Culturally Competent Communication: Building a Culture of Safety Through Online Role-Playing

As the patient population becomes increasingly diverse, the risk of miscommunication due to a patient’s culture is heightened. To facilitate patient safety, it is essential that all members of the health care team be aware and respond appropriately to the health and illness beliefs of patients and families. An asynchronous online role-play was designed to cultivate the cultural competence of 40 baccalaureate nursing students enrolled in a hybrid communication course. The objectives of the activity called for students to explain the importance of communicating cultural preferences to other members of the health care team, describe the impact of cultural incompetence on patient safety, and incorporate the tenets of Campinha-Bacote’s (2002) cultural competency model through the enactment of an online role-play simulation.

Meaningful learning through role-play is a product of detailed, comprehensive preparation that includes clearly articulated guidelines, baseline information, instructor expectations, and evaluation criteria (Wills, Leigh, & Ip, 2011). Because the role-play was enacted at the end of the semester, students were able to integrate a variety of communication concepts, such as assertiveness, nursing advocacy, cultural diversity, and conflict management.

Students were divided into six small groups so everyone could participate in the activity. Each group enacted the same role-play in separate, online collaboration sites accessible through the university’s online learning system. An overview of the following scenario, designed by the instructor, was distributed to all students. A Hispanic female admitted with atrial fibrillation is in her hospital room visiting with her husband and niece. Her bedside table is covered with candles, rosaries, and Catholic prayer books. A conflict between the family and the caregivers ensues when a nurse makes disparaging remarks about the religious artifacts. The family is further dismayed when a dietitian speaks to them in a condescending manner. Trust is eroded.

Soon after caregivers leave the room, the patient complains of chest pain, but to avoid calling the disparaging nurse, the niece offers her aunt a sprig of foxglove, who gratefully ingests the medicinal plant. In an hour, another nurse gives the patient digital is and the role-play concludes when the patient experiences a cardiac arrest.

During the first week of the 2-week time line, each student selects a role-play character based on brief instructor-created character descriptions. The instructor assumes the role of an elderly housekeeper who periodically and unexpectedly enters the role-play to provide the students with subtle guidance or generate a problem that requires action and critical thinking. To prepare for the role-play, students are instructed to research the Hispanic culture (e.g., religious traditions, dietary preferences, family roles, health care beliefs), collaborate with their group to expand the scenario, and creatively role-play the interactions that led to the breach in patient safety. Students log on to course-accessible collaboration sites several times during the second week to participate in the enactment.

The role-plays are graded using a rubric designed by the instructor. Rubric criteria are based on the learning objectives (content) and group dynamics (process) to assess the quality and frequency of student participation, integration of evidence-based actions and dialogue, and incorporation of course concepts. Socratic inquiry was employed to facilitate student interaction during the 30-minute face-to-face debriefing. Although students reported frustration with unequal participation of group members and the time commitment inherent in the activity, a review of the saved role-play narratives revealed that learning objectives were met through substantive, evidence-based dialogue, and innovative character and scenario development.

References


Beth Ann Townsend, EdD, RN
betapple@iu.edu
School of Nursing
Indiana University

The author has disclosed no potential conflicts of interest, financial or otherwise.
doi:10.3928/01484834-20180123-14