

Effective communication for the dental team

Aim

- To understand the principles of effective communication in the context of dealing with patients.....and colleagues.

Objectives

- You will consider a team approach to communication
- Understand the importance of body language in listening
- Practise effective listening skills
- Awareness of sensory preferences

All involved in dentistry

- Caring for our patients is essential
- Communication is essential in showing that we care
- We all have an essential role in that communication.
- DCPs & dentists are important in patient satisfaction (Davies & Ware 1982)

“What do you like most about this dentist?”

• Interpersonal caring	1836
• Professionalism	1809
• Good communication	348
• Painless	215
• Good staff	117
• Ease of access	84
• Infection control	65

» (Gerbert et al 1989)

“Patients do not care how much you know,
but they know how much you care.”

Dentists have things for them

- Have detailed clinical knowledge
- Are best placed to weigh up treatment options

Dentists have things against them

- Fear - 80 % (Adult Dental Health Survey 2009)
- Time pressure
- Social background?
- Different culture?

DCP- High satisfaction & **low anxiety**

- Turner et al. (2013)
- Simmer-Beck et al. (2011)
- Freed et al. (1997)
- Wetterall et al. (2011)
- Calache et al. (2009)
- Calache and Hopcraft (2011)
- Hakeberg and Cunha (2008)

People like & are comfortable with someone who;

- Uses short words
- Has a similar accent to themselves
- Like “like”
- Best friends talk like each other –accent, style of speech and tone of voice.
- (Babel et al 2014)

Dentist vs DCP

- Limited evidence suggests that hygienists may well be better communicators than dentists.
(Wanless & Holloway 1994, Wanless 1995).... May be biased!

Who would this patient be comfortable approaching about their concerns today?

- What if they are nervous?
- Respect authority of the dentist?
- Overawed by dentist?
- Who will engage with them?

Why communicate?

- Helping people involves finding out what is bothering them
- Includes things they are reluctant to tell
- Withholding- well recognised in medicine
“By the way....”
- Dentistry is a “get on with it business”
- Need a rapid system to elicit information
- Also reduces our stress

What do patients under-report?

- Hypersensitivity, halitosis, twinges
- Everything!
- Satisfaction
- Dissatisfaction



UHMM...MARK THAT ONE VERY
SENSITIVE TO HOT OR COLD

Why under-reporting?

- “Normal”
- Stiff upper lip
- Cost more- time, money, visits
- Stigma
- Fear- of knowing or of treatment
- Don't want to inconvenience us
- Don't want to disappoint us
- Act of God- outside their control
- Outside our control

Looking at;

- Quick & effective mechanism for rapport

Developing rapport

- Sometimes we “click” with people
- We get on with them & trust them
- When we meet people we can judge them quickly and accurately
- We judge our patients & they judge us
- Women are faster at this than men (Pease & Pease 2004)

Their relationship with us

- Rapport
- Trust
- Need to know that they can tell us safely
- Need to know that we will listen
- Need to know that we will help rather than judge them
- Partnership of all dental team and patient - common interest in their oral health
- We need to be sensitive to our partners' needs

Scientific experiment (1)

- By now you have an opinion of me
- With partner agree 1 (or 2) word to describe me
- keep it to yourselves
- 1 minute

Scientific experiment (2)

- You had a reason
- On what did you base it?
- What was it about me?
- Be as specific as possible
- 2 minutes

What word(s)?

On what was it based?

Visual versus words

- When deciding if we like a person we assess them:
- by what they say (verbal) 7%
- How they say it (paralinguistics) 38%
- Body language (nonverbal) 55% (Mehrabian,1981) — facial expression
- Applies to other value judgments too... but not transfer of information

How did you assess me?

Patients assess dentists

- Curing (technical skills)
- Caring (interpersonal skills)
- Caring > curing (Davies & Ware, 1982)
- Care & attention more important than pain control (Holt & McHugh 1997)
- We all care, but some show it better
- Let's look at how to show we care

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What is the most important
communication skill?

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- Listening....

What is the most important communication skill?

- Listening.....and observing

Listening

- Unless we listen to the person's problem, how can we help them?
- “Listen to the patient. He is telling you the diagnosis” (Sir William Osler, 1904)
- As well as actually listening, we need to show we are listening
- Demonstrate interest and respect

Why is it difficult to listen?

- People talk socially at 125 words per minutes
- We can take on information at 450 words per minute (Carver et al 1970)
- Brain 1000 trillion calculations per second
- Spare capacity
- Should have gone to toilet
- Christmas shopping?
- Have we got milk at home?

How can we show we are listening?

- Active listening
- Body language

Active listening

- SOLER
- Volunteer...please
- Square
- Open
- Leaning
- Eye contact
- Relax

Listening

- Be open and receptive
- Hear all of what is being said (not just what you choose to hear)

Height equals power

- Person introduced to students as professor 6ft 2inches
- Introduced as student 5ft 8 1/2 inches (Wilson 1968)
- Wish patient to contribute as an equal then you should be at an equal height

Your turn

- Have a go in pairs or 3s
- SOLER
- “Just a minute” game
- Person A talks for 1 minute any subject eg last holiday, hobby, interest
- Person B listens without interrupting.
- After 1 minute Person B reflects what they have heard and checks with A for accuracy

How was it?

Change over

Neurolinguistic programming

- Based on the observation of psychotherapists who developed lasting rapport and trust with clients very quickly
- Click with people

Neurolinguistic programming- how we sense experiences

- Visual -see
 - Auditory - hear
 - Kinaesthetics - feel
- 35%
 - 25%
 - 40%

Identifying visual people

- Words & phrases – “see”, “looks”
- Eye movements
- Recall - up & left
- Create - up & right (lie)
- Glazed look
- Distracted by visual stimuli

Identifying auditory people

- Words & phrases - “sounds”, “rings a bell”
- Talk & mutter to themselves
- Speak rhythmically
- Touch face more
- Eye movements
- Recall - side & left
- Thinking – down & left
- Distracted by sounds

Identifying kinaesthetic people

- “How do you feel about...?”
- “How does that grab you?”
- Get information from touch & emotions
- Impulsive- go with their feelings
- Keen to know about others & their emotions
- Touchers- play with pens etc.
- Eye movements
- Touching emotions- look down & right
- Uncomfortable- can't concentrate

So what?

- Use the same sense in speech to develop rapport “This person thinks like me”
- Pause when eye movements show not listening
- Appropriate learning opportunities
- Sells your services!

Mirroring

- **Mirror** their preferred sense in the language you use
- **Mirror** their body language- so long as not too negative

Tease out information

- If you ask someone if they are having any problems, and they say “Not really”
- What does this mean?

Questioning

- Can be threatening
 - Open - “How?” “Why?” Unrestricted response
 - Closed – “Do you brush your teeth twice a day?” Provide clarification but answer may not be truthful
 - Leading questions “No problems then?”
 - Multiple questions
 - Incomprehensible questions

Quality of life

- Better to get them to describe their concerns as they want to tell you them

Getting information without questions

- Opposite of what we have been taught

Echo – repeat what person says

- Repeat what person has just said → explanation why
- Avoids the need to prioritise your questions
- Allows them to say what is important to them
- Gives you a good indication of how it is affecting them & what they want

Silence

- “Listen to the words and the silence”
(Hippocrates)
- Putting brain into gear before mouth
- “Will a better opportunity arise?”
- If patient is apprehensive may want time to plan response

Empathy

- Appreciating and expressing the feelings of the other person
- Expressing that you can see things through their eyes
- Overcome fear of getting it wrong
- They may tell you anyway

Example

- You say to patient “You are feeling frustrated because we can’t sort out your teeth today.”

Example

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- Right- they feel listened to and understood

Example

- You say to patient “You are feeling frustrated because we can’t sort out your teeth today.”
- Patient says “No. I am angry because nobody is listening to what I am saying.”

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- Wrong emotion and wrong reason
- Failure...or is it?

Success

- Tried
- Showed you cared- outside your comfort zone where you are the expert
- Listened, observed and responded
- You learnt how they actually feel
- You learnt what they are angry about
- You can now do something about it

Summary

- If you encourage patients to express concerns→ caring→ seen as good
- Also helps you to help them
- Rapport & trust can be developed quickly & easily
- Mirror their sense, words and body language
- Tease out information
- Gentle probing through questions but need rapport so that they tell you is better

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