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Featured Article

The Culturally and Linguistically Diverse SPs' Evaluation of Simulation Experience

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KEYWORDS

simulated patients;
culture;
cultural competency;
evaluation;
diversity;
CALD;
perceptions

Abstract

Background: Increasing diversity of populations worldwide emphasizes the need for culturally appropriate communication that addresses the needs of health care consumer and provider. While cultural competency training using simulation is reported, the prevalence is low and only a few studies include simulated patients. Often these studies report small-scale interventions involving one or two simulated patients. The Cultural Respect Encompassing Simulation Training (CREST) program aimed to develop cultural communication education using simulation with simulated patients. The program funded by the Commonwealth Government of Australia recruited and trained 30 culturally and linguistically diverse simulated patients.

Aim: This research, part of a larger study, aimed to evaluate the learning, training and teaching experience of the culturally and linguistically diverse (CALD) simulated patients in the CREST project.

Methods: Thirty simulated patients differentiated by age, gender, ethnicity, religion, sexual orientation, and arrival mechanism to Australia were recruited and trained. Through a co-construction process simulation scenarios were developed with the SP. Simulations were undertaken with entry to practice students across the disciplines of nursing, medicine, paramedicine, physiotherapy and social work as well as with practitioners from a range of health disciplines.

Results: Evaluation data included a 14-item survey completed after simulation experiences assessing aspects of pre-simulation, simulation and post-simulation experience using a 5-point Likert scale. A focus group discussion centered on the SP experience and was thematically analyzed.

Conclusion: SPs felt well prepared for simulation experience and were grateful for the opportunity to participate. The rehearsal held prior to each SPs portrayal was identified as particularly important and useful. SPs were surprised and pleased to find the simulation participants interested and engaged with them focusing on issues of their culture and ethnicity. This was contrary to many of

Funding: This project was possible due to funding made available by Health Workforce Australia, an Australian Government Initiative. The funding body did not contribute to the design, methods, or any other part of this project.

Disclosure Statement: Karen Livesay discloses personal fees from Laerdal for consultation outside of this submitted work. No other commercial interests or financial conflicts are disclosed by any of the authors.

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the real experiences SPs had encountered and these earlier experiences influenced both their desire to participate as SPs and their expectations. Portraying safe but authentic content was positive and empowering for CALD SPs.

Cite this article:

Livesay, K., Lau, P., McNair, R., & Chiminello, C. (2017, May). The culturally and linguistically diverse SPs' evaluation of simulation experience. *Clinical Simulation in Nursing*, 13(5), 228-237. <http://dx.doi.org/10.1016/j.ecns.2017.01.004>.

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Cultural differences, while impacted by ethnicity, are recognized as belief systems that shape the way a person

thinks and lives and represent the breadth of society (Jary & Jary, 2000). Health professional students in Australia are representative of the cultural and ethnic mix prevalent in the general population. Besides discipline-specific skills, knowledge, and interventions, students must also develop appropriate culturally sensitive communication skills (Ozkara San, 2015). Simulation is a technique that enables educators to provide learning opportunities to students that resemble real clinical experiences. Communication skills are effectively taught and practiced in simulation. Students can practice and make errors from which they can learn and improve with guided and timely feedback in simulation (Weller, Nestel, Marshall, Brooks, & Conn, 2012). However, for

and their perceptions of using simulation with students for communicating with culturally diverse patients.

Key Points

- Culturally and linguistically diverse (CALD) simulated patients are under-represented in simulated patient groups.
- Recruitment and training of CALD simulated patients is described.
- CALD simulated patients felt well prepared for student encounters.
- Six themes, special experience, cultural understanding, rehearsal, true things, student reaction and need for cultural roles describe the range of findings from analysis of qualitative findings.

simulation to represent authentic experience, we hold that simulated patients should represent a mix of similar cultural and linguistic diversity to that of the population.

The Cultural Respect Encompassing Simulation Training (CREST) project researchers recruited and trained a pool of culturally and linguistically diverse simulated patients to participate in culturally appropriate communication training using simulation. Development of a specific culturally and linguistically diverse (CALD) SP group filled a gap in SP methodology and utilization.

This article will focus on exploring the perspectives of the CALD SPs, their experience of the training and simulations,

Background and Literature Review

Improvements in communication between patients and health care practitioners are associated with increased satisfaction and improved therapy compliance (Manning & Kripalani, 2007; Morell, Sharp, & Crandall, 2002). Communication skill training in simulation often uses people trained to play the role of patients, known as simulated patients. The simulated patient can express the range of emotions and present the patient's perspective in a simulated health care encounter (Nestel & Kneebone, 2010).

Simulated patients sometimes termed standardized patients have been used in health professional education in increasing numbers (Cleland, Abe, & Rethans, 2009). We have chosen to term these people as simulated patients rather than standardized because our emphasis is on the simulation rather than a requirement for standardization between individuals portraying the same case.

Simulated patients are used in health education predominantly for communication skill training and development of clinical skills including those of physical examination. Other uses such as ethics, cultural competency, and team skills education using SPs, while acknowledged, are in the minority of applications of SP methodology (May, Park, & Lee, 2009).

Cultural competency training can involve simulated patients that are culturally diverse in relation to the student body. Examples of cross-cultural communication simulations using SPs are rare and often focus on issues of shared language and use of interpreters (Escott, Lucas, & Pearson, 2009; Morell et al., 2002; Zabar et al., 2006). While cultural competency training using simulation is reported, the prevalence is low and only a few studies include simulated patients. Often these studies report small-scale interventions involving one or two simulated patients (Guiton et al., 2004; Buenconsejo-Lum & Maskerinec, 2004; Miller & Green, 2007). Although there are examples of cross-cultural training for health professionals using simulation and SPs, the prevalence of culturally and linguistically

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