



Erasmus+

KA2 Strategic Partnerships

IENE 5

MOOC Best Practice Guide

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Introduction

Welcome to this best practice guide which introduces you to the IENE5 Massive Open Online Course(MOOC) which was provided from January to March 2017. This guide provides general information about the content of this MOOC and provides some examples of the work the participants of the MOOC engaged in. It also includes the evaluation report of this MOOC. Each of the 4 modules presented in this guide was written by a different team and each has its own style. We present these as different ways to best practice. We hope you will find it useful and you will be inspired to either subscribe to one of the many free MOOCs available for healthcare workers or even consider developing your own MOOC to share your knowledge, skills and topics of interest.

What is a MOOC?

The IENE 5 Massive Open Online Course (IENE 5 MOOC) "**Training healthcare teams in intercultural communication and patient safety**" project, aimed to increase the knowledge and skills of members of healthcare teams, in three major areas: 1) Intercultural communication, 2) Working in multicultural and multidisciplinary healthcare teams and 3) Patient safety.



More specifically the IENE5 MOOC addressed the following:

- What is intercultural communication?
- What are the characteristics of effective intercultural communication and how can we achieve them?
- What do we mean by Multicultural/Multidisciplinary Healthcare Teams (MMHT)?
- Why is effective intercultural communication essential to MMHT?
- What challenges do MMHTs face in learning to communicate through the cultural boundaries of each other's cultures?
- What is patient safety?
- Why do we need to be concerned about it?
- Why effective intercultural communication within MMHT is the key to patient safety?

The MOOC's structure included four 'topic /modules 'and was six weeks long:

- Week 1: Orientation
- Week 2: Intercultural Communication
- Week 3: Working in Multicultural Multidisciplinary Healthcare
- Week 4: Patient Safety

- Week 5: Synthesis of the themes
- Week 6: Assessment and evaluation

The first week was an orientation to the technology, to the educational approaches of the MOOC, its structure and an opportunity for the participants to introduce themselves to all other participants through uploading short profiles of themselves, in the specific area of the MOOC platform. The second week was focused on activities related to **intercultural communication** but with a small component which related this topic to team working. The third week was devoted to the theme of **working in multicultural and multidisciplinary teams**, but with a small component which related this topic to patient safety. The fourth week was devoted to patient safety whilst the fifth was a synthesis of the previous three weeks. The sixth week was devoted to the summative assessment and any catch up the participant needed to make.

Module 1: Intercultural communication

MODULE 1: DAY 1

<ul style="list-style-type: none"> ● A descriptive title 	Developing your intercultural communication
<ul style="list-style-type: none"> ● Aim 	Enhance the awareness of the need for intercultural communication skills Be aware of potential barriers which affect intercultural communication
<ul style="list-style-type: none"> ● Learning outcomes 	After reading these articles, participants should be aware that: <ul style="list-style-type: none"> - whether it is with patients or colleagues, intercultural communication is a part of nursing now, more than ever. - a culturally-fluent approach to good communication skills in nursing takes time, patience, good listening and awareness, and will go a long way to improve the communication across cultures and enhance personal and professional relationships. And they should be able to: <ul style="list-style-type: none"> - understand the characteristics of effective communication with people of different cultures - address and eliminate linguistic barriers to communication in health care settings
<ul style="list-style-type: none"> ● Detailed instructions of what the participants need to do and with whom 	<p>Activity A After reading the following article learners (individually) should reflect about the tips: http://www.nursetogether.com/are-you-aware-cross-cultural-communication-nursing Time: 5 minutes)</p> <p>Produce a document (see the template, max 2 pages) :</p> <p>Task 1 – Completing the phrases: "Is it okay with you if..." "Are you comfortable when..." "Can you explain to me how..." "Was it clear when I said..." (Time: 25 minutes)</p> <p>Task2 - Reply to the following questions: Are you a nurse working in a foreign country who has had negative experiences due to language or cultural barriers? If yes, describe your experience, if no, you have probably worked together with a foreign nurse. Therefore all participants must reflect on this item and report one experience/story regarding intercultural communication in nursing.</p>

	<p>Use your creativity to present your list about all barriers that could affect intercultural communication (a graph, map, drawing, photo or scale and so on.) Please produce this output as a word document and post it in the wiki/blog... (Time: 30 minutes)</p> <p>For Italian Speaking Learners only (the instruction will be given in Italian language too)</p> <p>Activity A Learners should read the document and give one's <i>self-concept (universal , collective, individual and relational self)</i>.</p> <p>http://www.psicologisenzafrontiere.org/uploads/bibliografie%20formazionePSF/Edelstein2.pdf (Time: 15 minutes)</p> <p>Task 1 A conceptual map should be created and uploaded to the wiki/blog (Time: 10 minutes)</p> <p>Activity B Participants should read the article and reflect on different barriers, actual cases and conclusions.</p> <p>http://www.forumecm.it/x/221/305/xhtml/150/ (Time: 20 minutes)</p> <p>Task 1 - Create an infographic as a review or a cartoon to introduce one of your experience. (Time: 20 minutes)</p> <p>Task 2 – Individually, answer the questions. (Time: 5 minutes)</p>
<ul style="list-style-type: none"> ● Resources to use 	<p>http://www.nursetogether.com/are-you-aware-cross-cultural-communication-nursing</p> <p>For Italian Speaking Learners only</p> <p>http://www.psicologisenzafrontiere.org/uploads/bibliografie%20formazionePSF/Edelstein2.pdf</p> <p>http://www.forumecm.it/x/221/305/xhtml/150/</p>

MODULE 1: DAY 2

<ul style="list-style-type: none"> ● A descriptive title 	<p>Intercultural capabilities for clinical staff</p>
<ul style="list-style-type: none"> ● Aim 	<p>Learn more about self-reflection, cultural understanding, context, communication and collaboration in Multicultural Multidisciplinary</p>

	Healthcare Teams (MMHT)
<ul style="list-style-type: none"> • Learning outcomes 	<p>Participants will be able to achieve intercultural capabilities, to acknowledge their own cultural values, beliefs, behaviours, perceptions which allow them to work in MMHTs competently and sensitively across cultures.</p> <p>Learners will develop the cultural competence and the capacity to understand effectively the existence of cultural differences among healthcare professionals and to respond to these.</p>
<ul style="list-style-type: none"> • Detailed instructions of what the participants need to do and with whom 	<p>Activity A After reading this document learners should reflect on how people from different countries and cultures behave, communicate and perceive the world around them (the 5 intercultural capabilities) https://www.health.qld.gov.au/multicultural/health_workers/CCC-clinical.pdf (Time: 30 minutes)</p> <p>Task 1 Create individually a record of a short message replying to the following questions (upload the record on the wiki/blog for group reflection) (Time: 30 minutes)</p> <ul style="list-style-type: none"> - What colleague behaviours or practices make you feel uncomfortable? - Do I reflect on my status and how this might affect communication and interaction with others? - How do I feel when others make judgements or statements about me on the basis of my culture?
<ul style="list-style-type: none"> • Resources to use 	https://www.health.qld.gov.au/multicultural/health_workers/CCC-clinical.pdf

MODULE 1: INTERCULTURAL COMMUNICATION - DAY 3

<ul style="list-style-type: none"> • A descriptive title 	Become a tolerant and active listener
<ul style="list-style-type: none"> • Aim 	Learn more about being a tolerant active listener.
<ul style="list-style-type: none"> • Learning outcomes 	Participants should be able to listen without judging, be tolerant and active listeners, repeat what they understand, confirm meanings, give

	suggestions and acknowledge a mutual understanding.
<ul style="list-style-type: none"> Detailed instructions of what the participants need to do and with whom 	<p>Activity A After reading learners should reflect on how people from different countries and cultures behave, communicate and perceive the world around them. http://www.dimensionsofculture.com/2010/11/cultural-aspects-of-communication/ (Time: 5 minutes)</p> <p>Task 1 - An individual presentation should be prepared., The following questions may be used as suggestions:.</p> <ul style="list-style-type: none"> -Have you ever wondered why people from some cultures talk so loud and seem aggressive? -Why do they stand so close to you when they speak? -Or maybe you've wondered why some patients seem reluctant to speak or maintain eye contact? Could that be cultural? - Why do people from some cultures make it difficult to get a straight answer to a simple question? <p>(Time: 25 minutes)</p> <p>Task 2 - Participants have to create the following tables on:</p> <ul style="list-style-type: none"> - Therapeutic and non therapeutic communication techniques - Verbal and non verbal communication (Time: 15 minutes) - Open communication with patients is important so that the patient is intimately involved in the plan of care. <p>Please suggest a list of questions that can improve the nurse-patient relationship? e.g. What do you think caused your problems? (Time:15 minutes)</p>
<ul style="list-style-type: none"> Resources to use 	http://www.dimensionsofculture.com/2010/11/cultural-aspects-of-communication/

MODULE 1: DAY 4

<ul style="list-style-type: none"> ● A descriptive title 	<p>Intercultural communication for health professionals: impact on quality of care</p>
<ul style="list-style-type: none"> ● Aims 	<ul style="list-style-type: none"> -Identify skills of intercultural communication competence, -Identify barriers and challenges to intercultural communication, -Identify the impact of intercultural communication of patients on quality of care, - Describe strategies for effective intercultural communication to enhance intercultural work.
<ul style="list-style-type: none"> ● Learning outcomes 	<p>Learners will be able to define the concept of intercultural communication, intercultural competence and reflect on how cultural conflicts among health professionals impact on quality of health care. Participants will develop skills and strategies for effective IC within MMHTs.</p>
<ul style="list-style-type: none"> ● Detailed instructions of what the participants need to do and with whom 	<p>Activity A After reading learners should share a true story of ineffective intercultural communication among colleagues and focus their attention on slide n. 23 (Time: 30 minutes)</p> <p>Task 1 – Participants should create a short video describing their true story which answers to the questions reported in the slide n. 23. (Time: 30 minutes)</p>
<ul style="list-style-type: none"> ● Resources to use 	<p>Presentation - Intercultural Communication For Health Professionals: Impact on Quality of Care <i>Ayman Hamdan-Mansour RN PhD - School of Nursing- The University of Jordan</i></p>

MODULE 1: DAY 5

<ul style="list-style-type: none"> ● A descriptive title 	<p>The missing ingredients for an effective cross-cultural nurse/patient communication: guess what?</p>
<ul style="list-style-type: none"> ● Aim 	<p>Learn how to combine various methods and technologies to supplement verbal communication to overcome any barriers in communication.</p>
<ul style="list-style-type: none"> ● Learning outcomes 	<p>Participants will be able to distinguish less effective health care provider/patient communication skills, resulting in patient resistance and non-compliance and how effective health care providers (in this case, a dentist) can engage patients in discussion about their primary concerns, cultural</p>

	health beliefs, and encourage patient participation in the development of a realistic treatment plan.
<ul style="list-style-type: none"> Detailed instructions of what the participants need to do and with whom 	<p>Activity A https://www.youtube.com/watch?v=OwmhZNd9uQE (Time: 7:42 minutes)</p> <p>Task 1 - Participants individually have to “guess” what are the missing skills for an effective intercultural communication nurse/patient. Create a table to be shared with the others participants (Time: 22:18 minutes)</p> <p>Activity B https://www.youtube.com/watch?v=pY8QsvAzBcw (Time: 9 minutes)</p> <p>Task 1 - Participants individually should list all skills that are important factors in developing an effective intercultural communication between patient and healthcare professionals. Create a table to be shared with other participants on wiki/blog (Time: 21 minutes)</p>
<ul style="list-style-type: none"> Resources to use 	<p>https://www.youtube.com/watch?v=OwmhZNd9uQE https://www.youtube.com/watch?v=pY8QsvAzBcw</p>

MODULE 1: EXTRA ACTIVITIES

<ul style="list-style-type: none"> A descriptive title 	Are you listening?
<ul style="list-style-type: none"> Aim 	Learn more about being a tolerant active listener
<ul style="list-style-type: none"> Learning outcomes 	<p>Participants will be able to identify patients’ values, beliefs, behaviours, perceptions, and unique health care needs when communicating cross culturally in a competent and responsive manner.</p> <p>Participants will have the cultural competence to be active listeners</p>
<ul style="list-style-type: none"> Detailed instructions of what the participants need to do and with whom 	<p>Activity A After you listened to these stories, what common communication issues did you hear? Have these experiences been similar to yours? http://www.nursingassets.umn.edu/effectiveinterculturalcommunications/?type=modules&p=significance/perspectives (Time: 8:30 minutes)</p>

	<p>Task 1 Create individually a record of a short message replying to the questions (upload the record on the wiki/blog for the group reflection) (Time: 21.30 minutes)</p> <p>Activity B What are the grandmother's beliefs about the illness and surgery? What are the mother's beliefs about the illness and surgery? Where could you go to find information about their culture? What do you think about the communication that happened in the conversation between the family and healthcare providers? What would you have done differently?</p> <p>http://www.nursingassets.umn.edu/effectiveinterculturalcommunications/index.html?type=modules&p=significance/beliefs (Time: 6:07 minutes)</p> <p>Task 1 Create individually a record of a short message replying to the questions (upload the record on the wiki/blog for the group reflection) (Time:23:53 minutes)</p>
<ul style="list-style-type: none"> • Resources to use 	<p>http://www.nursingassets.umn.edu/effectiveinterculturalcommunications/?type=modules&p=significance/perspectives</p> <p>http://www.nursingassets.umn.edu/effectiveinterculturalcommunications/index.html?type=modules&p=significance/beliefs</p>

<ul style="list-style-type: none"> • A descriptive title 	<p>What Not to Do/ What to do - Intercultural communication in the Nurse-Patient Relationship</p>
<ul style="list-style-type: none"> • Aim 	<p>Learn how to combine various methods and technologies to supplement verbal communication to overcome any barriers in communication</p>
<ul style="list-style-type: none"> • Learning outcomes 	<p>Participants will be able to distinguish - What Not to Do/ What to do in intercultural communication in the Nurse-Patient Relationship.</p> <p>Distinguish when a therapeutic relationship between the health care workers and patients is lacking due to the lack of sensitivity on the part of the healthcare workers.</p>

<ul style="list-style-type: none"> • Detailed instructions of what the participants need to do and with whom 	<p>Activity A Learners should reflect on behaviors, verbal and non-verbal communication, between healthcare professional and the pregnant woman in labour. https://www.youtube.com/watch?v=a2i5-eTPWGg (Time: 9:53)</p> <p>Task 1 - Write individually a short report about bad behaviours (verbal and non-verbal communication, touch and facial expressions) in the video and suggest how the relationship between nurses and patients should be. (Time: 20:07 minutes)</p> <p>Activity B Participants should reflect on behaviours, verbal and non-verbal communication, between healthcare professional and pregnant woman in labour. https://www.youtube.com/watch?v=pnsiLentS_c (Time: 9:59)</p> <p>Task 1 – The use of effective intercultural communication through patience, sensitivity, verbal and non-verbal communication, touch and facial expressions will demonstrate to be important factor in developing a therapeutic nurse-client relationship.</p> <p>Participants should compare their suggestions with the new behaviours in the second video take note of the difference and share the results with the other learners on the website (wiki, blog) (Time: 20:01 minutes)</p>
<ul style="list-style-type: none"> • Resources to use 	<p>https://www.youtube.com/watch?v=a2i5-eTPWGg</p> <p>https://www.youtube.com/watch?v=pnsiLentS_c</p>

Other references:

<http://www.silenttreatmentstudy.com/>

Research and regulatory bodies have long confirmed that poor communication in healthcare is harmful at best and deadly at worst

Silence Kills Study

https://www.youtube.com/watch?v=BcC9YSTa8B8&feature=em-share_video_user

MODULE 1: EXAMPLES FROM THE BLOGS

Is it okay with you if... (To a male patient) I help you with washing?

Are you comfortable when... My student assists me during your care?

Can you explain to me how... your family would like to be involved in your care?

(sometimes the family members would like to bring their own food and feed the patient)

Was it clear when I said... that the wound needs to be cleaned and dressed every day?

Are you a nurse working outside your home country that has had negative experience/s due to language or cultural barriers?

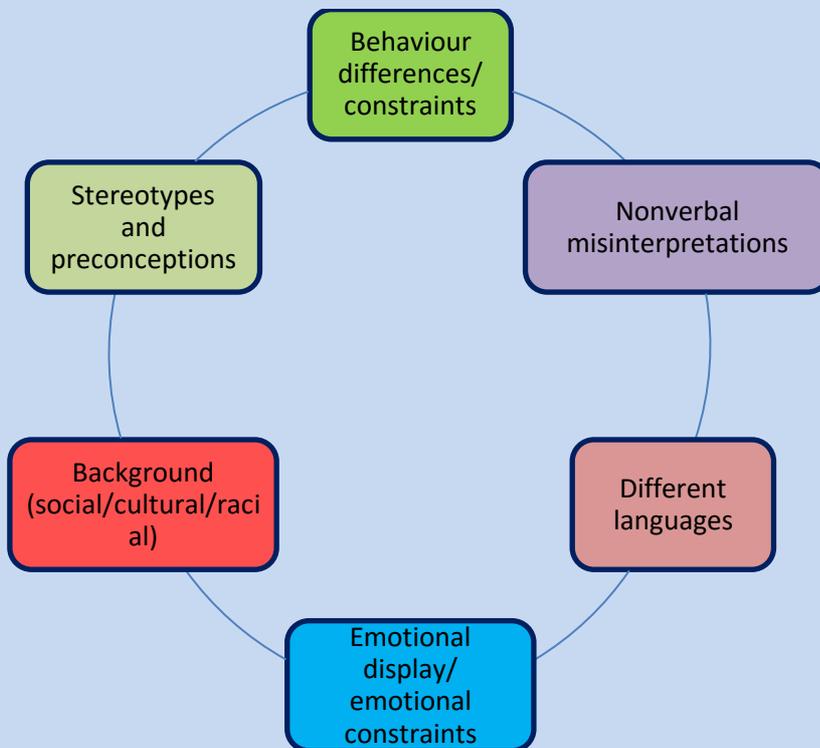
I am a South African of mixed heritage (German/Finish parents). I have lived, studied and worked first in Finland, then Israel, then Germany, and now I am in Belgium. I have also completed a 3 month exchange in Zambia. I have had countless negative experiences, but also many good ones. I found that in Germany, it was a big disadvantage to have an "interesting" background. Also because I speak accent free German, all colleagues automatically assumed I was German, and should be able to understand the finer cultural nuances, as someone who grew up in Germany (ie certain expressions, who are the celebrities, cultural workplace ethics, etc), and I only was able to gain some understanding when I insisted that I was not German and I asked my colleagues to literally "treat me like a foreigner". Germany was by far the hardest place for me to work in because I really had trouble dealing with the fact that what people say is not necessarily what people mean, and they would not necessarily tell you why and if they have a problem with you, but you had to guess and then ask around and somehow via the backdoor use complex reverse psychology to solve workplace conflicts =D The funniest ever was when A doctor asked me "Hat ihr patient abgeföhrt", I had no idea it was a fancy way of saying whether the patient has had a bowel movement! Also having started in Finland as a nurse, I found the hierarchical health care system and working environment in Germany quite hard to deal with. In Finland some cultural barriers that are difficult to crack were the silence and response rates, the respect of privacy, and that certain subjects should never be casual conversation subjects (especially religion and politics).

If yes, describe your experience/s, if no, you have probably worked together with a nurse from another country, all participants have to reflect on this item and report one experience/story regarding intercultural communication in nursing.

Oh yes as I wrote above... because I was always "the foreigner" wherever I have worked, I usually tended to connect very well with other foreign nurses. However there was once this very strange incident in Finland where I had to work together with a colleague from Russia. I have never had problems with Russian colleagues before, however as soon as she heard I was South African, she automatically assumed I had some inferior training and also treated me as an inferior colleague. Her behaviour was very offensive and it was painful to work with her, however I think we eventually sorted things out. I think I just had to confront her directly (direct confrontation however does not necessarily work with Finns) at some point and after that it smoothed things out. I had one other similar experience in Germany with a Vietnamese colleague, who was the colleague responsible for hygiene protocols. she heard I was a foreigner too, and so her behaviour towards me changed and so she would hound me and ask impossible questions concerning hygiene protocols (she expected me to know the exact wording in a 500 page handbook). She eventually calmed down though, once I started defending myself. This would not work with German colleagues though, if you defend or explain yourself, it was generally met with

suspicion, you just had to accept what they said gracefully and then prove your worth again with certain actions.

Use your creativity to present your list about all barriers that could affect intercultural communication (a graph, map, drawing, photo or scale and so on)



I think being afraid like beaker and thinking that it is impossible is exactly the wrong attitude. I believe we should not take ourselves too seriously, be open to criticism, be kind and understanding towards others (and ourselves!), be honest, be patient (!) and eventually we will come to understand each other.

What colleague behaviours or practices make you feel uncomfortable?

I feel that I am a fairly open person, and very few things make me actually feel uncomfortable. I am often taken back or surprised when a first meet someone from a culture that is physically affectionate upon meeting (like kissing the cheeks of a person in greeting when they are not someone you know well or in a professional setting). Although, typically, if I know that a person comes from a culture where that is customary, it doesn't surprise me or make me uncomfortable. Only when I don't expect it, it will make me pause for a moment. I have also had situations where a colleague has prayed over a meal surrounded by a lot of other people. Personally, it made me uncomfortable because I think prayers are a private matter, and the situation was far from private. I also wasn't sure if I should stop what I was doing to show respect for their prayer or continue my duties. I think

most things that make us uncomfortable are not the actions/behaviour themselves, but being caught off guard in the situation and not expecting it.

Do I reflect on my status and how this might affect communication and interaction with others?

I have become much more self aware of the cultural attitudes or bias that I was somewhat unaware that I had since moving out of my home country. I have made a conscious effort to ask about customs and how things are done where I am as well as find someone who can let me know if I am doing or saying something that is against cultural norms. In thinking about past experiences, one thing I have learned is that if you are upfront about not wanting to offend or have miscommunications due to lack of understanding or knowledge, then people are much more willing to overlook mishaps and will help you learn how to avoid them in the future. For example, I made the mistake of offering to shake a Muslim man's hand when I meet him. I was unwary that he saw it as inappropriate. Once I knew, I apologized and asked him to please let me know if there were any other culture based things I needed to be aware of. He was much more relaxed once he knew that I had no ill intention and we had much better communication after that.

How do I feel when others make judgements or statements about me on the basis of my culture?

Often when people make judgements or statements about my culture, I try to see why they may have that opinion. It is often due to their own past experiences with other people from my culture, or things they see in media and the news. They don't typically bother me. I can usually see where they may have gotten that opinion. If the statement doesn't fit my view of myself, then I simply try to show the person that it is not how I am.

Have you ever wondered why people from some cultures talk so loud and seem aggressive?

Yes, it is something that I don't always understand the need for. But I experience this within my own culture too! I am an introverted person who doesn't like confrontation. So being loud and aggressive when there isn't a reason has never made sense to me. I have noticed that there are some cultures where being more loud and animated when speaking is common and does not really mean a person is actually angry or upset. As well as cultures where being quiet and not as openly spoken does not mean a person is ok or agrees with a situation.

Why do they stand so close to you when they speak? Or maybe you've wondered why some patients seem reluctant to speak or maintain eye contact? Could that be cultural?

Of course these things can be cultural. But it can also been individual or situational as well. For instance, I noticed a supervisor had difficulty looking me in the eye when we spoke in English. He did not do this when speaking his native language to others. He was actually

not trying to be rude, but was trying to find the words he needed in a language he didn't feel he spoke as well. It was not cultural, but individual and situational.

Why do people from some cultures make it difficult to get a straight answer to a simple question?

I think it comes from how some cultures view being direct or blunt. It can be seen as being rude and disrespectful instead of honest or informative. It is also not customary in some cultures to use a lot of descriptive words when speaking, where in others it is very common. It can also make it difficult to get a straight answer from someone when the language they are speaking is not native to them. They may not have the vocabulary to express themselves more.

Think of a person / patient from a cultural group different to yours and make a list of :

-therapeutic communication approaches /behaviours: showing that you are listening to the patient, actively engaging them by asking clarifying questions or repeating what they said to show you are listening and understanding.

- non-therapeutic communication approaches/behaviours: be aware of your own lack of knowledge of a culture and ask to have help in being able to understand taboos or other things that can make working together or working with a patient different due to the cultural norms. Be open and honest in that you want to be able to understand and be respectful and ask for help and guidance in doing so.

Have you ever wondered why people from some cultures talk so loud and seem aggressive?

To be honest with everybody I did wonder, but then I know that we tend to be comfortable with the speech volume level we've grown up with, and when we encounter something different from the norm, we aren't sure how to interpret it. Well this is how culture affects communication growing up in different environments with different ethics and stereotypes makes you having a unique way of speech even if it is shown in the volume of the speech, how fast you speak, what grimaces you show to others when you speak (sad, anger, happy) or in a non-verbal communication etc.

Why do they stand so close to you when they speak? Or maybe you've wondered why some patients seem reluctant to speak or maintain eye contact? Could that be cultural?

As I have said previously of course it is all about culture and how you have been raised. In some countries if you maintain eye contact it is an insult to the person that speaks to you it means that you do not respect them. In other countries if you do not stand close to the person that speaks to you it means for them that you do not really care of what they have to say to you and that you ignore them.

Why do people from some cultures make it difficult to get a straight answer to a

simple question?

A simple question to us it might seem as a difficult one for others.

Every culture has their restrictions in some topics and especially religious topics. People, which have been asked to answer a question to you, might consider at that time every possible answer in their minds and process the information of their answer in every possible way in order to avoid any misunderstandings or insults in the perspective of the respondents.

Think of a person/patient from a cultural group different to yours and make a list of:

- therapeutic communication approaches/behaviours that show cultural sensitivity;

Active Listening– Being attentive to what the client is saying, verbally and non-verbally. Sit facing the client, open posture, lean toward the client, eye contact, and relax.

Sharing Observations– Making observations by commenting on how the other person looks, sounds, or acts.

Sharing Empathy– The ability to understand and accept another person's reality, to accurately perceive feelings, and to communicate understanding..

Sharing Humor– Contributes to feelings of togetherness, closeness and friendliness. Promotes positive communication in the following ways; prevention, perception, perspective.

Using Touch– Most potent form of communication. Comfort touch such as holding a hand, is especially important for vulnerable clients who are experiencing severe illness.

Silence– Time for the nurse and client to observe one another, sort out feelings, think of how to say things, and consider what has been verbally communicated. The nurse should allow the client to break the silence.

Clarifying– To check whether understanding is accurate, or to better understand, the nurse restates an unclear or ambiguous message to clarify the sender's meaning. "I'm not sure I understand what you mean by 'sicker than usual', what is different now?"

Focusing– Taking notice of a single idea expressed or even a single word. An example is "On a scale of 0 to 10 tell me the level of the pain you are experiencing in your great toe right now."

Providing Information– Relevant information is important to make decisions, experience less anxiety, and feel safe and secure.

- non-therapeutic communication approaches/behaviours

Asking personal questions – Asking person questions that are not relevant to the situation, is not professional or appropriate. Don't ask questions just to satisfy your curiosity.

Giving personal opinions– Giving personal opinions, takes away decision-making for the client. Remember the problem and the solution belongs to the patient and not the nurse.

Changing the subject– Changing the subject when someone is trying to communicate with you is rude and shows a lack of empathy. It ends to block further communication, and seems to say that you don't really care about what they are sharing.

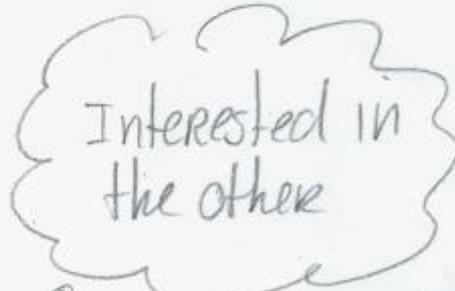
- suggestions of ways/behaviours which can improve communication amongst healthcare teams whose members come from different cultural groups

False Reassurance– “Don't worry, everything will be all right.” When a client is seriously ill or distressed, the nurse may be tempted to offer hope to the client with statements such as “you'll be fine.” Or “there's nothing to worry about.” When a patient is reaching for understanding these phrases that are not based on fact or based on reality can do more harm than good. The nurse may be trying to be kind and think he/she is helping, but these comments tend to block conversation and discourage further expressions of feelings. A better response would be “It must be difficult not to know what the surgeon will find. What can I do to help?”

Sympathy– Sympathy focuses on the nurse's feelings rather than the client's. Saying “I'm so sorry about your amputation, it must be terrible to lose a leg.” This shows concern but more sorrow and pity than trying to understand how the client feels. Sympathy is a subjective look at another person's world that prevents a clear perspective of the issues confronting that person. A more empathetic approach would be “The loss of your leg is a major change, how do you think this will affect your life?”



Development of
your culture
certainty / anxiety



Individual
or
collective oriented

Facilities

Long term
or
short term

monochronic
or
polychronic
culture



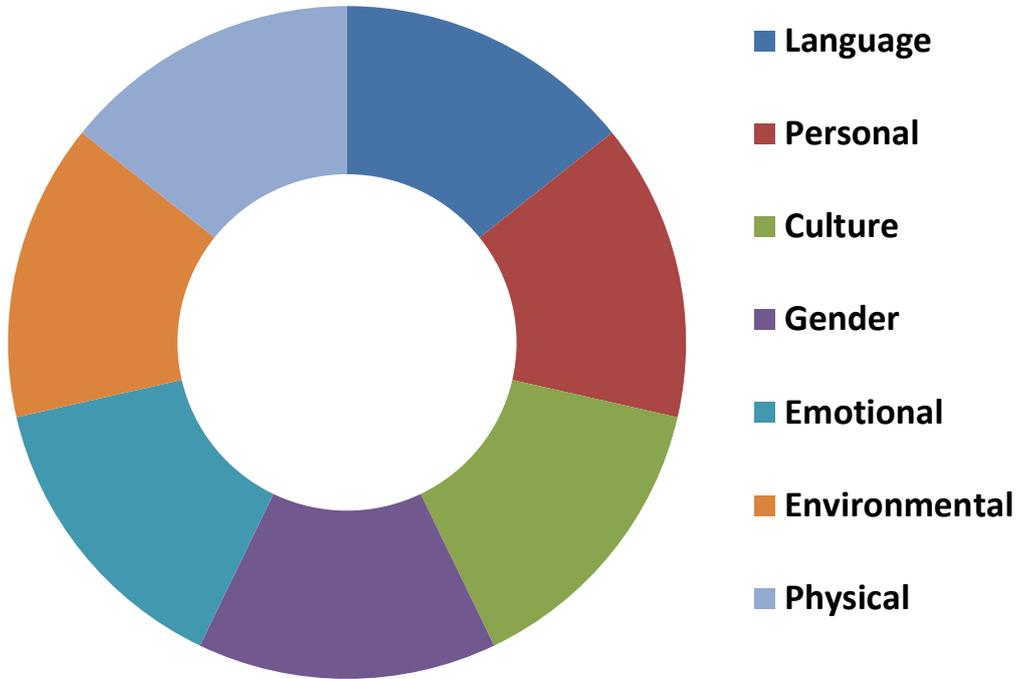
Knowledge
& information
speed and content and context

AWARENESS

universalism or particularism
individual or collective
man or female power
oriented
back ground.



Barriers that affect intercultural communication



Examples for Cultural differences

In America, people shake hands, and even hug each other. But in India, for example, hands are joined to say namaskar.



(<http://www.wikihow.com/Say-Hello-in-Different-Languages>)





Module 2: Multicultural communication in multiprofessional health care teams (MMHT)

Good practice is to provide participants with an inspiring introduction



Good practice is a clear structure that shows participants the activities day by day, how much time they should expect to spend on the activities, and where to upload postings.

MODULE 2: DAY 1

Module orientation

- Watch the introductory video (3 min.)
- Familiarize yourself with the structure, activities and tasks of the module (15 min.)
 - Read the module plan in this document carefully
 - Open the wiki and make sure you know where to post your reflections during the module

Different roles within a team,

Aim: Understand and respect the different roles within the team including your own

Learning outcomes:

- Participants will have knowledge of multiprofessional team members' fields of competence.
- Participants will have knowledge of multicultural and multiprofessional teamwork

Spark (2.08 minutes):

The Wisdom of Geese, A poetic introduction to benefits and synergies in teamwork:

<https://www.youtube.com/watch?v=5rOg4WfNDfM>

Create a new document and name it *Working in multicultural multi professional health teams*.

Task 1 (20 minutes):

In the document that you created, write a list of health professions whose members you collaborate with on a daily basis, and what tasks and responsibilities they have in patient care

Task 2 (10 minutes):

In your document write a reflection on whether you mainly think of yourself as member of a single-professional team (e.g. doctors, nurses, OTs, PTs, radiographers, midwives) or as member of an interprofessional team

Post your document in the wiki/blog

MODULE 2: DAY 2

Developing a team spirit

Aim: Help to develop a team spirit which includes the virtues of proper friendship, interdependence, concern for colleagues, encouragement and support for team members

Learning outcomes:

- Participants will develop skills in culturally competent and compassionate

care.

- Participants will be able to share knowledge relevant to patient care through effective, culturally competent communication.

Task 1 (40 minutes):

Watch this 6 minute lecture on interprofessional teamwork: *Cooperate, coordinate, collaborate*, <https://www.youtube.com/watch?v=Ay-Bq67rglM>.

Create a document and name it *Developing a team spirit*.

In the document, reflect on the following questions about your daily work:

- are your team members usually available in time and space for cooperation? are there many interruptions?
- do you feel that other members of your team recognize your input?
- is your interprofessional cooperation coordinated in a meaningful way?
- having considered who the members are in your interprofessional team and what their tasks are, do you feel that all team members' knowledge and skills come to good use, resulting in collaboration on high quality patient care?

Save the document in the wiki/blog.

Task 2 (15 minutes):

Read at least 3 of your group members' postings in the wiki in order to get new perspectives on teams and teamwork.

Provide feedback to these three group members.

This will serve as preparation for the webinar. We suggest that you open this document when joining the upcoming webinar. This will help you pose relevant questions and comments in the discussion with students, moderators and key note speakers, thus optimizing your learning outcome.

MODULE 2: DAY 3

To give and receive culturally competent compassion

Aim: Understand how to give and receive culturally competent compassion within the multiprofessional team

Learning outcomes:

- Participants will demonstrate skills in negotiating goals and plans for culturally competent and compassionate patient care within the multiprofessional team.
- Goals and plans will include the patient's perspective as well as that of other team members, and they will include relevant patient safety measures.
- Participants will plan concrete measures to put into practice the intercultural communication competence gained from the course with a view to strengthen patient safety in their own organisation.

Task 1 (45 minutes):

Watch the video *Multicultural teamwork*

A presentation on the challenges of decisionmaking in a multicultural teamwork

<https://www.youtube.com/watch?v=bQ071cOoJls> (16:42 min)

Create a document and name it *Culturally competent compassion*

Describe the organisational structure of your organisation,

Reflect on how the organisational structure promotes or restricts multicultural and interprofessional discussions and decision-making,

Reflect on challenges of multicultural teamwork: does your multicultural, multi professional team work from a shared understanding of the tasks, goals and objectives of patient care?

Does your team share views on whether it is mainly task oriented or process oriented?

Post your reflection, *Culturally competent compassion*, in the wiki/blog

We suggest that you open this document when joining the upcoming webinar. This will help you pose relevant questions and comments in the discussion with students, moderators and key note speakers, thus optimizing your learning outcome.

MODULE 2: DAY 4

Webinar, on February 2nd. 2017 at these times: UK: 14-15; DK + It.: 15-16; Ro + Cy: 16-17 (1 hour)

Perspectives on multicultural and multi professional teamwork.

The objective of the webinar is for course participants to co-create an overview of key reflections from course modules 1 and 2.

Aim: Participants will discuss and broaden perspectives on multicultural multi professional communication in health care, and then synthesize key issues from the modules.

Getting started

Join the webinar via link on the website 15 minutes before the announced starting time.

Check your microphone, loudspeaker and camera, following the guide provided. The module moderators will be ready to help you with any technical issues.

For participants who will not be able to join at the given date and time, the webinar will be recorded, and you can watch it later via a link on the course website. Recording of the webinar will be available on line in the next 48hours.

Due to a large number of participants and to ensure good sound quality, we kindly ask you to keep the microphone closed and to communicate with the moderators via the chat. When relevant, the moderator will ask you to turn on your microphone.

You may want to take a few notes for yourself during the webinar, for use in your reflection on day 5.

Program:

- Short welcome by a moderator and introduction of key speaker (5 minutes)
- Key note speaker(s) (15 minutes)

- Interview with key note speaker(s) by a moderator, connecting the key note speech(es) with content and reflections from modules 1 and 2 (15 minutes)
- Students are invited to ask questions which the experts discuss. We kindly ask participants to write questions for discussion in the chat. The moderator will convey the question to the experts. (20 minutes)
- Conclusion of the webinar (5 minutes)

MODULE 2: DAY 5

Task 1 (20 minutes):

Read reflections from a least 3 of your fellow students, in order to add new perspectives on your reflections. Provide peer feedback.

Task 2 (30 minutes)

Open your document *Culturally competent compassion*, and add a reflection on these questions:

- Do members of your multicultural, multi professional team share the same idea of what good teamwork is, and how well your team works together?
- Does your multicultural and multi professional team ever take time to discuss views on the tasks, goal and objectives of of the team, and views on the team process?
- How do organisational structures and work routines influence the possibility of multicultural and multi professional discussions and decision-making which sustains patient safety?
- How could you contribute to developing a positive intercultural and multi professional team spirit in your workplace?

You may be asked to add these reflections in the final assessment of the course

Task 3 (10 min.): quiz

Resources:

The Wisdom of Geese, A poetic introduction to benefits and synergies in teamwork:

<https://www.youtube.com/watch?v=5rOg4WfNDfM>

Cooperate, coordinate, collaborate, Lecture on interprofessional teamwork:
<https://www.youtube.com/watch?v=Ay-Bq67rgIM>. (6 min.)

Multicultural teamwork, <https://www.youtube.com/watch?v=bQ071cOojs> (16:42 min)

A presentation on the challenges of decisionmaking in a multicultural teamwork

Additional resource folder:

Gillespie et al. (2010) The impact of organisational and individual factors on team communication in surgery: A qualitative study, In: *International journal of nursing Studies*; Volume 47, Issue 6, Pages 732–741;
[http://www.journalofnursingstudies.com/article/S0020-7489\(09\)00356-3/pdf](http://www.journalofnursingstudies.com/article/S0020-7489(09)00356-3/pdf)

The development of shared mental models has the potential to improve teamwork in surgery, and thus enhance patient safety.

Manser T (2009): Teamwork and patient safety in dynamic domains of health care; in: *Acta Anaesthesiol Scand* 2009; 53: 143–151,
<http://onlinelibrary.wiley.com/doi/10.1111/j.1399-6576.2008.01717.x/epdf>

Scientific paper exploring the characteristics of high performing teamwork.

Papadopoulos I (2012): Wearing the same shirt doesn't make you a team! Patient safety and the challenges of multicultural health care teams. In D. Ingleby, A. Chiarenza, W. Devillé & I. Kotsioni (Eds.) *Inequalities in Health Care for Migrants and Ethnic Minorities. COST Series on Health and Diversity, Volume II*. Antwerp/Apeldoorn: Garant. ISBN 978-90-441-2932-8

This chapter covers all the issues relevant to this module ie MMHT, intercultural communication and patient safety.

Collective Competence, video lecture by Lorelei Lingaard (19:34 min.):
<https://youtu.be/vl-hifp4u40>. Focus on team's collective expertise achieving effective teamwork and patient safety in today's highly complex health services.

Multiprofessional teamwork, video presentation (18:24 min.)

<https://www.youtube.com/watch?v=Fh7tlr4Tl1o>

Advantages of professions being placed together in an multiprofessional health center in Leicester.

MODULE 2: EXAMPLES FROM THE BLOGS

Webinar 1 (1 hour)

February 2nd. 2017, UK: 14:00-15:00;

DK + It.: 15:00-16:00;

Ro + Cy: 16:00-17:00

Perspectives on multicultural and multi professional teamwork.

The objective of the webinar is for course participants to co-create an overview of key reflections from course modules 1 and 2.

Aim: Participants will discuss and broaden perspectives on multicultural multi professional communication in health care, and then synthesize key issues from the modules.

Getting started

- Join the webinar via link on the website 15 minutes before the announced starting time.
- Check your microphone, loudspeaker and camera, following the guide provided.
- The module moderators will be ready to help you with any technical issues.

For participants who will not be able to join at the given date and time, the webinar will be recorded, and you can watch it later via a link on the course website. Recording of the webinar will be available within 48 hours of the session.

Due to a large number of participants and to ensure good sound quality, we kindly ask you to keep the microphone closed and to communicate with the moderators via the chat. When relevant, the moderator will ask you to turn on your microphone.

You may want to take a few notes for yourself during the webinar, for use in your reflection on day 5.

Program:

- Short welcome by a moderator and introduction of key speaker (5 minutes)
- Key note speaker(s) (15 minutes) **Speaker biographies:** [Marika Podda Connor](#)
- Interview with key note speaker(s) by a moderator, connecting the key note speech(es) with content and reflections from modules 1 and 2 (15 minutes)
- Students are invited to ask questions which the experts discuss.
- We kindly ask participants to write questions for discussion in the chat. The moderator will convey the question to the experts. (20 minutes)
- Conclusion of the webinar (5 minutes)

To enter the webinar click on the link below and type your name to enter the room:

<http://breeze.mdx.ac.uk/r71g2i36mdw/>

Please have a look at the instructions below:

Participant instructions: http://www.adobe.com/content/dam/Adobe/en/products/adobeconnect/pdfs/VOS_Guide_for_Participants.pdf

Adobe connect meeting overview video: https://www.youtube.com/watch?v=Oyx_hu6ZtrA

See the **translation**, additional information and sources in:

- [Romanian](#)
- [Danish](#)
- [Italian](#)
- [Greek](#)

Good practice is to provide participants with link to a recorded version of the webinar.

Those who have attended the webinar can revise the content, and participants unable to join the webinar synchronously can watch it asynchronously, although they cannot join the live discussion

Click here to watch a recording of this week's webinar

The webinar this week was titled 'Perspectives on multicultural and multi professional teamwork' and focused on the multicultural /multidisciplinary aspects of communication and team work in relation to refugee patient safety whilst under the care of of healthcare staff.

To view the recording of the webinar which took place on the 2nd February 2017, please click on the link below:

[Click here to watch a video recording of the webinar](#)

Good practice in a MOOC is to ask participants to introduce themselves and their work context briefly in a blog posting

 week 3 - day 1 

Posted by  priso pisci [redacted] on 23 March 2017 14:30:32

- describe the profession you are in and your job role

I'm a nurse and I work in the Stroke unit area. I carry out departmental activities. I take care of patients and sometimes I follow the students.

- Write a list of health professions whose members you collaborate with on a daily basis, describe tasks and responsibilities they have in patient care

Every day I work in team with other nurses (take care of patients), with OSS (operator social health deals with hygiene and help in activities). I work with doctors (examine, treat, prescribe treatment), with Physiotherapists (for mobilization), with speech therapist (rehabilitation of speech and swallowing)

- Write a reflection on whether you mainly think of yourself as member of a single-professional team (e.g. doctors, nurses, Occupational Therapists, Physiotherapists, radiographers, midwives) or as member of an interprofessional team

We all work together as a great team

Good practice is to invite participants to learn with and from each other by reading each other's blog posts and giving feedback.

Week 3 - Day 3 New

Posted by Joanna Papa [redacted] 17 February 2017 14:06:30

- a. Describe the organisational structure of your organisation:
There is the Dean of the School and the Head of Nursing Department and the Vice Director of Nursing Department. All academic staff participates in decision making policy. And we all collaborate with Managers of Hospitals and Directors of Nursing Departments in Hospitals and with the working Nurses.
- b. Reflect on how the organisational structure promotes or restricts multicultural and interprofessional discussions and decision-making.
The organisation promotes multicultural and interprofessional discussions and decision-making through meetings in which we are talking about each subject that arises, we are exchange ideas, listening opinions of others and collaborating to find the better way of working.
- c. Reflect on challenges of multicultural teamwork: does your multicultural, multi professional team work from a shared understanding of the tasks, goals and objectives of patient care?
Yes, we are sharing ideas, goals and we are trying very hard for better quality and for patients' safety.
- d. Does your team share views on whether it is mainly task oriented or process oriented?
Yes, we are. Our efforts are process oriented.

Comments: 1 New

Comment

Petra de Wolf said... New

Thursday, March 2, 2017 11:02:53 AM UTC

Hello there Joanna

When I read your blog it looks like your collaboration and communication is okay.

I find it very important that the organisation is promoting the multicultural and interprofessional discussions. I think that it's a condition to come to good functioning Multicultural Multiprofessional Healthcare Teams. Also I think it is very important to evaluate process. Tasks are important to evaluate, but tasks are part of the process. The fact that you talk about the process gives changes to get aware and make a change!!

Good practice invites participant to reflect and summarize their learning outcome by the end of each module in a blog posting

 **week 3 - day 5** 

Posted by  prisco pis... , 26 March 2017 15:31:50

- Do members of your multicultural, multi-professional team share the same idea of what good teamwork is, and how well your team works together?

sometimes I feel that we work very well interprofessional, and we share the same idea of good teamwork

- Does your multicultural and multi-professional team ever take time to discuss views on the tasks, goal and objectives of the team, and views on the team process?

Yes. For example, we have staff meetings and clinical audit

- How do organisational structures and work routines influence the possibility of multicultural and multi-professional discussions and decision-making which sustains patient safety?

If all members of the group have had a good introduction to the structures and work routines, the multicultural and multi-professional work is much more easy both in deciding and high quality of patient safety.

- How could you contribute to developing a positive intercult

- Talk about it a lot more with my team and sharing and with lifelong learning

Module 3: Patient safety

MODULE 3: DAY 1

Module orientation

- Introduction to structure, activities and tasks of the module (15 min.)
- Introductory video (3 min.)

Patient safety - frequency - nature of harm of hospitals' patients.

Aim: Learn how to anticipate, recognize and manage situations that place patients at risk

Learning outcomes:

- Understand the frequency and nature of adverse effects to patients in hospitals
- Refer to the main adverse effects to patients
- Discuss the contributory factors for medication errors

Task 1

Reflect case examples from your own hospital or workplace that caused adverse effects to patients AND watch and take notes on the following animated videos:

- a. 'What is Patient Safety' (first video below) available at: <https://www.youtube.com/watch?v=BJP2rvBchnE>
- b. "Quality Improvement and Patient Safety in Healthcare" (second video below) available at <https://www.youtube.com/watch?v=BjsvCe1vpiw>

Task 2

Read the article "Patient safety in developing countries: retrospective estimation of scale and nature of harm to patients in hospital" (below) available at <http://www.bmj.com/content/344/bmj.e832?trendmd-shared=0>

Task 3

Create a blog entry titled 'Week 4 - Day1' in which you should address the following points:

- a. State the types of errors that cause adverse effects to the patients.
- b. Compare these with your own observations
- c. State the contributory factors to adverse effects

Task 4

Read and comment on at least two of your peers' blog posts.

MODULE 3: DAY 2

Defining patient safety, related terms and the costs of unsafe care

Aim: Improve their knowledge about the scope and definition of patient safety and help to develop a patient safe culture within the team

Learning outcomes:

- Understand the impact of medical errors on patients' safety
- Understand the discipline of patient safety and its role in minimizing the incidence and impact of adverse events

Task 1

Watch the video 'Researchers: Medical errors now third leading cause of death in United States' available at:

<https://www.washingtonpost.com/news/to-your-health/wp/2016/05/03/researchers-medical-errors-now-third-leading-cause-of-death-in-united-states/> and take notes on the main points raised

Task 2

Go through the ppt presentation 'What is patient safety' available at:

http://www.who.int/patientsafety/research/ps_online_course_session1_intro_english_2010_en.ppt?ua=1

- a. Create a blog entry titled 'Week 4 - Day 2' on whether you found the PowerPoint useful and why.

Task 3

Read the case study **presented on p. 92** available at:

http://apps.who.int/iris/bitstream/10665/44641/1/9789241501958_eng.pdf

and in the same blog entry as above reply to the following questions:

- a. What went wrong and why
- b. Was there ineffective communication which caused the adverse effect

Task 4

Read the discussion in **p.93** and your peers' blog and compare with your answer

MODULE 3: DAY 3

Understanding the possible effects on patient safety in the absence of effective intercultural communication

Aim: Understand the possible effects on patient safety in the absence of effective intercultural communication

Learning outcomes:

- Understand the importance of communication skills and the impact on patients' safety
- Recognise the common barriers to inter-professional communication and collaboration
- Establishing culture to support communication and team collaboration

Task 1

Watch video 'Creating a safety culture' available at:

<https://www.youtube.com/watch?v=DBVuu4Qj-Fs> and take notes of the main points raised.

Task 2

Read the article 'Professional Communication and Team Collaboration' available at:

<http://www.ncbi.nlm.nih.gov/books/NBK2637/>

- a. Prepare a ppt presentation with no more than 5 slides on how professional communication and team collaboration improves patient safety
- b. Share it on the teams' blog entry

Task 3

Read the first case study in page 129: "**The importance of cross-disciplinary communication**" available at:

http://apps.who.int/iris/bitstream/10665/44641/1/9789241501958_eng.pdf

- A. Create a blog entry titled 'Week 4 - Day 3' in which you should describe the factors that may be associated with the catastrophic outcome in the case study and how similar adverse events might be prevented in the future.

Task 4

Read and comment on at least two of your peers' posts.

MODULE 3: DAY 4

Safety information and encouraging adverse event reporting

Aim: Know and if necessary use the relevant procedure to report patient safety incidents

Learning Outcomes:

- a. Inform participants about successful ways on adverse event reporting

Task 1 (45 minutes):

Watch the video 'Medical Product Safety Educational Resources'

<http://www.fda.gov/safety/medwatch/ucm133050.htm>

Watch the video "Why report adverse drug reactions?" available at:

<https://www.youtube.com/watch?v=NeR8pen1T5M>

- a. Create a blog entry titled 'Week 4 – Day 4' and state good or bad practices from your own work place regarding adverse effect reporting

MODULE 3: DAY 5

Aim: Reflect and test the acquired knowledge

Learning Outcomes:

Self assessment of the acquired knowledge on how intercultural communication in multicultural teams affect patient safety

Task 1 (15 minutes):

Answer the 'Patient Safety Quiz' to test your knowledge on patient safety

Task 2 (45 minutes)

Go through the blog for each day of this week and read the documents/comments of one fellow student in each country (preferable one that you have not read/commented on previously) to:

- add new perspectives on your reflections.
- Provide peer feedback and to discuss any issues with your peers

MODULE 3: EXAMPLES FROM THE BLOGS

We had some interesting posts regarding ***the types of errors that cause adverse effects to the patients*** (Day 1 – Task 2 from the Patient Safety Module).

However the majority agree that the most common types of errors are:

- Giving of wrong medication
- Poor hand hygiene
- Unsterile procedures
- Bad communication
- Lack of identification bracelets
- Not following guidelines and policies
- Written errors
- Assumptions that everyone is informed and on the "same page"
- Surgical errors
- Patient falls and other accidents
- Inadequate turning of patients leading to pressure ulcers
- Inaccurate diagnosing
- Nurses coming to work sick and passing on infections and viruses to patients

The participants were also asked to compare these with their own observations. Most of the answers were common between the participants. Some of the most commonly reported answers were: “***therapy unclear writing and misdiagnoses several times***” and “***iatrogenic infections and drug errors are common problems***”

The third part of the task was to “State the contributory factors to adverse effects”. The most commonly reported answers were:

- Stress
- Under staffing
- Lack of support to staff
- Language barriers
- Illegible handwriting
- Misinformation

- Lack of education
- Lack of auditing
- Lack of policies and guidelines
- Inadherence to policies and guidelines
- Lack of repercussions when errors do occur/Covering up of errors

On day 3 the students had to read a case study “**The importance of cross-disciplinary communication**” and describe the factors that may be associated with the catastrophic outcome in the case study and how similar adverse events might be prevented in the future. This was a task aimed to combine the intercultural communication in multicultural – multidisciplinary health care teams in regards to Patient Safety.

One of the students stated the following:

Week 4, Day 3b

Factors associated with the catastrophic outcome for this lady:

1. Language barrier - had the patient and her husband been able to speak better English or had a professional translator been provided, communication would have been better and the patient and her husband would have been able to discuss their fears and concerns.
2. Possible malnourishment due to hardships associated with being a refugee.
3. Poor liaison between the health professionals involved. Why was the patient not seen by a more senior physician?
4. Uncoordinated and fragmented care
5. Poor record keeping
6. Was there a bed shortage in the hospital? Why was she discharged without further investigation and treatment?
7. Was there a staff shortage leading to pressure and ill informed decision making?

This could possibly be prevented from happening in the future with better follow-up of the patient, the use of a professional translator and better communication and reporting within the interdisciplinary team. A case study such as this underlines the need for evaluation and review following adverse events in order to assess the need for change within a health organisation. Whenever there are reports of an adverse event, I believe that those working in health authorities should always ask themselves... "what can we do to further support the staff so

that something like this does not happen again in the future and how can we encourage members of interdisciplinary teams to speak openly and honestly?"

On **day 3**, one of the tasks was to Prepare a ppt presentation with no more than 5 slides on how professional communication and team collaboration improves patient safety and share it on the teams' blog entry.

Below is a good example:

1

Communication + Collaboration = Safety

"NO ONE IS WAYNE LEFT ON TIME."

COMMUNICATION

2

Poor Communication

Poor Collaboration

Medical Errors

Severe Patient Injury or Death

Poor Communication is the root of all evil.....

3

Barriers to Effective Communication

- Lack of leadership and unclear goals
- Unclear transfer of information (handwritten, email, texts) precludes information which is transferred by body language (93%)
- Personal values and expectations
- Cultural values and expectations
- Differences in personality
- Disruptive behaviour/fear/intimidation
- Hierarchy
- Gender
- Generational differences
- Interprofessional/intra professional differences
- Language

4

Overcoming Barriers

- Interdisciplinary (as opposed to multidisciplinary) cohesive collaboration
- Trust
- Respect
- Common goals
- Open communication and sharing of information
- Non-punitive environment - transparency
- Clear direction
- Clear roles
- Shared responsibility
- Honest debriefing to acknowledge and process conflict
- Recognised decision making process
- Access to resources
- Assess and evaluate events and outcomes

5

Cohesive collaboration within the interdisciplinary team can be the difference between the beautiful sound of a well orchestrated symphony and the cacophony created by an orchestra where each musician plays to his own tune.....

Module 4: The Synthesis of Intercultural Communication, MMH Teams and Patient Safety

Module Aim: To provide an opportunity for the participants to bring together all aspects of their learning and to consolidate this in creative and useful ways relevant to their practice.

MODULE 4: DAY 1

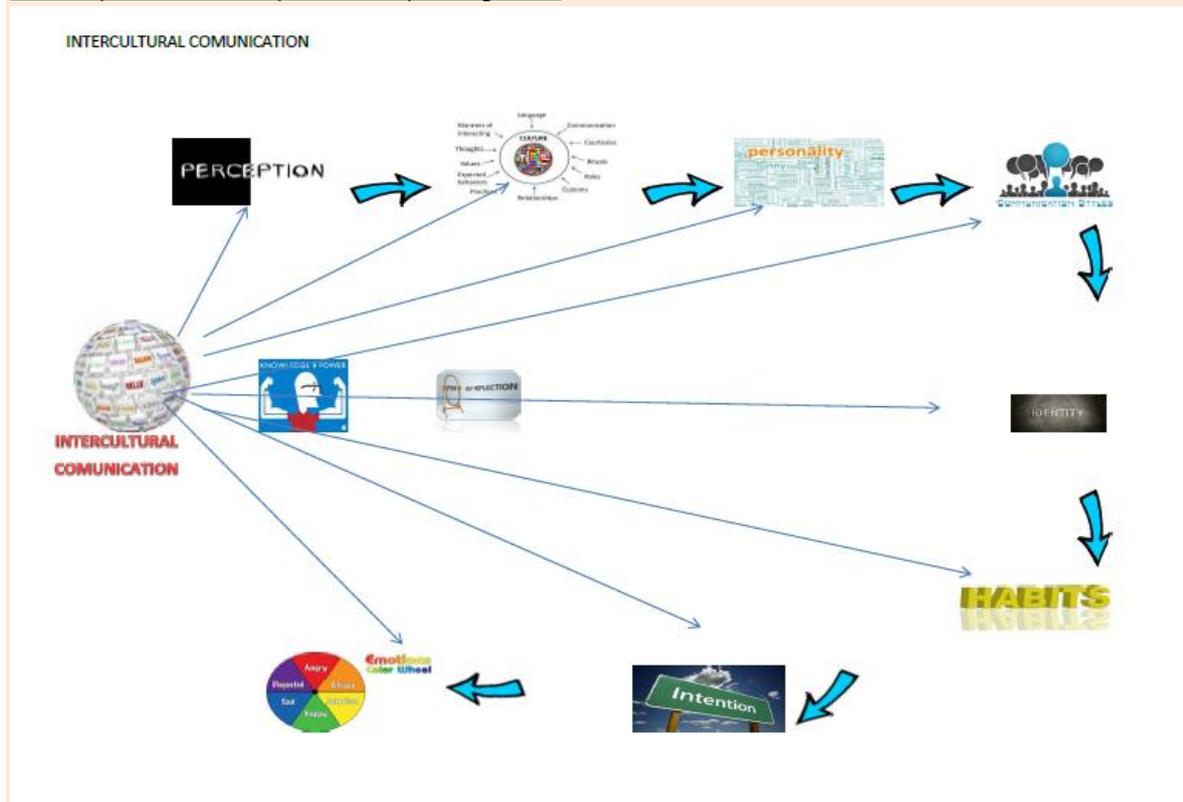
Activity 1: Module orientation

- Introduction to structure, activities and tasks of the module (15 min.)
- Introductory video (3 min.)

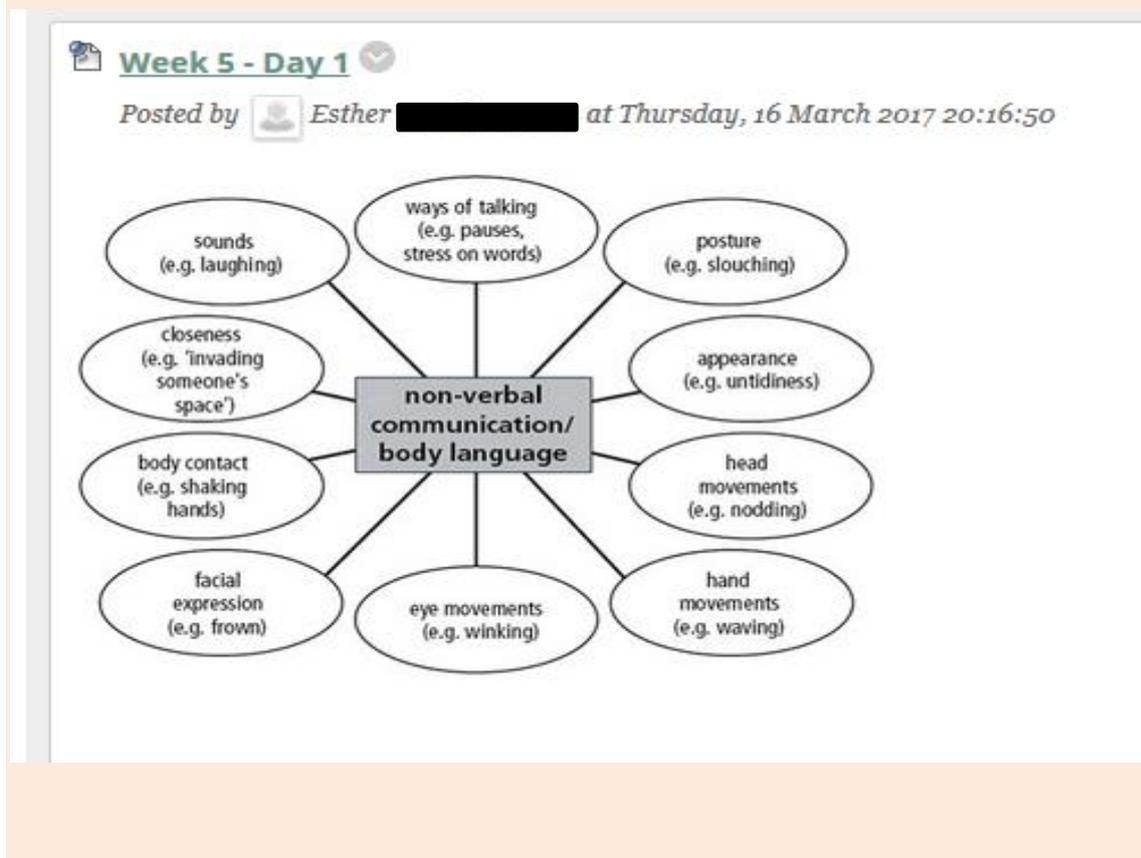
Activity 2: Creating a spidergram (45 minutes)

- **Reflect on the key elements** of learning during the last three weeks using a **spidergram**. See an example here <http://tinyurl.com/zpp55x5>
- **Upload your spidergram to the WIKI** with a short explanation about the thinking behind your spidergram (i.e it may represent all the new things you have learnt, OR it may represent the most useful elements which you hope to apply in your practice OR it may represent just the evidence which exists, etc).
- **View the spidergrams** of your peers and provide 3 lines of feedback to each of three peers. Tell them what you: - like about their spidergram, tell them how they could improve it if appropriate, if you may use it in the future, and anything else which is constructive and encouraging.

Participant's Example of a spidergram:



Example of non-verbal communication



Example of an info-graphic on patient safety



MODULE 4: DAY 2

Activity 1: Read a chapter (30 minutes)

Papadopoulos I (2012): Wearing the same shirt doesn't make you a team! Patient safety and the challenges of multicultural health care teams. In D. Ingleby, A. Chiarenza, W. Devillé & I. Kotsioni (Eds.) *Inequalities in Health Care for Migrants and Ethnic Minorities. COST Series on Health and Diversity, Volume II*. Antwerp/Apeldoorn: Garant. ISBN 978-90-441-2932-8

Activity 2: Quiz based on the content of the above chapter (30 minutes)

- What are Tuckman's four stages of team building?
- What are the four domains of the Papadopoulos Tilki and Taylor model of transcultural health and cultural competence?
- Which five Aristotelian virtues are mentioned in the chapter?
- What are the three main characteristics of culturally competent and patient safe teams?

OPTIONAL: If you have time and wish to watch a power point presentation based on the chapter you read then please click here:

<http://tinyurl.com/jaxsl4y>

MODULE 4: DAY 3

Activity 1: Mass media reports of patient safety incidents (40 minutes)

- Search the local or national newspapers or TV news websites in your country for the year 2016 to find reports of incidents where a patient suffered preventable harm suffering or death.
- Notice whether the report was main/front page news headlines or a small paragraph in the second or subsequent pages.
- Did the report provide facts?
- Was the information in the report sensationalized?
- Did the report contextualize the incident in the number of incidents which happen every year?
- Was the report justifiably judgemental of the health service?
- Was blame put on the managers, the nurses, the doctors, others?
- Did the report refer to the possible causes of the incident?
- Where any of the causes link to poor communication among the team members?
- Where any of the causes linked to the ethnicity/ies of the patient and the staff?

Activity 2: Write your own report (20 minutes)

- Summarize the findings of your research (activity 1)
- Upload your report on the WIKI/BLOG
- Read some of your peers' reports
- Print some (if you can) as you may use them during tomorrow's WEBINAR

Participant's Examples:

 **Week 5 - Day 3** 

Posted by  Evelien [redacted] at Thursday, 16 March 2017 20:20:02

Was the report on the main/front page or a small paragraph in the second or subsequent pages?
Front page, euthanasia for elderly people is an hot item in Holland

Did the report provide facts?
Yes

Was the information in the report sensationalized?
Yes it was

Did the report contextualize the incident in relation to the number of incidents which happen every year?
Yes I think so, there are no numbers included

Was the report justifiably judgmental of the health service?
-

Was blame put on the managers, the nurses, the doctors and/or, others?
The blame was put on a doctor

Did the report refer to the possible causes of the incident?
Yes

Where any of the causes linked to poor communication among the team members involved?
Yes ,the doctor was poor among communication, he did not discused the question with his team at all

Where any of the causes linked to the ethnicity/ies of the patient/s and the staff?
no

According to an article by Dutch Patients Consumers Federation the main medical malpractice concerning events in the hospital such as administering wrong medication, surgery on the wrong limb, often inject wrong, poor hygiene and allergies do not register. Sometimes with the consequence of permanent physical injury.

Poor communication with patients and poor cooperation between health care providers according to the patients are the main causes of medical errors.

Insufficient care by caregivers of people who have experienced an incident. There was not communicated with the people and not apologized.

A: According to an article by Dutch Patients Consumers Federation the main medical malpractice concerning events in the hospital. I can't figure out if the front page is but it is often big news and on television.

B: According to the first article of Dutch Patients Consumers Federation the main medical malpractice concerning events in the hospital. Which research was done of patients of which two-thirds 3000 participants who had done a notification at the NPCF where almost there or really something went wrong in the care sector.

The second article is about openness and guidelines for medical malpractice. That it is clear what a doctor can do after a medical error by his act.

C: the contents of these articles are reliable. The Dutch are organizations that conduct research and not truthful on sensation is based.

D: these articles refer to the number of medical errors and reports of patients.

E: it is reliable because it is outdated for any medical malpractice it goes, where it takes place and how to by the doctor. It seems to be very difficult for physicians to admit their mistakes and to be open about especially if it is a permanent physical damage.

F: the possible causes are good to figure out such as: wrong medicine delivered, incorrect diagnosis, poor file processing, communication errors, unhygienic work, poor cooperation and no accessibility to the doctor.

G. In all cases it has to do with poor communication.

MODULE 4: DAY 4

(1 hour and 10 minutes)

Activity 1: WEBINAR No2

Notes about the webinar

Getting started

Join the webinar via link on the website 10 minutes before the announced starting time.

Check your microphone, loudspeaker and camera, following the guide provided.

The module moderators will be ready to help you with any technical issues.

For participants who will not be able to join at the given date and time, the webinar will be recorded, and you can watch it later via a link on the course website.

Recording of the webinar will be available on line in the next 48hours.

Due to a large number of participants and to ensure good sound quality, we kindly ask you to keep the microphone closed and to communicate with the moderators via the chat. When relevant, the moderator will ask you to turn on your microphone.

You may want to take a few notes for yourself during the webinar, for use in your reflection on day 5.

Webinar Program:

Short welcome by a moderator and introduction of key speaker (5 minutes)

Key note speaker(s) (20 minutes)

Interview with key note speaker(s) by a moderator, connecting the key note speech(es) with content and reflections from modules 1, 2 and 3 (10 minutes)

Students are invited to ask questions which the experts discuss.

We kindly ask participants to write questions for discussion in the chat. The moderator will convey the question to the experts. (20 minutes)

Conclusion of the webinar (5 minutes)

MODULE 4: DAY 5

Activity 1: Applying learning to practice (30 minutes)

Whether you are a nurse, a doctor, a physiotherapist, or any other healthcare practitioner, a healthcare manager, an academic or a researcher, we hope that you have that this short course has helped you to enhance your knowledge.

Now it is time for you to plan how you will use this knowledge in your practice. Your plan should contain the following:

- **What** you will share and with **whom**: your colleagues OR students/trainees OR your managers
- The **aim** of this sharing
- **How** you will share it
- **When** will you share it
- The **benefits** of this activity

Activity 2: Sharing your plans with your peers (30 minutes)

Please upload your plan on the Wiki./BLOG. Read as many of your peers plans and your time allows but provide feedback to at least three of your peers.

This activity is part of your 'MOOC journey' you will have to do in the last week of this MOOC as your final assignment if you wish to receive the international credits for this course.

Examples of plans for action (below):

Patiëntsafety - My plan for the future Week 6

Posted by  Petra [REDACTED] Tuesday, 28 February 2017 22:26:05

Last Edited: Tuesday, 28 February 2017 22:46:05

Hello everybody who's still out there.....

Finally today I finished creating the final assignment in this MOOC. I made a kind of mindmap in which you can find the most important aspects of the MOOC and my plan to go in action. I tried to combine all things on one A-4 paper.

My reflection belonging to this mindmap you can read here;

The safe patient (patient safety) is in the middle of the mindmap because it is the goal to increase patient safety. So no red flag but a green one!

All things around it: Leadership, Safety culture, Communication, Team development, Collaboration and Awareness are factors that are of influence on patient safety. When all of the factors are working in the right way you will have a high level of patient safety. When not you will have a low level of patient safety -----**THE PATIENT IS IN DANGER!!!!!!** So it is very important to look critical at these factors in the organisation I work for.

Communication: I think in our organisation and in my team we don't communicate effectively enough. Communication is on the agenda in our team meetings, because we wanted to improve that (as a team), next to pro-activity and family participation after the last teambuilding november 2016.

Team development: A great part of the team works a long time together and there are a view that are working there for a short time, including myself. So to look at the team in the context of team development should be beneficial. Also I don't think that the team ever had a clear look at the stages of team developing. Maybe it's about time?!

Collaboration: When I look at our collaboration, I see colleagues (and myself) trying to do our best to make a good day for our patients. We are making efforts to report in a clear way, to consult about tasks for that shift and giving each other feedback about things that don't seem to work out. We are trying, but we can do more when we have a clearer view about how our communication should look like. Also the communication with other disciplines is not always effective. It's the same as in the team---the way of communication is depending on the willingness and the character of each team member. It is too much not-committal. So we can win in collaboration to work on trust, respect and understanding, to know

each other more and to come to a common purpose and more commitment. When everybody in the team and in connection with other disciplines are more involved with each other and the common purpose, we could come to more and better collaboration what services our overall goal **PATIËNTSAFETY!**

Safetyculture: In the culture of the organisation I work about there's a culture of "Talking about each other in stead of with each other" and that's a great barrier to culturesafety. It's like the whispergame that children play. One child whispers a phrase in another child's ear and so on. The last child speaks up and tells everyone what he heard. Mostly it's distorted. And this is no child's play!!! Employees talk about each other, the management is not always fair when it comes to handle situations of failure or colleagues talking and judging about another colleague, colleagues are afraid of losing their job when they speak up. People with big mouths are the ones that do business with the organisation, because the organisation doesn't want any trouble. That's the same with an unsatisfied family. That's a shame.....we could grow in reliability when we would work on a safetyculture.

Leadership: We have a great leader for the teams of revalidation and somatic care. I'm glad we have her. I think it's because she worked in the field as a nurse and knows what kind of factors are playing a role in a team and the work itself. When there is made a mistake (for example about medicine), she calls you with her and she asks how it could have happened. She hears you out and asks you what you can do yourself to see it doesn't happen again. She's clear, but not judging. When a failure happened because of the system she tries to sort it out with us and takes action to see if something could change. Also she speaks to us in team meetings about the amount of failures. When there is a decreasing of failures she gives us compliments and if there is not she speaks with us about the subject and urges us to stay alert.

Awareness: When we want to make things better we have to see our weaknesses. That's not always easy.....because we all want to be strong. But without awareness we can't have the biggest dreams about communication, cooperation, coordination, collaboration and becoming a great Multicultural Multiprofessional Healthcare Team. We need awareness, because only then we can come to patientsafety!!! Awareness of who we are, what we believe, where we stand for and what our goals are. When we are aware of our differences we can come to understanding, respect and trust and with that we can work on consensus to work together on a common purpose, in this case **PATIËNTSAFETY!** We have to learn to see that we are strong when we want to see our weakness and come forward with it so we can work on it and ask others to help us!

Because **AWARENESS** is the first step towards all other important factors around patientsafety I want to make this my first aim for my plan for the future of patientsafety.

 [Week 5 - Day 5](#)  **New**

Posted by  Simona I. [redacted] 24 February 2017 12:36:44

For me it was a very interesting course, what I have learned has reinforced my beliefs. I have familiarized with concept like: the importance of providing a safe care approach through teamwork and a new centered patient care approach, the multi professionalism as well as offering a complete service when we assist persons. Fundamental communication within the group, competence and a good coordination, the exchange of knowledge have enriched me and my profession. In my hospital multiculturalism is just starting, but I am still strongly convinced that we need to accept each other and I cannot adapt all my beliefs to an individual behaviour. I will try share what I have learned but unfortunately the managers at my hospital does not favor in any way this approach of working which, in my opinion, appears well organized in other countries. I will surely share my experience with colleagues and students during training course where I teach.

 [Comments: 1](#) **New**

 Zinovia P. [redacted]

Saturday, February 25, 2017 8:15:02 AM UTC

Hi Simona!
I am wishing you all the best on your new goals.
The knowledge, patience, persistence and our example are the keys to success.
Keep going dear !!!

 **Week 5 - Day 5**  **New**

Posted by  Lilianna Rez [redacted], 23 February 2017 19:28:10

I'm a nurse, currently I'm doing my doctoral thesis and occasionally I give research methodology classes to students of nursing specializations.

The course has helped me to deepen the subject of intercultural communication and patient safety, issues that are not my domain. In addition, within my thesis I will train nurses in compassion and cultural competence, and it is to them that I will transmit these knowledge and experiences. Also to my students, to motivate them to see how relevant is the culture for nursing care, since it is an issue that is not given great importance even though we work in a multicultural country. I hope that sharing this knowledge with the nurses and with my students contributes to some change in practice, so that the cultural aspects of the subjects and groups are taken into account, so that the communication and the attention is coherent with them and that all this have effects on patient safety and health outcomes.

[Comment](#)

 **Week 5 - Day 5** 

Posted by  Puck [redacted], Thursday, 16 March 2017 21:01:46

The experiences/knowledge/skills that I intend to share are the ones who I believe are most value to me. For instance the stages and models to achieve cultural sensitive and effective teamwork and communication. The aim of sharing is simple, follow by example and now I gained some knowledge and skills so I hope to achieve my idea of follow by example. I think all I have learned during the MOOC can be of good use anywhere and anytime and in time I will find out what and when my MOOC experience will offer me guidance.

The benefits of this activity are gained knowledge by reading articles, watch presentations of experts, webinar and a benefit is the connection with other students from different parts of the world (different views, experiences etc.). And another benefit is you can try out your knowledge in the MOOC.

[Comment](#)

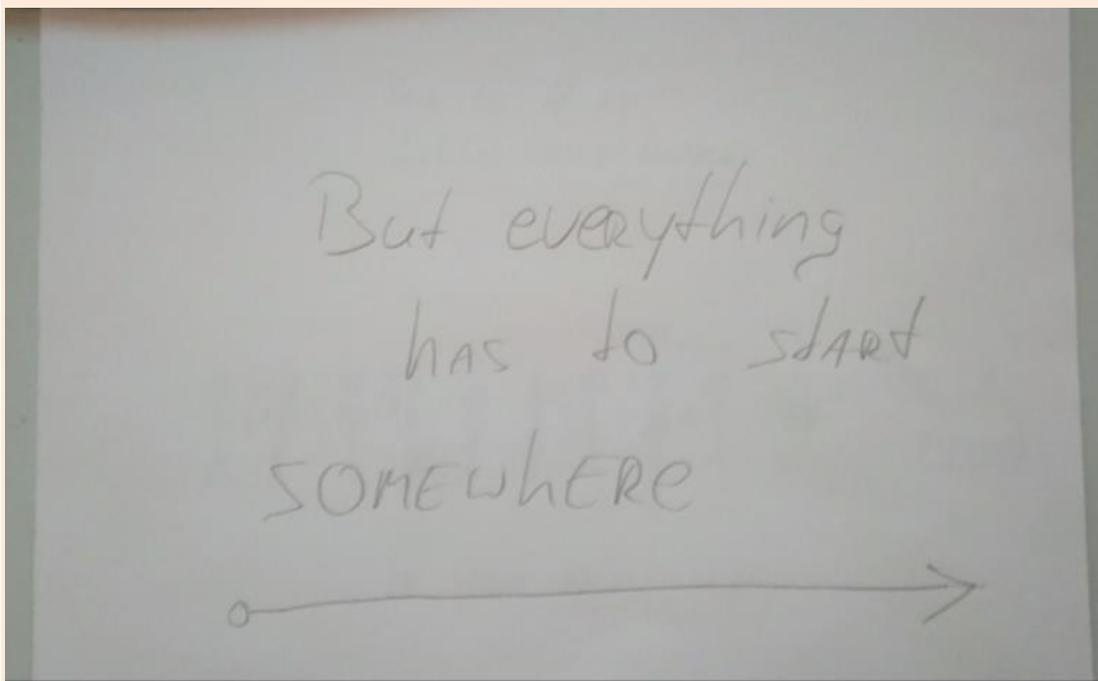
week 5 day 5

Posted by Margriet [redacted] at Monday, 27 February 2017 18:50:25

By following this course I found it interesting to share the experiences with people of various countries by reading the blogs. It felt for me something as a joint international project where we all had our share in. I learned that communication in another culture can be understood otherwise than what I mean as a Dutchman. Communication is a big something in the box as a nurse. Communication is needed to provide proper medical care and safety. I found myself troublesome found my thoughts and knowledge to translate into English. For me it was a period when I better have learning English to communicate. I am more aware of culture, faith and tradition. Also, I am behind the deeper meaning of cooperating in the concern is the multidisciplinary work together. In this way the knowledge of different disciplines to be able to integrate into a team. The purpose of sharing knowledge, experience and skills of other cultures I would like to share with my colleagues and as a nurse use in patients. And I probably should later be able to apply to work with other countries. In each country are different approached and people with disabilities. I would my knowledge in the field of medical problems with people with disabilities, like with these caregivers like to share and want to learn from others.

Week 6: Examples of summative assessments

Example 1: Hand-drawn presentation: breaking down barriers



FOR ME it is
taking down barriers



in your OWN way

And create the space
for

Connection

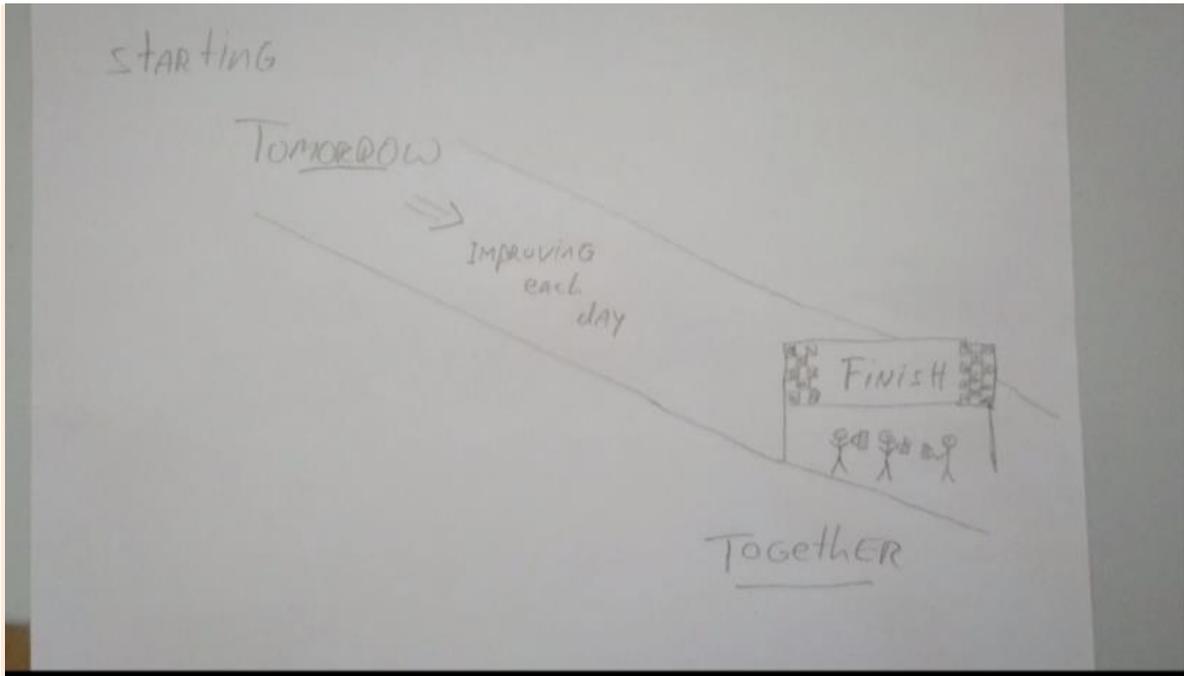


Communication



Collaboration





Example 2: animation summarising key concepts

A screenshot of a video player. The video content shows a diagram with five colored triangles (pink, red, purple, yellow, cyan) arranged in a circle. Lines connect each triangle to a label: "ACCEPT" (pink), "LISTEN" (red), "RESPECT" (purple), "EMPATHISE" (yellow), and "ACKNOWLEDGE" (cyan). A large "1" in a circle is next to the word "SKILLS". The video player interface includes a play button, a progress bar at 1:43 / 2:28, and a "CREATED USING Powtoon" logo. Below the video, the text "MOOC" is visible, along with the name "Janine Michaelides", a "Subscribe" button with "0" next to it, and "32 views".

PLAN OF ACTION

- INCIDENT REPORTING
QUALITY ASSURANCE**
- IMPROVE COMMUNICATON
SKILLS**
- DISSEMINATE KNOWLEDGE
FROM THE COURSE TO
OTHER MEMBERS OF MULTI
DISCIPLINARY TEAM**

CREATED USING **Pwtoon**

1:59 / 2:28

MOOC

Janine Michaelides

Subscribe 0

32 views

Example 3: A MOOC participant reflects on what they have achieved

WHAT DID I ACHIEVE

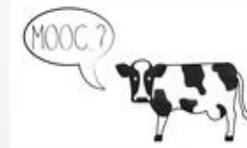
- More awareness of the importance of Intercultural Communication in MMHT.
- Knowing how difficult clear and concise communication is, even you have the same cultural and linguistic background, the meaning of this course is clear.

WHAT WILL I DO IN THE FUTURE?

- First of all, I will try to be a good example of multicultural communication to my colleagues - I think, that is an important and effective way to spread knowledge.
- I will tell about this course at a staff meeting to make my colleagues aware of the challenge.
- This way I think, I can be a part of creating a good and accepting environment in my department - this will be to the benefit of both health workers and patients.

Example 4 : Pre and post mooc views and a participnats reflection on what they have gained

MY PRE-MOOC VIEWS



The concept of MOOC was new for me, therefore I was curious to find out more about it. I expected to gain new information about intercultural communication & patient safety and to exchange views with healthcare workers from different cultural backgrounds.

Concerning the content:

- Cultural awareness is a prerequisite for cultural competence. It is important to know more about your own cultural background and realize that this is just one way of looking at things.
- In a patient-nurse relation it is important to respect each other's views, work towards common goals and focus on similarities.

WHAT HAVE I LEARNED? SOME EXAMPLES:

- THE IMPORTANCE OF A PROFESSIONAL INTERPRETER IN THE CARE FOR REFUGEES AND ASYLUM SEEKERS
- THE DIFFERENCE AND MEANING OF THE WORDS COOPERATION, COORDINATION AND COLLABORATION IN A INTERCULTURAL & INTERPROFESSIONAL CONTEXT
- CULTURE OF OPEN AND RESPECTFUL COMMUNICATION IN ALL LAYERS OF AN ORGANISATION : 'SAFETY CULTURE' INSTEAD OF 'BLAME CULTURE'
- THE PROBLEM OF MEDICAL ERRORS IN THE DEVELOPED WORLD IS EVEN BIGGER THAN I THOUGHT: THE THIRD CAUSE OF DEATH IN THE USA IS MEDICAL ERRORS. THIS IS ASTONISHING.



PLAN OF FUTURE ACTION

- **PUTTING FORWARD THE SUBJECT OF CULTURAL COMPETENCE AND PATIENT SAFETY ON A REGULAR BASIS IN TEAM MEETINGS, SO THIS BECOMES A HABIT**
- **SHARING WITH MY TEAM WHAT I HAVE LEARNED DURING THE MOOC-COURSE**
- **LOOKING FOR WAYS THAT PATIENT SAFETY AND CULTURAL COMPETENCE CAN BE IMPROVED IN OUR ORGANISATION**
- **TRYING TO BE AN EXAMPLE OF CULTURAL COMPETENT CARE**
- **CONTRIBUTING TO A SAFETY CULTURE**



EVALUATION

- **THE COURSE LARGELY LIVED UP TO MY EXPECTATIONS.**
- **I REALLY ENJOYED READING BLOGS OF HEALTHCARE PROFESSIONAL FROM DIFFERENT COUNTRIES AND CULTURAL BACKGROUNDS**
- **THE WEBINAR ABOUT REFUGEES AND PATIENT SAFETY WAS VERY INTERESTING**
- **I EXPERIENCED THE WORKLOAD OF AN HOUR A DAY QUITE HIGH AND SOMEWHAT DIFFICULT TO COMBINE WITH OTHER DUTIES**

Example 5 : a participant describes their initial resistance to the MOOC and their reflection on what they have learned.

Before the MOOC

- ▶ When I started with the MOOC, I had a lot of resistance. English isn't my native language, so I had quite a language barrier. Besides the language problems I didn't have a lot of interest in working outside my country. I don't even want to work outside my own area in this country.
- ▶ So why did this MOOC? Because I'm following a study to be a nurse and my school asks me to do this MOOC. So despite my resistance I searched for support and just did this MOOC and now I'm making this final exercise.



After the MOOC

After this MOOC I will carry out that I have knowledge about the 3 important subjects of the MOOC.

The 3 subjects:

- ▶ Intercultural communication (IC)
 - ▶ Multicultural communication in multiprofessional health care teams (MMHT)
 - ▶ Patient Safety (PS)
-
- ▶ I have learned that despite I don't have any ambition to work outside my country. It is useful to know a few things about differences between cultures. Because a colleague or a patient can come from another country and can have a different culture. I will not remember all the specific differences, but I will remember to be aware of possible differences and will not judge.
 - ▶ In the future I will pass on my knowledge to interns and colleagues on my workplace. So they will also be aware of differences and know how to handle it.



Example 6 : Powerpoint presentation giving an overview of the course

Healthcare Teams in Intercultural Communication and Patient Safety_10panska_2_version.pptx [Read-Only] - Microsoft PowerPoint

File Home Insert Design Transitions Animations Slide Show Review View Adobe Presenter

Healthcare Teams in Intercultural Communication and Patient Safety
 Nina J. Panska

Tips for Intercultural Communication

- Use common words
- Follow basic words of grammar
- Ask clearly
- Repeat basic ideas without shouting
- Highlight important points
- Check for understanding

Five Cross Cultural Capabilities for Clinical Staff

1. Intercultural
2. Cultural Understanding
3. Language
4. Communication
5. Collaboration

Indicators of Intercultural Communication Competence

- Knowledge
- Attitudes
- Skills
- Behaviors
- Outcomes

Team Work

Task Strategies for Multicultural Teams

- Developing a shared sense of purpose
- Goals
- Norms
- Team processes
- Monitoring and adjusting roles, norms, and processes
- Managing roles and responsibilities – “Who? What? When?”

Process Strategies for Multicultural Teams

Culture Shock Curve

The Capabilities, Skills & Skills Model of Intercultural Health and Cultural Competence

THE INTERCULTURE MODEL

PATIENT SAFETY GOALS

THANK YOU FOR MOOC

Slide Sorter | Search | English (UK) | 100%

Evaluation of the MOOC

The impact of the participants consisted in :

- Enhanced knowledge and skills about patient safety
- New attitudes and values about intercultural communication, MMHT working and patient safety
- Enhanced ICT and social media skills
- New expertise in online training methodology
- Increased skills for creating the necessary personalized learning and assessment tools
- New view of the European idea and the European citizenship
- Broadening their International cooperation

The quality of the learning outputs was evaluated through the MOOC Evaluation questionnaire. A number of 148 participants completed this questionnaire with the following results:

	Strongly Agree	Agree	Neither Agree nor	Disagree	Strongly Disagree	Not	Unanswered
	%	%	%	%	%	%	%
I am more aware about the importance of Intercultural Communication in healthcare.	48,30	40,81	5,44	0	1,36	0	4,08
I improved my knowledge in the fields of Intercultural Communication , Working in MMHT and Patient Safety.	46,26	41,50	5,44	2,04	0,68	0	4,08
I think, I have made good progress in acquiring skills for working in MMHT.	37,41	45,54	10,88	2,72	1,36	0	4,08
I have a new attitude about patient safety and I am more prepared to work in MMM.	33,33	44,90	11,56	2,72	0,68	0,68	6,12

The impact of the MOOC on the participants was also evaluated comparing the results of the Pre-MOOC questionnaire, administrated at the beginning of the MOOC, regarding the level of knowledge, skills, attitude learning style and the results of the Post MOOC questionnaire, administrated to at the end of the course,

According to their declarations, the course met the expectation of the participants.

The motivation of the participants to sign up to the intercultural communications and patient

care MOOC, were : to increase knowledge in the topics (25) , improve knowledge and skills to perform better the job (13), integration of the course in the initial/continuum training (15), to explore new experience, new learning ways (9), to explore new teaching methods (5), to increase knowledge/skills about intercultural communication (6), exchange experience with others (5), personal development and skills (3), learn English (3) and others.

"I found the idea of a MOOC in intercultural communication and patient safety very interesting. I wanted to expand my knowledge and skills on the subject and exchange views and opinions with other health care professionals" .

"I wanted to increase my knowledge about intercultural communication, trans cultural nursing, patient safety culture."

"Working in an multicultural and multi professional environment I felt the need to improve my knowledge and skills to perform better my job."

"Because I find the theme very interesting and relevant for me in my daily work. I also think, that the environment in which I work will meet a lot of intercultural challenges in the future."

"I am fascinated by the idea of delivering better nursing to people of all background, and why there are barriers, be they lingual or cultural."

"To gain knowledge that I can effectively use in interpersonal relationship such as engaging with inter professional team members and patients. To promote and sustain the practice of patient's safety. "

"To increase my knowledge by learning not only from the course modules but also from interaction with other professionals from different backgrounds."

"When I read about this course, it sounded extremely exciting and instructive so I wanted to take this course to learn some more and something new."

"I thought it would be an interesting learning method"

At the end of the course, answering to the question "What were your learning goals for this course, have you met them? ", the participants confirmed that the MOOC met their leaning goals to learn more about intercultural communication and patient safety, for applying them in the future, to increase knowledge and discuss best practices for intercultural communication, to reflect on intercultural communication, to reflect on respect among members of a team and patients, to reflect on patient safety , understand national cultures whit notice of individual differences and personal multiple identities, cultural understanding empathy, patience, respect, increasing communication skills, teamwork, collaboration, deepen the concepts of multicultural, understand what intercultural communication is and how can be applied in nursing practice.

Some declarations of participants:

" My goals was to be more aware about issues/challenges and get some cultural awareness. I have met them and also I am more aware about how and why there is issues, challenges and lack of understanding/knowledge"

"My goal was to become more aware of the differences between cultures . I think I met that goal, because I think more about my own way of meeting people with another background, both patients and colleagues."

"I expanded my knowledge on intercultural communication and patient safety so this help me in my everyday practice and to exchange views and opinions about the subject with other health care professionals"

"My main goal was to improve my communication ability when in work area and I can say that compared to my last work placement experience, I have improved so very well and have built my confidence, all thanks to MOOC"

"My main learning goals were to find ways of encompassing my knowledge with new methods of dealing with intercultural communication within the MDT. I have learned & had my views challenged much more than I expected. This MOOC will have a lasting impact on my way of thinking & working with colleagues & patients & their families"

"My goals are to understand differences between cultures, differences in multicultural communication, differences in habits and their possible negative effects, the danger of a language barrier for a patient. I met them. I got information about patient safety"

In their answers on the Post MOOC questionnaire , many participants appreciated that the MOOC created opportunity for them to obtain new information on intercultural communication, team work, patient safety culture, opportunity to share information and thoughts among participants of the MOOC, creative ways to express new knowledge, enhancing knowledge and skills about Intercultural Communication, working in MMHT and patient safety. The participants gained new attitudes and values about intercultural communication, MMHT working and patient safety

"I learned that communication is important, especially in a multicultural team in health care. In work, you come across different patients and colleagues and it's a quality to adjust to people who have another culture or other values. I learned what errors come across in the field and in what frequency. I learned about patient safety and how to take care of patients in the best way possible. I learned that I've chosen the right path for myself, to being a nursing student. Health care, mental health care in particular, is the work field I can see myself work in for many, many years to come."

"I have a better understanding of intercultural communication from the patient perspective in order to provide the highest quality of care: to be more sensitive with people from other cultures, be able to handle difficult situations regarding them learn about other cultures, be more careful about their safety"

"The fact that participants were from different countries helped me to understand better how they behave and how they deal with cultural issues in their cultural professional environment. As a result, I believe this will help me in future when working with patients or colleagues from different countries. Also, understanding the effects of our work in patient

safety from the intercultural perspective within a multi dimensional team was very important"

" It was interesting to read what others wrote about the subject patient safety at their workplace and country. I didn't realize that cultural sensitivity was a part of patient safety, this MOOC made me think more about that and it's a thing to think about in health care giving to clients with other cultural backgrounds."

"I now have a better understanding of how to communicate in a team"

The respondents , answering the post-MOOC questionnaire rated their internet use skills on a scale of 1 to 10, as following

	Per cent Answered
1 Poor	0.877%
2	1.754%
3	4.386%
4	6.14%
5	5.263%
6	5.263%
7	9.649%
8	34.211%
9	14.035%
10 Excellent	11.404%
<i>Unanswered</i>	7.018%

All of participants agreed that it was a positive experience for them such as creating a spidergram, making a video, an animation and participating in a webinar etc or methods of learning based on ICT and 91,33% of them declared that they used new technologies (iPods, iPhones, Twitter, discussions, videos).

"Everything was new for me. I do not even have a Facebook account, through choice. I found it easier by using my iPod and my laptop simultaneously which meant I did not need to flick back and forth. I was scared to participate in the first webinar then managed to do the second, I will now make a point to join in more e-learning webinars. Uploading the small video and doing the spider gram was all new skills learnt through this MOOC."

" It was extremely useful to learn these techniques making a video, an animation and participating in a webinar, which I had never done before. It is amazing the amount of technology that is available today and I feel I have benefited from this experience."

" It was my first time in blog discussions and it was very exciting!"

"Using new methods of learning (videos, discussions, animations) I have improved my ICT skills."

5. Evaluation of the MOOC (This is an extract from the full evaluation report)

a. Quality of the curriculum

The quality of the curriculum was evaluated through the MOOC Evaluation questionnaire and the results show that the course met its objectives (88.4%), expectation and learning goals (81%) as well as the proposed learning outcomes (80.9%) :

Table4. Quality of the Curriculum

	Strongly Agree	Agree	Neither Agree nor	Disagree	Strongly	Not	Unanswered
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
The course met my expectations and learning goals.	34.7(51)	46.3 (68)	10.9 (16)	3.4 (5)	4.1 (6)	0 (0)	0.7 (1)
The course was well structured to achieve the learning outcomes.	34.0 (50)	46.9 (69)	11.6 (17)	3.4 (5)	2.7 (4)	0.7 (1)	0.7 (1)
The course met its objectives.	33.3 (49)	55.1 (81)	7.5 (11)	1.4 (2)	0.7 (1)	0.7 (1)	1.4 (2)

b. Quality of training content:

In the MOOC Evaluation questionnaire, the participants appreciated the learning activities as appropriate (85%), training resources (79.6%) and learning methodology (82.3%).

Table5. Quality of training Content

	Strongly Agree	Agree	Neither Agree nor	Disagree	Strongly	Not	Unanswered
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
The training activities were appropriate to the learning objectives.	32.7 (48)	52.4 (77)	6.1 (9)	4.8 (7)	2.0 (3)	0	2.0 (3)
The resources were adequate facilitating the learning.	34.0 (50)	45.6 (67)	11.6 (17)	4.8 (7)	2.0 (3)	0	2.0 (3)
There was a good balance of lectures, tutorials, practical, evaluation etc.	33.3 (49)	49.0 (72)	7.5 (11)	6.8 (10)	2.0 (3)	0	1.4 (2)

c. Quality of the training activities:

Through the MOOC Evaluation questionnaire, was evaluated the quality of the training and learning activities, 68.8 % of participants appreciating that the Course was well organized , 83.7% are satisfied with the learning activities and 74.8% were satisfied with the facilitation by the instructors.

Table6. Quality of training activities

	Strongly Agree	Agree	Neither Agree nor	Disagree	Strongly	Not	Unanswered
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
The Course was well organized (e.g. timely, access to materials, level of the workload, etc.).	30.0 (44)	38.8 (57)	15.6 (23)	8.2 (12)	5.4 (8)	0	2.0 (3)
The learning activities stimulated my interest in the subject.	40.8 (60)	42.9 (63)	8.9 (13)	2.7 (4)	2.7 (4)	0	2.0 (3)
The instructors challenged me to do my best work (e.g. providing materials, presentations, encouraging my participation, group discussions and responding to questions, etc.).	29.9 (44)	44.9 (66)	10.9 (16)	6.8 (10)	4.1 (6)	1.4 (2)	2.0 (3)

In the Post MOOC-questionnaire, the following number of participants identified certain aspects of the MOOC as most memorable:

Video (15)

Webinars (15)

Communication with other professionals around the world (14)

Online learning activities (14)

Patient safety unit (8)

Reading blog posts and comments (6)

The MOOC (5)

Learning with a diverse group of participants (4)

Seeing how the theme was relevant in different countries (3)

"The use of video clips and PowerPoint presentations worked well. I didn't know this could be facilitated so effectively online"

"I have been thinking about the subject a little bit more, the numbers of incidents in the Power Point were interesting. It helped me to get a more clearer image of the extent of the problems"

"My learning goals were met through the individual reflection deriving by the discussion of various topics and scenarios we had to face during the MOOC. Interacting with others sharing my opinions and viewing the opinions of others and being able to understand their reasoning and why they see it as it is from their point of view"

"It was a fairly good way to learn new material and be able to interact with others in the course. I appreciated being able to read others opinions and experiences as that helped me to understand the topics that we were discussing better"

"The learning experience was very enriching, reading to participants from other countries allowed me to approach professional practice in places I do not know, and give more importance to cultural aspects for safe care practices"

"I found the MOOC to be the future of teaching and learning approach. I have done everything at the comfort of my home. Self-reflection, I know that I could have improved on the quality of the work that I have produced"

"Each activity was pertinent to the topic in hand: reading other's views and experience, through activities such as the selected readings, videos and webinar sessions, and individual reflection. The exchange of individual reflections gave me further insight and ideas to work with"

In the MOOC evaluation questionnaire, **the course was evaluated overall as following:** 35.4% of participants appreciated the MOOC as excellent, 47% as good and very good and 13.5% as fair or poor.

Table7. Overall evaluation of MOOC

Excellent	Very good	Good	Fair	Poor	Not Applicable	Not Answered
% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
35.4 (52)	24.5 (36)	22.5 (33)	6.0 (9)	7.5 (11)	0	4.1 (6)

In Post MOOC questionnaire, the participants explained the aspects that they like and dislike about the course:

"I liked almost everything about the course. The amount of knowledge is good and I learned a lot and I am so proud of myself that I took the time and effort"

"The benefits of this activity are gained knowledge by reading articles, watch presentations of experts, webinar and a benefit is the connection with other students from different parts of the world (different views, experiences etc.). And another benefit is you can try out your knowledge in the MOOC"

"The structure was well thought, however too many tasks for me sometimes within a week and was difficult to respond to all due to time limitation"

"MOOC was challenging and interesting, easy accessible, and not difficult to understand and participate "

"A valuable knowledge and learning tool"

"I have always high regard about MOOC. There is always a room for learning, socializing joining MOOC. It brings a lot of positive changes in me. I feel connected and communicated to the world"

Many participants mentioned the following as **their main problems** which interfered with their MOOC learning: the workload, time consuming activities, and language barriers.

Some of them mentioned difficulties regarding the web design, the navigation into different sections of the course, insufficient understanding of videos because they were not translated, low interaction in the groups, some technical problems such as completing some quizzes, difficulties with viewing or giving comments each day, and contacting other participants .

"It was a lot of knowledge in a very short time"

"The modules were very demanding with a lot of tasks"

"Many activities that require more time available for the performance"

"The workload was far more than I expected and maybe the reason why a lot of the participants left the course in the initial phase"

"The MOOC was very informative but needs to be more user friendly, would be better if it was easy to navigate." " I think to from week 3 onwards I wanted more interaction. The Webinar was good fun as well as educational and I think it would have been nice to interact more with my MOOC colleagues more, in a controlled environment. Not all the time"

An 114 participants answered the question, why they did not participate in the MOOC as much as they wanted to, some participants gave multiple answers:

Time pressures	79
Lost interest	9
Problems accessing the MOOC	5
Couldn't keep up with the pace	7
Not applicable	17
Not answered	10

The participants made some valuable recommendations for improving this course for the next run:

"The course must be more simple. Fewer activities to answer maybe. Many of my colleagues wanted to enrol but when numerous topics to fill up, they hesitated."

"Less assignments, to pay more attention and time to the assignments"

"Fewer exercises each week maybe so people can keep up with the pace"

"Make activities due per week rather per day to ease participation"

"I think it would be excellent to use less American you-tube videos and more evidence from Europe"

"To have specific group assignments so people from each group get to know each other better"

"More interaction similar to the webinar and that sort of instant interaction with some of colleagues"

"Allocate specific times for participation in small discussion groups"

"More webinars, because listening to all those field's experts is very educational for the learners"

"Complete translation into more languages"

"Student in need of help to be closely mentored by the tutors"

"The method of viewing other blogs from group members can be improved for better commenting and reply"

"Make the program simpler, easier to operate and challenge people to a discussion"

"To place comments from participants for each week on different location in order to find them easier and be able to choose from plenty and not just pick the first found during searching and confusion"

The majority of the participants enjoyed the MOOC journey and appreciated the MOOC experience as positive:

"I have really enjoyed the MOOC journey. Like every journey, so MOOC gave me a lot of experience and things to think about but also knowledge and skills. I have increased the awareness of cultures through intercultural communication, multi-professional health care team and patient safety and most of all to be available in time and place"

"My experience of the MOOC was extremely beneficial. The subject was one I had never ever thought about. It made me more culturally aware but also self aware. I also learnt about the impact this has on patient safety and have found that since completing the course I am definitely more aware of communication and safety issues. The technology was a bit of a struggle at times as some things I had never done before but it turned out to be hugely rewarding and enhanced my existing skills. Some of the assignments took much longer than 1 hour and that was a bit of a struggle but I managed to complete everything eventually. I was disappointed that there was not much activity on the discussion board and in the group I had posted certain questions and some were answered eventually others not. Overall I have found the course to be an excellent learning method"

"The course seems to me of great interest for nurses who are in other contexts where the cultural aspects of health care have not been given importance, both from the awareness of diversity and from different cultural groups, as well as from development of the sensitivity and skills needed to work with them"

"It was a very good course. I have learned a lot of new things and have improved the knowledge. I am glad to look behind and see all my posts and read it again, also my team blog (all the participants of this course). It was a pleasure to interact with others and to see their mentality, their kindness and their interest to help people and improve the safety into the medical system. It was also a very good occasion to practice my bad English and learn something new"

"The subject of the course itself made me expand my broad of thinking and elaborate it better now in aspects of Intercultural communication and patient safety, in a way that I wasn't thinking before. We always talk about patient safety, but eventually safety is so many things that don't know yet, even after 10 years of clinical experience. The material provided and the flow of the events during the weeks was well scheduled and tasks required were thought provoking. The videos, articles and presentations were very helpful to understand the context of intercultural communication. I think I gained a lot of knowledge sharing experiences with colleagues from different countries and cultures and level of experience. Reading through the blogs I found that some colleagues are managing challenges at workplace better than I am doing, so I can bring into practice this knowledge now. I found the experience with the webinar 2 magnificent. I wish I hadn't missed the first one"

"I never knew what a MOOC was until I joined this course. I think it is a wonderful opportunity for professionals to update their knowledge and learn new skills. Also the networking aspect of a MOOC is a bonus. It made a difference in my practice and I would do another one"

"MOOC is really a nice course and I learnt so much that will help me in my career."

"I suggest that this type of programme should be adopted in teaching other issues that will improve our care to our patients"

END OF REPORT

Hints & Tips for running a good MOOC

- Familiarise yourself with the technology
- Check the MOOC regularly
- Encourage people to post if they haven't posted for a while
- Provide translations of the instructions in the key languages

Anticipate technical problems

- Module moderators - ready to help with technical issues (webinar)
- Encourage people to check their setup and explore alternatives
- Provide a link to the webinar after it has been broadcast
- Give clear instructions for those who may not be familiar with how to use the technology (with a video or screenshots)



Useful resources

Resources for running a MOOC

<https://facdevblog.niu.edu/tips-for-designing-a-massive-open-online-course-mooc>

Blackboard quick tutorials

<http://www.blackboard.com/quicktutorials/quicktutorials.htm>

