



## **Universitas 21: Glasgow, 4-5 September 2003**

### **Research Proposal**

School of Dental Science  
Faculty of Medicine, Dentistry and Health Sciences  
The University of Melbourne



## **Task**

- in association with UBC, develop competencies for transcultural functionality of dental graduates
- develop standards and criteria for culturally relevant assessment in the dental curriculum



## The Case for Transcultural Communication Training: Australia

- Growth in demand in Australia for bilingual bi-cultural dental care
- Key reasons include
  - the increasing cultural and linguistic diversity of the Australian population (derived from over 200 source countries)
  - limited patient access to translation and interpreter services, and
  - strong indications of the existence of ethnocentrism in existing health service provision.



## Need for

- the recruitment of NESB clinicians
- inclusion of transcultural training in health education courses.



### Transcultural research indicates that:

- Few health service provision problems were noted in the early 'assimilation' period, when NESB migrants were typically of north European origin
- During 1960s and 70s, a health system in which migrants' cultural differences were largely ignored
- Providers' knowledge of migrants' clinical needs categorised as 'meagre and superficial', with service delivery problems being attributed to migrants
- NESB Australians may be the recipients of inferior medical care.



### Implications

- concern has focused on ensuring migrants' access to services,
- need to address the nature of the cultural and linguistic interface taking place *after* a service had been accessed



### By 1990s

- failure to train clinicians in multicultural perspectives could be regarded as 'institutionalised racism'
- potential value of transcultural training



## Dental Clinicians in Australia: the Practitioner and Student Base

Australia's dentists and dental students are as diverse as the patient base.

- In 1991 35% of all Australian dentists were overseas-born
  - after the UK, major countries were the Philippines, Hong Kong and Malaysia
- By the mid 1990s Vietnam-born students were 7 times Australian-born



### At the University of Melbourne by 1996

- 46% of all 'Australian' dentistry students were overseas-born
  - Hong Kong, Vietnam and Malaysia dominating
- 30% were classified as international fee-paying students
  - Singapore, Hong Kong, Taiwan and Malaysia
- the majority of public sector hospital patients are not derived from these language groups

Effective training in transcultural communication is clearly a critical issue



## The Research Proposal

The aims of this research are to address four areas:

### 1. Identification of dental students' backgrounds

- identify the cultural backgrounds of students enrolled in dentistry in Universities 21 institutions and document demographic differences
- examine trends in the enrolment of international students over a 5 year period from 2000 to 2004
  - country of birth, language-speaking history, time of residence in the country providing dental education and students' planned country of dental practice
- use these data to develop a global perspective related to international demands for dental education and clinical practice.



2. Conduct a survey of Australian and Canadian final year dental students' attitudes towards intercultural issues in dental care and their perception of their level of intercultural communication skills
  - use these data to evaluate inadequacies and gaps in current dental curricula.
3. Develop a structured curriculum component in intercultural communication and the effective delivery of care for patients from culturally diverse backgrounds.



4. Trial a specific undergraduate curriculum to increase intercultural awareness as a precursor to proposing some international guidelines for promoting intercultural dental education.
  - could include aspects of the dental curriculum that are responsive to such intercultural needs as:
    - Intercultural issues affecting clinical practice
    - Health care delivery systems in developed and developing countries.
    - Current attitudes and behaviour related to dental health in different regions.
    - Strategies for promoting oral health of communities (eg water fluoridation)
    - Possibilities for international collaboration in intercultural dental education, including student exchange programs