Assessing Cross - Cultural Clinical Experiences

LEARNING ACTIVITY

Description
This clinical assessment tool (Rubric for Patient Clinical Encounter Case) along with student reflection is intended to consistently encourage awareness and application of health equity principles and practices in the clinical setting. The tool broadens instructor and student perception of what transpires during the clinic appointment when assessing patient data, determining oral/medical health status and care presentation. It is designed to advance students’ patient care skills emphasizing health literacy, cultural sensitivity, and recognition of racial issues within healthcare delivery.

Competencies
C1. Health Equity and Cultural Competency

- C1.1 Health Equity
  - Express attitude that eliminating health inequities is important for population health.
  - Express attitude that acknowledging aversive racism (unconscious bias), institutional, and structural racism is important for the quality of oral health service delivery and to address health equity.

- C1.2 Diversity, Culture, and Linguistic Knowledge
  - Recognize diverse religious and cultural beliefs and practices and how they can affect health and health behavior.
  - Understand that within diverse populations individual religious, cultural, and social beliefs and practices and language may vary.
  - Recognize common mental illnesses and disabilities.
  - Relate own cultural background and biases (e.g. sexism, racism, classism, and homophobia).
  - Recognize that cultural and linguistic differences between patients and oral health providers can magnify health literacy issues.

- C1.3 Cross-Cultural Clinical Practice Skills
  - Express attitude that oral health is a right for all people regardless of sex, gender identity, race/ethnicity, religion, culture, disability, or socioeconomic status.
o Express attitude that values the importance of aversive racism (unconscious bias) recognition, its impact on provider decision-making, and oral health service delivery, and need to address personal bias and stereotyping.

o Express 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.

o Express attitude that respects and values patient healing traditions and cultural beliefs.

o Manage the impact of bias and stereotyping in all patient encounters.

o Exhibit comfort when acknowledging and discussing cultural issues.

o Communicate accurately and effectively with patients in their preferred language using language assistance services.

o Apply effective use of nonverbal communication skills (gestures, etiquette, eye contact, physical contact and methods of listening) across cultures.

o Listen nonjudgmentally and obtain/elicit information about patient medical and dental history, current medication use (prescription, nonprescription, supplements, and herbs), and current use of traditional, cultural, and religious healing practices.

o 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.

o Communicate effectively when providing oral health care services to young children, children, adolescents, older adults, and people with mental illness and other disabilities.

o Select culturally and linguistically appropriate and relevant visual aids (e.g. print materials, video, or model) to enhance and reinforce verbal and written communication.

C2. Effective Communication and Health Literacy

- **C2.1 Health Literacy**
  o Recall health literacy is context-specific and may change from one clinic visit to the next (e.g. during times of physical or emotional stress).
  o Express attitude that everyone regardless of literacy level benefits from and prefers clear communication.
  o Recognize ethical and legal implications for inadequately conveying health information to patients with low or limited literacy or health literacy.

- **C2.5 Patient-Centered Care in Clinical Practice**
  o Distinguish religious, cultural, and language information as protected health information requiring official release of information for disclosure.
Learning Outcomes

- Defend the perspective that every patient encounter can be considered a cross-cultural experience.
- Appreciate diversity and the need for culturally competent health professionals to confront health disparities to achieve positive health outcomes.
- Develop strong attitudinal values empowering the practice of health literacy principles and unbiased, culturally competent patient care.
- Enhance clinical competence to provide equitable patient-centered care.

Activity

Evaluate sequential program cross-cultural clinical experiences to assess student competence utilizing the rubric: Patient Clinical Encounter Case.

Apply clinical use of the Cross-Cultural Effective Clinical Communication and Health Literacy Competency Reference to highlight 25 specific actions and strategies to comprehensively and objectively develop and determine student competence in rubric categories: Health Literacy, Cultural and Racial Sensitivity, and Presentation.

Student Assessment

Use of the assessment rubric will determine student understanding of health equity concepts and ability to transpose their knowledge into clinical application. Educator observation and assessment along with student self-assessment and reflection occurs during actual patient-provider experiences. Student performance and advancement should be measured through sequential assessment.

The Cross-Cultural Effective Clinical Communication and Health Literacy Competency Reference serves as a comprehensive, 25-item checklist of skill objectives and specifics to observe when evaluating student performance related to the rubric categories: Health Literacy, Cultural and Racial Sensitivity, and Presentation.

Resources

Clinical Checklist: Cross-Cultural Effective Clinical Communication and Health Literacy Competency Reference (Includes items from Competencies 2.1, 2.2, 2.5 and 2.6)

Assessment Rubric: Patient Clinical Encounter Case (Available as separate document)

Suggested Placement within Curriculum

Integration of this clinic assessment rubric and competency checklist during appropriate clinical patient experiences will ultimately reinforce health equity principles and practices. For consistency and student skill development, inclusion in all appropriate clinical courses is ideal.
Cross-Cultural Effective Clinical Communication and Health Literacy Competency Reference

- Recognize “red flag” behaviors that suggest low or limited health literacy.
- Speak slowly and clearly at a moderate pace with patient or interpreter.
- Use calm, attentive, nonjudgmental verbal and non-verbal active listening techniques when speaking with patient.
- Ask patient if they would like to have a family member, friend, or health advocate present during their clinic visit or discussions regarding their clinic visit.
- Exhibit comfort when acknowledging and discussing cultural issues.
- Obtain a list of the patient’s full set of concerns at the beginning of the clinic visit.
- Obtain patient prior understanding of their health issues in a non-shaming manner.
- Collaborate with patient on a shared agenda at the beginning of the clinic visit.
- Acknowledge patient’s autonomous right to both informed consent and refusal of recommended evaluations and treatments.
- Implement motivational interviewing in a 2-way exchange of information or shared decision making with patient.
- Obtain patient questions through a “patient-centered” approach (e.g. “what questions do you have?”)
- Ask patient about their learning style preference.
- Avoid using acronyms and jargon in verbal and written communication.
- Use examples or analogies to improve patient comprehension.
- Communicate 1-3 “need to know” or “need to do” concepts per clinic visit.
- Use “chunk and check” giving patient small amounts of comprehendible information.
- Write materials at lower reading levels (goal: 5-8th grade).
- Use action-focused empowering statements to help patient know what they need to do.
- Ask patient to repeat back information and instructions.
- Use patient-friendly materials and aids to reinforce important verbal information (e.g. print material, video, model or x-ray).
- Apply low numeracy strategies to convey numeric information to patient (e.g. risk, side effects, and dosing instructions) in verbal and written communications.
- Write/rewrite clear medication instructions (e.g. “after brushing your teeth, fill chlorhexidine mouthwash cup to fill line (15 ml), swish in your mouth for 30 seconds, then spit out, don’t swallow solution, do this every morning and evening” rather than “after brushing, rinse with 15 ml of chlorhexidine for 30 seconds, then expectorate, perform twice daily.”) and follow-up procedures or directions.
- Document the following information in medical/dental records to inform and support future patient communication: patient, family, and community worldviews about health, illness, and treatment, communication and educational style preferences, preferred spoken and written language, medical and dental history, current medication use (prescription, non-prescription, supplements, herbs), and current use of traditional, cultural, and religious healing practices.
- Arrange for timely patient follow-up when communication errors are anticipated.
- Recognize situations necessitating patient dental, medical, public health, and social services referrals and assist/follow up with patient on referrals (e.g. dental specialists, diabetes, infectious diseases, rheumatology, mental health, tobacco cessation, and social services).