

Performance Keys for Competency In Cross Cultural Communication Skills - BASIC SKILLS



The dental student encourages the patient to tell him/her about the problem(s) in the patient's own words.

With this behavior the dental student presents a willingness to listen and a curiosity about the patient's concern(s). Appropriate listening skills and nonverbal behaviors create the encouragement that supports the patient in revealing his/her understanding of the problem. When done well, the dental student gains insight, not only into the patient's perception of the problem, but also into how the patient thinks about the world and acts in it. Information about the patient's reasoning skills, health beliefs, lifestyle habits, family support network, preferred treatment modalities, and past efforts of health care management become available. Gathering this information in this manner, verbally, in real time, directly from the patient, with the dental student functioning as facilitator, creates the role of consultant and partner for the patient. It forms the basis for effective cooperation, creating a health care alliance.

Not doing so risks sidelining, marginalizing, and diminishing the patient.

More Effective

Presents a willingness to listen to and a curiosity about the patient's concern

- “What brings you in today?”
- “Tell me about...”
- “I'd like to hear more about...”
- “How long have you had this problem?”
- “Does anything make it better or worse?”

Less Effective

Preempts the opening conversation by making summary statements

- “It says here that...”
- “My assistant told me...”
- “When I talked to your husband, he said...”
- “I see that your problem is...”

- ❑ Encourages patient to tell his/her story
- ❑ Listens attentively without interrupting
- ❑ Facilitates patient's responses both verbally and nonverbally (encouragement, silence, repetition, paraphrasing)
- ❑ Establishes dates

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The dental student uses non-verbal communication to demonstrate interest in listening to the patient.

This skill can be referred to as active listening.

Active listening is nonverbal demonstration that the clinician is paying attention to the patient and to the patient's story. It includes appropriate eye contact, body posture and gestures; it encompasses effective note taking, organized pacing of the interview, and attentive silence to allow the patient time to gather thoughts and respond.

Active listening is a skill showing that the clinician is both receptive to and responsive to the patient. It is the 3-dimensional demonstration of engagement with the patient. As such, it cannot be choreographed ahead of time, and instead must be in constant creation with the dynamics of the interview. The underlying message of active listening is "I am here for you."

Active listening is not "preparing to speak".

More Effective

Displays positive habits of nonverbal communication

Effective eye contact, Looks the patient "in the eye" (but be aware that in some cultures this can be perceived as being too aggressive).

Appropriate eye contact, one that seems open when listening and narrowed when preparing to speak

Appropriate head nodding, one that indicates confirmation and validation of what the patient is saying

Appropriate leaning forward, one that invites the patient to speak and seems to open the channels of communication (a bridging motion)

Less Effective

Displays poor habits of nonverbal communication

Lack of nonverbal communication (rigid, lack of affect, robot-like)

No or poor eye contact, looking away from the patient

Inappropriate eye contact, one that seems narrowed when the dental student is listening and open when the dental student is speaking

No affirmative head nodding

Leaning away from the patient

Looks at the file folder while the patient is speaking

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The dental student respectfully elicits the patient's concept of the problem: the chief concern and the patient's thoughts about the diagnosis of the condition.

It is important to explore the patient's rationale and hypothesis for the disease (or chief concern). A broad, open-ended question such as "What do you think is going on?" is appropriate.

- This step invites the patient into the diagnostic process as a consultant.
- This step reinforces the concept of the patient's health awareness and responsibility for health management: two concepts central to effective treatment.
- This step may be effective in generating self-diagnosis, whereby the patient is correct in identifying the disease, and accepts, to whatever degree, the existence of the problem within him/herself.
- If the patient does not self-diagnose correctly, the step is still useful because it identifies the patient's alternative diagnosis or lack of one. It is within this framework that the educational skills of the dental student need to be engaged. Example. "I see what you were thinking: to you a sore that keeps bleeding is cancer. I'd like to reassure you that while that is often true, in this case, all the evidence suggests that the bleeding is due to a condition called periodontitis..."
- This step then establishes the patient's "ownership" of the diagnosis, a crucial piece in the negotiation of an effective treatment plan. The patient is more likely to engage in effective treatment strategies if they "buy in" to the diagnosis.

More Effective

Uses confirming/affirming statements and positive tone of voice

"I see what you're thinking."

"I hear what you're saying."

"I understand."

"It's clear to me that you are very concerned with your oral health."

Any statement that indicates valuing of and support for the patient's thinking.

Less Effective

Uses discounting statements and negative tone of voice

Stony silence followed by, "Now let me tell you what I think."

Judgmental facial expressions

"I don't see how you came to that conclusion."

Any statement that indicates dismissal of the patient's reasoning/ thinking

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The dental student correctly restates the patient's problem as the patient sees it.

This skill is an essential tool of communication: general or cross cultural. It signifies acknowledgement of the patient's world view and forms the basis for collaboration on a treatment plan.

More Effective

Is accurate in focusing the chief concern through the patient's eyes

“So the way you see your problem is...” (and is right!)

“Let me make sure that I have it right ...”(and clarifies discrepancies)

The most effective dental students will choose and highlight those problem statements from the story that will form the bridge to problem solution.

Less Effective

Is inaccurate in focusing the chief concern through the patient's eyes and does not offer opportunity to correct interpretation.

“So the way you see your problem is” ... (and is wrong and doesn't check out and correct)

Ignores patient's hypotheses

Performance Keys for Competency In Cross Cultural Communication Skills - BASIC SKILLS



The dental student accepts the legitimacy of the patient's views (accepts concerns, feelings, perceptions and/or attitudes as real and important); is not judgmental.

With effective demonstration of this behavior, the dental student provides validation and acceptance of the patient's perspective. The dental student acts as an uncensoring recorder of the patient's affect and reasoning. This is not the same, necessarily, as agreeing with the patient. This behavior simply illustrates the dental student's ability to see the "world" as the patient does. Through this acknowledgement the dental student affirms the patient's standing in the relationship as one of a contributing partner to the health care alliance. An effective team is created when the dental student demonstrates authentic valuing of the patient through affirming, confirming statements and positive tone of voice. Authentic valuing may be a predisposition already existing in the dental student or it can become an acquired behavior through the genuine experience resulting from effective patient-centered interventions. Inauthentic valuing, the use of valuing statements without the concomitant value, will result in a fraudulent relationship where the dental student is only paying lip service to the patient's experience as a way of biding time until the dental student gets to tell the patient what is really going on. No effective rapport can exist where there is not genuine value for and validation of the patient.

More Effective

"I see what you mean."

"I hear what you're saying."

"I understand how you feel."

A restatement of the patient's perspective (ex. So you think the pain you are experiencing is a result of biting into a peach pit.)

Nonjudgmental attitude.

Any statement that indicates valuing of and support for the patient's perspective.

Less Effective

Inattentive silence while the patient is speaking.

Attentive silence, but no verbal acknowledgement of the patient's perspective.

Stony silence followed by the expression of the attitude
"Now let me tell you what I think."

Judgmental facial expressions.

Any statement that indicates dismissal of the patient's perspective.



The dental student uses nonverbal communication to make verbal communication more effective (gestures, tone of voice, eye contact, social distance, etc.)

More Effective

Consonant verbal and nonverbal behavior that influences communication positively

- Appropriate, elucidating gestures
- Fluid tone of voice
- Fluid eye contact
- Fluid and appropriate social distance

Less Effective

Conflicting verbal and nonverbal behavior that influences communication negatively

- Absence of gesturing altogether, appearing rigid.
- Fidgeting, fussing or appearing distracted.
- Inappropriate tone of voice (ex. Demanding, commanding, insulting, seductive, bored, disinterested)
- Lack of eye contact
- Rigid social distance
- Inappropriate social distance



The dental student empathizes with and supports the patient.

(expresses concern, understanding, willingness to help; acknowledges coping efforts and appropriate self care).

With this behavior, the dental student provides an effective framework of support for the patient. The dental student displays a caring attitude through both verbal and non-verbal behaviors. The dental student demonstrates concern, compassion, competency and consideration for the patient’s efforts. When done effectively, the dental student becomes a trusted ally in the health care process, standing in the patient’s corner with the patient’s best interests in mind, and possessed of the tools and attitudes that can operationalize those interests.

More Effective

“I see that you’re concerned about your bleeding gums. I share your concern.”
“I understand that this condition is distressing to you, and I’d like to help you deal with it.”
“I see that this bothers you.”
“I believe I can be helpful in treating this condition.”
“I appreciate everything you’re already doing to deal with this condition.” (Being specific here provides positive reinforcement for patient’s health promoting behaviors.)
Caring nonverbal behavior (ex. Eye contact, leaning forward, compassionate touch, concerned facial expressions)

Less Effective

No statements of concern
No statements of empathy
No statements of a willingness to help
No positive reinforcement for patient’s health promoting behaviors
Nonverbal behavior indicating indifference or even rejection.

- ❑ Establishes shared concern for the problem
- ❑ Establishes ability and willingness to help the patient
- ❑ Provides positive reinforcement for patient’s health-promoting behaviors
- ❑ Demonstrates caring non-verbal behavior

Performance Keys for Competency In Cross Cultural Communication Skills - BASIC SKILLS 

The dental student avoids the use of medical jargon throughout the interview.

Clarity of communication is the goal and language common to both the dental student and the patient is the tool. Since the most common scenario is that the patient has not graduated from dental school, it is incumbent on the dental student to develop a language repertoire of simple terms effective to the task. (*Example.* Halitosis, bad breath, mouth odor)

Where medical terminology is used, simple definitions should be offered.

Medical terminology can be used effectively when used sparingly to introduce the patient to terms they will encounter in the course of treatment management.

More Effective	Less Effective
Less jargon Parsimonious use of medical terminology, simply defined	More jargon Exclusive use of undefined medical terminology

Performance Keys for Competency In Cross Cultural Communication Skills - BASIC SKILLS



The dental student encourages the patient to ask questions and responds appropriately to the patient's questions throughout the interview.

Perhaps the most important part of this statement is “throughout the interview”. Questions are best dealt with as they occur to the patient, and not left to be answered at the end of the interview.

More Effective

“Do you have any questions at this point?”

Timely use of silence to create a moment for the patient to ask a question.

Appropriate answers are provided in a timely fashion.

Less Effective

Not asking for questions

Only asking for questions at the end of the interview

Not ever offering a moment of silence for the patient to gather his/her thoughts.

Dismissing a question as not relevant or unimportant

Deferring answers to the patient's questions, as in “I'll get to that later.”

Performance Keys for Competency In Cross Cultural Communication Skills - CROSS CULTURAL SKILLS



The dental student explores the patient’s concept of the problem, searching for a fuller understanding of the impact of cultural beliefs on the patient’s perspective.

Effective demonstration of this skill is the foundation of cross cultural communication. Active exploration of the patient’s thoughts and keen searching to understand the patient as a whole, dynamic person whose beliefs influence actions signal genuine respect for the patient’s position.

More Effective

Any statement or question that reaches for the patient’s understanding of his/her construct of health and/or disease

“Tell me more about wind.”

“What does the term liver heat mean?”

“How would you cool your system?”

Or any statement that goes to the patient’s *cultural* beliefs and knowledge.

Less Effective

Any statement or question that interferes with or attempts to cancel the patient’s understanding of his/her construct of health and/ or disease

“I don’t need to hear about that.”

“That’s not important to my diagnosis.”

“There’s no reason to think like that.”

“Let me assure you that here in America, we have a better understanding of health and disease.”

Or any statement that denies the patient’s cultural beliefs.



The dental student accurately summarizes the problem from the patient’s cultural standpoint.

This skill encompasses the process of *reflective listening*.

Reflective Listening is verbal demonstration that the clinician is paying attention to the patient and to the patient’s story. It includes repetition, paraphrasing and summarizing of the patient’s statements; it encompasses active use of the patient’s language, and it attempts to highlight significant statements from the patient.

Reflective listening then is more than simple reflection of patient utterances. It includes the reflective capacity of the clinician to perceive the plot of the patient’s story. It is the skill that demonstrates understanding of the patient. It creates emphasis on various aspects of the patient’s story and collects these aspects to form a perspective: a view of the patient. As necessary, this view is modified by patient input until both the clinician and the patient feel that an appropriate image of the patient has been achieved. In its dynamic process, reflective listening establishes a partnership.

The underlying message of reflective listening is “I hear you” and “We are working together.”

More Effective

After thoughtful inquiry, the dental student correctly focuses and highlights the patient’s concept of the problem.

“As I see it, the way you see it...” (and is right!)

“Let me summarize for you to be sure that I understand everything you told me...”

Less Effective

After thoughtless inquiry, the dental student focuses the problem in his/her terms.

“As I see it,...”(and is either right or wrong)



The dental student elicits information as to specific cultural remedies for the chief concern.

This skill is an extension of personal and cultural respect. It demonstrates curiosity and openness on the part of the practitioner to alternative health practices, and results in effective information regarding the actual health care practices of the patient.

More Effective

The dental student carefully inquires about the remedies available to the patient from his/her cultural toolbox.

- “What has your practitioner recommended?”
- “What have you been doing to treat your bleeding gums?”
- “What have you been doing to treat your mouth odor?”
- “Have your efforts been successful?”

Less Effective

The dental student makes no such inquiry, and discounts any remedy the patient might suggest

“I can’t see how any of that would be helpful.”

Performance Keys for Competency In Cross Cultural Communication Skills - CROSS CULTURAL SKILLS



The dental student offers to work with the patient to accommodate health beliefs and seeks to include contributions from both cultural standpoints to help manage the problem.

This skill establishes the pinnacle of mutual respect: acknowledgement that both partners, and both cultures, are contributors to the management plan. A bridge is created: one of honor between two people, one of knowledge between two allies, and one of actualization between two cultures.

More Effective

The dental student finds the common ground for proceeding.

“I see how you think about this problem, and actually there are many similarities between how you see this problem and how I see it. For example,...”

“Your concepts of congestion and stagnation are a lot like my concept of inflammation. Gum tissues swell, and become red, and bleed easily when they are inflamed.”

Or any statement that identifies similarities.

Less Effective

The dental student identifies a monolithic ground for proceeding. (My way or the highway)

“I don’t understand the way things are done in China”

“Here’s my plan...(and includes nothing of the patient’s contributions)



The dental student negotiates a solution to the patient’s problem in a way that respects cultural preferences and offers assistance from the dentist’s professional repertoire.

The key process here is negotiation that is mutually inclusive. It establishes a pathway built on contributions from both partners and results in a plan based on contractual alliance.

More Effective

A mutually inclusive solution.

“Dentists can perform treatments that relieve inflammation in the gums (what you call congestion and stagnation). If you like, I could look in your mouth to see if you have inflammation that could be helped using these treatments. These treatments would work in concert with your traditional remedies and might even make them more effective. Would it be all right if I looked in your mouth to see if your gums are inflamed?”

A balanced partnership is created and forms the basis for treatment alliance.

Less Effective

A mutually exclusive solution

“If I’m going to be effective in treating you, I’ll have to examine your mouth for plaque, tartar, decay, inflammation, bone loss and all the other signs of periodontitis.”

No partnership is created and forms the basis for lack of compliance. (The patient feels muscled)



The dental student prioritizes treatment options and educates the patient to these choices.

This step calls for the professional opinion of the dental student and is best accompanied by the relevant “evidence”. Here is where the dental student goes on record with his/her recommendations based on sound dental research and clinical practice. Even though the dental student is “presenting the protocol”, the concept of patient choice must be facilitated and maintained throughout the presentation. Treatment is a partnership, and the discussion of treatment should foster that paradigm.

More Effective

Fully accepting of the patient’s intellect and emotions in choosing the treatment

“There are several ways to treat your condition. Let me talk about each of them, so that together we can choose the one that seems best for you...”

“There’s really only one proven strategy that works effectively for your condition. Let me offer it to you...”

Less Effective

Less acceptance of the patient’s point of view and discounting of emotions as relevant to the dynamic of the interaction

“Here’s what you must do...”

“This is your treatment plan...”

“On your next visit, I will...”

Or any statement that feels coercive.

- ❑ Identifies options
- ❑ Reveals rationale associated with each option
- ❑ Presents these options as suggestions rather than directives
- ❑ Provides information in manageable chunks



The dental student elicits the patient’s preferences and commitments to a treatment plan.

This step invites the patient to participate in the treatment process. In effect, this discussion becomes the precursor (dress rehearsal) for the actual ongoing treatment. The astute dental student will be able to ascertain the patient’s predilections and resistance to treatment, and customize a treatment plan that has a likelihood of success.

More Effective

“Based on the options we’ve discussed, what seems to work for you?”
“Based on the options we’ve discussed, are there any that you would find difficult to manage?”

Less Effective

“This is what will be best for you...”
“I know you want to do what is best for you...”
Or any statement that presumes patient choice.

- ❑ Elicits the patient’s understanding of the treatment options
- ❑ Elicits patients reaction to and concerns about the treatment options
- ❑ Elicits patient’s view of the need for action
- ❑ Demonstrates acceptance of patient choice
- ❑ Persuades effectively (educates and advocates where necessary)



The dental student reviews the treatment plan and obtains a mutual statement of commitment.

This step can be thought of as stating the contract, where the responsibilities of both parties are delineated to the benefit of both. Clarification, checking, and obtaining consent are essential tools in achieving an effective contract.

More Effective

“Based on our discussion, this is how we’ve decided to proceed. I will... and you have agreed to... Is that correct?”
“It seems like we’ve arrived at a plan... Is that the way you see it?”

Less Effective

“This is the treatment plan...”
“This is what you’ll need to do...”
“You’ll need to make the following appointments...”
“I want you to...”
Any statement that is overly authoritative and dictatorial, thereby creating a unilateral contract.

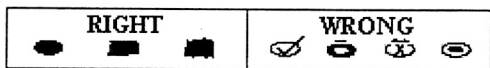
- ❑ Restates the chosen treatment plan effectively
- ❑ Checks the patient’s understanding of the treatment plan
- ❑ Encourages patient participation in the treatment plan
- ❑ Clarifies mutual commitments to the treatment plan

Performance Keys for Competency In Cross Cultural Communication Skills - CROSS CULTURAL SKILLS 

Scoring Key	
Strongly agree (Skillfully done)	<ul style="list-style-type: none"> • Consistent use of More Effective behaviors • Absence of Less Effective behaviors
Agree (Adequately done)	<ul style="list-style-type: none"> • A preponderance of More Effective behaviors over Less Effective behaviors
Neutral	<ul style="list-style-type: none"> • Approximately equal use of More Effective behaviors and Less Effective behaviors
Disagree	<ul style="list-style-type: none"> • A preponderance of Less Effective behaviors over More Effective behaviors
Strongly disagree (Needs improvement)	<ul style="list-style-type: none"> • Absence of More Effective behaviors • Consistent use of Less Effective behaviors
Not Done	

Cross Cultural Communication Competency Assessment

Use a Number 2 pencil or a pen with dark blue or black ink. Fill in selected circles completely.



1. SPI ID:

2. Student's honor code:

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

3. Communication Skills

Strongly agree **Agree** **Neutral** **Disagree** **Strongly disagree** **Not Done**

- The dental student encourages the patient to tell him/her about the problem(s) in the patient's own words.
- The dental student uses non-verbal communication to demonstrate interest in listening to the patient.
- The dental student respectfully elicits the patient's concept of the problem: the chief concern and the patient's thoughts about the diagnosis of the condition.
- The dental student correctly restates the patient's problem as the patient sees it.
- The dental student accepts the legitimacy of the patient's views (accepts concerns, feelings, perceptions and/or attitudes as real and important); is not judgmental.
- The dental student uses nonverbal communication to make verbal communication more effective (gestures, tone of voice, eye contact, social distance, etc.).
- The dental student empathizes with and supports the patient (expresses concern, understanding, willingness to help; acknowledges coping efforts and appropriate self care).
- The dental student avoids the use of medical jargon throughout the interview.
- The dental student encourages the patient to ask questions and responds appropriately to the patient's questions throughout the interview.

4. Cross Cultural Skills

- The dental student explores the patient's concept of the problem, searching for a fuller understanding of the impact of cultural beliefs on the patient's perspective.
- The dental student accurately summarizes the problem from the patient's cultural standpoint.
- The dental student elicits information as to specific cultural remedies for the chief concern.
- The dental student offers to work with the patient to accommodate health beliefs and seeks to include contributions from both cultural standpoints to help manage the problem.
- The dental student negotiates a solution to the patient's problem in a way that respects cultural preferences and offers assistance from the dentist's professional repertoire.
- The dental student prioritizes treatment options and educates the patient to these choices.
- The dental student elicits the patient's preferences and commitments to a treatment plan.
- The dental student reviews the treatment plan and obtains a mutual statement of commitment.

Acknowledgement Bibliography

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