Teaching Medical Anthropology in Front of the Screen

A Short Essay on Online Teaching With Medical Students During Summer Term 2020 in Austria

MARGRET JAEGER & AFSANEH GAECHTER

Introduction

The SARS-Cov-2 pandemic has created new challenges for teaching. The goal of this paper is to analyze and reflect on the previously unknown measures we have taken and the problems we have encountered teaching the module "Diversity in Medicine" during the national lockdown at a university in Austria. The module "Diversity in medicine" is aimed at medical students in their 6th semester and is organized for a maximum of 245 students. Between February and April, medical students (including dental medicine) followed a course in diversity competence. The prevention measures implemented by the Austrian government in March 2020 led to a large part of the teaching being done online, but this caused some problems for teachers and students. The text reflects on some general issues related to this and then illustrates the specific situation in which teaching took place during the summer term 2020 (February to April). The authors are the module coordinator (Jaeger) and one of the teachers (Gaechter).

In the module, social sciences, especially medical anthropology, are taught to medical students according to the requirements of the World Federation of Medical Education (WFME). They state that the "behavioural and social sciences, medical ethics and medical jurisprudence would provide the knowledge, concepts, methods, skills and attitudes necessary for understanding socio-economic, demographic and cultural determinants of causes, distribution and consequences of health problems as well as knowledge about the national health care system and patients' rights." (WFME 2015: 22). These standards are mandatory for any new programme that wants to obtain international accreditation by the WFME.

The module "Diversity in Medicine"

Under the umbrella of "Diversity in Medicine", 115 units (synchronous and asynchronous learning situations) are allocated to transmit knowledge, create awareness and enhance the competences of medical students to deal with patients and colleagues in a globalized world (see also Carrese & Marshall 2003; Dogra, Reimanova & Carter-Pokras 2009). Physicians are amongst the most mobile professionals worldwide (IOM 2014; Jourdain, Pham & Saul 2017) and patients also seek healthcare in public and private institutions throughout the world (Glinos *et al.* 2010; Lunt & Mannion 2014). Training of this kind is therefore fundamental for the provision of high-quality care.

A maximum number of 245 persons in their 6th semester attend the module between February and April of each year. The group of students itself is framed by diversity: at least 50% of them have German citizenship, most of whom came to Austria for education. The gender balance is more or less equal; there is little ethnic diversity with a focus on white Europeans, but at least 30% of the students stated that they have parents or grandparents who were not born either in Austria or in Germany. The religious background, when asked, shows a majority of non-practising Christians.[1]

While the planning for this module starts every October, the summer term 2020 turned out to be different, as it was at many universities worldwide. In the following section we talk about the difficulties that arose as a result of the lockdown due to the SARS-Cov-2-pandemic emergency regulations in Austria. These regulations were in force between 16 March and 30 April, which meant that Austrian universities finished the semester online.

Consequences of the pandemic containment restrictions in March 2020

The module was started normally with an inaugural lecture on diversity on 17 February. Other course content was taught in the classroom until 13 March, including group sessions for discussion (max. 20 students and a moderator) about "death and dying in a cultural/religious context". As this is a sensitive topic, it seemed important to us that these group sessions still took place in person.

For the group of students affected by the 2020 COVID-19 measures, the module ended under great difficulties. While an online teaching platform was quickly established, no training was offered to us as teachers. Fortunately, the free Moodle platform and our knowledge about its use, together with some YouTube tutorials helped us to offer learning opportunities for the students. As there was a significant increase in the production of COVID-19-related social sciences content which was freely available on the internet, often within blogs, we were able to create a separate section about the ongoing pandemic with Moodle.[2] Due to the high (organizational) workload of all this, it was not possible to include any lecture about epidemics for this year.

One important factor that had a major influence on how things developed, a factor that we did not immediately recognize, was that at least one-third of all students became engaged in "COVID emergency" help in hospitals in Austria and Germany. They were therefore rarely available for synchronous online teaching situations. Having a high number of students who had migrated in order to attend university here also meant that many of them, originally from Germany, moved back to Germany during the summer term to work or study at or from home. This physical disintegration of the group made it impossible to offer in-house teaching in small groups after April. The official position of the faculty was in favour of online-teaching and therefore the teaching had to be adapted to this reality. As personal experience improves the comprehension of reality, in this case medical practice, the medical students acquire an insight into the challenges of decision-making and ethics related to the pandemic. To support the reflection process and to offer a forum for questions, a planned lecture on intercultural ethics was adapted. A teacher from Germany, namely a physician and researcher locally and regionally involved in clinical ethical discussions about therapy decisions for Covid-19 patients, offered an online discussion on this issue. Synchronous online teaching, as officially required, offers new opportunities that had not been possible before, as inviting guests that lived far away involved costs that would be too high to bring them in in person. Recording lectures in advance also meant an opportunity to be independent of any person-related teaching impairment. As the module takes place in winter moving into spring, there is always a higher risk of a teacher ill health (influenza season, and now SARS-Cov-2) that requires a decision to cancel on the day or to find a quick substitution, wich is stressful for everybody. From this point of view, the pandemic created more openness and flexibility for teachers and the coordinator.

During different online sessions, it was evident that students with previous experience in healthcare (either nurses or paramedics) or current experience in COVID-19 emergency response were more active in the sessions. The reported cases from their colleagues' practical experience helped others to grasp different notions of practising diversity management in healthcare. This is especially important to students in the 6th semester who often still do not have intership experience and can hardly relate to different life realities outside their own milieu. In a hospital, whether publicly or privately funded, the patients´ backgrounds are most probably marked by diversity and therefore an excellent learning setting. The existing diversity in the hospital is at the same time an optimal field practice for students to get to know the various factors of socio-cultural heterogeneity by means of concrete communication models and to become familiar with the topic. Such case-based teaching is a standard in medical education that has proved to be very effective (Thistlethwaite *et al.* 2012). One aspect that is particularly interesting for anthropologists/social scientists is raised by Jaeger on the basis of her 10 years of experience using cases from practice in teaching health professionals: as social scientists we are interested in the whole story of a case and we try to be as holistic as possible in our description of it. Health students and health professionals in practice often bring cases into the classroom

that, from our perspective, lack information. That means in practice that we might not have information on some social determinants of the patient and often do not learn how the situation ended – it ends for us when the night or day shift ended or when the patient was handed over from the Emergency Room to the ward. This seems to be frustrating, but it is real life data, and sometimes information is missing (often the context of a patient´s current health status).

While writing this text, the faculty's plan for teaching for the winter term offers the possibility of teaching in-person groups of up to 20 persons. Organizing teaching in these uncertain times also means including uncertainty in planning, a challenge for every coordinator that should be acknowledged much more by institutions, so that they can determine what support is required.

Conclusion and reflection

To conclude, managing diversity training during a pandemic is difficult because it needs personal interaction between people to guarantee learning outcomes such as developing communication skills. Interactions between teachers and students is currently limited to computer screens, it is dependant on the (in)stability of internet connections and shaped by different and sometimes conflicting working schedules. The switch to online teaching has fundamentally changed communication between students and teachers. In face-to-face teaching, students have the opportunity to share their experiences in small groups through case studies they analyse or experience and provide helpful feedback for their fellow students and teachers. Teaching in times of a pandemic is, for both sides, students and teachers, tiring, demotivating and reduces interaction between participants. This needs to be addressed at the beginning and strategies to diminish these aspects should be applied, as some colleagues recently suggested in a paper called "How to Combat Zoom Fatigue" (Fosslien, L. & Duffy, M. W. 2020). Online teaching challenges us to rethink the way we have been teaching until now and to develop new forms so that we are not relegated to a kind of teacher-centred 'chalk-and.talk' with learning outcomes that are assumed to be poor.

Notes

1 It is part of the module to ask about student diversity at the beginning of each course using the software poll (internal documentation).
2 Cf. these sources: https://www.coronatimes.net/; http://somatosphere.net/tag/covid-19/; Journal Open Anthropology Research with two special issues about Covid-19: https://www.degruyter.com/view/journals/opan/opan-overview.xml?lang=en

References

Carrese, Joseph A. & Marshall, Patricia A. 2000. Teaching anthropology in the medical curriculum. The American journal of the medical sciences. *American Journal of the Medical Sciences* 319, 6: 297-305.

Dogra, Nisha, Reitmanova, Sylvia & Carter-Pokras, Olivia 2009. Twelve tips for teaching diversity and embedding it in the medical curriculum. *Medical Teacher* 31, 11: 990-993.

Fantini, Alvino E. 2009. Assessing intercultural competence. In Deardorff, Darla K. (ed). *The SAGE handbook of intercultural competence.* Los Angeles: SAGE Publications, inc., 456-476.

Fosslien, Liz & Duffy, Mollie W. 2020. How to combat zoom fatigue. Harvard Business Review. https://hbr.org/2020/04/how-to-combat-zoom-fatigue [03.11.2020].

Glinos, Irene A., Baeten, Rita, Helble, Matthias & Maarse, Hans 2010. A typology of cross-border patient mobility. Health place 16, 6: 1145-1155.

Jourdain, Alain, Pham, Tam & Translated into English by Saul, Anthony 2017. Mobility of physicians in Europe: health policies and health care provision. In *Santé Publique* 29, 1: 81-87.

Lunt, Neil & Mannion, Russell 2014. Patient mobility in the global marketplace: a multidisciplinary perspective. *International journal of health policy and management* 2, 4: 155-157.

Schultz, Caroline & Rijks, Barbara 2014. Mobility of Health Professionals to, from and within the European Union. Internation Organization for Migration. https://publications.iom.int/system/files/pdf/mrs48_web_27march2014.pdf [20.09.2020].

Thistlethwaite, Jill E, Davies, David, Ekeocha, Samilia, Kidd, Jane M., MacDougall, Colin, Matthews, Paul, Purkis Judith & Clay, Diane 2012. The effectiveness of case-based learning in health professional education. A BEME systematic review: BEME Guide No. 23. *Medical Teacher* 34, 6: e421-e444.

World Federation for Medical Education 2015. WFME global standards for quality improvement. The 2015 Revision. https://wfme.org/download/wfme-global-standards-for-quality-improvement-bme/?wpdmdl [04.11.2020].

MARGRET JÄGER Dr. phil., medical anthropologist, assistant professor at the Department of Psychology/SFU Linz and the medical faculty of SFU Vienna. Her current research interests are: health promotion, experience of illness, transcultural competence of health workers, violence against health workers. Currently leading project cooperations in: Egypt, Brazil and Austria. She is also administers as module coordinator for the field of "Diversity in Medicine". As co-founder (with Mustafa Abdalla, FU Berlin) of the international initiative "Medical Anthropology for Health Professionals in Egypt and the MENA Region", she advocates for training health professionals and social scientists in the Arab countries (funding from the Austrian Ministry of Europe, Integration and Forein Affairs).

Sigmund Freud Privatuniversität, Department Psychologie
Adalbert Stifter Platz 2, AT 4020 Linz
e-mail: margret.jaeger@sfu.ac.at

AFSANEH GÄCHTER Dr. phil., is research associate at the Danube University Krems in Austria, Faculty of Health and Medicine, Department for Psychotherapy and Biopsychosocial Health. She studied sociology, ethnology and history at the University of Vienna and specialises in the field of the history of medicine. Her main research topics are cultural and knowledge transfer as well as diversity and transculturality in medicine. She is a member of the Working Group History of Medicine/Medical Humanities at the Austrian Academy of Sciences and has led many independent research projects. Ms. Gächter is the author of numerous publications.

Danube-University Krems in Austria, **Faculty of Health and Medicine, Department for Psychotherapy and Bio**-psychosocial Health

e-mail: afsaneh.gaechter@donau-uni.ac.at