



Cultural Sensitivity in Healthcare

LEARNING ACTIVITY

Description

Utilize the following two scenarios to engage in role-play and generate class discussion to heighten student awareness of the need to practice cultural sensitivity. This activity also includes a *Checklist* to reinforce best practices on how to deliver culturally sensitive oral health care. This *Checklist* is also a handy reference when assessing sensitivity skills during clinical patient care delivery.

Case #1 *The Unhappy Daughter Scenario* and Case #2 *The Older Man Scenario* are examples that will challenge the student to integrate patient sensitivity when formulating an effective, equitable Health Assessment with Oral Diagnostic Reasoning.

Competencies

C1. Health Equity and Cultural Competency

- C1.2 Diversity, Culture, and Linguistic Knowledge
 - Recognize diverse religious and cultural beliefs and practices and how they can affect health and health behavior.
 - Explain how sex, gender identity, age, race/ethnicity, culture, religion, language, disability, socioeconomic status, and other factors may affect communication and oral health service delivery.
 - Describe best practices in verbal and written communication with and providing oral hygiene care services to young children, children, adolescents, older adults and people with mental illness and other disabilities.
 - Describe best practices in verbal and written communication that incorporates diverse patient cultural and religious beliefs and practices and preferred language.
 - Summarize effective strategies for working/collaborating with an interpreter or translator.
- C1.3 Cross Cultural Clinical Practice Skills
 - Express the attitude that because the “culture” of oral healthcare includes special knowledge, language, logic, experiences, and explanatory models of health and illness, every patient encounter can be considered a cross-cultural experience.
 - Express attitude that respects and values patient healing traditions and cultural beliefs.
 - Manage the impact of bias and stereotyping in all patient encounters.

- Exhibit comfort when acknowledging and discussing cultural issues.
- Communicate accurately and effectively with patients in their preferred language using language assistance services.
- Apply effective use of nonverbal communication skills (gestures, etiquette, eye contact, physical contact, and methods of listening) across cultures.
- Execute different communication models to understand the patient, family, and community (world) views about health, illness, and treatment.
- Engage patient, family, and community (if applicable) in treatment options and recommendations within the context of traditional healing practices, cultural and religious beliefs, and shared decision-making.
- Select culturally and linguistically appropriate and relevant visual aids to enhance verbal and written communication with patients.

Learning Outcomes

- Assimilate cultural sensitivity when diagnosing and treatment planning effective patient-centered care.
- Implement best practices to deliver effective, unbiased health care.

Activity

Role-play and discuss the following scenarios:

Case #1: The Unhappy Daughter

A twenty-five-year-old woman comes to a dental clinic complaining that her maxillary left central incisor has been hurting for three days. Her past medical history is unremarkable except for a five-year history of toothaches. Clinical findings include a relative absence of traditional dental hygiene practices, severe dental decay on other maxillary anterior teeth, minimal dental caries on the posterior teeth, and generalized moderate to severe gingivitis. The maxillary left central incisor is severely mobile, clinically assessed as class 3+ mobility. At this point, no diagnostic testing has been completed. The patient is seeking immediate treatment to alleviate the discomfort.

The ADT student completes the examination, records the dental findings in the chart, and then consults with a faculty member. The student suggests full mouth radiographs to initiate the diagnostic and treatment planning process. The patient asks if the radiographs are necessary. After the student explains the benefits of the radiographic survey, the patient asks the student to speak with her father.

Recognizing the patient's desire to involve her family in this decision, the student discusses the proposed treatment with the father. After that, he says a few words to his daughter in a language not known to the student and then responds to the student, "Just take care of the tooth that's bothering her today. If the other ones bother her later, we can take care of those when they start hurting. We don't need all those x-rays; just take a picture of the one that's bothering her, if you really need it, to get the tooth out. We just want the tooth out today." The daughter sits quietly after her father speaks, avoids looking at the student or her father, and seems unhappy. The ADT student is uncomfortable with the patient's silence and is not sure how to proceed.

Points to Ponder and Notes to Instructor:

- Emphasis on principles of effective treatment planning
- Consider DH and ADT scope of practice
- Tooth possibly salvageable
- Incorporate cultural sensitivity best practices
- Include professionalism and ethical perspective

Case #2: The Older Man

A seventy-year-old man with limited English proficiency presents for dental treatment with pain in his lower right first molar. The tooth is an abutment for his removable partial denture. An examination reveals deep, but restorable dental caries. He is accompanied by his wife, who translates for him. A review of the man's medical and dental history reveals that he is relatively healthy and active, has most of his natural dentition, and practices excellent oral hygiene. The ADT student does a preliminary assessment of the situation and presents a set of treatment options to the couple.

After the wife explains the options to her husband, they appear to discuss them. They seem to reach agreement, but when the wife begins to speak, the patient stops her and speaks directly to the student in understandable but broken English. He thanks the student for her time but rejects all of the options, saying that he is "too old" to fuss over his teeth. He asks for extraction of the tooth because it is the quickest and cheapest way to relieve his discomfort.

When the student explains the drawbacks of extraction, he replies, "At my age, it's not important anymore." The patient continues to ask for the cheapest and quickest option for relieving his discomfort, despite the significant drawbacks.

Points to Ponder and Notes to Instructor:

- Emphasis on principles of effective treatment planning
- Emphasize considerations and role of interpreter

- Significance of patient's age and culture of aging
- Incorporate cultural sensitivity best practices
- Include professionalism and ethical perspective

Develop student skills with the following culturally sensitive steps through discussion points didactically followed by clinical application.

Checklist for Culturally Sensitive Patient-Centered Care

*As Adapted from Case Studies in Cultural Competency
(Association of Schools and Colleges of Optometry)*

Considerations when Using an Interpreter:

- Speak directly to the patient and not the interpreter at all times
- Avoid as much as possible, turning privately to the interpreter
- Avoid as much as possible the use of specialized medical terminology which often does not translate well
- Talk slowly and in moderate sequences
- Avoid interrupting the patient/interpreter
- Explain to the interpreter the goals of the visit and the communication prior to the exam
- Ideally, the interpreter is not a family member.

The Cultural Sensitivity and Awareness 10 Point Checklist

As Adapted from Seibert and Zimmerman

- Communication Method

Identify the patient's preferred method of communication.

Make necessary arrangements if translators are needed.

- Language Barriers

Identify potential language barriers (verbal and nonverbal).

List possible compensations.

- Cultural Identification

Identify the patient's culture.

Contact your organization's culturally specific support team (CSST) for assistance.

- Comprehension

Double-check: Does the patient and/or family comprehend the situation at hand?

- Beliefs

Identify religious/spiritual beliefs to be considered with patient care planning and delivery.

Make appropriate support contacts.

- Trust

Double-check: Does the patient and/or family appear to trust the care providers?

If not, seek advice from the CSST. Remember to watch for both verbal and non-verbal cues.

- Recovery

Double-check: Does the patient and/or family have misconceptions or unrealistic views about the care providers, treatment, or prognosis. Make necessary adjustments.

- Diet/Nutrition

Address culture-specific dietary considerations.

- Assessments

Conduct assessments with cultural sensitivity in mind.

- Healthcare Provider Bias

We have biases and prejudices; examine and recognize yours.

Resources

Six Steps toward Cultural Competence UCare Minnesota (2000)

https://docs.ucare.org/filer_public/files/6stepsulturalcompetence.pdf

E-book *Quest for Health Equity* by Angela Sauaia:

Sauaia, A. (2014). *Quest for health equity*. Hauppauge: Nova Science Publishers, Inc.

Chapter 6: Cultural Competence and Cross - Cultural Communication in Health Care

Chapter 7: Language Related Barriers: Interpretation and Translation in Health and Health Care

A Checklist to Facilitate Cultural Awareness and Sensitivity Journal of Medical Ethics (2002)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1733575/pdf/v028p00143.pdf>

Creating sensitivity and empathy in the healthcare setting:

Put yourself in their shoes...

<https://www.youtube.com/watch?v=zZFID03Y5zY&spfreload=10>

Cultural Competence for Healthcare Providers

<https://www.youtube.com/watch?v=dNLtAj0wy6I>

Student Assessment

Assess the students' depth of understanding and engagement during role-plays and scenario discussions. Effective use of cultural sensitive guidelines (checklists) with clinical experiences will strengthen student skills and provide objectivity when evaluating success with cultural sensitivity best practices.

Suggested Placement within Curriculum

Incorporate this learning activity in didactic and clinical content areas related to Health Assessment and Oral Diagnostic Reasoning.