

Introduction to Oral Diagnostics

Importance and rules of dental
communication

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There are four main directions of communication

- Dentist – patient
- Patient - dentist
- Dentist - dentist
- Dentist – other medical professions



Dentist – patient communication

In modern, patient-centered care, an equal doctor - patient relationship is desirable, and one of the cornerstones of this is the effective communication.



Misconceptions about communication

- The most common ones are:
- „I already know all kinds of patients like my palms, I can handle them”
- "Good practice will teach you how to communicate”
- „Only facts matter!”



"Everyone knows how to communicate, you don't have to learn it."

- Medical students are also very divided on the importance of teaching communication. Like the vast majority of people, they consider their communication skills to be excellent, but at least very good.
- Everyday communication skills are not sufficient for medical work - special communication problems need to be solved:
 - bad news
 - intimate zone
 - risks
 - expenditures



"Communication cannot be learned, good communication skills are either present or not"

- We are not born with the skill but only the ability to communicate
- The skill is acquired through learning - family, environment
- Like any other skill, it can be developed
- According to a study, medical students who received communication education significantly improved their communication performance in many areas - in their relationships, medical history, and their discussion of therapeutic options compared to their non-trained counterparts



„Knowledge matters, not being nice“

- According to this opinion, the role of communication in course of treatment is less important than other competencies.
- In fact, a significant correlation was found between the quality of communication and the improvement of the patient's physical parameters

Clear explanation by the physician and encouraging patients to actively participate in decision-making was associated with better blood pressure

- What factors are playing a role in this effect?



"There is a lot of talk about the importance of medical communication, but where is the evidence?"

It is considered by many people to be a subjective science

We have evidence based knowledge in the field of

- Communication techniques as anamnesis
- Active attention
- Back and forth communication,
- Empathic care,
- Customized information
- Patient education
- Patient compliance
- Patient safety



Nice, nice , but no time for it

- Not chatting, but effective tool.
- There's no point in describing the issue in length, most of this kind of information will be forgotten, the patient will not remember it by the time he reaches the door.
- Also, long persuasion or talking around for a long time is often ineffective in improving the patient cooperation
- More effective tools
 - Keeping the opportunity for the patient to ask questions
 - Assessing the knowledge level of the patient and giving information accordingly
 - Use of patient information sheet
 - Recommendation of authentic webpages
 - Paying attention to changes of behaviour

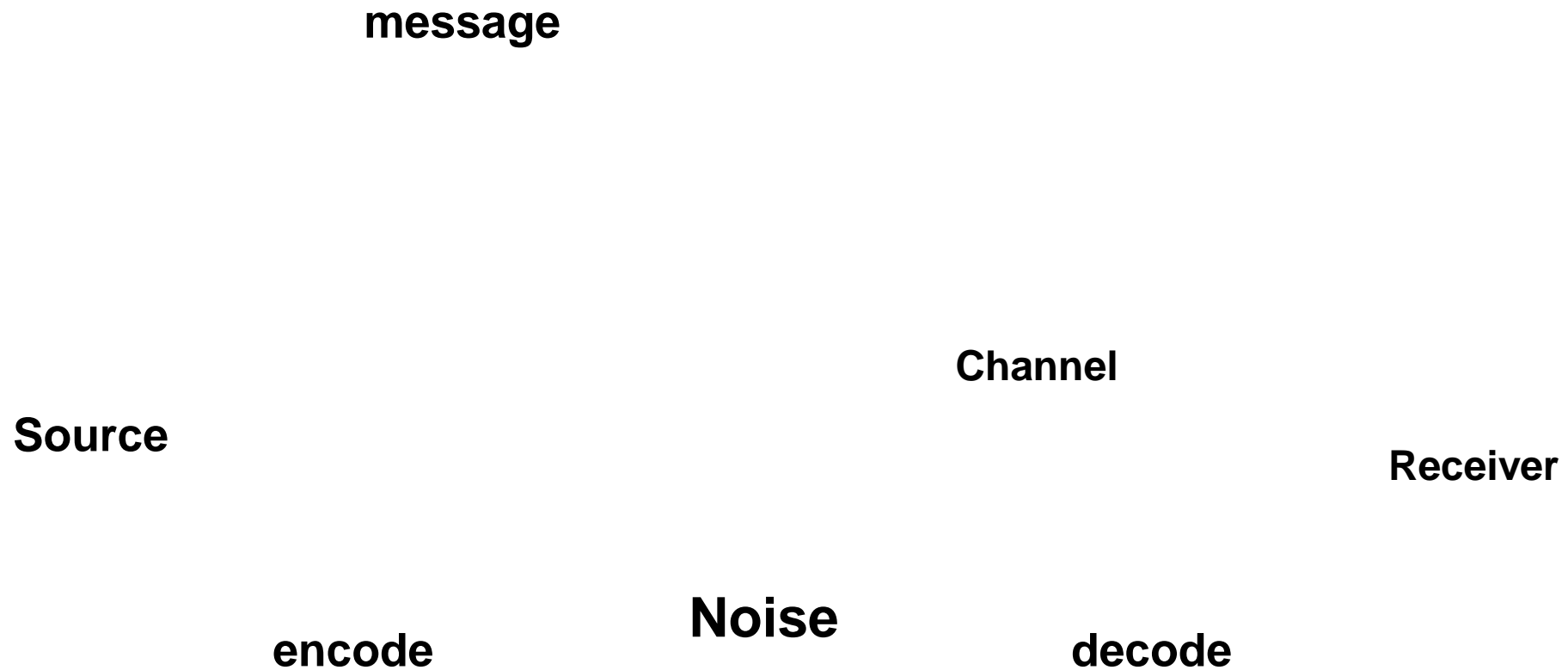
With professional communication the available timeframe may be utilised better



- The quality of communication highly affects the patient's will to cooperate and therefore it promotes the process and result of the healing and the patient's satisfaction.
- It's not enough to work on a high level, if the patient doesn't think you did so.
- The ability to communicate is just partly congenital, it's also learnable and upgradeable.
- Nearly everybody thinks that their communication skill is fine or great.
- Everyday communication skills are not sufficient in the medical practice.
- Learning communication in medical education is as important as learning the somatic knowledge topics.



Transmission of information



The source usually has some purpose that they want to achieve. This creates the need for communication. To achieve this goal, it is important that communication is targeted. It is also important to check how well the recipient understood what the source wanted to communicate.



One of these goals is gathering information

Tools:

- Good questioning technique
- Effective listening
- Systemizing, specifying - other questions
- Summary



Communication channels

Levels of communication

- *Open communication* – both parties' open selves take part (verbal)
- We gather information about the other person's „blind self”
 - *Intuition* – Those information, which we get from the signals of the other person's „blind self” from the transmission of which the person is not aware of (non-verbal)
- The other person deliberately reveals something they normally hide – *trust (verbal)*
- *Emotional spreading* – one person influences the other's emotions without either of them knowing the origin of the emotion. For example, the tension denied by the sender is felt by the receiver. (non-verbal)

If we understand and learn to use these communication levels and channels, we will be more successful



Verbal channel

Meta language

- Codes thoughts differently from the everyday used language - the language hiding in the language
- Meta single words: only; yes, but
- Every time we hear „only” in the beginning of a sentence, we should think about why the person is suppressing what he’s about to say.



- We still need the meta language , without it our communication would be too short and grumpy
- It supresses the announcement of bad news
- It highlights our positives
- It opens a valve to emotions
- It makes preconceptions recognizable



Verbal channels

question techniques

- When an important fact comes to the surface and the medical student says: The patient didn't tell me that.
- When no answer or barely any answer comes to the question
- When we ask a lot but don't get much information

What's wrong?



Efficient questioning technique

- Open questions: the patient tells what he wants to, with his own words

Not lead: smaller risk of mistakes

Motivation may come to light

The answer may be too lengthy

Too open questions – may result in loss of trust

How, why does he tell?



- **Closed questions** – answer options are given in advance
They require short, one or two word answers
Gives few information but may specify previously provided answers
Certain facts may be revealed
Continuos use of them may make the conversation boring
The answer given to these questions follows the doctor's logic
When, where does it hurt, hot or cold makes it worse?
- **Leading questions** – the most restricted type of questions
Information received may be misleading
You felt it, right? Don't you think? Do you agree?
- **Questions requiring prioritization** - ranks the complaint
When does it hurt more? On a scale of 10, how much does it hurt?
- **Controll questions** – we check the information we gathered
Do I understand correctly then?



Questioning techniques - summary

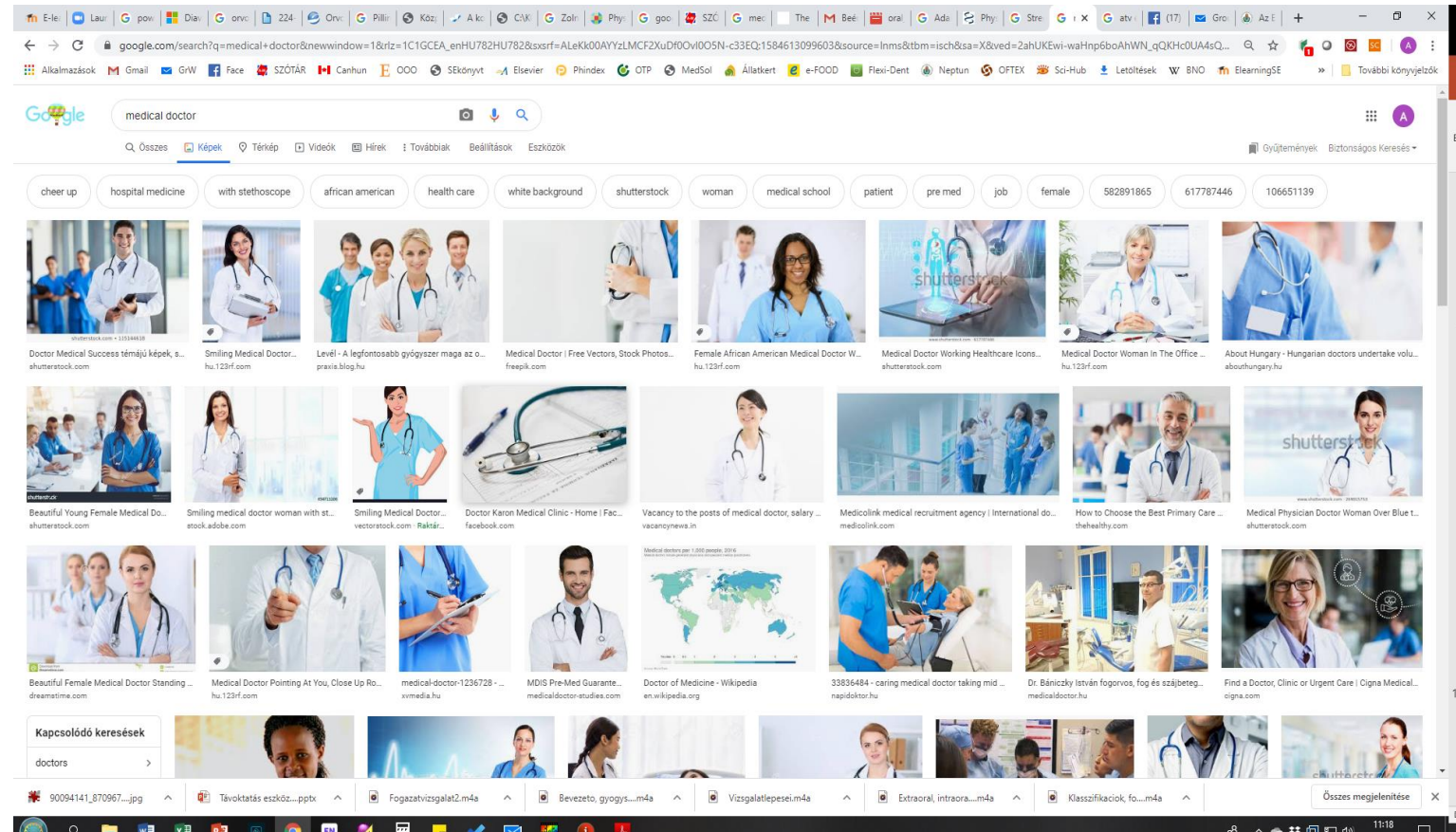
A good question is what we get a good answer to

- The person asking is the one leading the conversation
- Only ask questions to which you really want to hear the answer to
- Do not force the other party to a certain direction („but is it right, that...”)
- Don't start with the most complicated question
- For certain cases, prepare a question list in advance – therefore we will not ask unnecessary questions
- Advance from open to closed questions
- Mind the language you're using
- Volume, emphasis, tone, speed



Non-verbal communication

- Non-verbal channels – posture, movements, mimics
- Non-verbal communication often provides more precise information
- Posture – social rank, power games
- Status symbols



Authoritarian doctor

- Height = authority, higher social rank
- Intimidating – the other party closes down

If you're very tall, try to look smaller, e.g. by setting the chair



The patient is leading the situation

- He tells what he expects, how much time he has etc.
- The doctor wants to get away as soon as possible
- The doctor doesn't necessarily follow the professional guidelines due to the forceful behaviour – this is not in the patient's interest, source of mistakes



The model of mutuality

- Both the doctor and patient are in control of the situation
- The doctor places the patient's expectations within his professional knowledge
- The patient receives all important information from he's doctor
- The patient is an active participant of his own treatment

This model helps with making the correct diagnosis and achieving the successful treatment the most.



Effective communication integrates all verbal and all non-verbal signals. If a verbal communication conflicts with the non-verbal signals, the efficiency of the speaker will be lower



Thank you for your attention!

