Initial Results of a Virtual Exchange Project Between Greece and Hungary to Improve Medical Students' Intercultural and English Language Competence

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Abstract:

Virtual Exchange (VE) is a contemporary educational approach whose purpose is to connect students online, improve their foreign language skills and help them gain a better understanding of their respective cultures. However, there is a paucity of VE projects canvassing issues of Medical English, medical culture and intercultural competence. The aim of the present VE project was to build awareness of the eminence of medical culture and facilitate the enhancement of students' Medical English language skills and intercultural competence. This paper reports on the initial results of this VE project focusing primarily on analysing the formation of students' medical cultural values.

The method applied was a qualitative approach with the development of the Medical Culture Questionnaire (MCQ) by the authors. As the results suggest, there were no major differences detected between the perceptions of the groups surveyed. They all associated the medical sector with increased professionalism and a strong sense of duty to alleviate patients' suffering and cure diseases, promoting a healthcare system with, ideally, positive attributes. The social and cultural background of both student cohorts significantly affected their responses, which was reflected in favouring patient-centeredness as an indispensable characteristic of a good doctor and, in parallel, equity in access to quality services as the main principles a healthcare system should be based on.

The authors conclude that Virtual Exchange and the Medical Culture Questionnaire are new initiatives to facilitate learning about medical culture in other countries, developing Medical English skills and working in international teams. In the future, more medical schools from different countries could be involved, extending and elaborating the use of our MCQ to more medical academic settings, thus providing a preliminary insight into the intricate formation of cultural knowledge and facilitating the co-construction of new knowledge.

Keywords: Medical Culture Questionnaire, Medical English, Virtual Exchange, intercultural competence, intercultural learning

Apstrakt:

Virtuelna razmena (VR) je savremen edukativni pristup čija je svrha da se učenici povežu putem interneta, poboljšaju svoje znanje stranog jezika i steknu bolje razumevanje kulture drugih učenika. Ipak, mali je broj projekata koji pokrivaju potrebe engleskog jezika u medicini, kulture u medicini i interkulturalne kompetencije. Cilj ovog VR projekta bio je da se stvori svest o uzvišenosti kulture u medicini i da se pomogne poboljšanju jezičkih veština i

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interkulturalne kompetencije kod učenika engleskog u domenu medicine. U ovom radu predstavljeni su prvi rezultati ovog VR projekta koji se fokusiraju uglavnom na analizi formiranja medicinskih kulturnih vrednosti kod studenata.

Primenjena metoda bila je kvalitativna, i podrazumevala je pravljenje upitnika od strane autora o kulturi u medici. Kao što rezultati sugerišu, nije bilo većih razlika u shvatanjima dveju posmatranih grupa. Obe grupe su povezivale oblast medicine sa povišenim stepenom profesionalizma i velikim osećajem dužnosti da se umanje muke pacijenata i izleči bolest, promovišući zdravstveni sistem sa pozitivnim konotacijama, u idealnom smislu. Socijalno i kulturno poreklo obe grupe učenika značajno su uticali na njihove odgovore, što se ogledalo u favorizovanju okrenutosti ka pacijentu kao neizostavnoj karakteristici dobrog doktora, i, paralelno s tim, jednakosti u pristupu kvalitetnoj usluzi kao osnovne principe na kojima zdravstveni sistem treba da se zasniva.

Autori zaključuju da su Virtuelna Razmena i upitnik o kulturi u medicini nove inicijative kojima se pomaže učenje o medicinskoj kulturi u drugim zemljama, uz razvijanje jezičkih veština engleskog u oblasti medicine i rada u međunarodnim timovima. U budućnosti više medicinskih škola iz različitih zemalja moglo bi biti uključeno, proširujući i razrađujući upotrebu našeg upitnika o kulturi u medicini u domenima medicine koji su više akademski, i na taj način pružajući preliminarni uvid u suptilni proces formiranja kulturološkog znanja i pomažući konstrukciju novih znanja.

Ključne reči: upitnik o kulturi u medicini, engleski u domenu medicine, virtuelna razmena, interkulturalna kompetencija, interkulturalno učenje

1. Introduction

"We don't see things as they are, we see them as we are."

Anonymous

All over the world, universities have become increasingly global and internationalized in recent decades. Globalization and worldwide migration are part of the reasons why the scope of higher education has changed considerably, thus enabling increased contact between diverse cultures. As the teaching environment is changing at an incredibly rapid rate, 21st century education provides rather challenging times for the academic staff (Németh and Csongor 2018). Therefore, a shift in thinking is in demand, one of which is to understand other cultures and languages better. However, these skills should be learned on all levels of schooling and society with higher education's role being crucial in this process (Yankelovich 2005).

The European Parliament and the Member States of the European Union declared the year 2008 as the "European Year of Intercultural Dialogue". Its goal was to highlight the importance of dialogue between diverse cultures in Europe aiming at preventing "ethnic, religious, linguistic and cultural divides…. and move forward together, to deal with our different identities constructively and democratically on the basis of shared universal values" (Council of Europe 2008, p. 4).

The above is especially true for medical schools, where the student, teaching and hospital environment is often very multicultural and where new discoveries, diseases, research results and technological developments emerge continuously. Selleger et al. (2006) regard student diversity as an opportunity to nourish students' cultural competence. In this diverse and fast developing field of education, students have to be taught how to treat and approach a multicultural patient population effectively in their future jobs, and be prepared for fields of research, health issues and even medical professions that do not yet exist today. Consequently, medical students have to be provided with not only the necessary skills of

how to become good doctors, but also of how to be good life-long learners. As Silva (2009, p. 630) argues "An emphasis on what students can do with knowledge, rather than what units of knowledge they have, is the essence of 21st-century skills." Morrow et al. (2013) claim that medical students have to be prepared for clinical as well as cultural competences, including the culture and structure of the healthcare system and the training culture. When students are aware of and understand national differences, it will promote greater cultural competence.

The development of language skills and cultural competence in medical education is deemed necessary for healthcare professionals as it affects the quality and effectiveness of care provided, particularly with respect to its impact on physicians' knowledge and skills, as well as patient satisfaction (Beach et. al., 2005). A vast array of literature (Tang et.al. 2002; Cooper and Roter 2003; Kawaga-Singer and Kassim-Lakha 2003) emphasises that clinical encounters are significantly influenced by the cultural background of both the provider and the patient. As aptly pointed by Betancourt (2003, p. 560), "when sociocultural differences between patient and provider aren't appreciated, explored, understood, or communicated in the medical encounter, patient dissatisfaction, poor adherence, and poorer health outcomes result. It is not only the patient's culture that matters; the provider's 'culture' is equally important".

1.1 From Telecollaboration to Virtual Exchange

A special tool that assists students in developing their professional and intercultural competences as well as their foreign language skills is called *telecollaboration*, which is part of a blended learning methodology including both off-line and on-line work (Belz 2003; O'Dowd and Ritter 2006). Goldner and Bollinger (2012) claim that the use of communication technologies allows medical schools from different countries to engage in collaborative learning. Participating in such projects is of utmost importance for Greek medical students, as the formation of coherent institutional language policies for the promotion of multilingualism and multiculturalism has not received adequate attention so far (Tseligka 2016).

Potts (2011) maintains that during online learning, creating and sharing materials can be a positive and enjoyable experience for students. Therefore, by this special learning method, virtual mobility can also be accomplished for the non-mobile student population as they are exposed to a multicultural student environment online. Consequently, nowadays, *telecollaboration* is often referred to as *Virtual Exchange*.

The focus of the Virtual Exchange project carried out by the authors was on medical culture, which is often a difficult notion for students to comprehend at first. This is due to the fact that culture is likely to be regarded as a soft subject in their studies, and not related to hard subjects, like science. This has been verified by previous studies suggesting that medical students "have difficulty acknowledging the influence of self-awareness in cultural competent patient care and experience some difficulty finding the appropriate balance between appropriate culturally competent care and viewing patients as individuals" (Lypson et. al. 2008, p. 1079). However, Boutin-Foster et al. (2008) claim that the professional culture of medicine is a framework that can be applied in teaching medical students about

the importance of culture including the language, communication styles, thought processes, customs, and beliefs that often characterize the profession of medicine.

In the authors' Virtual Exchange project, the aim was to build awareness of the eminence of medical culture and investigate the differences between the perceptions of Greek and Hungarian medical students of medical culture. The former group is a rather homogenous, mainly monocultural group of first year medical students in Greece, while the latter represents a multicultural group of students studying medicine in Hungary.

2. Method

The medical students of the two institutions worked together as part of a Virtual Exchange project, within a blended learning environment, which included both off-line and on-line work. As the first part of the project, they were asked to fill in an adapted version of the *Cultura* questionnaire online. The *Cultura* project is a web-based initiative that started in 1997 at the Massachusetts Institute of Technology (MIT) and it was a Virtual Exchange programme between American and French university students (Furstenberg et al. 2001). Its primary aim was to connect students online, who are studying each other's native language as a foreign language and help them understand their corresponding culture. It involves four stages: filling in a questionnaire, data analyses, discussion of the results and finally the analysis of several documents representing both cultures.

The authors adapted this project, and deployed a qualitative approach, which resulted in the development of the *Medical Culture Questionnaire* (*MCQ)* created by Greek and Hungarian English for Medical Purposes lecturers during the 2017 spring semester. It was pretested and subsequently distributed to first and second year Greek, Hungarian and international medical students (N= 193).

The authors' principal goal was to gain a deeper insight into the perceptions of their medical students about the medical culture and how people think in their respective countries and cultures and at the same time improve their Medical English proficiency. Due to the limited time available during the semester and the asynchronous nature of classes, the instructors decided to incorporate only the first two stages at this point, i.e. filling in the questionnaire online and analysing the results. Unlike the MIT version, the data analysis was initially carried out by the teachers and not by the students. This was followed by in-class discussions related to comparing and contrasting the findings in the following semester, as the next stage of the project, when students were asked to collaborate online and submit a final paper and presentation on the medical culture of a foreign country. All tasks were carried out in English as part of the students' Medical English courses. However, the results of this part of the project are not within the scope of this paper.

2.1 The Medical Culture Questionnaire

In the original version, students are asked to fill in the questionnaire in their native language to allow more room for expressing subtleties; however, as a multicultural student population was involved in this

project, this was not possible. Furthermore, the authors' goal was to enhance the students' Medical English skills, which required the questionnaire to be completed in English.

The survey questions included three sections: word association, sentence completion and reaction to situations. The questions, related to the medical field, were designed by both instructors, pretested on a small group of students (N=12), then turned into an online questionnaire with the help of Google Forms. Students (N=25 in Hungary and N=168 in Greece) were asked to fill it out anonymously.

3. Results

Altogether, 40 responses were received (20% response rate), out of which the majority (82%) were from Greek students who comprised the largest group of the participants. The multicultural student population represented the following five countries: Hungary, Iran, Japan, Nigeria and the USA. The majority of the students were females (60%), aged between 18 and 20 (87.5%) in their first year of studies (92.5%).

3.1 Word Association

Students were asked to write one word that first comes to their mind when they read the following words:

a. *Doctor*. The Greek students gave answers related more to the medical profession, such as: *health, blood*, *cure*, *diagnosis*, as well as to the academic field of medicine, including: *science, studying, knowledge,* whereas amongst the multicultural students some non-profession related associations also occurred, such as *angel* and *great*.

b. *Healthcare*. The associations were very similar in both groups: *hospital*, *clinic* and *medicine* were common. In addition, both groups employed attributes commenting on the quality of healthcare, including the descriptives: *organised, advanced, necessary, expensive, etc.* showing their awareness of the different characteristics of healthcare systems.

c. *Migrant*. This particular word was used as a trigger because both Hungary and Greece are heavily affected by migrants arriving across their borders, many of whom will sooner or later require medical care in the respective healthcare systems. Greece is even more affected by the migrant crisis due to its geographical location, which may well explain why so many Greek students associate *migrant* with more emotional terms, i.e. *help*, *human*, *humanity*, *pain, sympathy* and *poverty*, whereas the multicultural group associated it with *law*, *new life* and naturally, *Hungary*. Interestingly, *culture* and *multicultural* were associated with *migrant* in both groups.

d. *Alternative medicine*. The Greek students associated it with some of its specific types, such as *herbs*, and *acupuncture*, while their answers also represented the different opinions even within the medical field with respect to alternative medicine, naming it *ineffective, scam* and *questionable* on the one hand, but *interesting, healthy* and *new way* on the other. The multicultural group from Hungary provided similar answers, calling it a *risk* and interestingly, *useful* and *healthy*.

e. *Pain*. This term triggered a rather emotional response in both groups, who associated it mainly with words like: *sympathy, empathy, cry, scream*, *pity.* However, both groups also mentioned words related to pain alleviation, such as: *relief, eliminate and healing*, probably driven by the widely endorsed doctors' duty to diminish patients' suffering. Interestingly, *headache* was the only specific example associated with pain. Some Greek students approached it from a very professional perspective by writing *why* to indicate that finding the cause of pain is the primary issue.

f. *Disease*. Similarly, both groups, emphasising once again the importance of fighting and curing diseases, mentioned *cure*, *overcome* and *treatment*. *Cancer* and *tumour* were the specific diseases both groups associated disease with, most likely due to the fact that they constitute some of the leading causes of death.

g. *Drugs*. There is a major difference in the answers here as many Greek students associated it with *addiction*, *booze*, *dose* and *unhealthy*, whereas the multicultural group associated it more with *medication*, *pharmacy* and *take*. It seems that Greek students primarily associate *drug* with its negative meaning, i.e. as an illicit substance rather than as a form of medication, because in Greek two different words exist for these two different meanings, and most students appear to have associated this word primarily with its negative meaning, which is a case of L1 interference.

3.2 Sentence Completion

In this task, students were asked to complete the following sentences:

a. *A good doctor is someone, who…*

Cares about patients and *helps* patients were the most common answers given by the students. Additionally, *loves medicine* and *respects his/her patients* were frequent responses among the Greek students. The explanation may be that the participants were mainly first-year students who have been reported to embrace more patient-centred attitudes than senior medical students (Tsimtsiou et. al. 2007).

b. *The best healthcare in the world is the one in which…*

Interestingly, for many Greek students the best healthcare in the world is where *"every patient is treated equally", "everyone has equal opportunities in treatment"* and *"everything is provided for free"*. This could be attributed to the fact that the Greek public healthcare system – despite its many reforms – is still characterised by inequalities in access and inefficiency, a typical example of which are the informal payments to doctors by patients, in an effort to secure priority and achieve a better quality of services (Liaropoulos et.al. 2008).

The multicultural student group considered the best healthcare is where *"every patient is treated equally", "patient is happy"* and *"people are helped and not taken advantage of.* The findings are in

agreement with several studies focusing on the factors that make patients satisfied with the medical and healthcare services received (Sitzia and Wood 1997; Johansson et al. 2002; Joosten et al. 2008).

3.3 Situation Reaction

In this task, students were asked to write how they would react to the following situations:

a. *A patient comes into your surgery, but does not speak your language. What do you do?*

The responses were very similar in both groups; the majority of the students suggested the use of an *interpreter*, *translator*, or *"Finding someone who can help me communicate".*

However, some also considered the use of *body language* and *gesticulation* as a solution, while a few opted for the use of *Google translate* or *communicating in English*. These answers highlight the fact that the majority of first-year students do not yet realise the risks involved in medical care lacking proper communication and mutual understanding. Using gesticulation and online translation apps may easily lead to misunderstandings and improper treatment and care (Roberts et al. 2005).

b. *A lesbian couple would like to have a child. What do you tell them?*

Although this topic emerges more and more commonly in healthcare, the responses showed that it still remains a delicate topic with advocates placed on the two extremes in both groups: either supportive or disapproving. On the one hand, some would "*respect their decision"*, "*help them"* and "*inform them about the procedure".* On the other hand, others would say that "*it is not right and ethical"*, "*the kid will probably not grow in a proper environment"* or as one Greek student replied:

"*I would ask them how sure they are about their decision and explain how conservative the Greek community still is in this matter".*

This opinion is actually verified by a recent survey in Greece in which 75% of the respondents appeared to be against child adoption by gay/lesbian couples (diaNEOsis, 2016), an act which was in fact not allowed by law for same-sex couples at the time of study. However, some students would even go as far as to say it is "*impossible"* and tell them – unacceptable in the medical profession – to "*go away"*.

c. *Your patient refuses to take the medication you prescribed and insists on drinking herbal tea to cure him/her. What do you tell him/her?*

Despite the majority being first-year medical students, they provided medically sound and adequate answers by saying:

"I try to explain why this medication so important is emphasizing the beneficial effects."

"I would give him enough time to understand that herbal tea won't cure them by showing them their examination results".

Some would even make the situation legally correct: *"I ask her/him to sign a paper that I tried to help"*.

> d. *The family of your patient (young male, aged 25) does not allow you to disclose to him that he suffers from leukaemia. What do you do?*

The answers were slightly different in the two groups. The majority of the Greek students were adamant in their view that disclosure of information, especially when it regards the delivery of news about a patient's possible terminal illness, is essential, as it is part of the doctor's duty as well as the patient's unquestionable right:

"As he is an adult and sound of mind I would inform him despite the disagreement of his family."

"As a doctor I am responsible to my patient not to his family. I am obligated to inform him about his health."

Such findings appear not to corroborate previous data about Greek physicians, who most often denounce their role as bearers of bad news to the patients, thus, disclosing unpleasant news to the relatives rather than to the patients themselves (Mystakidou et al. 2005; Konstantis and Exiara 2015). However, taking into account that this group consists of first-year students, who have not yet experienced interactions with patients, it is not surprising that they do not favour the family involvement.

Some of the students of the multicultural group were more advanced in their studies and therefore had several clinical sessions with patients, which may well explain the slight difference in their answers:

"I tell the truth since he is an adult."

"Follow the protocol and inform the patient about his condition."

"Call a lawyer for advice."

One even suggested looking at the family's *"cultural background"* as that may well explain their attitude in this situation. In fact, this corroborates findings in literature, which suggest major cultural and legal dissimilarities in diverse cultures and societies regarding the protocol of breaking bad news (Fujimori et al. 2007; Wuensch et al., 2013)

4. Discussion

Analysing the results, we can say that there are no major differences between the Greek and the multicultural group of medical students, although in some respect, the Greek students provided rather different responses. First, based on the analysis of word association, it becomes apparent that both groups associated the medical sector with increased professionalism and a strong sense of duty to alleviate patients' suffering and cure diseases, promoting a healthcare system with, ideally, positive attributes. In Draper and Louw's study (2007) students also have generally positive perceptions of doctors, and some described the medical profession as significant and influential, which is becoming

more and more holistic. However, in their survey, Hurwitz et al. (2013) found that the desirable personal qualities of a doctor identified by medical students were influenced by their prior educational experience.

Emotional responses to words like *migrant* and *pain* were expressed by the majority of the participants, most probably because of their youth and lack of experience in clinical practice, as most of the respondents were first-year medical students. However, the present reality of the migration wave that has heavily affected Greece seems to have triggered even stronger emotional reactions in the Greek student population. Furthermore, it is notable that the word *drug* has primarily negative connotations for the Greek medical students, a fact that should be taken into consideration in a context of cross-cultural communication.

Based on the data from the students' sentence completion, it could be argued that the social and cultural background of both student cohorts affected their responses considerably. It was reflected in favouring patient-centeredness as an indispensable characteristic of a good doctor and, in parallel, equity in access to and quality of services as the main principles a healthcare system should be based on. The majority saw the physician-patient relationship as a partnership based on mutual agreement, in which the patient is treated equally and feels happy and satisfied.

Finally, when analysing student responses to the situations given, one could posit that their status as first-year students influenced most of their answers, e.g. unawareness of the significance of effective doctor-patient communication in a foreign language. However, in the cases of child adoption by same-sex couples, it seems that the legislative and conservative sociocultural background of the Greek context had a stronger impact on this group, accounting for its rather different reactions.

5. Limitation

There are a few limitations that prevent us from drawing some more general conclusions. First of all, the number of respondents was low and it included a significantly higher number of Greek students. In addition, the multicultural group included students coming from no more than five different countries; therefore, no general conclusions should be drawn referring to the medical culture of either Greece or any other specific countries involved.

Furthermore, in agreement with Furstenberg and English (2016), we do not propose that reducing the adaptation of the Cultura project simply to the completion of questionnaires is adequate in promoting effectively inter- and intracultural literacy.

In view of the above, at the second stage students from both groups were asked to collaborate and submit a final project on the medical culture of a foreign country, after interacting and exchanging ideas and information online. The results of the second part of the project are not part of the scope of this paper, yet, an initial analysis shows that this intercultural engagement has contributed to students' broadening their cultural knowledge, awareness and understanding. In addition, a new, wider-scale

project is planned among more medical schools from different countries, taking into consideration the limitations and lessons learned from the current study.

6. Conclusion

This paper has given an account of a Virtual Exchange project between two medical schools in Greece and Hungary. The *Medical Culture Questionnaire (MCQ)* described above is a new initiative to facilitate learning more about medical cultures in other countries and working in international teams. Building on our experience, we would like to continue with VE projects in the future, involving more countries, as it enhances intercultural learning and dialogue not only for medical students, but for their teachers as well. Based on our findings, the *MCQ* could be restructured and adjusted to be used by new groups of medical students in the future as intercultural communication among them could foster gaining a deeper insight into the diversity of different cultural groups.

Data could be analysed together with the students in class to stimulate discussions and facilitate their learning processes, enriched also with skype sessions and "coffee-break" forums, as suggested by Furstenberg and English (2016), in an effort to promote the co-construction of new cultural knowledge and avoid the formation of fixed notions about stereotypical cultural models.

In order to accomplish intercultural dialogue and increase the cultural awareness of medical students, i.e. our future doctors, we have made some steps forward with our project. We believe it is an effective approach to achieving the above goals as the medical students gained a better understanding of the proverb, according to which: "We don't see things as they are, we see them as we are."

References:

Beach, M., Price, E., Gary, T., Robinson, K., Gozu, A., Palacio, A., . . . Cooper, L. (2005). Cultural competency: a systematic review of health care provider educational interventions. *Medical care, 43*(4), 356-373.

Belz, J. (2003). *Linguistic perspectives on the development of intercultural competence in telecollaboration.* Retrieved August 1, 2017, from http://llt.msu.edu/vol7num2/belz/default.html

Betancourt, J. R. (2003). Cross-cultural medical education: conceptual approaches and frameworks for evaluation. *Academic Medicine, 78*(6), 560-569.

Betancourt, J. R., Green, A., Carrillo, J. E., & Ananeh-Firempong, O. (2003). Defining Cultural Competence: A Pactical Framework for Addressing Racial/Ethnic Disparities in Health and Health Care. *Public Health Reports, 118*, 293-302.

Boutin-Foster, C., Foster, J. C., & Konopasek, L. (2008). Physician, Know Thyself: The Professional Culture of Medicine as a Framework for Teaching Cultural Competence. *Academic Medicine, 83*(1), 106-111.

Cooper, L., & Roter, D. (2003). Patient-provider communication: the effect of race and ethnicity on process and outcomes of healthcare. In B. D. Smedley, A. Y. Stith, & A. R. Nelson. (Eds.), *Unequal Treatment, Confronting Racial and Ethnic Disparities in Health Care* (pp. 552-593).

Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care: Washington (DC): National Academies Press.

Council of Europe. (2008). *White paper on intercultural dialogue: "Living together as equals with dignity". Strasbourg: Ministers of Foreign Affairs.* Retrieved 1 August, 2017, from https://www.coe.int/t/dg4/intercultural/source/white%20paper_final_revised_en.pdf

diaNEOsis. (2016). *What Greeks Believe.* Retrieved November 10, 2017, from dianeosis.org: https://www.dianeosis.org/wp-content/uploads/2017/03/ti_pistevoun_oi_ellines_2017_.pdf

Draper, C., & Louw, G. (2007). What is medicine and what is a doctor? Medical students' perceptions and expectations of their academic and professional career. *Medical Teacher, 29* (5), e100-e107. doi:10.1080/01421590701481359

Fujimori, M., Akechi, T., Morita, T., Inagaki, M., Akizuki, N., Sakano, Y., & Uchitomi, Y. (2007). Preferences of cancer patients regarding the disclosure of bad news. *Psycho-Oncology, 16*(6), 573-581.

Furstenberg, G., & English, K. (2016). Cultura revisited. *Language Learning and Technology, 20*(2), 172-178.

Furstenberg, G., Levet, S., English, K., & Maillet, K. (2001). Giving a virtual voice to the silent language of culture: The Cultura project. . *Language Learning and Technology, 5*(1), 55-102.

Goldner, B. W., & Bollinger, R. C. (2012). Global health education for medical students: New learning opportunities and strategies. *Medical Teacher, 34*(1). doi:10.3109/0142159X.2012.638008

Hurwitz, S., Kelly, B., Powis, D., Smyth, R., & Lewin, T. (2013). The desirable qualities of future doctors – A study of medical student perceptions. *Medical Teacher, 35*(7), e1332-e1339. doi:10.3109/0142159X.2013.770130

Johansson, P., Oleni, M., & Fridlund, B. (2002). Patient satisfaction with nursing care in the context of health care: a literature study. *Scandinavian Journal of Caring Sciences, 16*(4), 337-344.

Joosten, E. A., DeFuentes-Merillas, L., De Weert, G. H., Sensky, T., Van Der Staak, C. P., & de Jong, C. A. (2008). Systematic review of the effects of shared decision-making on patient satisfaction, treatment adherence and health status. *Psychotherapy and Psychosomatics, 77*(4), 219-226.

Kagawa-Singer, M., & Kassim-Lakha, S. (2003). A strategy to reduce cross-cultural miscommunication and increase the likelihood of improving health outcomes. *Academic Medicine, 78*(6), 577-587.

Konstantis, A., & Exiara, T. (2015). Breaking Bad News in Cancer Patients. *Indian Journal of Palliative Care, 21*(1), 35-38.

Liaropoulos, L., Siskou, O., Kaitelidou, D., Theodorou, M., & Katostaras, T. (2008). Informal payments in public hospitals in Greece. *Health Policy, 87*(1), 72-81.

Lypson, L., Ross, P., & Kumagai, A. (2008). Medical Students' Perspectives on a Multicultural Curriculum. *Journal of the National Medical Association, 100*(9), 1078-1083.

Morrow, G., Rothwell, C., Burford, B., & Illing, J. (2013). Cultural dimensions in the transition of overseas medical graduates to the UK workplace. *Medical Teacher, 35*(10), e1537-e1545. doi:10.3109/0142159X.2013.802298

Mystakidou, K., Tsilika, E., Parpa, E., Katsouda, E., & Vlahos, L. (2005). Patterns and barriers in information disclosure between health care professionals and relatives with cancer patients in Greek society. *European Journal of Cancer Care, 14*(2), 175–181.

Németh, T., & Csongor, A. (2018). Internationalisation at Home: The Case of Non-Mobile Medical Students in Hungary . *Journal of Contemporary Educational Studies, 69*(2), 160-170.

O'Dowd, R., & Ritter, M. (2006). Understanding and Working with 'Failed_Communication' in Telecollaborative Exchanges. *CALICO Journal, 61*(2), 623-642.

Potts, H. W. (2011). Student experiences of creating and sharing material in online learning . *Medical Teacher, 33*(11), e607-e614. doi:10.3109/0142159X.2011.610839

Roberts, C., Moss, B., Wass, V., Sarangi, S., & Jones, R. (2005). Misunderstandings: a qualitative study of primary care consultations in multilingual settings, and educational implications. *Medical Education, 39*(5), 465-75.

Selleger, V. J., Bonke, B., & Leeman, Y. A. (2006). Student diversity at Erasmus Medical Centre Rotterdam: does it make any difference? *Medical Teacher, 28*(5), e142-e148. doi:10.1080/01421590600776552

Silva, E. (2009). Measuring skills for 21st-century learning. *Phi Delta Kappan, 90*(9), 630-634.

Sitzia, J., & Wood, N. (1997). Patient satisfaction: a review of issues and concepts. *Social Science and Medicine , 45*(12), 1829-1843.

Tang, T. S., Fantone, J. C., Bozynski, M. E., & Adams, B. S. (2002). Implementation and evaluation of an undergraduate sociocultural medicine program. *Academic Medicine, 77*(6), 578-585.

Tseligka, T. (2016). Developing a foreign language policy in Greek higher education (HE): striving between Scylla and Charybdis. *International Journal of Language, Translation and International Communication, 4*(1), 54-67.

Tsimtsiou, Z., Kerasidou, O., Efstathiou, N., Papaharitou, S., Hatzimouratidis, K., & Hatzichristou, D. (2007). Medical students' attitudes toward patient-centred care: a longitudinal survey. *Medical Education, 41*(2), 146-153.

Wuensch, A., Tang, L., Goelz, T. Z., Stubenrauch, S., Song, L., Hong, Y., . . . Fritzsche, K. (2013). Breaking bad news in China–the dilemma of patients' autonomy and traditional norms. A first communication skills training for Chinese oncologists and caretakers. *Psycho-Oncology, 22*(5), 1192-1195.

Yankelovich, D. (2005). Ferment and Change: Higher Education in 2015. *Chronicle of Higher Education, 14*, B6.