

AN EDUCATIONAL INTERVENTION TO IMPROVE CROSS-CULTURAL, CONFLICT RESOLUTION SKILLS IN THAI MEDICAL TOURISM

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Abstract: While low English language proficiencies create significant barriers to communication, cultural dimensions in Thai medical tourism make cross-cultural conflict resolution (CCCR) even more problematic. Previous studies and interventions in English Language Teaching (ELT), English for Specific Purposes (ESP) and Medical English Education (MEE) have focused on English language skills and cross-cultural knowledge. Significant improvements in conflict resolution skills have not been noted. This intervention integrates medical English and counseling skills. In each lesson, the instructor uses a skills scaffolding approach, and sequences learning objectives along Bloom's revised taxonomy of learning skills (BRT). The conflict resolution instruction and practice are based on Rosenberg's Non-violent Communication (NVC) protocols (2003). Participants learn and apply counseling skills via readings, role-plays, games and discussions. Conflict scenarios in medical tourism provide the primary content. The first third of the thirty, weekly, medical English and counseling workshops at Piyavate Hospital, Bangkok, and the first three study phases of six, pre-assessment, curriculum development and progress assessments of workshops one through ten have been completed. The assessment results reported here convey participants' conflict and cross-cultural communication values in three areas: uncertainty avoidance, conflict avoidance, and patient assertiveness. Both pre-assessment and progress assessment include completion of an eighteen-item Likert scale survey derived from Hofstede (1980), and Chareonrook (2000). This integrative approach via combined medical English and conflict-resolution training suggests ways that counseling may be integrated into Thai, medical English curriculum.

Keywords: Cross-cultural Conflict Resolution, Bloom's Revised Taxonomy of Learning Skills, Non-Violent Communication

Introduction

Cross-cultural communication between Thai medical staff and foreign patients is problematic and often reported in conjunction with patient dissatisfaction and malpractice suits (Armbrecht, 2008). Thai medical personnel struggle with their patients' varied styles of communication and cultural/medical backgrounds and beliefs. Research reveals that proficiency in English, the 'lingua Franca' of Thai medicine has not significantly mended cross-cultural,

communication barriers. The unique relationships of medical staff and patients and the challenges of communication across cultures warrant intervention. This educational intervention and longitudinal study provide medical professionals an integrated curriculum in medical English and counseling while tracking learning outcomes. In weekly workshops at Piyavate Hospital, participants are introduced via skills scaffolding to learning objectives they then explore with a full range of learning activities drawn from Bloom's revised taxonomy of learning skills (BRT). Pre-surveys, progress surveys, and post-surveys and questionnaires as well as audio recordings of sessions are tracking participants' performance from April 2010 to January 2011. Medical English and issues in medical tourism provide the workshop contents while Non-violent Communication (NVC) protocols that have bridged cultural differences in other settings provide a communication process that engages medical staff with foreign patients and helps them resolve cross-cultural conflicts (2003). During the workshops, participants apply medical English and counseling skills to a variety of cross-cultural, conflict situations via role-plays, discussions, games and readings. Each session ends with time devoted to discussing issues and conflicts that participants encounter day to day. In this progress report, the first third of the thirty, weekly, medical English and counseling workshops at Piyavate Hospital, Bangkok, and the first, three study phases of six, pre-assessment, curriculum development and progress assessments of workshops one through ten are reported (Figure 1). Results describe changes in three of the participants' CCCR avoidance factors: patient assertiveness, uncertainty avoidance and conflict avoidance.

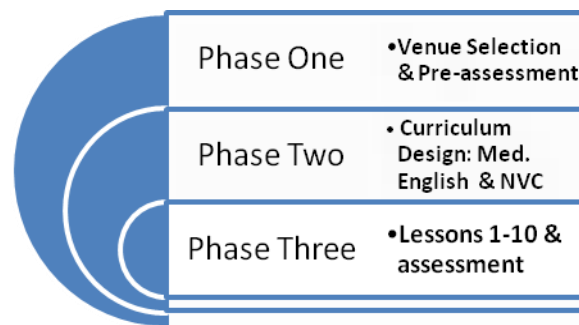


Figure 1: Scope of This Progress Report

Objectives

The objectives of this research study are: 1) To develop and test a medical English curriculum which includes counseling and conflict resolution training; and 2) to practice, and to study and analyze the participants' attitudes toward and skills in cross-cultural conflict resolution.

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