An Innovative Approach to Teaching Cross-Cultural Communication Among Dental Students

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Healthcare disparities exist within the dental profession and persist in marginalized groups. This has been demonstrated in clinical treatment of patients as well as in the disparate access of dental services by those who identify as White compared to those who identify as Black or Hispanic. Additionally, recent evidence has demonstrated that while clinical measures of oral health did not differ based on sexual orientation, individuals identifying as LGBTQ were more likely to rate their oral health unfavorably. In order to reduce the disparity in outcomes of oral health for diverse patient populations, there has been considerable effort by professional organizations, including the Commission on Dental Accreditation, to highlight the necessity of cultural competency training in dental education. One essential component of providing care for patients of diverse backgrounds is culturally-sensitive, patient-centered communication.

To address this need, we implemented an interactive, two-hour Cross-Cultural Communication (CCC) educational session for Dental Students (DS). This study describes the intervention and provides data on its effectiveness. Our session employed dyad training, role playing, education about Kleinman's Explanatory Model, and introduced "The Model for Negotiating Across Cultures" a new educational tool that can be broadly applied to various aspects of patients' culture. Learners included 51 first-year (24) and third-year (27) DS. Evaluation compared students' pre-/post-intervention responses to a modified Health Belief Attitudes Survey (HBAS), which measured four domains: Opinion, Belief, Context, and Quality. For the first-year students, the mean difference improvement between the pre- and post-intervention surveys for each domain were all statistically significant (P < 0.05). For the third-year students, there was a similar result as compared to the first-year students, with the exception for the domain of Quality (P = 0.083).

Through the use of a novel educational intervention focused on cross-cultural communication, dental students in the first and third years of study were found to have improved cultural competency scores as measured by a modified version of the Health Belief Attitudes Survey. Limitations include a single institution study that did not explore the long-term retention of knowledge or how dental students performed in the clinical settings. With effective implementation of dyad training, case scenarios, and "The Model for Negotiating Across Cultures," we have demonstrated a paradigm that should be implemented to improve dental student understanding of the importance of and how to properly address the cultural needs of patients.