Author's response to reviews

Title: Cultural diversity teaching and issues of uncertainty: the findings of a qualitative study

Authors:

Nisha Dogra (nd13@leicester.ac.uk)
James Giordano (jgiordano@neurobioethics.org)
Nicholas France (Nickfrance@doctors.org.uk)

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Author's response to reviews: see over
Response to reviewer comments:

Reviewer 1

PLEASE NOTE REVIEWER 1 ASKED TO REMAIN ANONYMOUS

As discussed with Emma Parkin, we have clarified that this was qualitative research. Uncertainty was not specifically asked about but was identified as a recurring theme during the data analysis. We did not predict the themes that would arise. We did not pose the questions, how are uncertainty and ambiguity viewed in the cultural diversity curriculum? However, in answering the questions that we did raise respondents raised the issue of uncertainty and ambiguity. The fact that the question was not asked does not make the identification of the theme irrelevant or reduce the finding to no original research status.

To reduce potential reader confusion we have added the following sentences:

In analysis
Uncertainty was not a theme that was asked about specifically but was identified as relevant through the above analytical process.

As part of the introduction to the findings
The research did not specifically ask about uncertainty. However, issues of teaching about uncertainty arose over several different parts of the interview such as when discussing the contents of programmes, teaching methods and student perspectives.
Reviewer 2

Left speciality as this was used throughout as opposed to specialty
g changed to e.g.

Page 19 Lines 12-13 should be 16 and changed

Lines 14-15 should be 11 and changed

For both of these the original data was checked.

Page 23 ff, the section below is now included:

For the question, “How do you think cultural diversity should be taught” more than one response was possible. The following responses were made:

- Small group work to help students explore and discuss the issues (30; 4 communication teachers; 4 curricula heads; 11 diversity teachers; 7 policymakers; 3 students and 1 user)

- Lectures suggesting they wanted some information or facts to be taught (19; 1 communication teacher; 7 diversity teachers; 9 policymakers; 1 researcher and 1 student)

- Community placement (20; 2 communication teachers; 3 curricula heads; 2 diversity teachers; 6 policymakers; 4 students and 3 users) suggested community placements).
• Experience of actually talking to diverse communities (17; 2 communication teachers; 2 curricula heads; 5 diversity teachers; 4 policymakers; 3 students and 1 user)

• Clinical contexts (18; 3 communication teachers; 2 curricula heads; 4 diversity teachers; 3 policymakers; 2 researchers, 2 students and 2 users). Of these 9 were clinicians.

Some felt that lectures and other didactic teaching should support small group work but some (a diversity teacher, a policymaker and a student) felt that lectures had no place in ‘cultural diversity’ teaching. The justification for community placement was variable ranging from talking to individuals representatives of their community (1 policymaker and 1 student), to talking to those that are different from oneself in order to give students experience of the wider community (2 users). A student felt that experience can be good or bad and that experience in itself was not enough. He particularly wanted time for discussion and reflection.

“I think they have actually got to DO it. They have got to practice doing difficult consultations. They have got to get feedback on their practice. They need to be supported and encouraged to feel confident and OK about themselves in order to be able to operate better with anybody” (R2: Communication teacher)

This is consistent with students wanting an experiential approach. Students, however, did not mention theoretical underpinnings or other teaching to perhaps support the
experiential learning. Two communication teachers, 2 diversity teachers and 1 student mentioned role-play which could be a safer method of offering experience. A communication teacher and a diversity teacher, both of whom had much experience of working with simulated patients in communication skills, touched on the expense of using simulated patients. One of these discussed the skills needed by simulated patients, and why they might be more appropriate than real patients in detail:

“As a trained actor you get an increased awareness of yourself, so you work out what is you, the way you react and the way you impact on others, because through understanding that you can then learn how to take on somebody else and leave the bits of yourself behind whereas if you take a lay person who has never done acting training usually they will just stick on a hat and, it’s not quite the same as believing...Actors allow them [students] to struggle enough so that the teaching points are there, but not so they are completely destroyed” (R19: Diversity teacher)

This suggests that those participating know how to be effective facilitators as this may influence ‘cultural diversity’ teaching. Effective facilitators are more likely to engage students in constructive debate and encourage them to self-reflect and share their perspective than tutors who are didactic. There is also the opportunity to allow students to learn to deal with uncertainty.

AAMC TACCT web link included in reference

Bibliography meets journal format