiliar to medical trainees coming from overseas. They will mostly have experienced traditional, conservative models of education. Such models are teacher-directed, do not encourage critical debate or questioning, and lead to competitive learning. Learners tend towards subservience to teachers, look for direction from the teachers, and find self-directed learning difficult. Questioning your teacher and asking for explanation is unfamiliar, feedback is responded to defensively.

When placed within the contemporary model of education underpinning UK training programmes, with its different expectations of learning behaviour, overseas trainees fall back on their previous traditional educational experience,

It is, therefore, important to explore educational experience, in order to clarify differences in expectation of the training programme.

## **Putting concepts into practice – some of the practical steps applied to the participants experience of working across cultures with patients and learners**

### **Key message: Genuine non-judgemental interest**

Educators working with learners need to:

- Think about your own experience of interacting with individuals from other cultural backgrounds, your own cultural beliefs and assumptions
- Explore the previous educational experience of their learner in order to clarify differences in expectation of the training programme
- Ask about previous medical experiences and explore and contrast these with the values and standards of medicine in the UK
- Make clear that they are working from a non-judgmental interest in understanding differences in order to make training effective
- Recognise that cultural factors can influence behaviour – understanding more about cultural dimensions make behavioural change more likely

Doctors working with patients need:

- An open and sensitive approach to patients, enquiring about, and respecting their different health beliefs whilst being more aware of their own beliefs
- To be confident in enquiry – patients are mostly happy to talk about their own culture when you make it clear that having this information is important in the treatment plan
- To recognise that cultural factors can affect people's ability to withstand stressors – biological, social, psychological and economic – that can trigger ill health and poor integration in the host culture/organisation