

Mastering Communication Skills for the Incoming Dental Professional

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Communication skills play a vital role in breaking down any existing barriers between patients and their dental professionals. This article is written as a light guide to some tips and tricks that have worked for me, as a final year dental student studying at King's College London.

It is imperative that dental health professionals know about their patients' psychosocial background, in addition to what their patients understand regarding their oral and dental needs. The building of rapport and trust in the dental setting is extremely important, as most patients who come into the clinic are nervous, and a minority may be described as being anxious.

The thought of their oral health being in someone else's hands, the sound of the ultrasonic scaler or drill and the thought of local anaesthetic needle penetration can put many patients off coming to see us.

The benefit of being a student is that you have that incredible opportunity to sit down with a patient and build up trust, as you don't have the time constraint or financial pressure that you're likely to have in general practice.

This time period of being a student is

very important to develop the softer skills such as building rapport and communication development. In practice, only if you've built up trust will your patients accept and comply with preventive dental advice and restorative treatment plans.

There are many professionals talking about the need for a more 'holistic health approach' to dental care. Holistic healthcare is not only to do with taking into account the general health of the patient, but also to do with acknowledging and considering important episodes in patients' lives, and by demonstrating empathy and understanding in regards to the problems or difficulties they encounter.

Every time I have a new patient assessment, I ensure that each appointment is full of empathy. I must encourage my patients to ventilate their fears, thoughts and worries in relation to treatment and its outcome.

I also ensure that when formulating treatment plans, I use simple language, diagrammatic representations where appropriate (for example when discussing the nature of periodontitis or caries, or when discussing the process of endodontic

procedures or surgical extractions).

I communicate slowly and clearly, and give my patients time to ask questions, and opportunities to repeat information back to me so that I can accurately assess how well they understand what is being communicated to them. I am well aware of the busy nature of general dental practice, and getting the balance between efficiency and empathy can sometimes be tricky.

It is my belief that the dentist, hygienist, and dental nurse within their busy work schedule have little if any time for prolonged patient interviews. Perhaps the existence of a treatment coordinator will be beneficial in communication measures with patients regarding their dental health.

Communication is always a dynamic two-way process in which verbal words and non-verbal cues are instrumental for both parties to know when to be either active or passive. During the interview and consultation, I have to take both an active and passive role.

The active role is implemented when I am asking a patient about what they understand about their disease or treatment needs, and the passive role when I need to allow the patient some space to ventilate their thoughts and feelings. When I purposely appear to be passive, I am closely assessing the patients' behaviour (non-verbal cues) and listening, as well as continuously encouraging the patient to engage with me.

Non-verbal communications

Argyle (1) has stated that 65 per cent of all communication is non-verbal. It can be therefore inferred that 'actions do speak louder than words'.

I always ensure that I am paying close





attention to the patient's body language, eye contact, posture, proximity towards me, alertness and even the use of 'ahs, 'ers' and 'uhms'.

Listening

Listening often gets a bad reputation as being a very passive action, but I fundamentally believe that listening is in fact an active action. It requires effort on behalf of the clinician to accurately take in and process information whilst giving supportive non-verbal cues to the patient in order to allow them to continue expression of their thoughts.

Listening demands concentration for how words are said and the active recognition of the feelings underlying the spoken word.

Acknowledging thoughts and feelings

The fundamental reason for why the acknowledgement of thoughts and feelings are so important is that patients rely on

acknowledgement to ensure their health provider cares about them and what they are going through. It also puts patients at ease, and comforts them.

Summarising and giving feedback

Summarising briefly what a patient has just said gives me the ability to demonstrate that I am actively listening, and that I do care about what they are saying, thus building rapport and trust. Giving feedback may be used as a tool to offer my opinion, or even to bring the consultation to a close.

I always leave the patient by letting them know that 'we are part of a centre of clinical excellence with many students and staff present to look after your dental needs, our next appointment is on... but should you have any questions before that, please call us on...' Always leave the consultation with your patient aware of what will happen next, and who to call if they have any questions.

Giving them an NHS leaflet or patient

education leaflet will support the consultation you have just had. If the patient has expressed fear at the start of the appointment, I congratulate them on doing so well. Positive reinforcement is essential.

Communication is a tricky topic to get right, because in general dental practice you have tight and strict time limits on your clinical appointments. Whereas in the university hospital you have more time to hone in on your skills and become expert communicators.

By being effective and proficient in communication, dentists and their team can assist and motivate their patients to better oral health.

At all stage of any dental treatment, the patient should be advised that all dentistry requires maintenance, and that dental treatment doesn't fix the problem, it only stabilizes it. Getting this right is the ultimate challenge for our profession.

Bibliography:

1. Argyle M. *Social Interaction*. London Methuen.1973.