



Does Culture Eat Strategy in Debriefing? Which One Wins?

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Abstract

Debriefing is an essential component of simulation-based learning. It helps to consolidate knowledge as well as skills by utilizing reflective practice. In non-western cultures (eg. eastern or Asian cultures) there are a variety of reasons why debriefing needs to be conducted in a customized and perhaps modified way. Rigid models of debriefing may not work in eastern cultures. With globalization, the healthcare scene will continue to evolve and so will the methodologies of teaching and learning. Both staff and patients from different regions, countries and culture will be more likely to cross paths and work or interact with one another. As such, cross cultural understanding and training becomes important and, so does sensitivity, respect and open-mindedness.

This paper discusses what some of the observed cultural differences between the 'west and east' are and puts forth suggestions for debriefing facilitators to be aware of. Indeed, 'culture need not eat strategy', yet the two can work hand in hand synergistically, and perhaps reinforce each other.

Keywords: Culture; Debriefing; Simulation-based learning; Western; Eastern

Introduction

Culture and strategy

Culture represents the values, behavioral and social norms that are learnt, taught and passed on in society or groups. It also reflects the beliefs, customs, language and history of an ethnic group or a group of similar people. What is transmitted from generation to generation can at times, be influenced by both internal and external factors. Cultural norms and expectations in society can determine if certain behavior and manifestations are acceptable and desirable or otherwise. Each culture also has its own relatively unique style of communications, work attitudes, sharing of feelings, family and friendship roles as well as other rituals [1-4].

For both educators and clinicians it is very useful to develop cultural awareness, understanding and competence in knowledge, skills and attitude, pertaining to their students and patients. More so in multi-ethnic societies, this competence need to be better developed and embedded in practitioners, in order not to offend others. If they are unfamiliar with the cultural frame of reference, they may inadvertently, appear offensive or even judgmental, in certain circumstances.

One very common way of differentiating culture has been using eastern and western divide. Though an oversimplification, it is still commonly utilized and made reference to. However, which countries fall into the 'eastern' or 'western' categorization? Is it still just based on location on the global map, or they way people dress and the language they are fluent in? Nevertheless, the eastern culture is often said to favour collective and group identity as compared to the western culture, which is thought to veer towards individual autonomy. Perhaps these differences are noted due to observed differences in thinking patterns, value views, 'group consciousnesses or 'benefit consciousness' [5-7]. Indeed some of these are anecdotal and not evidence-based, but it is also no secret that communication etiquette varies across culture. This means that it is important to understand who we are talking to and communicating with. Facilitators must thus understand cultural norms and be able to pick up nuances. Besides verbal communications, the understanding of non verbal communications cues becomes critical as well. It is important to be aware of these cultural issues because the trainees and participants may have their own perspectives in a simulation scenario.

With Joint Commission International accreditation of healthcare institutions, it is a requirement that when dealing with multi-lingual and multi-ethnic persons, there is a need to have interpreters

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is an open access article distributed
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who can be called upon. Interpreters can certainly help align the spoken language part of understanding and interaction, but it does not fully address the deeper cultural elements and characteristics.

With globalization, the healthcare scene will continue to evolve and so will the methodologies of teaching and learning. Both staff and patients from different regions, countries and culture will be more likely to cross paths and work or interact with one another.

Institutions and departments would already have their key performance indicators and comprehensive strategies in place. The latter can range from those required for day to day running and operations, to medium and longer term ones. Strategies are usually documented and recorded, whilst culture, which can be more ad hoc, will often determine how things get done. Besides the broader organizational and departmental culture, cultural practices of individuals in the organization is also important. In fact, both aspects have to be given some perspective in formulating strategies, guidelines and standard operational procedures. This way, 'culture cannot eat strategy' but instead, can 'feed each other', synergistically and value add to one another.

Simulation, Debriefing and Culture

One of the areas in medical education that has taken big leaps, especially in the last decade, is simulation based learning [5,7-9]. The options, spectrum and modalities are wide ranging. One of the aspects of simulation based learning that can be significantly impacted by culture is debriefing [7,8,10,11]. This is most likely because it touches on the values of practitioners, inculcating changes and reflective practice. Whilst there are models and strategic approaches to debriefing, the cultural elements are often overlooked or only given secondary considerations. Debriefing's role is key in facilitated reflection, after experiential learning in simulation-based encounters. This is usually conducted in a psychologically safe learning environment. It will be extremely helpful if trainers and facilitators conducting debriefing are made aware of and perhaps given some exposure and empowerment in handling issues that may arise, related to culture.

In debriefing, culture and cultural practices can have an impact in a variety of ways:

1. Debriefing involves the open sharing of feelings and thoughts in the presence of the other members of the healthcare team and the facilitators. There is a need to be able to overcome shyness and be confident to be able to do this well and benefit from the experiential learning. To be able to express one self, there is a need to have a 'zone of safety' or comfort zone for people to be able to express themselves freely. The eastern or Asian culture, which is more aware of hierarchy, respect and seniority, may tend to be restrictive towards achieving this important goal of debriefing. Thus, frank and honest sharing may not come forth so readily. Participants may hold back their actual inputs and feelings in order not to cause others to "lose face".

2. Debriefing involves questioning appropriately, in a constructive manner, certain actions and decisions made by team members. This may be avoided by both facilitators and participants, as in the eastern culture, it may come across as being antagonistic, and thus, less collegial and unacceptable. This frame of mind or mental model of participants is impacted by cultural beliefs and practices, making it important for facilitators to understand this.

3. As debriefing often involves video playback and discussion

on specific tasks and actions, discomfort and perhaps, resentment may arise in such strategies, thus reducing participation from some participants and personnel.

4. The process of giving and receiving feedback is also culturally driven, making it harder to stick to a set or planned strategy. Flexibility will be required and the facilitator should be aware of this and be able to customize and manage accordingly.

5. Simulation based learning involves "interaction with mannikins" and may be less culturally acceptable to some. Others may find it harder to 'suspend their disbelief', due to certain entrenched beliefs and practices

6. The teams involved in some simulation based training are multi-professional and multi-disciplinary. As such, in the Asian setting, it may be more difficult for a nurse to question a doctor, or a junior doctor to question a more senior colleague, knowing the differences with which these different healthcare professions are viewed in the local context.

7. Also, the practice of 'mitigated speech' (which refers to the situation where according to cultural values, one needs to be more polite and defer opinion or comments to 'authority'), may tend to downplay what is actually being said during the debriefing sessions [12].

8. It has also been noted that across Asian culture, conversations tend to be more 'receiver-oriented', whereas in the western context, the responsibility is on the "speaker" to communicate and share the ideas clearly and succinctly [6,7].

9. Getting learners or participants to lead the debriefing process is more challenging in Asian societies. This may result in the facilitator talking more (facilitator-led debriefing) and providing the answers and inputs. This discourages the active participation of the learners.

10. Debriefing involves active and voluntary participation. However, in Asia, 'silent participation' can be the norm in various settings, thus making it necessary to have some modifications and customization of the western style debriefing, many of us are used to.

Suggested Steps and Interventions for Customization

With a variety of multi-faceted and complex issues to consider in debriefing different groups, the following are some of the points of consideration for facilitators and trainers involved in cross-cultural, multi-racial societies and multi-ethnic work.

1. To deepen the understanding and explore further, the motivations to learning in the various cultural groups

2. Facilitators involved in this type of work and debriefing must make an effort to learn the values in different culture as this can be closely linked to the work conducted in debriefing. This can also help maximize the benefit from the courses and simulation-based learning activities that are carried out.

3. It is important to develop understanding of culture-based respect in certain societies, such as for seniors or for certain professions.

4. Gender biases due to cultural understanding and practices too must be given due consideration

5. As debriefing requires a 'safe learning environment' for

participants to open up, it is necessary to take time to find out what this entails amongst different groups that are involved.

6. It is also good to be able to have a mental map of whether the society or group veers towards more individualized versus collective representation. This can help the decision making process as to whether it is better and more appropriate to use individualized or collective debriefing. The latter may provide more insight to group dynamics and enable the voicing of alternative viewpoints. This can eventually help enhance understanding.

7. The choice of scenarios may also play a part in being able to get certain messaging across or bring forth certain course of action and performance. Thus, for persons writing and planning scenarios, it might be useful to talk to the local representative to get some inputs and ideas pertaining to this.

8. At times, it may be helpful to introduce a game to enable the facilitator to make certain necessary observations of the participants. However, this does require time investment and of course, the choice of an appropriate game or exercise.

9. For facilitators handling multi-cultural groups, clear briefing at the beginning to explain what debriefing entails may be useful, especially for groups doing this for the first time. The definition, process and phases of debriefing can be shared. There should also be a platform for the participants to ask questions and clarify

10. It is good practice to share the observations and experiences of facilitators who have done cross cultural work and debriefing with others. This can also be a platform for sharing best practices or a circle for community of practice work.

11. Facilitators have a role to help learners to reflect, understand and ensure they do not leave with misinformation about simulation or debriefing. They are expected to share honestly, provide a psychologically safe environment, maintain confidentiality of the sessions. Facilitators who are more experienced will be able to vary the level of facilitation according to the group, their culture and their experience. For example, facilitation can be at low, intermediate and high levels. For low level facilitation, there will be a higher level of facilitator involvement and for the high level facilitation; participants may even lead, with low faculty involvement.

Debriefing: The Final Word.....

Debriefing itself is a cultural practice, which is used to reflect upon and review, after some action has taken place. Debriefing is done not only in medicine, but in other industries such as aviation and the military. This is usually for the purpose of developing new strategies by reviewing, analyzing and discussing pertinent (simulated or real) events. Debriefing is relevant in high stakes environment where errors can have considerable and significant consequences. The language and conduct of debriefing is also cultural and cognitive. In fact cognition is affected by culture as well. Thus, how the debriefing is conducted, and organized, how long it takes, volume of speech and gesturing involved and the relative participation of all members is important. It is important to give these elements some thought as they do have a bearing on how our learners learn and acquire good practice [13-14].

There are currently various models used in debriefing. In appropriate setting, facilitators will need to practice some flexibility and customization. These models need to be reviewed with a culture-

sensitive perspective so that learners in these settings can maximize their learning from the debriefing sessions, despite their cultural inclination. Prior exposure and training for facilitators will also be helpful [14-19].

Studies have shown that the most impactful and maximum learning happens after the debriefing. The debriefing element of simulation-based learning is the most vital component of the experience. Knowing this, facilitators must focus on doing the debriefing 'right' and in an acceptable way, whatever cultural environment they are instructing in [5,14,20-21].

Strategy is often seen as more important than culture in the creation of high performance teams. This may be a dichotomy which needs to be changed, as the best strategy will not count much if the team members do not feel they are empowered appreciated and "belong" together. These elements represent some of the cultural pointers to be considered. Strategy and culture must go hand in hand. Strategy provides the clear vision and direction, whilst culture ensures it can all be delivered effectively.

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