

A MORE SUCCESSFUL DENTAL EXAMINATION THROUGH BETTER COMMUNICATION PRACTICES AND SELF-UNDERSTANDING

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ABSTRACT

Most dentists understand the fundamental techniques involved in conducting a dental exam. They have been trained in medical science and from a clinical point of view they know the items on a checklist to perform a thorough exam. The art of the exam is going beyond the performance of professional practice skills and requires the dentist to look at each patient interaction as a unique experience. Since no two individuals are alike, each interaction is unique, thus requiring a different set of behaviors and attitudes. One of the components of the artistry of the dental exam involves communication skills. Here the dental professional embarks on a process of being creative and not simply functional.

The dental exam includes the following elements of interaction:

- a) Language b) Self Reflection c) Personality styles

LANGUAGE:

Although we believe that we are communicating our ideas effectively to a patient, even the same words can imply a different meaning from one patient to another, or from the doctor. Previous dental experiences or learned preconceptions from parents or guardians pre condition patients. Based on this preconditioning, patients may respond differently to treatment recommendations given by his or her dentist. For example, explaining to a patient that they will get relief from a root canal treatment may spark images of pain, expense and possible eventual loss of the tooth, whereas another patient may totally agree with that option due to a good previous experience with root canal. In the later patient, the option elicits relief and a solution to save the tooth, no matter what the cost. Therefore, we must offer clear explanations so that patients understand and interpret our message in the way that we had originally intended. The tone of our voice coupled with the use of language that the patient can understand sends the message that is intended. An emotionally charged statement may be better than use of a dull monotone, in order to impart a sense of urgency rather than complacency.

SELF REFLECTION (understanding differences in belief systems)

Incoming stimuli are filtered by our emotions, attitudes, opinions, and beliefs we grew up with.

Our family, friends, teachers, and environment influence us, thereby contributing to our biases. Our interpretations and behaviors differ according to our individual paradigm. A person's mind may be blocked, that is, closed to reality by refusing to accept information that is contrary to their viewpoints. As professionals, we need to understand that patients with a completely different set of beliefs may challenge our beliefs and point of view. As patients are speaking, they are conveying messages to us. Our alertness may fluctuate and we may drift in and out of the present moment. This is the result of selective listening. When we agree with the incoming information we tend to be more understanding, whereas we are more apt to reject or block information that may run contrary to our belief system. According to Stephen Covey, "Until we take how we see ourselves and how we see others into account, we will be unable to understand how others see and feel about themselves and their world. Unaware, we will prospect our intentions on their behavior and call ourselves objective."¹

PERSONALITY STYLES ²

As practitioners, we are in constant communication with our patients. We need to be open to and aware of varying personality styles. People are usually dominant in one style. It is helpful to identify a person's dominant personality during the dental exam and seek to become aligned with that personality style by adjusting our behavior accordingly. (see figure 1 for personality styles)

Emotive: Move at a pace to hold his/her attention. Establish goodwill, be enthusiastic, and avoid formality. Seek out opinions through asking questions. Maintain eye contact and be a good listener.

Director: Be business like, efficient, and organized. Provide facts and figures, and definitive objectives.

Reflectives: Be business like. Prepare a slow and deliberate presentation, with no pressure for a quick decision.

Supportives: Build a social relationship. Address feelings more directly. Provide assurances and support their views.

In today's environment, with easy internet access, patients gain information about practice philosophy and procedures from office web sites. However, there is no substitute for an enthusiastic and accommodating conversation when a patient makes that initial call and visit to the dental office. It is this initial interaction that may be the key to a successful patient-dentist relationship. Payment methods should be addressed so that the patient has realistic expectations. If the patient has dental insurance, the office may or may not be a participant in his or her plan. If the patient has dental coverage and the office does not participate, the patient could be responsible for the cost of service above the "usual and customary" fees that insurance programs provide. If the office does participate in the patient's program, not all procedures may be covered and the cost of services could exceed the maximum coverage allowed annually. It is important to make sure that this information is made clear to the patient prior to any treatment, so that the patient is fully aware of the financial implications of clinical choices. Misunderstandings and problems can be avoided when a polite staff member, assigned to this duty, can skillfully explain these details prior to scheduling appointments. Patient expectations should be addressed, for instance, informing patients that an emergency problem may be handled within the first appointment barring any significant medical issue. If the patient requires overall

care a further diagnostic session is required. At this appointment the patient will have a comprehensive extra-oral and intra-oral exam, radiographs, intraoral photos and impressions taken for diagnostic study models. Subsequent to a review of the examination, gathered information and mounted study models, an appointment for consultation is made with the patient and a review of findings as well as treatment options and the cost of services is discussed.

The Patient Interview:

A face to face patient interview is critical because it sets the stage for the future interaction between the dentist and the patient. We need to recognize that 10% of our communication is effective through words, 30% with sounds, and 60% through body language. Body language displays sincerity. Addressing the logical and emotional needs of the patient and active listening are key aspects to a successful interview. Patients want to be understood and cared about. The goal is to stimulate conversation and encourage follow-up questions. During the initial visit, full medical and dental histories are taken by completing forms and answering questions of chief concern to the patient. Sitting at the patient's eye level, within two to three feet but not interfering with his/her personal space and establishing good eye contact creates a non-threatening connection. Rephrasing what the patient has said lets the patient know that he/she is being heard and understood. Using open-ended questions (who, what, when, how, tell me) builds rapport and a chance for the patient to discuss concerns. Each patient comes in with his/her own agenda and it is the dentist's responsibility to understand the needs and concerns of the patient. In order to promote the best possible service, an "emotional bank account"¹ can be developed.

- 1) Address the issues about which the patients may be sensitive or emotional
- 2) Keep commitments
- 3) Clarify expectations
- 4) Demonstrate personal

integrity by honoring promises and fulfilling expectations It is important to listen empathetically while understanding the patient's frame of reference. If the patient expresses fear, an interactive discussion can often put him/her at ease, while intimidation could be the result of information that the patient cannot easily process.

Treatment Plans:

The use of emotional motivators to help a patient accept treatment is useful. These motivators include avoiding pain, elevating status, maintaining health, improving function, avoiding higher cost, enhancing esthetics, and seeking peer acceptance. What the dentist cannot easily determine is the value that a patient places on his/her dental health. Good communication skills can significantly influence treatment plan acceptance. When patients are made to understand the benefits that they will receive from excellent dental care, their concerns regarding the risks (pain, time, cost) tend to diminish. Neil Rackham in his book Spin Selling shows that there are

commonalities in any transaction between a buyer and seller, which can be applied to the business side of dentistry.³ The “S” in Spin applies to the Situation that the patient presents in the pre-clinical interview. This refers to the reason that the appointment was made, how the patient feels about his/her teeth, and past dental experiences. The “P” in Spin applies to uncovering the patient’s perceived problem with questions about his/her current condition, pains, and fears. The “I” in Spin applies to implication. What would be the outcome/and or consequences of no treatment? The “N” in Spin is need-payoff, the review of findings and the discussion of cost/benefit for treatment. A thorough explanation regarding the consequences of not treating i.e. pain, infection, loss of function, collapse of dentition, is given. One of the leading authorities on doctor/patient relations was Dr. Lindsey Pankey, creator of the philosophy by which the L. D. Pankey Institute of Advanced Dental Education was founded upon. Pankey states, “ Be on the patient’s side and they will get on your side”.⁴ Effective communication is based on three principles:

- a) Ethos: the ability to gain the patient’s trust by projecting ethical virtue
- b) Logos: the ability to sell treatment through logical persuasion
- c) Pathos: the ability to gain rapport by empathizing with the patient

Trust, rapport, and emotional appeal can lead to patient acceptance of optimum dentistry. The combination of passion, enthusiasm, and integrity are added value factors in perfecting the art of communication.

Figures 2 and 3 illustrate Dr. Pankey’s Cross of Life and Cross of Dentistry. Artistry in communication is a reflection of behaviors, attitudes, and practices. These concepts are not easily measurable by conventional analytical tools, and can be considered by some as less important. Wisdom, talent, and intuition should be intently applied as an ongoing practice in the evolution of the highly successful dental practitioner.

Figures:

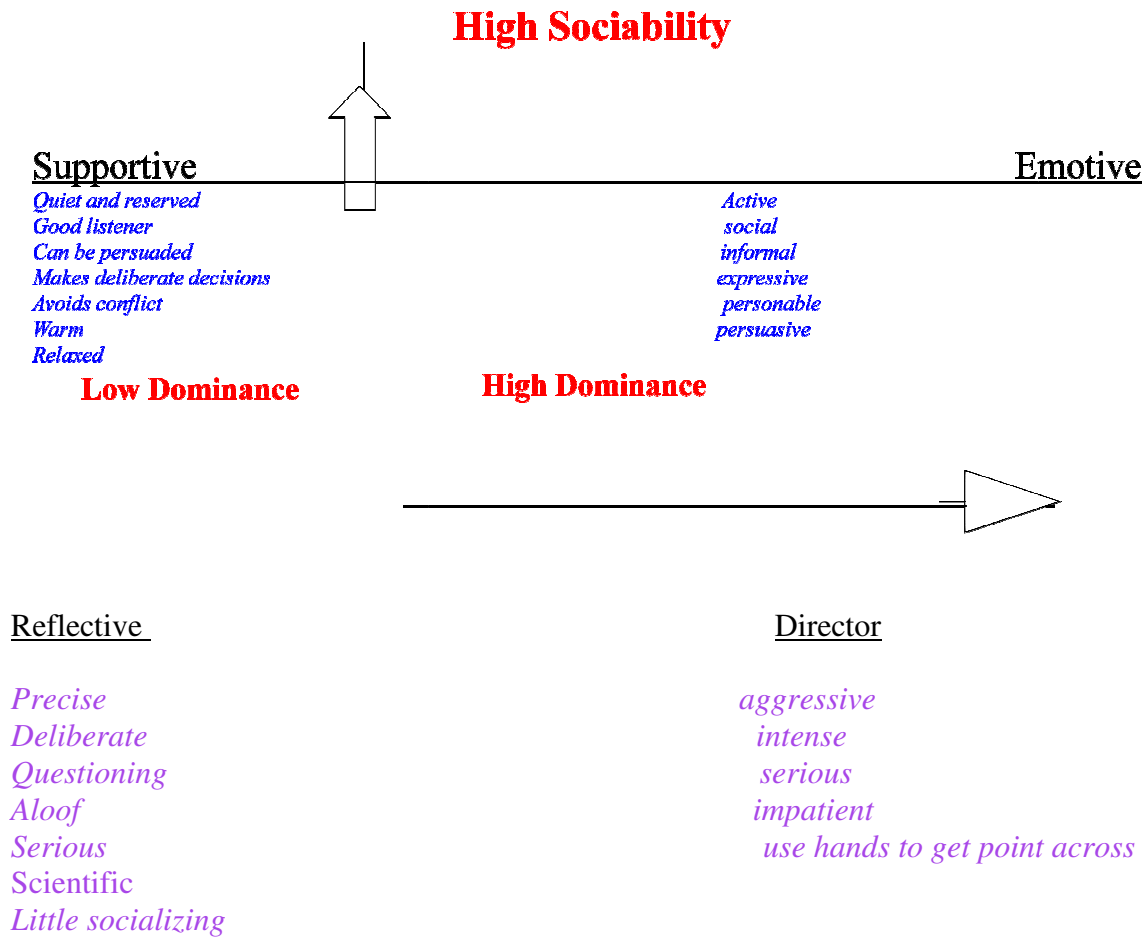


Figure 1. People Styles

In 1947, Dr. Lindsey Pankey began teaching the Philosophy of the Practice of Dentistry, which he had been developing since 1932. He based his principles on the CROSS OF LIFE and the CROSS OF DENTISTRY.

Cross of Life

Love

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Work _ **HAPPINESS** _ **Play**

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Worship

Figure 2.

Cross of Dentistry

A.

Know Yourself

Scrupulous-Competent

Scrupulous-Incompetent

Unscrupulous-Competent

Unscrupulous-Incompetent

B. Know Your Patient----Spiritual/Material -- D. Apply Your

REWARD

Knowledge

-Yourself

-Patient

-Work

**Eliminating the
errors of**

**Omission and
Commission**

I

C.

Know Your Work

(Technical Ability, Psychological Ability, Able to Communicate)

Figure 3.

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- 4.Pankey, Lindsey D., Davis, William; A Philosophy of the Practice of Dentistry, Medical College Press, Toledo, Ohio 1998