3-2014

Teaching Culturally Sensitive Care to Dental Students: A Multidisciplinary Approach

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Teaching Culturally Sensitive Care to Dental Students: A Multidisciplinary Approach

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Abstract: Dental schools must prepare future dentists to deliver culturally sensitive care to diverse patient populations, but there is little agreement on how best to teach these skills to students. This article examines this question by exploring the historical and theoretical foundations of this area of education in dentistry, analyzes what is needed for students to learn to provide culturally sensitive care in a dental setting, and identifies the discipline-specific skills students must master to develop this competence. The problems associated with single-discipline, lecture-based approaches to teaching culturally sensitive care are outlined, and the advantages of an interdisciplinary, patient-centered, skills-based approach to teaching culturally sensitive care are described. The authors advocate for an approach to teaching culturally sensitive care that builds upon learning in the behavioral sciences, ethics, and public health. Component skills and perspectives offered by each of these curriculum areas are identified, and their contributions to the teaching of culturally sensitive care are described. Finally, the need to consider the timing of this instruction in the dental curriculum is examined, along with instructional advantages associated with an approach that is shared by faculty across the curriculum.

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Keywords: behavioral sciences, cultural competence, culturally sensitive care, dental school curriculum, ethics, patient-centered care, professionalism, dental education

Submitted for publication 12/10/12; accepted 8/1/13

Effective communication with culturally different patients is an expected competence of graduating dental students.[1,2] The 2010 Commission on Dental Accreditation (CODA) standards require that graduating dental students "be competent in managing a diverse patient population and have the interpersonal and communication skills to function in a multicultural work environment" (p. 39).[1] The intent of this directive is to ensure that dental students will not only be able to interact effectively with diverse patient populations but, more importantly, to understand how cultural influences interact with the situational, social, and psychological variables that influence a patient's oral health behavior. This enhanced understanding of the dentist-patient interaction reflects a biopsychosocial model and purportedly results in increased empathy, improved communication with culturally and linguistically different patients, stronger dentist-patient relationships, and more effective patient education efforts.[3,4]

The directive to provide students with educational experiences that will develop their ability to deliver culturally sensitive care can present a challenge for dental educators. Dental educators must answer several questions: What is the best way to teach culturally sensitive care in dental settings? What knowledge and experiences allow students to master culturally sensitive interactions? Do strategies for teaching cultural sensitivity used by other health care disciplines generalize and transfer to dental education? What opportunities can be found in existing curricula that can be used to teach culturally sensitive care? This article will reflect on what is necessary to provide instruction on culturally sensitive care and demonstrate that curriculum found in the disciplines of behavioral sciences, ethics, service-learning, and public health dentistry are critical to this effort.

Impetus to Teach Culturally Sensitive Care

In the past few decades, several factors have influenced dentistry's increasing interest in under-

standing cultural influences on patient care. One factor often cited in prompting this interest was demographic changes that resulted in an increasingly diverse patient population that dentists would need to treat.[4] Other health care disciplines, such as nursing, psychology, and medicine, were developing educational methods in this area, and dental education was likely influenced by their efforts. At the same time, there was a shift in educational philosophy in dental education to a patient-centered approach; this change was a necessary conceptual prerequisite to adopting a culturally sensitive approach to the delivery of dental care.[5] Patient-centered care has students provide comprehensive care for a patient, rather than focusing on procedure-driven requirements,[6] and places increased importance on communication and the patient-dentist relationship. In keeping with this more holistic approach to clinical teaching and accompanying change to competency-based educational practices, there was a move away from artificial, paper-and-pencil assessment measures to the use of assessment practices that better reflect the situations students encounter in clinical practice.[7] These foundational changes in dental education were important in moving educators toward embracing the need for culturally sensitive dental care.

Changes in the area of ethics and behavioral sciences also prompted the need for teaching about culturally sensitive dental care. In these disciplines, there has been a shift away from the primacy of beneficence as an ethical principle in directing dentist behavior and a corresponding emphasis on the principle of patient autonomy. In dental treatment planning, education, and treatment acceptance, this change is reflected in the movement away from paternalism and a corresponding increase in the importance of informed consent and partnership in treatment planning.[8] While beneficence requires that practitioners do their best for the patient, honoring a patient's autonomy in dental settings requires clarifying the patient's values and wishes and incorporating these considerations into treatment decisions. To do this, there is a need for improved communication, shared decision making, and participation by both the dentist and patient in the treatment planning and informed consent process, with an emphasis on patient education and choice in these discussions. Such discussions take individual cultural values and differences into account.

In the area of behavioral sciences, the development of the stages of change model, the use of cognitive and social learning approaches as a way to understand patient health choices, and motivational interviewing applications to dental oral health behavior change replaced older, dentist-directed, behavior modification-based approaches. Motivational interviewing techniques place an emphasis on understanding a patient's feelings and thoughts about health care change and require a dentist to accept a patient's understanding about the need to change.[9] In fact, motivational interviewing tenets assert that a dentist cannot facilitate oral health behavior change without acknowledging the patient's view of the problem.[9] This change in philosophy requires understanding patients' perspective, including their motivation for wanting dental treatment and their views about changing their oral health habits. Finally, evidence from the behavioral sciences that links cultural competence to improved patient satisfaction[3] and the hypothesis that cultural sensitivity helps improve patient compliance[4,10] likely played a role in promoting the need for adopting a culturally sensitive stance.

At the same time that patients were becoming more involved in making choices about treatment[8] and dentists were being called upon to understand their patients better so they could help them improve their oral health behaviors,[5] there was a call for dentistry to provide better access to oral health care in underserved communities.[10] This, in turn, led to a need for practitioners who could effectively care for patients from these communities. Studies pointing out the barriers that low health literacy can present focused attention on the role of poor communication and misunderstandings on both quality and access to care.[11,12] Similarly, the influential Institute of Medicine (IOM) study *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*[10] explicitly called for an examination of providers' attitudes and difficulties with provider-patient communication in explaining inequities in health care. To address this issue, that IOM study recommended the implementation of "cross-cultural curricula" for health care professionals. Finally, the movement to provide clinical instruction in community-based settings required students to be able to communicate with the diverse groups of patients they were likely to treat in community settings.[13] Thus, there are good reasons for dentistry to embrace the teaching of culturally sensitive care. The dental pipeline program, a five-year, multi-site project designed to change dental school practices in a way that would increase access to dental care for the underserved,[14] assisted schools in expanding their teaching in cultural diversity. Con-

sistent with these trends, there is evidence that most dental schools have developed educational methods to teach students about culturally sensitive care.[15,16]

Approaches to Teaching Culturally Sensitive Care

The interest in cultural competence has resulted in an increased number of educational resources for dental educators. The U.S. Department of Health and Human Services, Office of Minority Health defines cultural and linguistic competence as "a set of congruent behaviors, attitudes . . . that enables effective work in cross-cultural situations."[17] This office defines culture as "integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups," and competence means "having the capacity to function . . . within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities." Several textbooks, including those by Cappelli and Mobley[17] and Darby and Walsh,[18] now include material on cultural competence, and surveys on how this topic is taught at various dental schools have been published.[14-16]

However, while there is a published definition of cultural competence and it is widely understood that training in cultural competence is important and necessary, there is still no consensus on what cultural competence training should look like in dentistry and how best to assess this competence. Results from two survey studies[15,16] indicated that although most schools teach their students about culturally sensitive care, there was little consistency in delivery methods. Rowland et al.[15] reported that, at a small number of schools (six of the thirty-four schools participating), the topic was taught in a separate course, while the majority of these schools indicated that cultural competence was presented in several different courses in the school's curriculum. Similarly, Saleh et al.[16] found that the majority of dental schools presented these issues in more than one course in the curriculum, although that method of delivery was associated with less thorough coverage of the topic than was instruction at schools where there was a dedicated course for the topic. Both studies reported little consistency across schools in topics covered or where these topics were located in the curriculum.

Saleh et al. pointed to the need for development of curriculum standards in this area and suggested that "Using guidelines from other health professions that appear to be more advanced than the dental profession in cross-cultural competence education, formal, detailed curricular standards can be tailored for dental education" (p. 617).[16] Similarly, Gregorczyk and Bailit noted that "there are no widely accepted instruments to evaluate health professions students' competence knowledge" (p. 1125) and suggested that dentistry develop cultural competence curriculum guidelines using tools developed for medical education.[20] Our article hopes to contribute to the process of defining what is needed to teach cultural competence, but notes that while it is efficient to build on work done in other professions, there are important differences between the clinical encounters in medicine and dentistry and their corresponding curricula. These differences must be considered when adapting curriculum guidelines and assessment tools to dental education settings. While we agree that dentistry may learn from other professions when designing a consistent and effective curriculum for teaching cultural competence, there is also a need to customize the approach for dental education.

The Challenge of Teaching Culturally Sensitive Care in Dentistry

Teaching culturally sensitive care is particularly difficult to implement in a dental school environment; it requires a change in perspective for both students and instructors. Much of dental education involves developing competence in performing technical procedures, while mastering culturally sensitive care requires neither motor skills nor basic science information. Likewise, evidence-based decision making is not particularly relevant for analyzing and understanding chairside interactions, and didactic information about cultural differences is not sufficient for developing the skills needed to sensitively manage patients with different cultural beliefs. Most importantly, there are requisite attitudes and values a student must embrace to be sensitive to cultural issues. Providing experiences that promote openness to cultural differences is not easily done in traditional classroom settings.

The delivery of dental services is also unique: aside from the initial interview and treatment planning discussions, the patient cannot speak during parts of most appointments, and this calls for ef-

ficient relationship-building, data collection efforts, and supporting ongoing communication with the patient. Unlike physicians, dental providers generally perform the examination, make the diagnosis, and initiate treatment at the same visit, including the first appointment. This fact may help account for the large number of dentally fearful patients that dentists treat and the need for students to acquire specialized behavioral techniques for managing these patients.[19] Other profession-specific challenges exist: patients may regard the dental encounter as different from a medical visit and may not be as willing to disclose the same type of sensitive medical information in a dental setting that they would in a medical setting.[21] To further complicate things, dental class sizes are large, and the curriculum is more "procedurally driven" than other professional curricula. To address these differences, teaching dental students about culturally sensitive care requires a customized approach that addresses all of these challenges.

A Philosophy for Teaching Culturally Sensitive Care

While existing surveys tell us that cultural competence is taught in different formats in dental education, there is little information available from these surveys on the goals and philosophies that schools adopt when they embark on this instruction. What do we want students to know and do when faced with cultural differences in a dental partnership, and how do we best teach them these skills? For example, does one best teach students about cultural sensitivity by giving them information about cultural differences and teaching them about the world views of a number of diverse cultural groups? Or is there a set of generic skills that, once learned, can be used in a number of situations with patients from many diverse cultures? If one uses both strategies, which information and skills should be taught first, and which should be emphasized? Let us examine these two approaches more closely.

Some of the supporting educational material used for teaching cultural competence, such as textbook chapters, continuing educational materials, and training programs for faculty, involve instruction about discrete cultures and cultural differences. This approach may involve asking students to examine cultural interactions, learn about oral health-related group differences, or read about culturally influenced health beliefs. It may also expose students to relevant demographic oral health-related information, such as data about a group's experience with obtaining dental care. This approach has some benefits. It gives students foundational information about different experiences and world views that might be helpful in some culturally influenced encounters. This knowledge provides context and may help students identify their own cultural values, which is a step toward becoming more aware and accepting of cultural differences in the dental setting. But there are also potential problems with using this approach.

While knowledge about cultural differences is important in understanding culturally influenced interactions, it does not teach students the skills and perspectives they need to translate this information into effective chairside interactions. There are also hazards if this approach is overemphasized or if it is the only training for cultural competence that a student receives. Overreliance on group knowledge of cultural differences can result in students placing too much emphasis on cultural differences at the expense of individual differences. At its extreme, an inflexible reliance on knowledge of cultural differences can result in the exact opposite of what is required for providing culturally sensitive care: that is, we can inadvertently teach students to engage in stereotyping based on group cultural data.[22] Some educational materials on culturally sensitive care teach about the subject by emphasizing cultural norms,[23-25] but it is not known how this culture-specific approach is integrated into curricula at academic dental institutions. Straus et al.,[26] in their article on community-based dental education, also pointed out the potential problem with this type of approach. Similarly, Fuller[22] examined the dangers of "essentialism," the harmful practice of over-focusing on group cultural differences in teaching culturally sensitive care to medical students.

The frequently used term to describe this set of skills—"cultural competence"—may also inadvertently reinforce an emphasis on differences. Regrettably, this term seems to imply that the students' task is to "master" the cultural differences present in the patient-dentist interaction, rather than learning to be sensitive and reflective about their own and their patient's equally important world views. This term may also inadvertently discourage students' interest in exploring cultural differences since students may believe that being "culturally competent" requires developing in-depth knowledge of each of their patient's cultural backgrounds, which would be an arduous, if not impossible, task. For this reason, we

prefer the term "culturally sensitive care" because it places an emphasis on students being open to and aware of the differences in world views that can impact the dental encounter. We see this approach as being reciprocal and nonjudgmental, as well as being as much about professionals engaging in self-reflection and recognizing the impact of their own behavior on the patient-dentist alliance as it is about uncovering possible culturally related differences in their patients' presentations.

An alternative approach to teaching cultural competence focuses on a set of generic skills that allows a student to be sensitive to possible cultural issues that may present themselves in the dental setting. This approach involves teaching communication skills, identifying areas where cultural differences might be an issue, developing awareness of one's own cultural values and biases, and understanding the need for adopting a nonjudgmental stance with patients. Betancourt[27] (as quoted in Gregorczyk and Bailit[20]) endorsed this approach when he said "a more effective approach is to learn a practical framework to guide inquiry with individual patients about how social, cultural, or economic factors influence health values, beliefs, and behaviors. Rather than learning about individual cultures and their characteristics, this approach focuses on issues that arise most commonly due to cultural differences and how they may affect . . . interaction with any patient."

This second approach to teaching culturally sensitive care is more difficult to deliver because it requires a more comprehensive, clinically applied, and labor-intensive approach than simply providing students with didactic information about cultural norms. On the other hand, it is less likely to result in students misusing information about cultural differences, is better accepted by students because of its more attainable goals, and teaches skills that can be used with any patient population. More importantly, we believe that this latter approach is consistent with, and in many ways complements, the humanistic educational themes that lead dentistry to teach skills in delivering culturally sensitive care in the first place. This latter approach honors the worth of each patient, places a value on the genuine relationship that is formed to further the patient's oral health, values openness and honesty, incorporates the context of the care and patient's perspective, and asks students to accept and respect patients as they are. These humanistic themes are reflected in instruction in the behavioral sciences, ethics, and public health, and we believe that teaching cultural sensitivity must draw upon knowledge and skills from each of these component areas to be completely successful. While these foundational skills are not often labeled as being part of the curriculum for teaching cultural competence, we believe they are critical to the teaching of this competence.

Adopting a Broader View of Culture

Another advantage to emphasizing the teaching of generic skills and knowledge relates to conceptual changes in the way that we now think about culture and identity. While in the past the term "culture" was understood more as an anthropological concept that generally referred to discrete ethnic groups, the current definition of culture includes not only one's ethnic group but also racial, religious, or social affiliations. This broadening of the concept of culture acknowledges that cultural identity is dynamic and can be influenced by life changes, acculturation, context, and socioeconomic status. Patients may be members of several identifiable groups at the same time, and their identification with these groups may fluctuate based on the patient's perception of a situation.[22] The notion of subcultures further complicates a unitary notion of culture because patients may identify with several subcultural groups in addition to their primary cultural affiliations. Finally, culture and cultural competence, its counterpart, have become useful in understanding the experience of a number of socially excluded groups, such as the shared experience of stigmatization experienced by individuals with psychiatric disabilities, and when used in this context has a broader meaning than its classic anthropological definition.[28]

Thus, this broader view of cultural competence requires dental providers to develop communication skills and behavioral management strategies for situations that we do not typically think of as requiring "cultural sensitivity." Students need to acquire an overarching set of skills and perspectives to manage complex interactions with diverse patient populations, and doing so requires more than didactic instruction. Since the most common method for teaching cultural competence has been lectures and seminars, with 17 percent of schools reporting that they used this method exclusively,[16] this type of comprehensive approach is likely not taken by many dental programs. Lectures and seminars should play a small part of teaching cultural competence

in the enhanced approach we are suggesting. This broader view of cultural competence requires a richer, patient-focused interdisciplinary approach: it provides students with skills and perspectives that are developed in several different dental educational settings. Donate-Bartfield and Lausten[29] demonstrated a similar integration using ethics and behavioral sciences several years ago; the current approach builds on this foundation.

Interdisciplinary Approach to Teaching Culturally Sensitive Care

This comprehensive, applied, skills-based approach to teaching cultural sensitivity requires building upon and integrating instruction in behavioral sciences, ethics, and public health with attention to their applications in general dentistry. Clearly, cultural competence is highly dependent on the skills taught in the behavioral sciences. Good communication skills, communicating an open, nonjudgmental stance, and developing positive relationships with patients are foundational skills for delivering culturally sensitive care. Without these foundational skills, didactic information about cultural differences cannot be translated into effective patient interactions. These ideas are not new to dentistry: they were described a decade ago in Tresolini's article about relationship-centered care,[6] with the four prerequisites being self-awareness, understanding the patient's experience of health and illness, developing and maintaining caring relationships, and using effective communication skills. Cultural competence is built on these skills—all of which are taught in behavioral sciences courses.

Being able to communicate about cultural differences requires students to have highly developed communication skills, and didactic information on cultural differences has little chairside use without these skills. Thus, behavioral sciences instruction is necessary and foundational for the instruction of cultural and linguistic competence. However, there is evidence that many schools do not provide adequate training in behavioral sciences for students to learn these skills. A 2002 survey of dental schools in Canada and the United States concluded that "in many North American dental schools, instruction in interpersonal communication skills may be inadequate."[30] Providing didactic information about cultural differences, without also instructing students in foundational communication skills, will not result in sensitive interactions chairside, however well intentioned. Thus, teaching culturally sensitive care for many schools should not start with lectures on cultural differences, but must start with a comprehensive program in the behavioral sciences.

Instruction drawn from ethics, public health, and the application of these skills in dental settings is also needed to build this integrated approach to teaching cultural competence. In the area of ethics, there is a relationship between cultural sensitivity and the development of a student's professional identity. As members entering the profession, students discover that with the privileges of being a dentist they also acquire professional obligations.[31] These obligations include duties related to social justice. Negotiating one's obligation to provide services to underserved or culturally different patients is an important task ideally completed as students come to appreciate the broader implications of their societal obligations as health care professionals.

Similarly, justice calls for students to examine the role of social inequalities that may impact their patients' ability to access dental services. This duty calls on students to become conscious of the dynamics of dentist-patient relationship and recognize barriers to care introduced by cultural, linguistic, or socioeconomic differences. Related to this perspective is recognition of the inherent imbalance in power that exists between providers and patients in health care relationships, along with the need to develop an awareness of how the provider's ideas and values can shape interactions with patients. Learning about the ethical issue of autonomy also informs a culturally sensitive perspective: students learn the need to honor a patient's autonomy during the delivery of dental services, including respecting the patient's culturally influenced choices. As an example of how this interaction might occur, Donate-Bartfield and Lausten[29] described how ethics and behavioral sciences can be used to better negotiate conflict resulting from cultural differences.

A complementary perspective is gained when students adopt the broader view of oral health care required in public health courses. Public health dentistry helps students understand not only the individual patient who presents with an oral health need, but also consider how a patient's requests are reflective of greater oral health care trends and needs. Taken together with the foundational understandings from ethics and the behavioral sciences, the use of culturally relevant and contextual knowledge pro-

vides a deeper understanding of the patient care situation and the need to respect individual differences. This, in turn, provides the cornerstone of culturally sensitive care.

Finally, service-learning activities, by providing services in clinic and participating in clinical experiences at community placements, allow for praxis of interrelated concepts presented via instruction in behavioral sciences, public health, and ethics and information on culturally influenced dental practices. The movement towards community-based education has been enthusiastically embraced by many as a unique learning situation with advantages for dental students, educators, and patients.[13,14] Consistent with our analysis, and as pointed out by Straus et al.,[26] we believe that if students come to this arena with requisite understanding and skills, these experiences will allow for integration of knowledge from several different dental school disciplines, a deepening of their understanding of cultural differences, and an opportunity to deliver culturally responsive care. Conversely, if they have poor preparation or lack the skills to be successful when faced with cultural differences, these opportunities to practice culturally sensitive care will not only be wasted, but may have the unintended consequence of reinforcing negative attitudes inconsistent with the humanistic underpinnings of culturally sensitive care.

A number of studies support the assertion that instruction can prepare students for success in managing culturally different patients. Research conducted in dental education settings demonstrates that educational experiences can improve communication skills[32,33] and contribute to positive attitudes about cultural diversity.[34,35] Similarly, there is evidence that students believe knowledge about culture is important,[36] that instruction that includes a behavioral sciences perspective can enhance their understanding of cultural diversity,[35,37] and that experience with standard patient assessment using culturally diverse patients can both improve student communication skills[33] and impart positive attitudes towards diversity.[35] Clearly, there is much that dental schools can do to facilitate students' acquisition of these skills.

In keeping with this proposed multidisciplinary approach to teaching cultural sensitivity, we wish to briefly describe some component skills that different content areas can contribute to the development of this overarching competence. The discipline-specific suggestions that follow are not meant to be an exhaustive list of the contributions made by these content areas, but are offered to illustrate types of foundational learning experiences tailored to the dental school setting that can be used to foster the development of this competence.

Contribution of Behavioral Sciences

In addition to working with students on identifying their own and their patients' world views and learning to negotiate cultural differences when they exist, there are other foundational skills and perspectives behavioral sciences offer that can help students better understand culturally infused interactions. At the most basic level, behavioral sciences can teach students to "take the role of observer" in interactions with patients. This role allows students to be nonjudgmental and open to what patients have to say. Students also need practice in separating observations they make from their interpretation of the encounter and learning to continually question the interpretation of these results.[38] Stopping to question assumptions is a valuable exercise for making sure we have not imposed our own perspective and stereotyped thoughts on a situation.

Behavioral sciences exercises, such as role playing and viewing recordings of interactions with patients, can help students develop an awareness of their behavior. Interviewing skills such as careful listening, asking good questions, summarizing, paraphrasing patient ideas, and using reflective listening can facilitate information sharing, help create trusting relationships, and support the development of empathy. Enhanced communication allows for productive conversations about treatment and health care change.[9] Listening and paying careful attention to nonverbal aspects of the patient's message are complementary communication skills. Taken together, these skills help students understand the patient's perspective, which, in turn, permits gathering of cultural knowledge and perspectives from the patient. Cultural knowledge collected directly from the patient, combined with a respectful openness to views different than one's own, form the relational basis for true intercultural communication and sensitive cultural care.

Studying social sciences offers other perspectives that can be useful to understanding cultural influences. Social science research findings, like those found in the oral health behavior change curriculum, impart valuable perspectives such as the understanding that health care attitudes and choices are complex and difficult to predict, that probability rather than

certainty is a better way to view a patient's behavior, and that causes of behavior are usually not linear but are multifactorial and can be situation-dependent. This latter insight allows students to see why dentists cannot use "cookbook formulas" for interacting with patients.[39] This more sophisticated understanding of patient behavior provides a better foundation for understanding the nuances of culturally influenced behavior. Students appreciate that there is rarely one reason or cause that determines a patient's behavior and that careful questioning, listening, and openness to new ideas are essential to understanding patient motivation.

Similarly, the social sciences also teach students how context can affect behavior. To deliver culturally sensitive care, students need to appreciate that their perspective may not be shared by the patient and the patient's behavior may be influenced by other aspects of the dental encounter, such as power differences in the relationship, social status, roles, gender, and age.[9,40] As an example of the development of this perspective, students usually focus on how their patients appear to them, but rarely consider how their own behavior shapes the encounter with the patient. Developing this viewpoint can add to cultural sensitivity by making students conscious of their contribution to intercultural relationships and by encouraging them to explore their own culturally influenced ideas and values. Finally, behavioral science highlights the importance of relationships in facilitating care and influencing patient behavior. Rapport and trust build on commonalities, openness, and mutual purpose, which improve communication and allow for understanding on both sides of the relationship. These skills and perspectives go far beyond what students learn in lectures on cultural differences. Once self-awareness, interpersonal communication skills, and these more complex perspectives on human behavior are mastered, the didactic information on cultural differences can be put into proper perspective in individual clinical encounters.

Contribution of Ethics

While behavioral sciences help students develop skills to better manage relationships with patients in a culturally sensitive way, instruction in ethics and professionalism helps students understand why such actions are important. Dental ethics teaches students to reflect on the moral value of their work; professionalism helps students place the importance of that work in a societal context. Training in ethics helps students see ethical issues when they are present, reason about them in a way consistent with their personal and professional values, and understand how their actions support the beneficent outcomes they wish to bring about.

As we have pointed out, the impetus for embracing culturally sensitive care has practical as well as ethical roots. The need for providing culturally sensitive care came about not only because of a need to serve an increasingly diverse population, but because of evidence of provider bias in health care delivery.[10] Ethics plays an important role in motivating students to deliver culturally sensitive care, not only because such care is likely more effective in the outcomes it produces but because it is what a professional *should* do in terms of honoring patient autonomy and promoting justice.[29] Ethics helps students understand that autonomy requires that patients' differences be considered in the health care encounter, and justice requires developing the interpersonal insight needed to treat patients fairly. Cultural sensitivity requires an understanding of the moral principles and professional obligations that motivate this behavior.

As pointed out by Donate-Bartfield and Lausten,[29] instruction in ethics makes an important contribution to the development of cultural competence. They pointed out that, without developing the insights afforded by moral reflection around ethical problems, students might embrace culturally sensitive care as a way to simply facilitate care, without truly understanding the moral imperative associated with the need for sensitivity. The problem with an unquestioning acceptance of the need to respect cultural differences, without understanding the moral importance of this acceptance, is that it leaves students without the tools to resolve culturally based conflicts about care when they occur. These conflicts cannot be easily resolved without understanding the larger ethical questions raised by differences in power and values in a professional relationship, such as respecting patient autonomy, justice, and the need to serve beneficence when encountering culturally based differences.[29] Negotiating cultural differences requires that students be able to differentiate their own values from their patients' values and have requisite knowledge of what is morally important when facilitating these negotiations.

Contribution of Public Health

The paradox of cultural sensitivity at chairside is that it evokes the concept of culture—a group perspective—for understanding what is appropriate for

a single patient. Instruction in dental public health presents students with the same incongruity, which is why dental public health perspectives can be particularly useful for helping students understand culturally sensitive care. Consider a dental student's perspective: for the most part, dental school instruction has students deliver comprehensive care by attending to each patient as an individual, diagnosing each's oral health problems, and focusing clinical attention on an individualized list of prioritized treatment problems. Public health, on the other hand, changes students' perspective from their patient to the broader, "collective" level of population needs. With this new perspective, public health helps students learn to appropriately recognize, use, and extrapolate from population data to inform the care of their individual patients. More importantly, by teaching students to use a group perspective, instruction in public health directly models a similar process required for delivering culturally sensitive care: utilizing information about group norms to provide a context for understanding individual, culturally influenced interactions.

Learning about public health concerns further enhances the development of cultural competence by helping students understand the context of the care they provide. Context, in turn, facilitates rapport-building and communication with individual patients. There is a synergistic effect on the development of cultural competence when the perspectives offered by public health's "big picture" view is enhanced by skills and perspectives learned in ethics and the behavioral sciences. Taken alone, using group norms might mean overgeneralizing; but taken together, an understanding of how to use these norms, appreciating what is ethically required in embracing differences, and having the skills to interact in an effective and culturally appropriate way will result in enhanced sensitivity, effective self-reflection, culturally informed interactions, and professional vision and responsibility.

The development of cultural competence may also help students appreciate the need for public health initiatives. As students learn to use information about populations to inform their interactions with individual patients, the converse skill is also developed: students appreciate the need to support the collective oral health of the community by attending to public health initiatives that will ultimately benefit their patients' health. With personal awareness of their patients' experiences, students can appreciate the needs their patients present in a more comprehensive and nuanced way. Patients can teach students about the barriers they face when trying to achieve oral health, the nature of the environmental forces that shape their oral health attitudes and behaviors, and the impact of policies that influence how oral health care is delivered. These influences may include social and economic obstacles that can influence patients' experience of oral health services independent of their cultural experiences. This knowledge serves a dual purpose in the service of culturally sensitive care: it can help students tailor improved individual care plans and effectively advocate for their patients at a "macro" level of care.

Supporting Culturally Sensitive Care in the Clinic

For students to become culturally sensitive providers, these component skills must be encouraged and practiced in the clinic, and experiences must be sequenced in a way that supports the development of these competencies. The clinic is also where dentistry and medicine are different in terms of student's experiences, where focusing on the technical parts of dentistry—the "hand skills" part of the dental encounter—becomes the focus for the novice student. In keeping with what one would expect from beginners who are attempting to master difficult, technical procedures, when students are first faced with treating patients, they focus their attention on performing procedures correctly and safely. The obvious observation is that if students are preoccupied with the technical aspects of care, it will be difficult for them to simultaneously focus on being culturally aware. Thus, it seems advisable that clinical instruction must consistently take both issues into account, building students' confidence in their manual skills while encouraging them to address the sociocultural context of their work.

Likewise, faculty models and the experiences that students informally receive in their training can be used to enhance the teaching of culturally competent care. These non-academic learning experiences[41] (sometimes referred to as "the hidden curriculum") are important and deserve attention, even though they are difficult to directly manipulate and their effects are not easily quantified. The multidisciplinary approach we are proposing has the advantage of influencing these informal experiences because it provides consistent messages to students about cultural awareness across the curriculum. The same

humanistic and educational themes are presented in clinic, in reasoning about ethics cases, in communication training during role playing, in public health lectures, and in community settings. Similarly, role modeling by faculty members provides another source of informal learning that can be powerful in shaping student attitudes.[42] An advantage of a shared curriculum, with shared goals, is that it allows the clinical faculty to be well versed in what students are taught about culturally sensitive care across the curriculum. This perspective can be translated into action in the clinic: it lets students see faculty members practice in a way that is consistent with what students are being taught in the formal curriculum.

Teaching Cultural Competence in Dentistry: Different Paths, Same Goal

We believe there are many possible ways to construct an educational program that can heighten cultural awareness (e.g., Pilcher et al.[43] have described their experiences with the development of a cultural competence curriculum) and that diverse types of educational and experiential experiences (e.g., community placement experiences, journals, standard patient exercises) can be used to bring about the outcomes we describe. Our intent in this article was not to prescribe a set of experiences or educational exercises for developing cultural awareness in students, but to elucidate the philosophical and educational foundations of instruction that helps students learn to deliver culturally sensitive care. We hope that these insights can serve as a touchstone for developing activities in this area.

Despite our openness to a number of different approaches to teaching about this topic, our analysis does suggest some general guidelines for the development of this form of instruction. A strong program in ethics, behavioral sciences, and public health should be considered foundational to the teaching of culturally sensitive care, and developing skills taught in these areas should be part of any review of a cultural care curriculum. The educational path for learning to deliver culturally sensitive care should be both interdisciplinary and developmental in nature, with a focus on the humanistic values that underpin these disciplines. Given the need for early foundational training in these disciplines and the simultaneous need for students to develop confidence in their clinical skills to free them to attend to the sociocultural aspects of the dental encounter, the development of cultural awareness should be a carefully sequenced, multiyear process. Finally, to maximally benefit from community education experiences, students should have adequate preparation in these interdisciplinary areas.

Being able to deliver culturally sensitive care is viewed as an important competence for new dentists, but there is little agreement on the type of curriculum that will achieve this outcome. This article has examined the construct of culturally sensitive care and asserted that cultural competence involves acquiring a multifaceted set of skills and understandings that are best taught using a developmental, multidisciplinary, and integrated approach. We pointed out several areas of the dental curriculum that may provide the opportunity to develop these skills; however, we assert that educators must understand the nature of cultural competence to identify and fully harness these opportunities.

Acknowledgments

The authors would like to thank Arthur Hefti for his critical reading of the manuscript. Portions of this article were presented at the American Dental Education Association Annual Session & Exhibition in 2003 and 2010.

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