Illuminating COMMUNICATION

Mariyah Nazir¹ describes a practical workshop for dental professionals that was held in Manchester and which focused on effective communication with patients.

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Honing skills

Communication, communication ... probably the most important aspect of practising dentistry. According to Dental Protection, almost two-thirds of dentally related complaints arise due to inadequate clinician communication. As dental professionals, honing our communication skills enhances patient care and improves our working environment.

With this ethos in mind a practical workshop in communication was organised by Cathy Asher-McDade (consultant orthodontist) and Gerry McDade (consultant psychiatrist) at the University Dental Hospital of Manchester's MANDEC centre.

Mutual respect

The workshop was aimed at all members of the dental team and was very well attended by delegates from England, Scotland and the Republic of Ireland. PowerPoint presentations were followed by the opportunity to participate in role play exercises in small groups. At no point was anyone pressured into taking part or made to feel uncomfortable. The order of the day was very much about mutual respect between all members of the dental team and how the team can work together to improve patient care.

the ability to talk at length. People listen fully when they really want to understand someone, to learn something or to give help and care to another person. A good listener *hears, understands* and *accepts* what is said. It's not easy to be a good listener but it's an essential skill in good communication.

The concepts of *facilitating* and *enabling* are key to successful communication; facilitating aims to make it easier for patients to talk to you; enabling involves using your communication skills to reflect and acknowledge the patient's concerns.

‘...make eye contact and focus
your attention, allow
the patient to speak...’

Components of facilitating

Posture: adopt a posture that *shows* you are listening. Look at and face the patient, have your head at the same level as the patient and try not to hold meaningful conversations with them lying flat in the dental chair!

Eye contact: make eye contact and focus your attention, allow the patient to speak and try to avoid constantly interrupting.

Acknowledge the patient: show you are listening

by nodding your head asking them to ‘carry on’ and avoid letting a third person walk between you and the patient.

Notice the patient's facial expression: is it anxious, apologetic or perplexed? Attempt to understand what the patient is feeling and reflect this in your facial expressions and body language. For example if the patient is describing a distressing problem, don't grin at them. Your face reflects whether you are listening and more importantly how well you are listening.

Active listening

Contrary to popular belief, effective communication is based on *active* listening rather than

Components of enabling

Paraphrasing: this is a method of acknowledging what's said to you by repeating some of the words or a phrase. It allows you to check you have understood what the patient is saying.

For example:

'What I think you mean is...'

'Am I right, then, that...'

Reflecting: think of this as a mirror image of what is being said, but reflected for the patient. For example:

'Kids at school keep calling me Bugs Bunny, I don't like that.'

'Kids at school are upsetting you by the things they say about your teeth?'

'Open questions are great for a patient who finds it difficult to express themselves...'

Open questions: these are questions which can't be answered by a simple 'yes' or 'no'. They start with how, what, when or where.

'Is it your broken front tooth which embarrasses you?' is a closed question.

'What is it about your front tooth you don't like?' is an open question and allows the patient to elaborate.

Open questions are great for a patient who finds it difficult to express themselves and encourages them to start talking.

Barriers to good communication

Being a good clinician doesn't mean you are a natural born communicator. Above and beyond what you **'do'** to or for the patient in terms of treatment, is **'how'** you treat them as a person. It's all too easy to presume we know how to communicate well, but breaking the process down into its component parts can help you to **'learn'** effective interpersonal skills much in the same way you would learn a new clinical procedure.

Often we need to understand how not to do something; this includes avoiding bad habits which may prove to be barriers to successful communication.

Interrupting: you can't listen and talk at the same time! It's the single most effective way to stop your patient feeling you are listening.

Half listening: patients can sense this better than we realise.

Disagreeing: patients are never wrong about their own feelings. They may be wrong about the cause, the effects or the facts – but never the feeling itself. Try not to negate the patient's feelings.

Saying you feel the same: a patient's feelings are unique to them. Saying you feel exactly the same undermines the patient and takes the focus away from them. It's not all about you!

Sarcasm: this is a most effective way to raise a barrier against good communication.

Making assumptions: avoid making assumptions about people based upon their accent, general appearance or age. This may lead to patronising behaviour on the clinician's part and will have a negative impact on the patient-clinician relationship.

Sample scenarios

In our workshop, once the theoretical aspects had been covered small group role play exercises were undertaken, enabling first-hand experience of using the different communication tools described.

One such practical session involved interacting with a 'patient' who had been kept waiting for an unacceptably long period of time. Using diffusing tactics such as acknowledging the patient's viewpoint and using non-confrontational body language illustrated how an uncomfortable situation can be dealt with in a positive manner.

Another scenario involved using facilitating and enabling skills whilst a 'patient' recounted an unpleasant experience. In this role play the emphasis was on paraphrasing, mirroring and the use of open questions. The final practical session allowed us to practise true effective listening by listening to a fellow delegate's description of a holiday experience without interrupting them!

What I'm trying to say is...

This practical workshop proved to be a thoroughly worthwhile venture providing simple yet effective tips for use in everyday dental practice. There is an ever increasing threat of litigation in dentistry and a number of potential cases may well be nipped in the bud through effective communication with our patients. Furthermore, the skills covered in the one-day course can be applied beyond our working lives. Due to the success of the course, more workshops for members of the dental team are planned for the autumn.