Clinician–Patient Communication to Enhance Health Outcomes

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Clinician–patient communication underlies successful health care. Until recently, health professional training paid little attention to the development of communication skills. Too often, clinicians have had to rely on whatever innate communication talents they possessed. However, we now know that effective clinician–patient communication must be learned as both an art and a science. Communication skills and techniques can be mastered. Research has demonstrated that increasing communication skills improves diagnostic accuracy, increases involvement of the patient in decision making and increases the likelihood of adherence to therapeutic regimens. Additional benefits are an increase in patient and clinician satisfaction and a reduced likelihood of exposure to malpractice litigation.

The average clinician may perform as many as 160,000 patient interviews during a health care career. However, techniques are frequently not used that can improve diagnostic accuracy, involve the patient in decision making and increase the likelihood of adherence to the desired regimen. Clinicians may not have learned these techniques during their training. Some of the techniques may have been developed since the clinician was trained. The challenge is to introduce the techniques to clinicians and develop their skills in using the techniques in a brief period of time.

The program presented at this conference introduces a conceptual model that makes the utilization of communication skills within the normal practice setting effective and possible. This fast paced interactive program is designed to provide participants with opportunities to practice skills and techniques, not simply hear about them. A model of complete clinical care is presented that consists of 2 roles for the clinician: the biomedical and the human communication roles. Specific communication skills include opening the interview, engaging the patient as a person, empathizing with the patient, educating the patient, enlisting the patient as a partner in their care where decision making is shared and closing of the interview.

By the end of the program participants will:

- Have greater awareness of a clinician's roles regarding the importance of clinician–patient communication as an essential aspect of health care
- Have greater awareness that complete clinical care consists not just of "find it and fix it" but of 4 communication skills: engage, empathize, educate and enlist.
- Be able to demonstrate the skills and utilize feedback from a peer
- Commit to trying out 1 or 2 procedures that the participant currently does not use for a period of 5 weeks and then evaluate the outcomes associated with these approaches

Providing Oral Health Care Across Cultures

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When a brigade of dental professionals arrives in a foreign country to provide volunteer services, they must integrate oral health strategies that go beyond clinical services. The goal of a dental mission is to involve the community leaders in designing the right programs and services to meet the unique needs within their culture. Many consultations with community leaders and health providers are required to adapt the oral care to the unique challenges within each remote community. Interpreters have to be recruited and taught the basic dental terminology, to ensure that the patients' safety is not compromised. The people who arrive at the temporary dental clinics may be in a compromised state: exhausted from walking hours or days, hungry due to poor nutrition, afraid of the strangers and of the pain that may accompany dental procedures, illiterate and unable to communicate and may have more unexplainable barriers to accepting free dental care.

Health care practitioners (HCPs) graduate with entry level competency at multiple roles: clinician, health promoter, educator, administrator and researcher. They learn about the barriers to optimal health: language/communication barriers, social challenges, power imbalances, marginalization and discrimination.[1] Working in foreign countries improves our ability to accept and adapt to the cultural context of our clients (individual, family and community). By witnessing the huge diversity of healing and wellness practices (traditional and non–traditional), we heighten our awareness of the cultural barriers that patients face. In the pursuit of knowledge about cultural sensitivity, we refine our attitudes about cultural awareness and enhance our cultural competency skills. Ultimately, we must integrate our patients' definitions of what "safe service" means to them.[2]

We need to ensure the cultural safety of our patients by embracing their differences.[2] By providing a standardized level of care, we minimize the challenges faced by minority populations. Health practitioners must think beyond prescribed dental treatments as the only determinant of the clinical encounter. The patient is marginalized by the loss of their traditional relationships within their culture. HCPs can encourage patients, family members and communities to share (using their personal descriptions of their experience of illness and treatment) the power distance between HCPs and patients, the concept of time in relation to the flexibility of appointment times and social gender roles. When health care providers engage with patients in this way, it can present opportunities to become more patient–centered and improve cultural safety.

Dental hygienists take on multiple roles as they move along the continuum of becoming culturally competent.[3] As health promoters, dental hygienists should determine why there is inequity to accessing oral health care and information for people from different cultures. Yee and Sheilham stated that "In developing countries, nearly 90% of the population is unable to receive standardized caries treatment."[4] By incorporating listening, valuing and culturally sensitive understanding, the dental hygienist as educator will be more likely to apply culturally appropriate teaching and learning strategies in their attempts to demonstrate authentic, supportive and inclusive behavior. As change agents, dental hygienists can take a leadership role in acknowledging the possible need to change their own emotional responses before they can advocate for patients from other cultures, and suggest the best use of resources to promote and support patients' rights and well–being.

As clinical therapists, dental hygienists must deliver oral health information and preventive strategies alongside therapeutic procedures, and also take into account a patient's right to communicate in their native language. This could reduce delays in care, non–adherence to therapy and medical errors from lack of comprehension.[5] Dental hygienists can acquire information about different cultures in a respectful and transparent manner by engaging communities as partners in the role of researcher. Finally, as administrators, dental hygienists can become partners with developing communities to ensure the cultural safety of the community. By participating respectfully in the decision–making process, and exchanging potential strategies, the community will increase their capacity to deliver oral health care to their people.

By establishing a safe place to share knowledge, beliefs and attitudes, HCPs will improve their understanding of the cultural implications of providing appropriate health care. In the process of becoming culturally competent, we recognize the importance of respecting differences, but we must not reduce cultures into shared, homogenous groups. To stop this categorization of people, we need to humble ourselves and become critically aware that we are all cultural beings. The multi–level nature of cultural safety involves everyone – we all carry historical and political experiences that shape our perceptions, attitudes, beliefs and behaviors. Working in relationship with our patients, their families and their communities, makes us all richer for the multicultural experience.

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The Role of Health Literacy in Reducing Health Disparities

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The first assessment of health literacy among American adults was recently released by the U.S. Department of Education. The study found that nearly 80 million adults are not able to find or understand relatively simple health related information. The most vulnerable were adults who had not completed high school, were 65 years of age or older, were living in poverty and are a racial/ethnic minority.[1]

Low health literacy is a problem and improvements are a likely pathway to decreasing health disparities.[2] This is especially relevant for chronic diseases such as oral diseases which require continual self and professional care. Studies in medicine have shown that patients with low health literacy are more likely to use hospital emergency services, have less knowledge of disease management and of health–promoting behaviors, report poorer health status and are less likely to use preventive services. In addition, diabetics with low literacy are less likely to control their blood sugar.

The majority of the "causes of causes" of chronic diseases are life–style behaviors. For example, having a poor diet, lacking physical activity and using tobacco are major causes of heart disease, cancers, diabetes and cerebrovascular disease. These and other lifestyle behaviors also contribute to oral diseases such as dental caries and periodontal diseases, which can be prevented or controlled.

Both health care providers and health care systems would benefit from having patients know and understand their health challenges and their cooperation with self care to increase healthy outcomes and minimize health care costs. Further, in a multicultural society, health care providers and health care systems need to provide culturally and linguistically competent health care.[1]

Oral health literacy has been defined as "the degree to which individuals have the capacity to obtain, process and understand basic oral health information and services needed to make appropriate health decisions."[3] Oral health literacy is much more than having reading and numeracy skills. American adults who access dental care reports get most of their dental information from dentists. Yet surveys have shown that little to nothing is taught to dental students about communicating with patients. In addition, we do not know whether their communication is effective and whether their patients understand what they need to know and do for their oral health and that of their children.

Despite advances in oral disease prevention the prevalence of untreated oral diseases is disproportionately high among lower socioeconomic populations.[1] A significant barrier to improved oral health may be poor oral health literacy. Low health literacy likely exacerbates other barriers to improved health such as cost of care, access to care, complexity of health care systems and lack of insurance coverage. Too many individuals do not understand the importance of oral health in connection with general health. Many do not understand what they can do for self care, their role in benefiting from and promoting community programs or how to pose questions to ask their health providers.

If a mom does not understand that she needs to clean her infant's mouth and why it is important, she is not likely to do so. If parents do not understand that the uses of fluoride toothpaste and community water fluoridation are primary methods to prevent caries, how can they make appropriate decisions to protect themselves and their children against this disease? Finally, if a parent has no health information–finding skills, they are inescapably handicapped.

We know how to prevent dental decay, but this information is not readily available to all populations and not necessarily in a manner that can be understood and applied. Access to correct information about fluoride and why we need it and access to the preventive regimens (fluoride toothpaste) could decrease the need for dental treatment services. This is especially relevant for individuals who are disadvantaged.

Imagine the difference if a patient is able to understand and apply what a provider has told her about how to care for her own oral health and that of her children. Imagine if this provider is knowledgeable about how to communicate at the mother's level of understanding and address cultural differences. Imagine the improvements we may see in the nation's oral health if we train dental providers how to communicate with all types of patients, including the underserved and elderly. Just imagine.

Strategies for Progress

Oral health literacy is recognized as a necessary element of all efforts to improve oral health and to reduce disparities. Relatively little oral health research has been conducted compared with general health literacy. Thus, the research opportunities are limited only by our imagination. Oral health literacy research is needed in connection with the public at large, dental providers and policy makers. A few examples of needed research include determining:

- How best to teach communication skills among dental and dental hygiene students
- The degree of effectiveness of counseling provided by dental providers
- The best approaches to teaching

care givers how to prevent caries in their own mouths and that of their infants and children
- What lower SES women know about and do regarding caries prevention so appropriate interventions can be designed
- The impact of community health workers/navigators in the prevention of Early Childhood Caries
- How to integrate oral health literacy into adult education programs
- The impact of oral health educational materials written in plain language on understanding self–care practices
- What policy makers know and understand about oral disease prevention

These efforts and others can help engage community groups in oral health literacy efforts. Each of us must encourage funding agencies to support research and demonstration programs in oral health literacy.

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