



Jean Weaver
Asst. Professor
Physical Therapy
University of Findlay
Findlay, OH, USA
Jweaver@findlay.edu



Brandon Koehler
Instructor
Physical Therapy
University of Findlay
Findlay, OH, USA
bkoehler@findlay.edu

TECHNOLOGY ASSISTED CULTURAL AWARENESS BETWEEN HAITIAN AND AMERICAN PHYSICAL THERAPY STUDENTS

Introduction and Purpose

The American Physical Therapy Association's blueprint for teaching cultural competence in physical therapy education states - "Improving the health of the citizens of the United States is important for the individual, the community, and the society at large. Because the United States is a nation of diverse citizenry, it is important that healthcare practitioners have the education and skills essential for effective interactions with diverse populations".¹ The questions have been raised, how did you educate for effective interactions with diverse populations? Did this require expensive travel to foreign lands? And, is there an alternative, less expensive means of providing this education?

Technology has been used to facilitate education and skills in intercultural knowledge, with major limitation that exchanges are short in duration and superficial² and lasting impacts are unknown. Online exchanges between future Polish and Romanian foreign language teachers revealed

collaborative student projects for intercultural experiences proved valuable to the participants in developing intercultural knowledge, skills and attitudes.³ Computer Assisted Learning (CAL) in physical therapy education has effectively shown to convey content similar to traditional methods of physical therapy instruction⁴, yet there has been limited understanding of international CAL in physical therapy education and the development of cultural competence.

Additional to intercultural knowledge in developing cultural competence, physical therapy students have needed the development of an intercultural sensitivity. Universities should be able to deliver programs with a culturally sensitive pedagogy, that is responsive to and optimized the use of a diverse student body.⁵ Cultural sensitivity pedagogy has included the use of technology to provide more experiences and structured opportunities for student intercultural interaction within the classroom.⁵ Finally, students must have openness and reflection for cultural competence to emerge. "Reflection on cultural difference also enables the individual to question the nature of commonly used categories and the strength and reality of the boundaries and stereotypes that we use to order the world. The complexity of diversity provides the opportunity for new forms of critical thinking and re-visioning that might be associated with creativity, decision-making and other high-level cognitive tasks. It is also important to remember the joy that culture can bring, enriching lives through personal discovery".⁵ The cultural competence education and skills desired in future physical therapists have included an intercultural knowledge of people with whom they work or interact, an intercultural sensitivity, and openness to cultural differences. Physical therapy students immersed in Ecuador through an international service-learning project did experience the development of these cultural competence skills along with the application of Physical



Therapy Core Values.⁶

The care challenges of future physical therapists, which have been discovered, include differences interculturally with health determinants, needs, and vulnerabilities.⁷ A systematic review of qualitative research regarding intercultural care experiences of ethnic minority patients was conducted and the authors felt four dimensions were needed to describe an intercultural care encounter.⁷ The initial encounter of two different cultural contexts of care was the first dimension of intercultural care.⁷ The second intercultural care encounter dimension was a dynamic, ongoing and circular process (i.e., not a one time occurrence or unidirectional outcome) where the unique care relationship between the caregiver and patient was established.⁷ This dynamic relational process may have led to a meaningful care relationship, a disengaged care relationship, or to every possible care outcome in between the two.⁷ Ethnic minority patients realized

the care relationship with caregivers occurred through a process of balancing between the two different cultural contexts of care presented to explain the third dimension of intercultural care.⁷ The two different cultural contexts of care were intertwined with the differences in cultural meanings of health, illness, care and treatment as ethnic minority patients carried their own cultural views with them throughout the hospital stay.⁷ And finally, in the fourth dimension, this patient process of balancing between the two different cultural contexts was being influenced by various mediators: (a) communication between the caregiver and the patient, (b) the presence of humanity during care, (c) family member roles, and (d) the organization structure of the hospital providing the care.⁷

The purpose of the article was to explore

intercultural sensitivity through the use of a technology assisted learning experience. The research questions were: 1. How was a technology assisted learning experience provided for physical therapy students in a United States classroom (or in another country), which challenged the students' cultural knowledge, intercultural sensitivity and openness to others? 2. Did creating a virtual intercultural experience consulting on a patient case provide the desired learning opportunity and allow students to understand future care challenges?

Methodology

Participants: Faculty from the University of Findlay Doctor of Physical Therapy (DPT) Programs developed an online Skype session for physical therapy students to discuss a patient case with Haitian physical therapy students. The University of Findlay has had two programs including a Traditional entry level DPT program and a Weekend Physical Therapist Assistant to DPT bridge program. The Weekend program has had students from across the United States, while the Traditional program has had students primarily from Ohio and the Midwest. The physical therapy program in Haiti was located in the Artibonite Region; however, students have attended from other regions in Haiti.

Instrumentation: The patient case involved a young Haitian man who was born with a short leg in both the femur and tibia/fibula, while his opposite leg was of normal size. The patient's

involved knee remained extended and his ankle fused. He was able to run and walk with his uninvolved limb positioned with hip flexion and knee flexion both around 90 degrees in static stance. The students in Findlay and in Haiti, observed a video of the patient case being interviewed about his function and then the



patient case mobilizing (i.e., walking, running, shooting a basketball, and playing soccer). Once they observed the video, the students in Findlay and in Haiti discussed the case including the international classification system components via Skype with a monitor in each location and a Creole/English translator.

Following the discussion, a qualitative assessment of the Skype session's impact on the student's intercultural knowledge, sensitivity, and openness was conducted. Students were asked the following questions: Could you let me know how you look back on the Skype session with regards to the impact that it played on your cultural knowledge of Haiti/America, sensitivity you gained to the other culture, and your openness to the other culture? After 4 months, the assessment was repeated. American students were assessed via email, while the Haitian students were verbally asked through translation to write their thoughts on paper. Students were able to participate in the Skype session and respond to both assessments at will with a response indicating consent for participation.

Analysis: Two faculty members reviewed responses and agreed upon themes. Themes were determined if at least three students expressed similar thoughts and those thoughts were expressed in both the immediate session and at the 4 month follow up assessment. The assessment data was triangulated with repeat responses as described above. Pictures of students and the case subject provided experience authenticity.

Results

There were 5 Haitian physical therapy students who participated in both assessments, 5 Traditional University of Findlay DPT students, and 5 Weekend PTA to DPT Bridge University of Findlay students.

Themes expressed by Haitian students only

1. Physical therapy is a universal discipline

Student 1: "Firstly, I saw that the discipline is universal"

Student 2: "I think there is a relationship between us because we will treat patient who is sick all over the world."

Student 3: "All of the world will know me as a therapist...in Global I trust"

2. The education of a physical therapist is similar

Student 1: "...it is to say that what we learn in Haiti is the same as what they learn in USA"

Student 2: "...we also learn the same things...there isn't any difference with a student who learn therapy in Haiti and an other who learn in an other country"

Student 3: "When I talked to them, I see there is not a difference with the American students and the Haitian one."

Student 5: "I am so happy we learning the same things."

Theme expressed by American Students only

1. Noticeable cultural differences between the two sets of students impacted the view on health and function.

Student 8: "The Skype experience with Haitian physical therapist students was insightful and provided a relevant perspective on current cultural differences in regards to health and functional abilities."

Student 10: "I think the biggest take away from this experience is that culture and frame of mind



can play a huge roll in how people perceive themselves as disabled or not.”

Student 13: “I felt that the session was very informative in regards to how their culture views healthcare and how the health care system functions in Haiti.”

Themes expressed by both Haitian and American students

1. The exchange was enjoyable, intriguing and exciting.

Student 2: “In fact, the pleasure was mine to talk to them as physical therapy student too.”

Student 4: “So we was very happy when Teacher Jonne make us face to face with the American student-that’s make me very happy.”

Student 5: “I want you to know that I was very excited to talk with you student face to face”

Student 10: “I think the Skype session with the physical therapy students in Haiti was very eye opening and a great experience.”

Student 14: “I found the Skype session to be very interesting and informative.”

Student 15: “On a side note, I also thought it was neat how we got to interact with the Haiti individuals in collaboration with our professors as peers. I thought it was definitely worthwhile.”

2. The discussion and collaboration between students regarding the case helped them see differences in perspective.

Student 1: “Secondly, about the boy that had his legs different,

the way we thought things was not necessarily the way they thought them....but they, over there, thought that the case could be resolved. By analyzing the case together, we finished by stating that the case could be resolved. The treatment is possible, for me, but many considerations must be done.”

Student 6: “The discussion turned toward amputating and getting him a prosthesis, and it was enlightening to hear the cultural differences between the two sets of students. In American, cosmetically, we would deem the congenital limb as “unacceptable”, whereas in Haiti, he views himself as “whole” and probably would not consider amputation.”

Student 7: “Both cases had interesting aspects that provided unique insight into the varying viewpoints of the Haitians versus Americans on impairments of structure/function, activity limitations and participation restrictions.”

3. Haiti does not have the same resources available in America

Student 5: “We don’t have material to do it.”

Student 10: “Few access....”

Student 11: “They don’t have the access...”

Student 13: “They don’t have the resources....”

Discussion and Conclusion

Fifteen students from Haiti and America through The University of Findlay participated



in both assessment periods and various themes emerged. Major limitations of this research is small sample size, a one-time experience, and the use of a translator limiting depth and breadth of conversation and discussion amongst the students.

The Haitian and American physical therapy students shared similar and different perspectives of the Skype session regarding the patient case. The Haitian students recognized the profession of physical therapy was a universal discipline and they were pleased to learn that they were receiving a similar education. The American students did not compare their education to the education provided in Haiti. However, they did compare the differences in resources and access to services for patient care. The American students focused on how the cultural differences impacted health and function viewpoints. They seemed to have an “aha” type of experience, when learning the perspective of the Haitian students regarding the need for intervention. The patient case was of a patient born with a congenital abnormality in one of his legs affecting length and joint motion. The Haitian students saw the patient case as fully functional because he ran and played sports. The Haitian students did not feel there was a need for an intervention. The American students were concerned about the individual’s future problems with back pain and felt an amputation of the involved leg as well as a prosthesis would be a better alternative. The Haitian students were quick to argue receiving an amputation and prosthesis fitting was not a guarantee of return to the full function the patient currently had and that the length and cost of travel as well as availability made this option infeasible for the patient. Additionally, the patient case did not want to risk the surgery and had a good body image as well as was content with his abilities.

Both groups recognized the value of collaborating on a case and sharing ideas with each other as perspectives were different. Finally, both groups recognized resources and access in Haiti were restricted compared to the United States. However, the American students better realized the resource restriction and access impacts on medical and therapeutic interventions.

While cultural competence is considered critical in the professional development of physical therapists, gaining cultural competence is a process occurring over time through knowledge acquisition, development of specific cultural attitudes or behaviors, and mastering the language or art of communication.¹ When educating physical therapy students, the curriculum might include intercultural encounters to facilitate the development of certain cultural attitudes or behaviors; however, it unknown how frequent these encounters need to be or for how long an encounter needs to last³ for cultural learning to occur. Students who experienced cultural competence curriculum have suggested multiple methods of instruction have been needed and included article reviews, journal reflections, and inservices in addition to patient interviews or intercultural encounters.^{8,9}

A foundation of mutual respect and understanding has been established with cultural competence allowing patients and health care providers to successfully communicate with one another.¹⁰ Health care professionals (including physical therapists) must have recognized the impact of culture on access in health care, models of service delivery, and care participation willingness.¹⁰

This study’s brief physical therapy student encounter via technology did provide a unique exchange of cultural knowledge, sensitivity, and openness. Students expressed a desire to



learn more about the opposing culture, were surprised by the differing resources available, and wanted further opportunities to share information and learn from each other. While additional exchanges would be encouraged, this one exchange brought enjoyment and interest for both groups. The technology assisted learning experience did provide a forum for unique intercultural exchanges and may have provided a discovery for future research and exploration in developing intercultural sensitivity.



References

1. American Physical Therapy Association (APTA). (2014). *Blueprint for teaching cultural competence in physical therapy education*. Retrieved from <https://www.apta.org/Educators/Curriculum/APTA/CulturalCompetence/> February 1, 2016.
2. Ciftci, EY. (2016). A review of research on intercultural learning through computer-based digital technologies. *Educational Technology & Society*, 19(2), 313-327.
3. Wach, A. (2017). Intercultural experience in online collaboration: a case of Polish and Romanian teacher trainees. *TESL-EJ*, 20(4), 1-21.
4. Veneri, D. (2011). The role and effectiveness of computer-assisted learning in physical therapy education: a systematic review. *Physiotherapy Theory and Practice*, 27(4), 287-298.
5. Harrison, N. (2015). Practice, problems and power in 'internationalization at home': critical reflections on recent research evidence. *Teaching in Higher Education*, 20(4), 412-430.
6. Hayward LM, Charrette AL. (2012). Integrating cultural competence and core values: an international service-learning model. *J Phys Ther Educ*, 26(1), 78-89.
7. Degrie L, Gastmans C, Mahieu L, de Casterle BD, Denier Y. (2017). How do ethnic minority patients experience the intercultural care encounter in hospitals? A systematic review of qualitative research. *BMC Medical Ethics*, 18(2).
8. Jackson V. (2011). Cultural competence in physical therapy education: student perceptions on the effectiveness of cultural competence education methodology. *J National Society of Allied Health*, 2, 31-40.
9. Denton JM, Esparza S, Fike DS, Gonzalez J, Lundquist Denton M. (2016). Improvements in cultural competence through classroom and local Cross-Cultural Service-Learning



Activities. *J Phys Ther Educ*, 30(2), 6-13.
10. Black Lattanzi JF, Purnell LD.
(2005). *Developing cultural competence in
physical therapy practice*. Philadelphia, PA
19103, FA Davis Co.

