



synapse

- solutions for healthcare providers

It's my culture and I'm proud of it

3 Ethical Points

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In a recent article published by Laura Hatch (founder of Front Office Rocks) she referred to practices as proactive or reactive.^[1]

Reactive means a practice is acting in response to a situation rather than creating or controlling it. Proactive means you are creating or controlling a situation by causing something to happen rather than responding to it after it has happened.^[1]

Any member of the dental team will tell you, that although the latter of the two options is what we strive for, it is impossible to be proactive all the time. While issues like daily schedules or monthly goals can be managed by implementing systems, patient behaviour stays a wild card.

In a culturally diverse country like South Africa, the dental team provides treatment to patients with various different cultural and belief systems.

The Cambridge dictionary describes culture as the way of life, especially the general customs and beliefs, of a particular group of people at a particular time.^[2]

Another description of culture says culture consists of the beliefs, behaviours, objects, and other characteristics common to the members of a particular group or society. Through culture, people and groups define themselves, conform to society's shared values, and contribute to society.^[3]

What is cultural competency?

Understanding diverse cultures is the first step in providing optimal patient care. Cultural competency may be depicted as a set of congruent (compatible) behaviours, attitudes, and policies that come together in a system or among professionals that enable that system, or professionals to work effectively in cross-cultural situations.^{[4] [5]}

A culturally competent health care provider is able to respond to groups with behaviours and attitudes that facilitate proficient (skilled) treatment and communication. Another important aspect of cultural competency is cultural sensitivity, which involves making an effort to understand the culture(s) of patient populations. Oral health professionals are not expected to become fluent in multiple languages but rather to be proactive in using tools to enhance communication and understanding of the communities that comprise patient populations.^[5]

The HCSA regards the following as unprofessional conduct:

- Unauthorised advertising
- Over-servicing of patients
- Criminal convictions
- Improper relationships with patients
- Improper conduct of practitioners
- Operational procedure without patient's permission or consent
- Disclosure of information in regard to patient without his / her permission. Incompetence in regard to treatment of patients
- Excessive fees charged/overcharging
- Insufficient care towards patients
- Racial discrimination
- Rude behaviour towards patients
- Prescriptions to already addicted patients
- Perverse incentives and kickbacks

Communication is key

The lack of consent, insufficient care, racial discrimination and rude behaviour are all issues linked to communication.

When health care providers fail to understand sociocultural differences, the communication and trust between providers and patients may suffer.^{[5],[7]} This may lead to feelings of dissatisfaction, frustration, and anger. Furthermore, developing treatment plans and designing health history forms that are more inclusive of the population can enhance trust and help prevent miscommunication.^[5]

Looking at social media, one easily feels despondent about race relations in South Africa. It is common to read about cultural and racial hatred in all spheres of life. Yet, in 2017 the Institute for Race Relations published an article [Race Relations in South Africa- Reasons for Hope 2017](#) that states in 2016 72% of South Africans reported no personal experience of racism in their daily lives.

To be able to make a sound diagnoses, clinicians and patients don't just need to be able to understand each other verbally, but there must also be trust in the patient-provider relationship.

Communication spans beyond verbal communication. Body language, facial expression and tone of voice are equally important. Considering the importance of clear and concise communication between patient and practitioner, it is important to keep all these factors in mind.

It is more than words

Encourage your team to be mindful of microaggressions. Microaggressions are brief exchanges—made intentionally or unintentionally—that invalidate, insult or hurt a marginalized group through statements or actions.^{[5],[8]}

<https://www.youtube.com/watch?v=BJL2P0JsAS4>

Microaggressions can be categorized as microassaults, microinsults, and microinvalidations

Microassaults are typically conscious, verbal, or nonverbal behaviours, whereas microinsults are unconscious actions or statements that demean a person's identity.

Much like a microinsult, microinvalidation is when a person's feelings or thoughts are nullified.^{[5],[9]} Any of these can result in an environmental microaggression, which is when the insults, assaults, or invalidations manifest in an environmental or systemic level.^{[5],[10]} For example, a microaggression would be to avoid inviting certain groups to events.^[5]

An example of a spoken microinsult is "Male dentists are better than female dentists." An example of a microassault is using derogatory slang to describe an individual's race.^{[5],[10]}

Finally, an example of a microinvalidation is assuming a person of a different race or ethnicity does not understand what is being said and has less than average intelligence.^[5] This is also a common occurrence amongst different genders.

The National Patient's Rights Charter

The Department of Health, in consultation with various other bodies, developed a [National Patients' Rights Charter](#).^[14]

The Charter states with regards to patients' rights:

2.1 HEALTHY AND SAFE ENVIRONMENT

Everyone has a right to a healthy and safe environment that will ensure their physical and mental health or well-being, including adequate water supply, sanitation and waste disposal, as well as protection from all forms of environmental danger, such as pollution, ecological degradation or infection.

2.2 PARTICIPATION IN DECISION-MAKING

Every citizen has the right to participate in the development of health policies, whereas everyone has the right to participate in decision-making on matters affecting one's own health.

2.3 ACCESS TO HEALTH CARE

Everyone has the right to access to healthcare services that include -

- a. receiving timely emergency care at any healthcare facility that is open, regardless of one's ability to pay;
- b. treatment and rehabilitation that must be made known to the patient to enable the patient to understand such treatment or rehabilitation and the consequences thereof;
- c. provision for special needs in the case of new-born infants, children, pregnant women, the aged, disabled persons, patients in pain, persons living with HIV or AIDS patients;
- d. counselling without discrimination, coercion or violence on matters such as reproductive health, cancer or HIV/AIDS;
- e. palliative care that is affordable and effective in cases of incurable or terminal illness;

f. a positive disposition displayed by healthcare providers that demonstrates courtesy, human dignity, patience, empathy and tolerance;

g. health information that includes information on the availability of health services and how best to use such services, and such information shall be in the language understood by the patient.

2.4 KNOWLEDGE OF ONE'S HEALTH INSURANCE/MEDICAL AID SCHEME

A member of a health insurance or medical aid scheme is entitled to information about that health insurance or medical aid scheme and to challenge, where necessary, the decision of such health insurance or medical aid scheme relating to the member.

2.5 CHOICE OF HEALTH SERVICES

Everyone has a right to choose a particular healthcare provider for services or a particular health facility for treatment, provided that such choice shall not be contrary to the ethical standards applicable to such health care provider or facility.

2.6 TREATED BY A NAMED HEALTHCARE PROVIDER

Everyone has a right to know the person that is providing healthcare and, therefore, must be attended to by only clearly identified healthcare providers.

2.7 CONFIDENTIALITY AND PRIVACY

Information concerning one's health, including information concerning treatment may only be disclosed with informed consent, except when required in terms of any law or any order of court.

2.8 INFORMED CONSENT

Everyone has a right to be given full and accurate information about the nature of one's illnesses, diagnostic procedures, the proposed treatment and risks associated therewith and the costs involved.

2.9 REFUSAL OF TREATMENT

A person may refuse treatment and such refusal shall be verbal or in writing, provided that such refusal does not endanger the health of others.

2.10 A SECOND OPINION

Everyone has the right-on request to be referred for a second opinion to a health provider of one's choice.

2.11 CONTINUITY OF CARE

No one shall be abandoned by a healthcare professional who or a health facility which initially took responsibility for one's health without appropriate referral or hand-over.

2.12 COMPLAINTS ABOUT HEALTH SERVICES

Everyone has the right to complain about healthcare services, to have such complaints investigated and to receive a full response on such investigation.

3. RESPONSIBILITIES OF THE PATIENT

Every patient or client has the following responsibilities:

- 3.1 To take care of his or her own health.
- 3.2 To care for and protect the environment.
- 3.3 To respect the rights of other patients and healthcare providers.
- 3.4 To utilise the healthcare system properly and not to abuse it.
- 3.5 To know his or her local health services and what they offer.
- 3.6 To provide healthcare providers with relevant and accurate information for diagnostic, treatment, rehabilitation or counselling purposes.
- 3.7 To advise healthcare providers of his or her wishes with regard to his or her death.
- 3.8 To comply with the prescribed treatment or rehabilitation procedures.
- 3.9 To enquire about the related costs of treatment and/or rehabilitation and to arrange for payment.
- 3.10 To take care of the health records in his or her possession.^[14]

Communicate across the border

Working with patients who differ in race, culture, socioeconomic status, literacy level, and sexual orientation may pose some challenges. Dental assistants, oral hygienists and front of house staff play an important role in creating an environment where the patient feels welcome and comfortable. This helps to establish trust between patient and practitioner.

As an oral health care worker, you are probably already working in a culture of care and competence.

Part of this culture is to communicate effectively and to ensure the patient understands the message.

In some cases, patients may appear to have understood directions but may be too embarrassed to confirm their understanding.^[5]

Acquire the skills

When communicating in a patient's second language , using techniques like the teach back method or LEARN are useful .

The teach-back method is a way of checking understanding by asking patients to state in their own words what they need to know or do about their health. It is a way to confirm that you have explained things in a manner your patients understand.^[11]

Studies have shown that 40-80% of the medical information patients are told during office visits is forgotten immediately, and nearly half of the information retained is incorrect.^[11]

The following is an abstract from the [Always Use Teach-Back! website](#)^[13]

What is the challenge?

- Most patients have difficulty understanding information given to them by health care providers. (Ley, 1988)
- Patients remember and understand less than half of what their providers explain to them. (Rost, 1987)
- Ninety-eight percent of medical errors are communication-related. (AMA, 2007)

- Patients say the healthcare environment can make it hard to tell a provider they do not understand. (IOM, 2004)
- Patients with limited literacy say they feel shame and hide their limited reading ability from others. (Parikh, 1996; Wolf, 2007)^[13]

What is the solution?

- ✓ Use plain language
- ✓ Focus on the most important messages
- ✓ Always check for understanding using teach-back

What is plain language?

Plain language is the use of familiar, everyday language your patient will understand.

INSTEAD OF	TRY SAYING:
Hypertension	High Blood Pressure (also locally referred to as high blood)
Modify	Change
Fracture	Broken tooth
Oral	Mouth
Ambulate	Walk
Optimal	Best way
Negative	"Good" or "bad" result
Diet	What you eat ^[13]
Closer to home:	
Gingivitis	Gum infection
Extraction	Tooth removal
Diabetes	Sugar
Hepatitis	Jaundice
Saliva	Spit
Papillae	Taste buds

What is teach-back?

- A method for ensuring understanding in a non-shaming way
- Asking patients to explain in their own words what they need to know or do
- An indication of how well YOU communicated the information, NOT a "test" of the patient
- A chance to check for understanding and, if necessary, re-explain and check again
- An evidence-based approach to improving patient-provider communication and patient health outcomes (Schillinger, 2003)

10 Key Elements for Using Teach-back Effectively

- ❖ Use a caring tone of voice and attitude.
- ❖ Display comfortable body language and make eye contact.
- ❖ Use plain language.
- ❖ Ask the patient to explain back, using their own words.
- ❖ Use non-shaming, open-ended questions.
- ❖ Avoid questions that can be answered with a simple yes or no.
- ❖ Emphasize that the responsibility to explain clearly is on you, the provider.
- ❖ If the patient is not able to teach-back correctly, explain again and re-check.
- ❖ Use reader-friendly print materials to support learning.
- ❖ Document use of, and the patient response to, teach-back.

Ask for Teach-back in a Non-shaming Way

Examples:

- ✓ I want to be sure I explained everything clearly. Can you explain it back to me so I can be sure I did?
- ✓ What will you tell your husband about the changes we made to your medicines today?
- ✓ We've gone over a lot of information. In your own words, please review with me what we talked about.

<https://vimeo.com/49787818>

When you use teach-back, be sure to:

- Re-phrase if the patient does not understand. Do not simply repeat.
- Ask for teach-back until you are comfortable the patient really understands.
- If the patient is not able to teach back after several times, consider other strategies like...
- including a family member,
- taking a break or scheduling another opportunity, or
- asking another member of the health care team to explain.

Take some time to do this [interactive training module](http://www.teachbacktraining.org/interactive-teach-back-learning-module) (working link at the end in references):
<http://www.teachbacktraining.org/interactive-teach-back-learning-module>

WATCH: <https://www.youtube.com/watch?v=cllXBnHBiD4>

The L.E.A.R.N. Model of Cross-Cultural Communication is:

- ❖ Listen with sympathy and understanding to the patient's perception of the problem
- ❖ Explain your perceptions of the problem
- ❖ Acknowledge and discuss the differences and similarities
- ❖ Recommend treatment
- ❖ Negotiate agreement^{12]}

Both methods are based on clinician-to-patient communication skills, which enable the patient to partake in the learning and treatment planning process.^[5]

Just like a collection of raindrops will join forces to transform a trickle into a stream, the stream will run into the river and the river into the mighty ocean, so can the smallest of actions contribute to the improvement of the nation's health.

Go ahead. Be a contributor to a culture of care and competence.

Question time:

Please note where more than one answer is correct, you will only receive a point if all the correct answers are chose.

1. Putting systems in place to deal with patients with different cultural and religious backgrounds are
 - a. Proactive
 - b. Reactive
2. Cultural competency is:
 - a. BEE compliance
 - b. Working in a multiracial environment
 - c. A set of compatible behaviours, attitudes, and policies that come together in a system or among professionals that enable that system or professionals to work effectively in cross-cultural situations
 - d. making an effort to understand the culture(s) of patient populations.
3. Cultural competency safeguards us against
 - a. Racial discrimination
 - b. Insufficient care
 - c. Unintentional rudeness to patients
4. Which of the following statements are NOT regarded as unprofessional conduct?
 - a. Criminal convictions
 - b. Improper relationships with practitioners
 - c. Operational procedure without patient's permission or consent
 - d. Disclosure of information in regard to patient without his / her permission.
5. According to the article, culture refers to different ethnic groups.
 - a. True
 - b. False
6. The National Patient's Rights Charter (NPRC) gives the
 - a. practitioner the right to decide on treatment
 - b. the patient the right to contribute to the decision-making process.
7. According to the NPRC which of the following characteristics is expected from a practitioner?
 - a. Courtesy
 - b. Human dignity
 - c. Patience
 - d. Empathy
8. A patient is entitled to a second opinion
 - a. With the consent of the practitioner
 - b. In life threatening situations
 - c. Anytime
9. The health of the patient is the responsibility of
 - a. The practitioner

- b. The patient
 - c. Both
10. It is a patient's right to receive accurate information about a condition.
- a. True
 - b. False
11. Microaggressions are made
- a. Intentionally
 - b. Unintentionally
 - c. Both
12. Gender discrimination can be seen as
- a. Microassaults
 - b. Microinsults
 - c. Microinvalidations
13. Using derogatory slang to describe an individual's race is
- a. Microassaults
 - b. Microinsults
 - c. Microinvalidations
14. Assuming a person of a different race or ethnicity does not understand what is being said and has less than average intelligence is
- a. Microassaults
 - b. Microinsults
 - c. Microinvalidations
14. The teach-back method is
- a. A way of checking understanding by asking patients to state in their own words what they need to know or do about their health.
 - b. It is a way to confirm that you have explained things in a manner your patients understand.
15. When using Teach-back effectively, you will
- a. Ask the patient to explain back, using their own words.
 - b. Use non-shaming, open-ended questions.
 - c. Avoid questions that can be answered with a simple yes or no.
 - d. Emphasize that the responsibility to explain clearly is on you, the provider.
 - e. If the patient is not able to teach-back correctly, explain it differently and re-check.

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