Impact of Culture on Teaching and Learning

Vijay Nayar
13 May 2021

We are in the same storm, but not in the same boat

Impact of Culture on Teaching and Learning

- Differential Attainment

- Cultural Competence

- Cultural Safety

- Implications for Educators
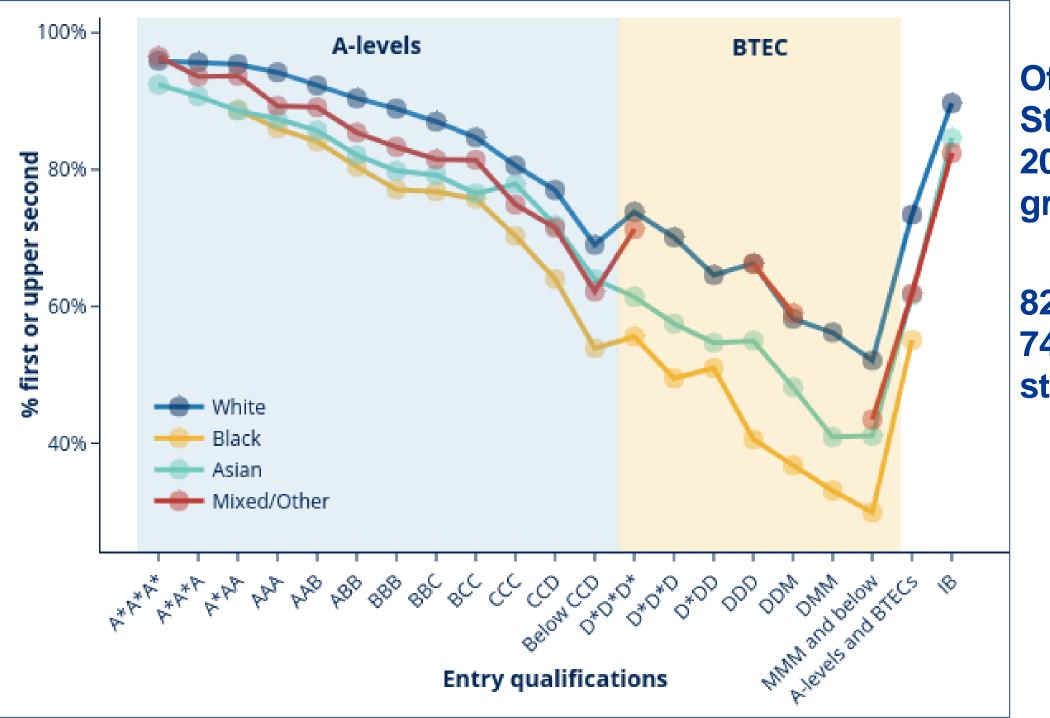
Differential attainment

- Unexplained variation in attainment between groups who share a protected characteristic and those who do not share the same characteristic

- In broad terms, across Recruitment, ARCP progression and Exams the following groups tend to perform less well
  - Male
  - Older
  - Black, Asian and Minority Ethnic (BAME)
  - International Medical Graduates – the 10th protected characteristic

Differential attainment by ethnicity in UK medical students and graduates is present:

- Written and Clinical examinations
- Undergraduate and Postgraduate examinations
- Across specialties
- ARCP outcomes
- Recruitment outcomes

- 2 in 5 UK medical students BAME backgrounds
- 1 in 3 trainees BAME backgrounds

Office for Students 2016/17 graduates

82% white vs 74% BME students

Meta-analysis: n=23 742 UK medical students and graduates (n=10 549 postgraduates)

BMJ

RESEARCH

Ethnicity and academic performance in UK trained doctors and medical students: systematic review and meta-analysis

Katherine Woolf, lecturer in medical education,[1] Henry W W Potts, senior lecturer in health informatics,[2] I C McManus, professor of psychology and medical education[1]

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ABSTRACT

Objective To determine whether the ethnicity of UK trained doctors and medical students is related to their academic performance.

Design Systematic review and meta-analysis.

Data sources Online databases PubMed, Scopus, and ERIC; Google and Google Scholar; personal knowledge;

INTRODUCTION

In 1995, a *BMJ* news article reported that all the students who failed clinical finals at the University of Manchester the previous year had been men with Asian names.[1] A systematic review of the predictors of medical school success published seven years later found that white ethnicity predicted good perfor-

Woolf et al, *BMJ*, 2011

Meta-analysis: n=23 742 UK medical students and graduates (n=10 549 postgraduates)

BMJ

RESEARCH

"The negative effect of non-white ethnicity on performance was significant (P<0.001) and of medium magnitude (d=-0.42, 95%CI -0.49 to -0.34) …

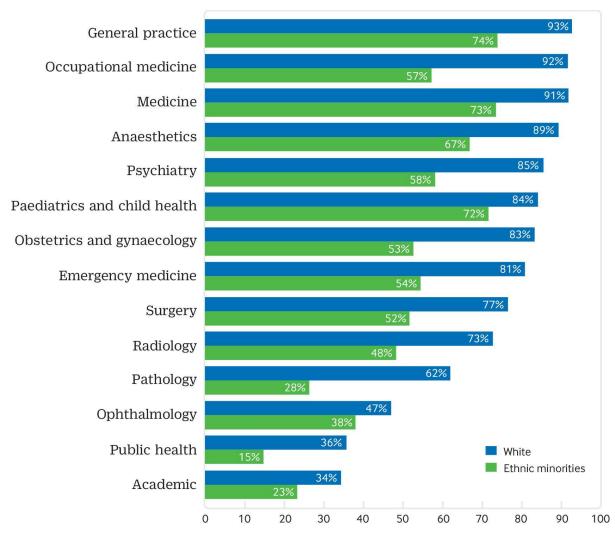making the odds of failure in non-white candidates 2.5 times higher than for white candidates".

Division of Population Health, London N19 5LW

Correspondence to: K Woolf
k.woolf@medsch.ud.ac.uk

Design Systematic review and meta-analysis.
Data sources Online databases PubMed, Scopus, and ERIC; Google and Google Scholar; personal knowledge;

Manchester the previous year had been men with Asian names.[1] A systematic review of the predictors of medical school success published seven years later found that white ethnicity predicted good perfor-

Proportion of white and ethnic minority applicants considered "appointable," by specialty, 2018.

General practice — White 93%, Ethnic minorities 74%
Occupational medicine — White 92%, Ethnic minorities 57%
Medicine — White 91%, Ethnic minorities 73%
Anaesthetics — White 89%, Ethnic minorities 67%
Psychiatry — White 85%, Ethnic minorities 58%
Paediatrics and child health — White 84%, Ethnic minorities 72%
Obstetrics and gynaecology — White 83%, Ethnic minorities 53%
Emergency medicine — White 81%, Ethnic minorities 54%
Surgery — White 77%, Ethnic minorities 52%
Radiology — White 73%, Ethnic minorities 48%
Pathology — White 62%, Ethnic minorities 28%
Ophthalmology — White 47%, Ethnic minorities 38%
Public health — White 36%, Ethnic minorities 15%
Academic — White 34%, Ethnic minorities 23%

■ White
■ Ethnic minorities
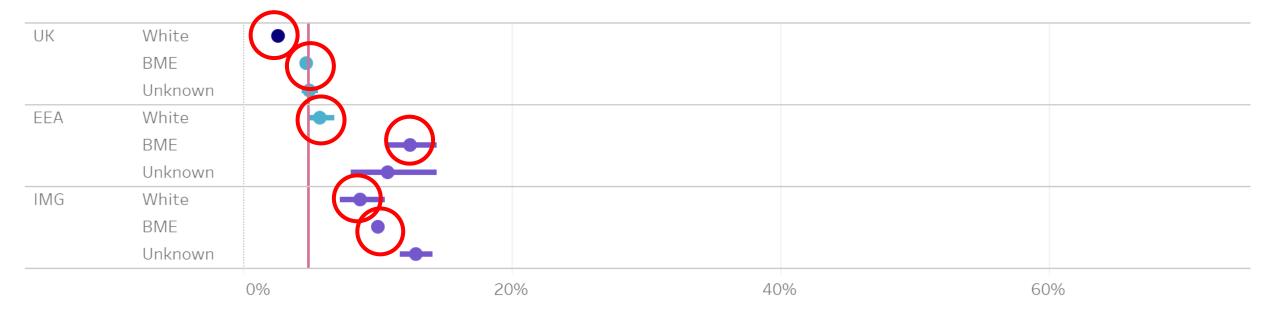
Gareth Iacobucci BMJ 2020;368:bmj.m479

thebmj

Unsatisfactory ARCP outcomes excluding exam failures in GP training

Unsatisfactory outcome ex exam failure (outcome 2, 3, 4, 7.2, 7.3, D or E) as a proportion of outcomes attained in each PMQ and ethnic group cohort
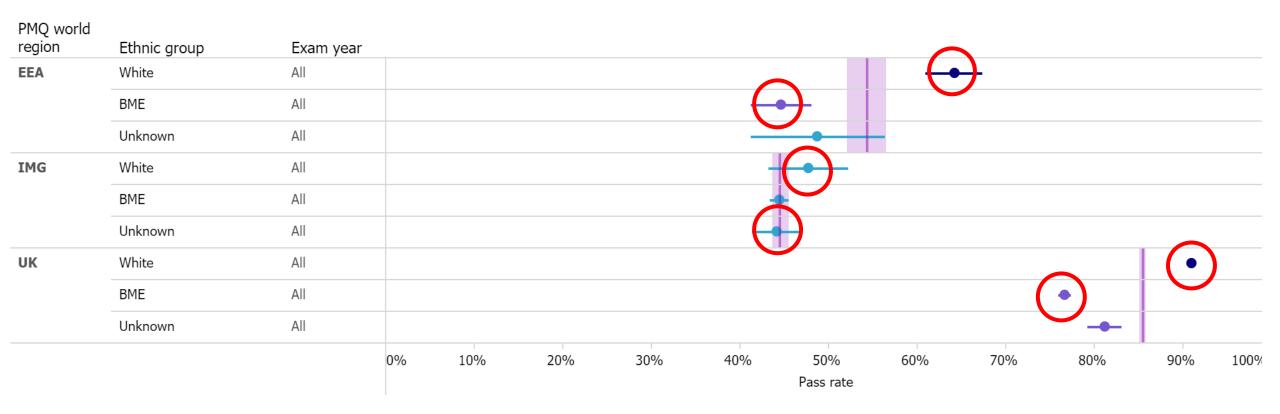
Postgraduate specialty exams

UK white graduates
75 %

UK BAME graduates
63 %
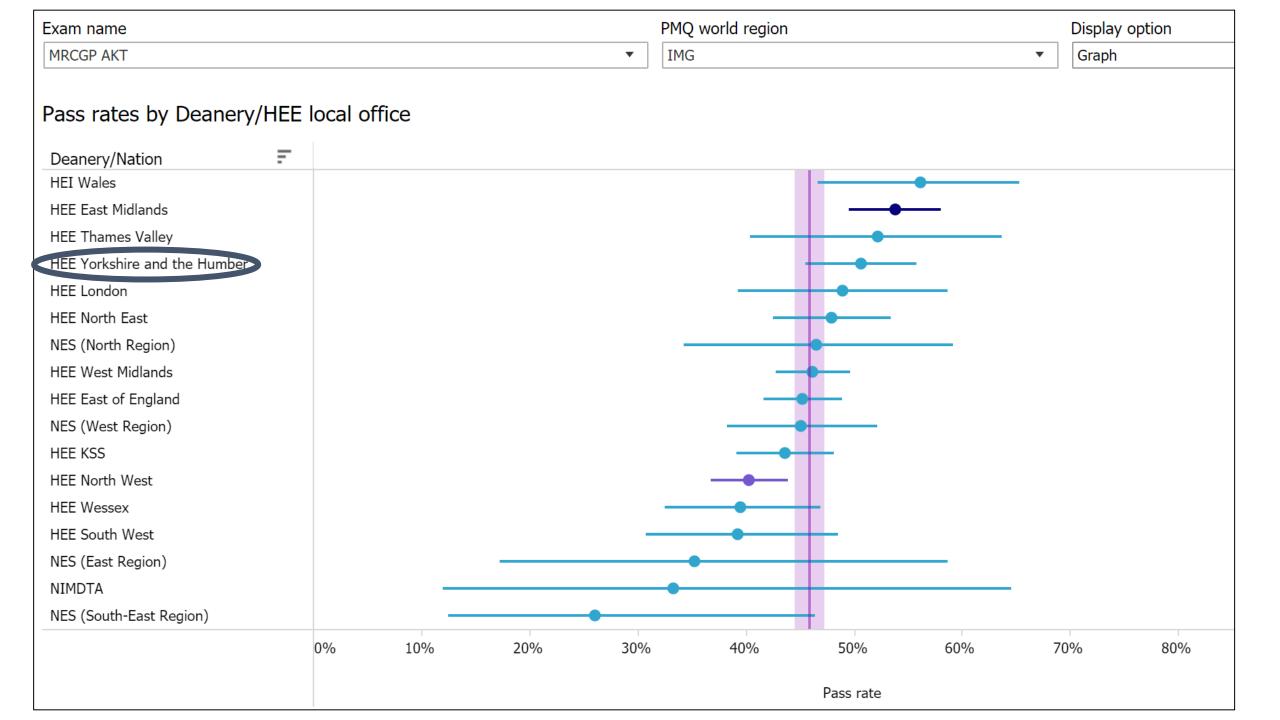
EEA graduates
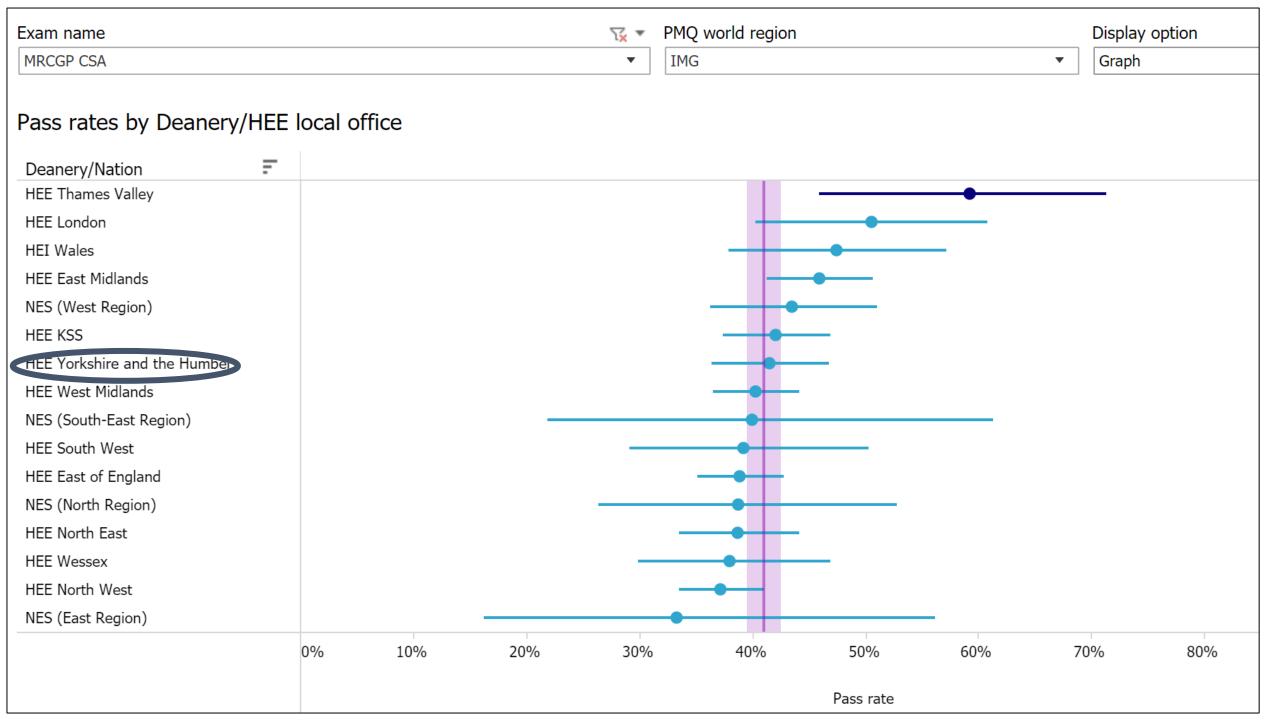**45 %**

International graduates
41 %

MRCGP

BAME UK graduates are **>5x** more likely to fail the CSA examination at their first attempt than their White UK colleagues

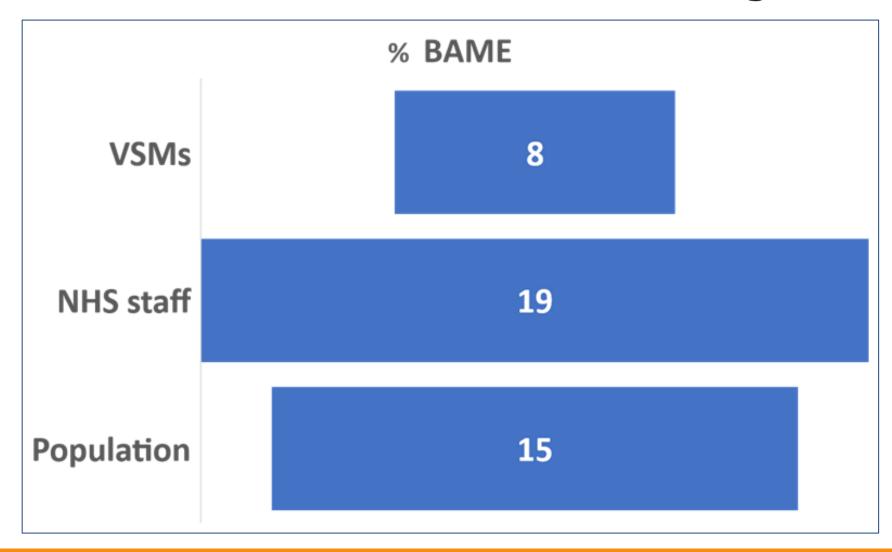IMG candidates are **10x** more than likely to fail this exam than their White UK colleagues

Pass rates by Deanery/HEE local office

Deanery/Nation ⇳	

Deanery/Nation (top to bottom):
- HEI Wales
- HEE East Midlands
- HEE Thames Valley
- HEE Yorkshire and the Humber
- HEE London
- HEE North East
- NES (North Region)
- HEE West Midlands
- HEE East of England
- NES (West Region)
- HEE KSS
- HEE North West
- HEE Wessex
- HEE South West
- NES (East Region)
- NIMDTA
- NES (South-East Region)

Pass rate axis: 0% 10% 20% 30% 40% 50% 60% 70% 80%

Pass rate

Pass rates by Deanery/HEE local office

Deanery/Nation

Pass rate

GMC referrals

- 40% doctors BME background
- 38% doctors PMQ outside the UK

- 44% referrals to MPTS BME and 36% white doctors

- 37% doctors struck off BME and 28% white

- Complaints from employers 0.12% of all BME doctors and 0.06% of all white doctors

VSMs

- All NHS providers in England, 96 out of 214 (**45%**) did not have any VSMs declared as being from a BAME background
- Three entire health systems did not have any BAME managers in the top grade within their NHS providers

% BAME

VSMs	8
NHS staff	19
Population	15

Which ethnic groups?

- All BME groups affected

- However these are *group* differences on *average*

- Plenty of highly performing BME medics

- Plenty of poorly performing white medics

- Cannot make assumptions about individuals

Differential Attainment- A 'Thorny' Issue

- Negatively stereotyping
- Fear
- Little progress in 20 years
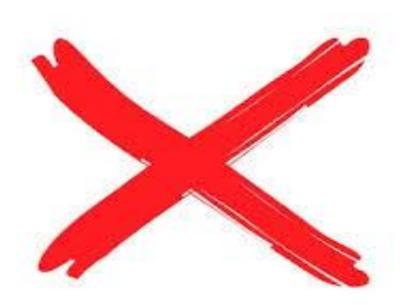- Litigation
- Impact of Covid-19
- Black Lives Matter

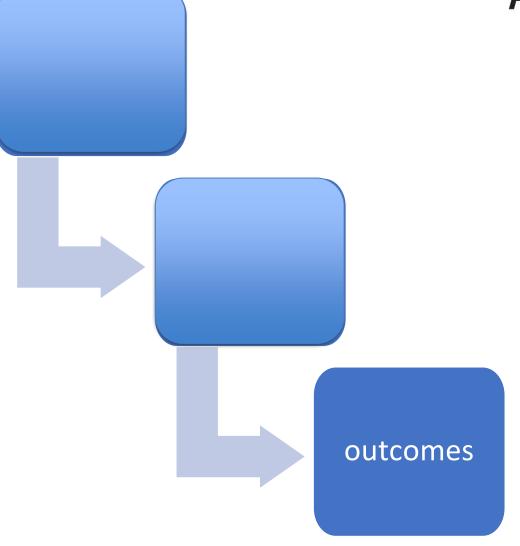# Differential attainment is a symptom not a diagnosis

- Language skills?
- Prior academic performance?
- Socioeconomic status?
- Lower motivation?
- Examiner bias?
- Cultural/family expectations?
- Study habits?

There is no proof that any of these factors explain the differences

It must not be inferred or implied that the learner is at fault

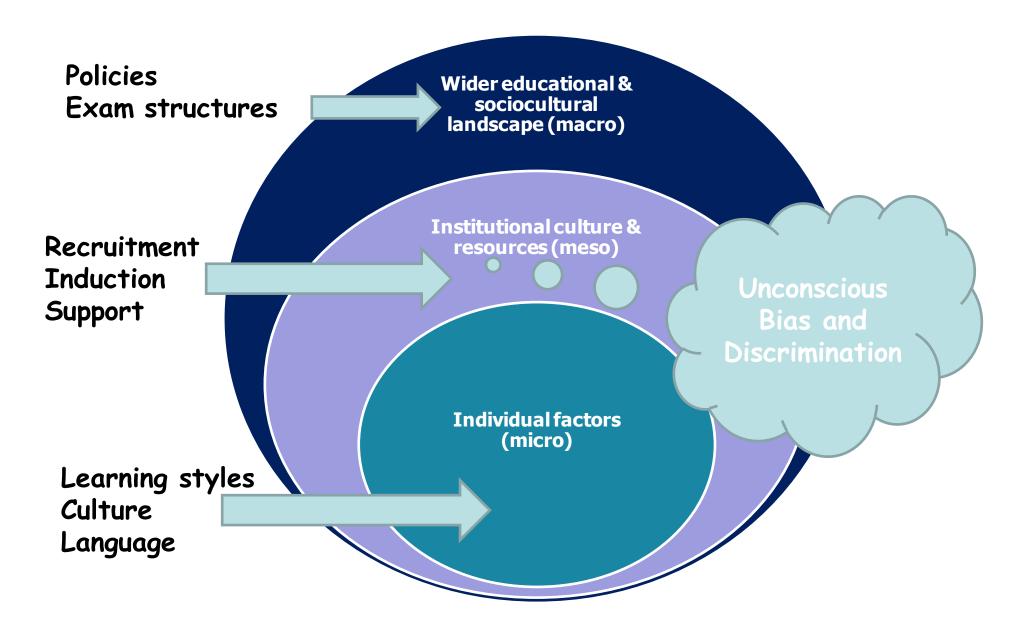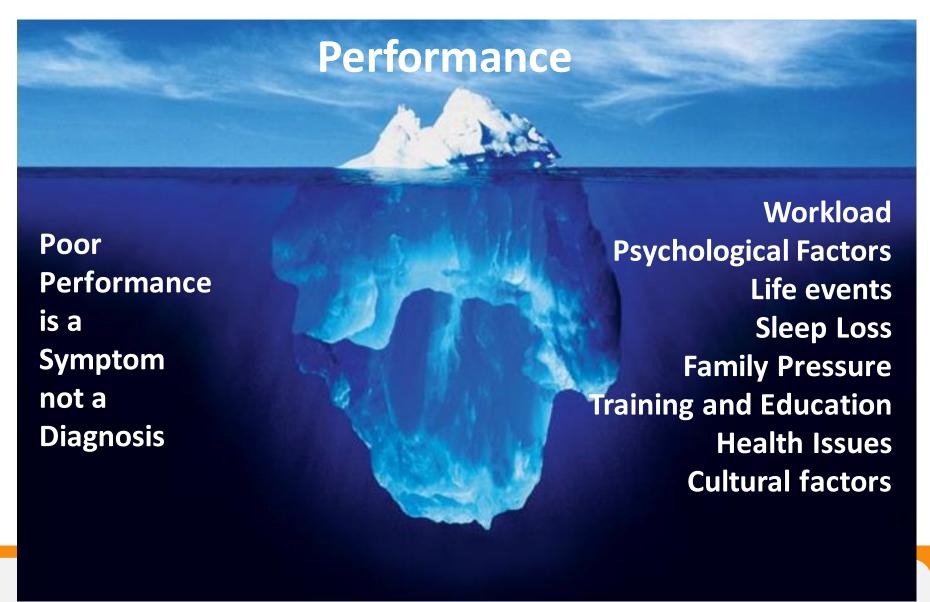The causes are complex and still not fully understood

outcomes

Differential Attainment

Policies
Exam structures

Recruitment
Induction
Support

Learning styles
Culture
Language

Wider educational &
sociocultural
landscape (macro)

Institutional culture &
resources (meso)

Individual factors
(micro)

Unconscious
Bias and
Discrimination

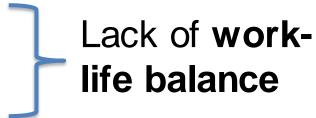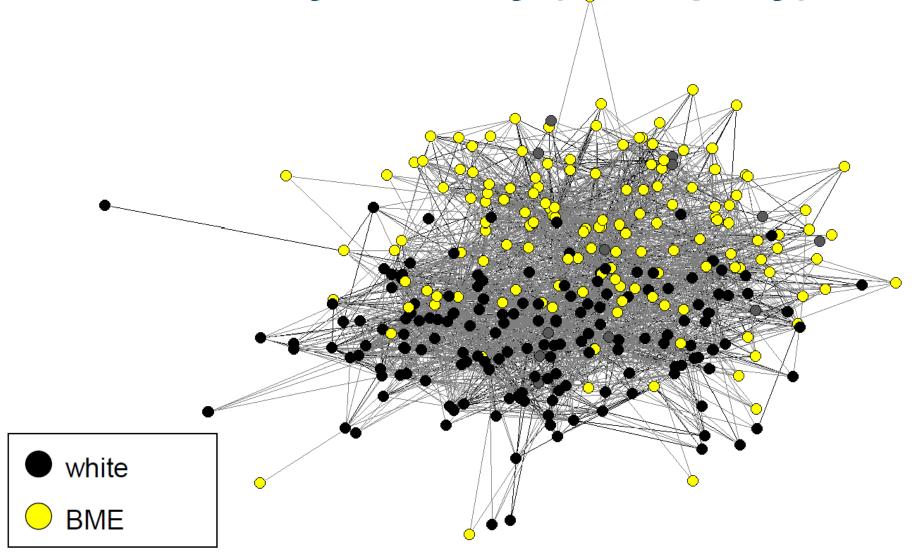**Culture is not an excuse for performance issues but may put them in perspective**
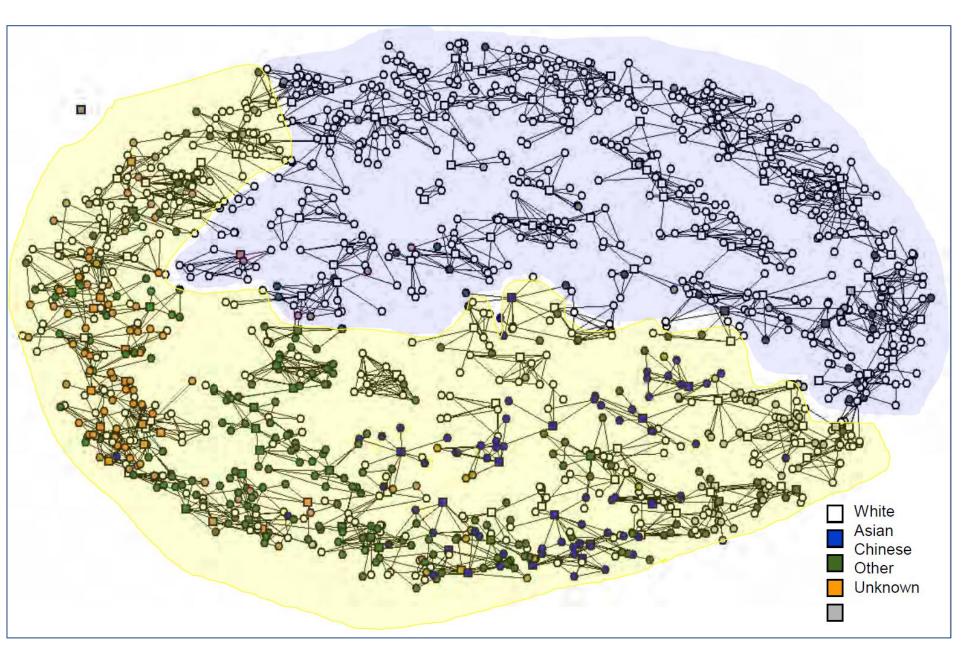
Barriers faced by BAME doctors

- Perceived risk of unconscious **bias** in recruitment, assessments, day to day work
- **Separation** from support networks
- Lack of **autonomy** about job locations
- Difficulties in **fitting in** at work
- Difficulties with **relationships** with seniors
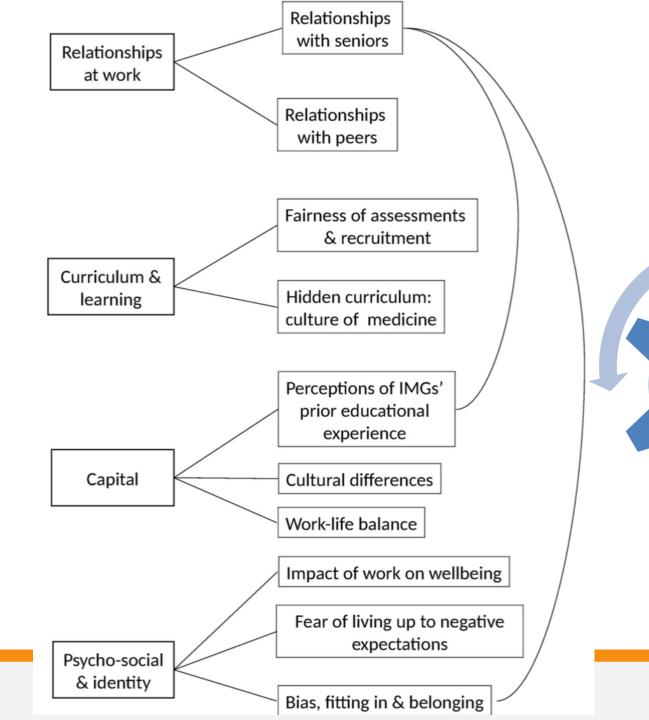- Dysfunctional and highly-pressurised **environments**
- **Bullying**
- Lack of **confidence**

Lack of **work-life balance**

Woolf K, Rich A, Viney R, Needleman S, Griffin A. Perceived causes of differential attainment in UK postgraduate medical training: a national qualitative study. BMJ Open. 2016;6(11).

Medical students' friendships strongly influenced by ethnicity (homophily)

Woolf et al (2012) *Med Teach*

Participants' personal academic support networks by ethnic groups

Vaughan et al 2014

White
Asian
Chinese
Other
Unknown

Deficit model

- If you differ from the norm in a significant way from peers you have "deficiencies"
- Lower expectation of trainees of colour or IMGs
- Pay less attention to them
- Provide fewer opportunities
- Causes of these differences are not usually individual factors but likely to be systemic
- This often occurs at a subconscious level that denies the same opportunity to people from diverse backgrounds
- ***Vulnerability*** not deficiency
- ***Environment*** that is deficient not the individual
- Let's try to ***fix the system*** not the individual…and remember ***we*** are the system
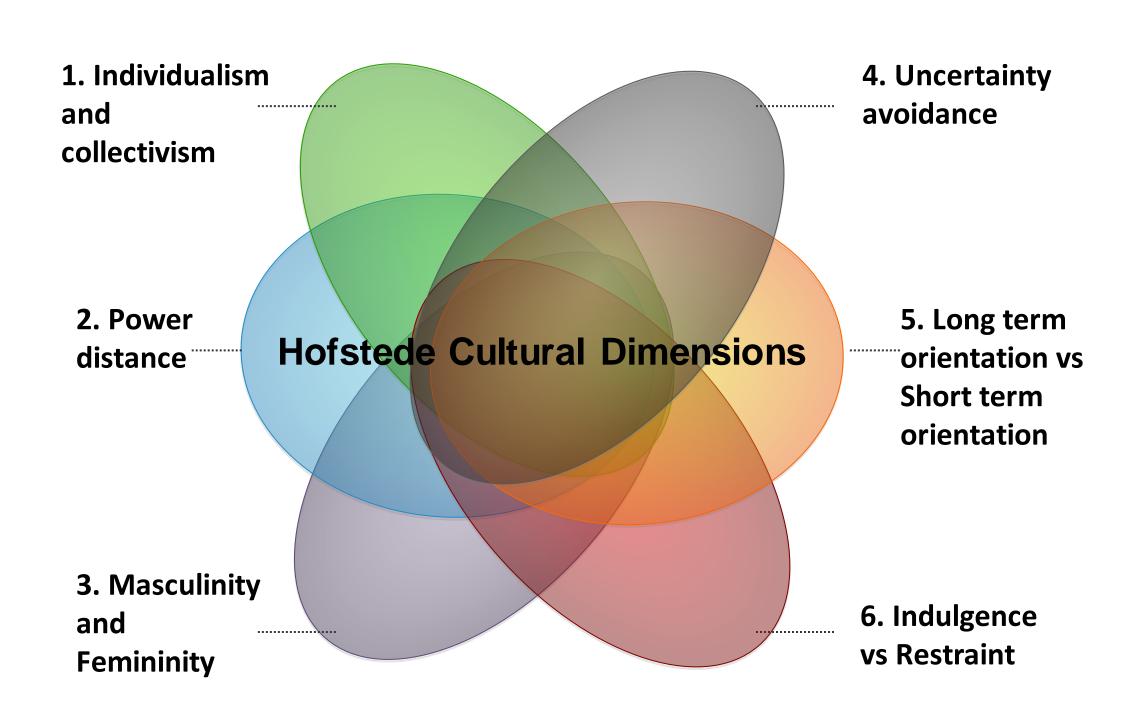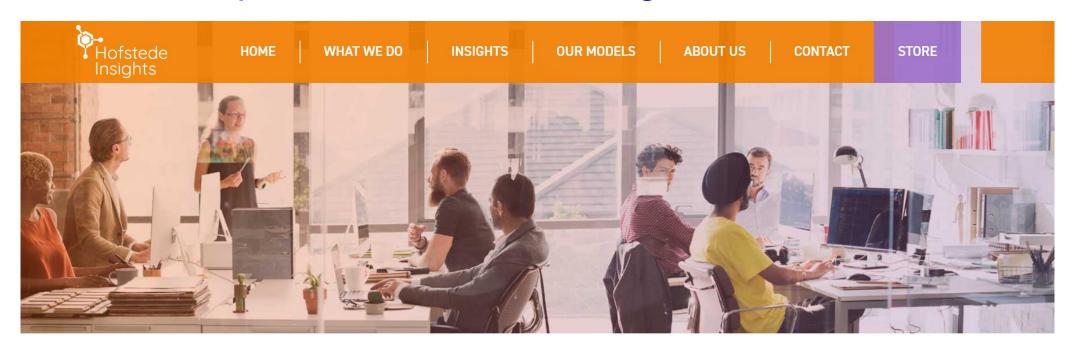
Cultural Competence

Ability to interact with people from different cultures and respond to their health needs

–Individuals and Organisations

Creating a working culture and practices that recognise, respect, value and harness difference for the benefit of the organisation and individuals

1. Individualism and collectivism

4. Uncertainty avoidance

2. Power distance

5. Long term orientation vs Short term orientation

Hofstede Cultural Dimensions

3. Masculinity and Femininity

6. Indulgence vs Restraint

https://www.hofstede-insights.com/

OUR MODELS

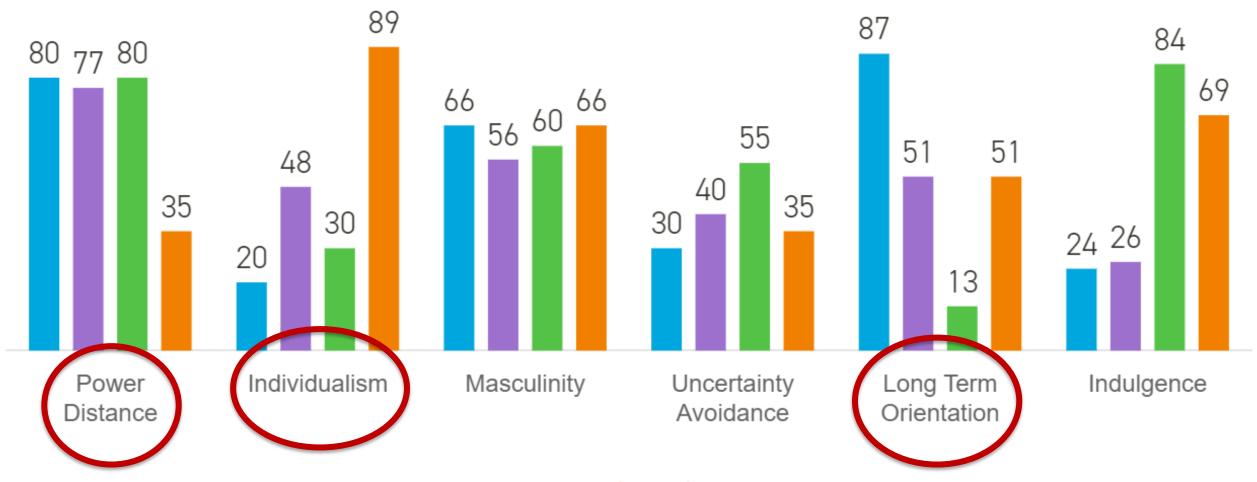GEERT HOFSTEDE'S: THE DIMENSION
PARADIGM

Professor Geert Hofstede conducted one of the most comprehensive
studies on national values, introducing the dimension paradigm. His most
popular book, Cultures and Organizations: Software of the Mind, has been
translated into twenty languages

Cultural dimensions in the transition of overseas medical graduates to the UK workplace
Gill Morrow, Charlotte Rothwell, Bryan Burford & Jan Illing (2013)

Small power distance	Big power distance
Individualism	Collectivism
Masculinity	Femininity
High uncertainty avoidance	Low uncertainty avoidance
Long-term orientation	Short-term orientation
Indulgence	Restraint

	China	India	Nigeria*	United Kingdom
Power Distance	80	77	80	35
Individualism	20	48	30	89
Masculinity	66	56	60	66
Uncertainty Avoidance	30	40	55	35
Long Term Orientation	87	51	13	51
Indulgence	24	26	84	69

* estimated

Implications for Educators

Power distance

Small

- Increasingly more self directed
- Encouraged to challenge knowledge
- Superiors and subordinates consider each other to be colleagues
- Teachers expect initiatives from students in class
- Patients treat doctors as equals and actively supply information

Large

- Led by teacher
- Not contradicted or criticised
- Little experience of challenge or debate
- Patients treat doctors as superiors
- Consultations shorter and doctor-centred

Individualism vs Collectivism

Individualism

- Think of themselves as an individual with a focus on 'I'
- Individual excellence is nourished and celebrated
- More of an emphasis on "learning how to **learn**"
- Doctors may appear more assertive

Collectivism

- Learn to intuitively think of themselves as part of a group/family focusing on 'we'
- Unquestioning loyalty is expected and assumed
- More of an emphasis on "learning how to **do**"
- Doctors may appear less assertive

Low Uncertainty-avoidance   vs   High Uncertainty-avoidance

- Expression of feelings is more inhibited

- More tolerant of different opinions

- Less structured learning environment which is more learner-centred

- Teachers don't need to have all the answers

- People are more expressive

- Less attention given to rapport building

- Doctors may avoid ambiguity in diagnosis

- More structured learning environment which is more teacher-centred

- Teachers are supposed to have all the answers

Cultural Competence

- Begins with self-awareness of own culture

- What assumptions do you make about others

- Beware of stereotyping

- What are your biases and their impact

Unconscious Bias and Microaggressions

- Automatically seeps into a person's affect or behaviour
- Outside of the full awareness of that person
- Can interfere with interactions, relationships and decision-making
- Bias may be expressed in affect, body language, and differential treatment and attitude to "others"
- Under stress reflexive system override more deliberate reflective processes
- Allows a person to make decisions based on stereotypes
- Microaggressions

Microaggressions

Can I pet your hair?

Does it get warm wearing so many clothes?

You are not like other Muslim people

Your name is hard to pronounce. Can I call you Jennifer?

Where are you from? Where are you from? No, where are you "really" from?

I do not see colour

Will you have to get an arranged marriage?

When was the last time you went 'home'?

Are your partner's parents okay about you? Do your family know you have a White boyfriend?

You speak English so well

Why do you sound so White?

Stereotype Threat

Steven J. Spencer,[1] Christine Logel,[2] and Paul G. Davies[3]

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[2] Renison University College, University of Waterloo, Waterloo, Ontario, Canada, N2L 3G1; email: clogel@uwaterloo.ca

[3] Department of Psychology, University of British Columbia, Kelowna, British Columbia, Canada, V1V 1V7; email: paul.g.davies@ubc.ca

Stereotype threat

Abstract

When members of a stigmatized group find themselves in a situation where negative stereotypes provide a possible framework for interpreting their behavior, the risk of being judged in light of those stereotypes can elicit a disruptive state that undermines performa... This situational predicament, termed st...

Spencer et al. (2016) *Annu Rev Psychol*

Stereotype threat

- Contributing factor to differential attainment
- Expect discrimination due to identification with a negatively stereotyped group
- Individuals blame themselves for perceived failure
- Repeated experiences of stereotype threat can lead to a vicious circle of stereotype stress

Interactions across cultures

- Differences in language, non-verbal cues and behavioural norms makes it harder to create shared meaning

- May lead to misunderstandings, communication breakdowns, conflict, frustration and distrust

- May make people appear awkward or difficult

- Lack of English can make someone appear less intelligent, or lack sense of humour

Concern about being seen as   **Defensive strategy**

• Ignorant   Dare not ask questions

• Incompetent   Don't admit mistakes and
                                         weaknesses, lacking in self-
                                         sufficiency, ask for feedback,
                                         information, help

• Negative   Don't want to be doubtful
                                         or criticise

• Disruptive   Don't want to seem
                                         intrusive, don't suggest
                                         anything innovative

Idioms…

- Bite the bullet
- Pull your socks up
- Basket case
- Nitty gritty
- Rule of thumb
- Raining cats and dogs
- Cold shoulder
- Lost the plot
- Cost a bomb
- Codswallop
- Budge up

- Gobsmacked
- Knackered
- Head over heals
- Taking the mickey
- Go doolally
- Chuffed
- Spend a penny
- Number one
- Number two
- Bobs your uncle
- Bog standard

What the British say	What the British mean	What others understand
I hear what you say	I disagree and do not want to discuss it further	He accepts my point of view
With the greatest respect...	I think you are an idiot	He is listening to me
That's not bad	That's good	That's poor
That is a very brave proposal	You are insane	He thinks I have courage
Quite good	A bit disappointing	Quite good
I would suggest...	Do it or be prepared to justify yourself	Think about the idea, but do what you like
Oh, incidentally/ by the way	The primary purpose of our discussion is...	That is not very important
I was a bit disappointed that	I am annoyed that	It doesn't really matter
Very interesting	That is clearly nonsense	They are impressed
I'll bear it in mind	I've forgotten it already	They will probably do it

Diversity, Inclusion and Belonging

Inclusion is what we do with diversity - when we value and appreciate people *because of* and not *in spite of* their differences, as well as their similarities

"Diversity is the mix. Inclusion is making the mix work," Andrés Tapia

www.RedShoeMovement.com

*"**Diversity** is being invited to the party, **Inclusion** is being asked to dance, **Belonging** is dancing like no one's watching – it's that sense of **psychological and cultural safety** that you can be your authentic selves without fear of judgement."*

Verna Myers

Inclusion - questions

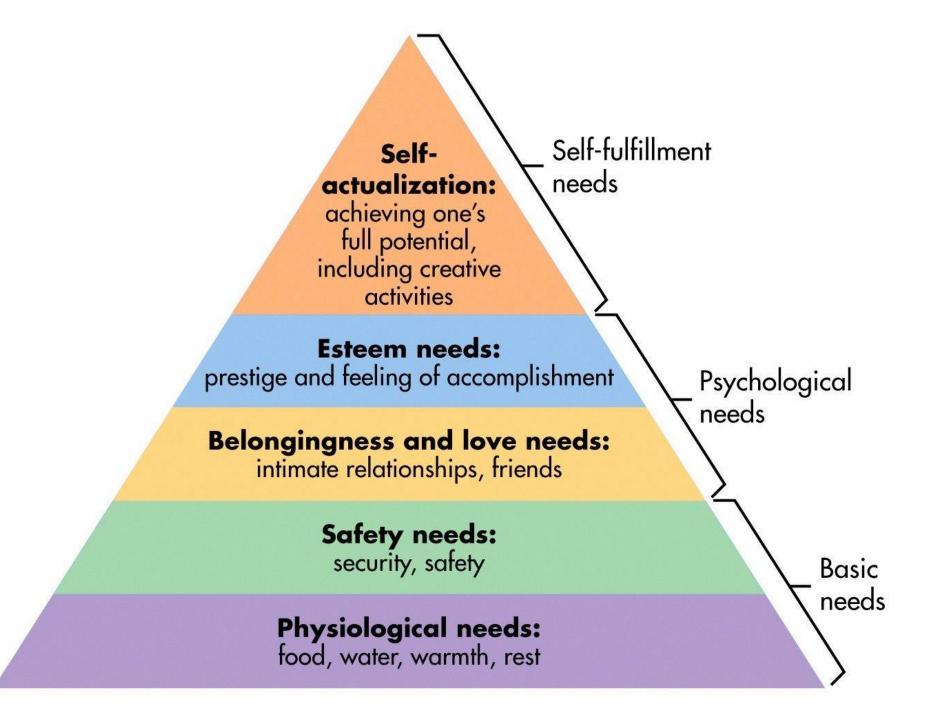How might your workplace be viewed by an outsider?

What does an inclusive environment look like?

How do you welcome new learners?

Inclusion and Belonging

"Code switching" and "Covering"

- "Adjusting one's style of speech, appearance, behaviour, and expression in ways that will optimise the comfort of **others** in exchange for fair treatment, quality service, and employment opportunities"

- Active **masking** of difference by members of non-dominant groups in an attempt to 'fit-in'

➤ But may have negative effects on your self-concept, self-worth, and well-being

➤ May also act as a demotivating force that can negatively impact engagement and team working

Self-actualization: achieving one's full potential, including creative activities

Esteem needs: prestige and feeling of accomplishment

Belongingness and love needs: intimate relationships, friends

Safety needs: security, safety

Physiological needs: food, water, warmth, rest

Self-fulfillment needs

Psychological needs

Basic needs

Psychological Safety

"Psychological safety is a shared belief that the team is safe for interpersonal risk taking"

(Amy Edmondson)

"Staff feel confident in speaking out about errors, problems and uncertainties and feel empowered and supported to develop and implement ideas for new and improved ways of delivering services."
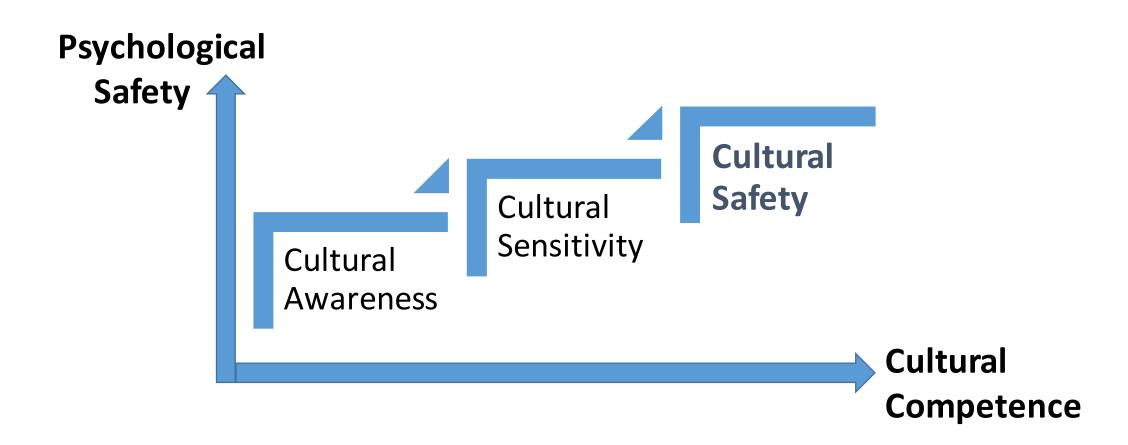
(Michael West)

How much psychological safety is in your teams?

Cultural Safety

An environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together
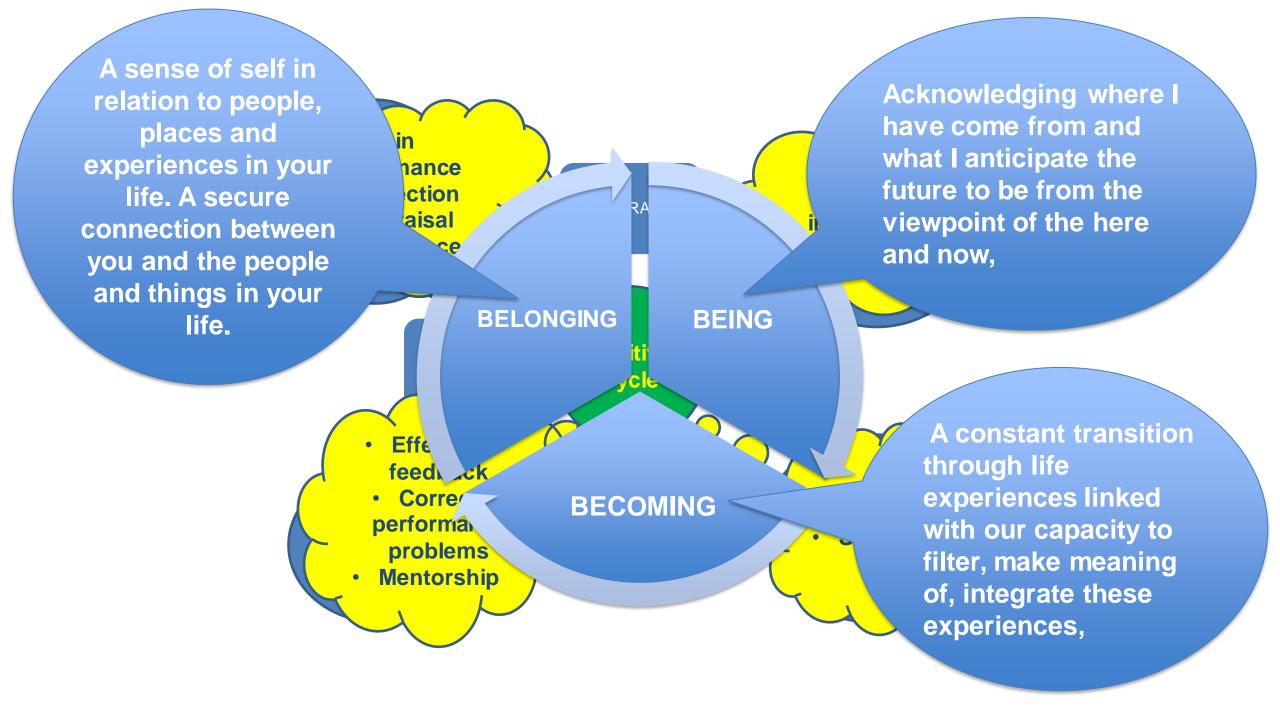
Williams (1999)

Developing Cultural Safety

Psychological Safety

Cultural Awareness

Cultural Sensitivity

Cultural Safety

Cultural Competence

Cultural Safety

- Recognising and challenging **power imbalances** for respectful partnerships

- Working to establish and maintain respect is essential in all healthy and productive relationships

- Institutional accountability — organisations need to model these principles as well

A sense of self in relation to people, places and experiences in your life. A secure connection between you and the people and things in your life.

Acknowledging where I have come from and what I anticipate the future to be from the viewpoint of the here and now,

BELONGING

BEING

BECOMING

A constant transition through life experiences linked with our capacity to filter, make meaning of, integrate these experiences,

- Effe... feedback
- Corre... performa... problems
- Mentorship

Implications for Educators

- ➢ Be aware of your own cultural assumptions and biases

- ➢ Appreciate the extent to which difficulties that arise are due to cultural factors

- ➢ "Reality shock" and need to deal with unmet expectations

- ➢ Induction – not only policies and procedures but also **"cultural induction"**

Culturally Sensitive Conversations

- Reflect on one's own culture, attitudes and beliefs about 'others'
- Clear, value free, open and respectful communication
- Develop trust and be aware of power imbalances
- Recognise and avoid stereotypical barriers
- Recognise biases and their impact
- Be prepared to engage with others in a two-way dialogue where knowledge is shared
- Understand the influence of culture shock

Effective Feedback:

- **Meaningful**   Descriptive of behaviour not personality
- **Accurate**   Give specific examples
- **Timely**   As close to the event as possible
- **Thoughtful**   Of cultural and other influences
- **Encouraging**   Highlight the positives/improvements
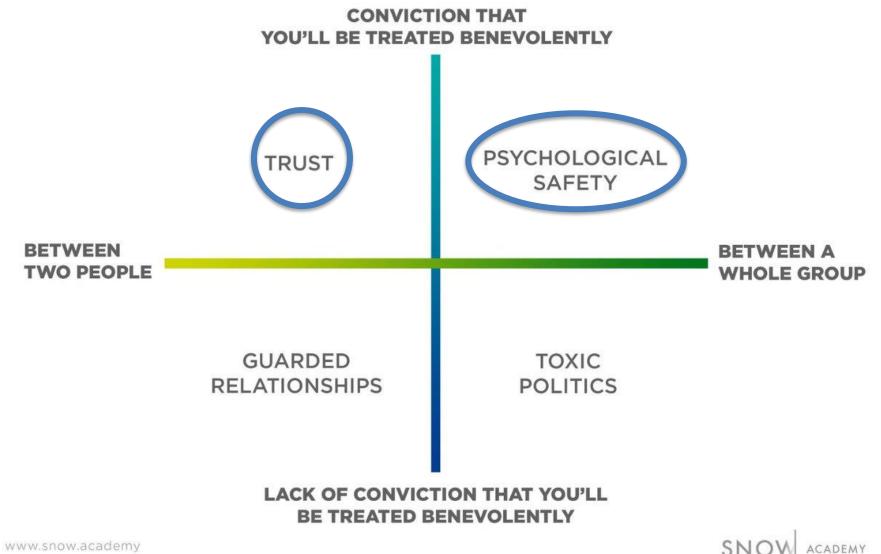- **Reflective**   Identify behaviour that can change
- **Sensitive**   To the needs of the learner, but honest

Building trust

- Relationships with seniors are crucial to learning
- Evidence of powerful benefits from **trusting** relationships with supervisors
- Share personal stories to reduce power differentials
- Develop **affective-based** trust through positive interpersonal interaction and social activities
- Affect-based trust involves concern for the other, comfort in opening up to them and is based on empathy and care
- Develop **cognitive-based** trust by highlighting competence
- Cognition-based trust is confidence built on perceptions of the other's reliability and competence
- Trust is the foundation for all culturally sensitive conversations

TRUST VS PSYCHOLOGICAL SAFETY

CONVICTION THAT
YOU'LL BE TREATED BENEVOLENTLY

TRUST

PSYCHOLOGICAL
SAFETY

BETWEEN
TWO PEOPLE

BETWEEN A
WHOLE GROUP

GUARDED
RELATIONSHIPS

TOXIC
POLITICS

LACK OF CONVICTION THAT YOU'LL
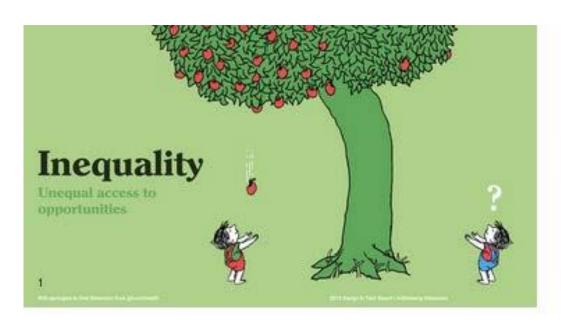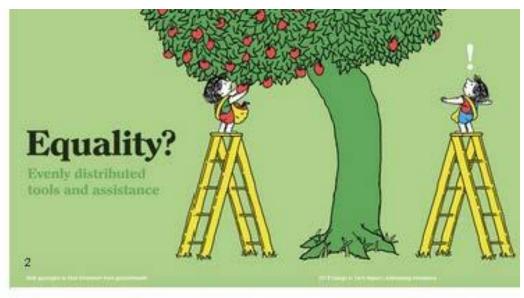BE TREATED BENEVOLENTLY

www.snow.academy
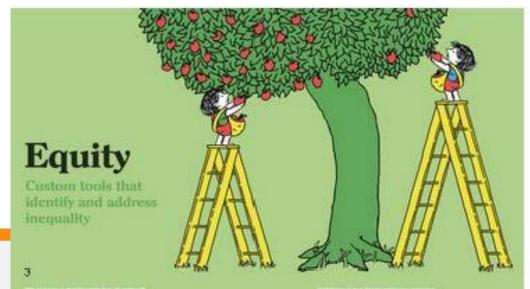
SNOW ACADEMY

Building positive learner-teacher relationships

- Importance of Teachers as Role - models
- Time and support for teachers to get to know learners
- Support conversations about race, including for learners speaking out and training for dealing with discrimination
- Detailed and constructive feedback for learners
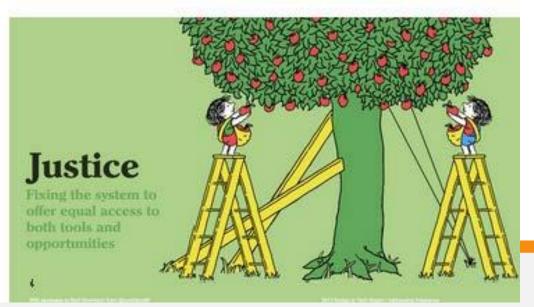- Builds trust, understanding, and belonging for learners

DIVERSITY ASKS...

"Who's in the room?"

EQUITY RESPONDS...

"Who is trying to get in the room but can't? Whose presence in the room is under constant threat of erasure?"

INCLUSION ASKS...

"Has everyone's ideas been heard?"

JUSTICE RESPONDS...

"Whose ideas won't be taken as seriously because they aren't in the majority?"

DIVERSITY ASKS...

"How many more of [pick any minoritized identity] group do we have this year than last?"

EQUITY RESPONDS...

"What conditions have we created that maintain certain groups as the perpetual majority here?"

INCLUSION ASKS...

"Is this environment safe for everyone to feel like they belong?"
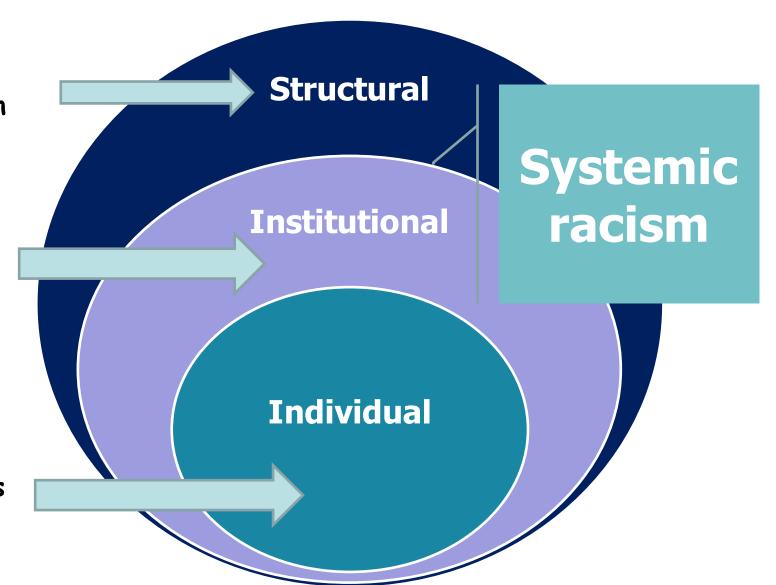
JUSTICE RESPONDS...

"Whose safety is being sacrificed and minimized to allow others to be comfortable maintaining dehumanizing views?"

Overcoming Barriers

Culture of bias and discrimination

Policies and Practices that don't represent or neglect needs of certain groups

Bias
Microaggressions
Discrimination
Racism

Structural

Institutional

Individual

Systemic racism

Equity and Fairness in Training

Educational Support	Sensitive and Inclusive education	QA educational environments
• Consistency • Enhanced induction • One-one • Personalised Learning Plans • Communication skills • Exam support	• Emotional and psychological wellbeing • Bias and discrimination • Culturally sensitive feedback • Career pathways	• Faculty development • Psychological and Cultural Safety • Named lead who trainees can report problems to

Equity and Fairness in Training

Risks and vulnerability process	Protective process
Poor relationship with seniors	Trainers having time to get to know trainees
Perception of unconscious bias	Trainers having faith in their abilities
Poorer performance lowering confidence	Support with exam anxiety, preparation
Fear of being labelled as problematic	Tailored advice for CVs, job applications, careers, portfolio
Negatively stereotyped – likely to fail	Good relationships between trainees from different cultural groups
Inexperience with UK assessments, recruitment	Roles models – aspirational; advice, career support
Practical difficulties – visas, accommodation	Deaneries being supportive; online resources; LTFT options; return to work support
Lack of family, friends support - networks	Support of family and friends outside of work

Let's try to fix the system not the individual...and remember we are the system

What is your one big idea for creating a culture of safety in your team?

What first step would you take to get started?

Impact of Culture on Teaching and Learning
Thank you