

Patient-Dentist Communication: An Adjunct to Successful Complete Denture Treatment

Kamal Shigli, BDS, MDS¹ & Vaibhav Awinashe, BDS, MDS²

¹ Professor, Department of Prosthodontics, Modern Dental College and Research Centre, Indore, India

² Professor and Head, Department of Prosthodontics, Modern Dental College and Research Centre, Indore, India

Keywords

Communication skills; complete denture; prognosis.

Correspondence: Kamal Shigli, B-205, Staff Quarters, Modern Dental College and Research Centre, Opposite Gandhi Nagar, Nainod Gram, Airport Road., Indore- 453112, Madhya Pradesh, India. E-mail: kamalshigli@yahoo.co.in

Presented at the 62nd Indian Dental Conference, 12-15 February, 2009 at Nagpur, Maharashtra, India.

Accepted: July 14, 2009

doi: 10.1111/j.1532-849X.2010.00597.x

Abstract

Dentists are considered masters in technical skills and should be able to provide quick solutions to problems that can best be solved through communicating patiently with patients. Effective communication coupled with good clinical skills can lead to apt treatment and satisfaction for both the patient and the dentist. This article intends to highlight the communication skills that can improve the prognosis of complete denture treatment.

De Van stated it well when he said we should meet the mind of the patient before we meet the mouth of the patient.¹ Prospective denture patients should be given the opportunity to tell the dentist what they want before they are told by the dentist what they need. For prosthodontic ventures to be successful, minds as well as mouths must be individually understood and treated.¹ A meeting of the minds should always precede the examination of the mouth.²

Communication is essential because it is an act of sharing. It is participation in a relationship involving a deep understanding of the patient. It includes an ability to listen, empathize, and ultimately establish a trusting doctor-patient relationship.³ Dentists are considered to be masters of technical skills, able to provide quick solutions to problems best solved through patiently and effectively communicating with patients.³ Prosthodontists must fully understand their patients, because such understanding predisposes patients to accept the kind of treatment they need.⁴

Need for communication

Losing teeth and having complete dentures made is a stressful event. For patients unfortunate enough to lose all their teeth, the importance of comfortable, efficient complete dentures cannot be overemphasized.

There are at least three purposes of patient-provider communication in dentistry:

- (1) *Creating a good interpersonal relationship.* Words are the basis of the communicative processes, and communication is said to be necessary to achieve a satisfactory dentist-patient relationship. Corah et al⁵ formulated a model of the dentist-patient relationship stating that satisfaction with a dentist can facilitate stress reduction, and stress reduction in turn promotes satisfaction.
- (2) *Exchanging information.* Dentists need information from patients to find differences in expectations and preferences for the type of relationship the two are about to enter. These differences, if they remain, can negatively affect outcome. Patients need to understand and to be understood.⁶
- (3) *Making treatment-related decisions.* To reach a mutual understanding of the nature of the problem and its solutions, dynamic communication during dental visits should take place. The drift toward shared decision making is meant to improve outcomes like satisfaction, cooperation, and compliance.⁶

The elements of communication

There are three main elements of communication: words, tone of voice, and body language.⁷ While effort is put into selecting

the “right” words to use, on their own they account for only a small part of communication. Even so, they are used to transmit what we want to say. The message needs to be clear and jargon-free and take into account that the same words can mean different things to different people.⁷

While words or verbal communication (VC) only account for 7% of transmission, tone of voice is estimated to convey 33%, and body language or nonverbal communication (NVC) 60% of the message. If VC and NVC are not congruent, the nonverbal elements (facial expression, body posture, gestures) will be believed.⁷

Tone of voice, gaze, posture, hesitations, laughter, facial expressions, touch, and other nonverbal behaviors may modify the meaning of verbal utterances, since not all communication is verbal. NVC could have an impact on patient satisfaction in the sense that if the dentist is very good at reading the patient’s body language and understanding what the patient is feeling, the patient might feel less anxious and more trustful after this manner of communication.⁸

Benefits of effective communication

It has been estimated that over a 5-year period about 25% of patients are lost as a result of poor dentist-patient communication. When communication is good, patients comply better with instructions and, equally important, the amount of information provided by a relaxed, interested patient promotes greater understanding of any problem.⁹

Methods of patient-dentist communication

Each of us desires recognition and attention. Being a good listener is a vital part of patient education. It is through listening and observing that prosthodontists can learn of their patients’ problems and basic motivations. By encouraging their patients to speak freely, not only will prosthodontists better understand patients’ concepts of dentistry, but they may quickly become aware of areas needing special education.⁴

The methods of patient-dentist communication are verbal, auditory, visual, and written.¹⁰ VC is a two-way street. In verbal communication, the patient is active, and the dentist is passive. Since we have two ears and only one tongue, we must train ourselves to be good listeners as well as good talkers. We will learn patients’ major problems from their verbal complaints.¹⁰

If the patient is about to enter the prosthetic phase of life, we will learn of his or her fear and misconceptions. If the patient has unsuccessful dentures, we may find the solution to the problem very early in the consultation simply by being a good listener.¹⁰

After consultation and the examination, it is time to reverse the flow of information. Patients, through verbal, oral, and written communication, must be educated concerning the oral problems they present to their prosthodontist.¹⁰

An effective method of positive communication is the use of acrylic resin models made from casts depicting clinical situations of common oral problems. Models of pendulous tuberosities, torus palatinus, and chronic irritation of soft tissue will

quickly aid patients in understanding their problems, and in becoming familiar with various methods of treatment.^{10,11}

Quite often, a simple visual form of communication can clear up a patient’s misconceptions about his or her ability to use dentures as compared to a relative or a friend’s ability to retain and to use dentures. A small slide projector or laptop display can be used to show patients successful methods of treatment in conditions similar to theirs.¹⁰

Explaining denture problems before treatment with the use of every available educational means is positive communication and is the foundation for dentist-patient understanding. Explanations made after treatment are negative communications, which the patient may interpret as excuses.¹⁰

Written communication should be presented to the patient as various phases of the treatment are reached. Booklets for this purpose must be written in simple terms the layman can understand, and they can be written by the prosthodontist him- or herself so the information will reflect his or her philosophy regarding denture problems.¹⁰

A chairside manner should be developed by each prosthodontist. One half hour spent on a well-planned educational discussion with simple, easy-to-understand terms will minimize prosthetic failures.¹⁰

Methods to improve patient-dentist communication

- (1) Use the golden rule. Treat the patient as you would like to be treated: with kindness, consideration, and a real attempt to establish rapport.¹²
- (2) The obstacles to communication tend to be mostly on the prosthodontist’s side as he or she tries to maintain control of the “interview.” The prosthodontist must temper a dominating attitude while also controlling the situation to save clinical time. All problems with communication can be solved by understanding and time. Though clinical time is at a premium, patients’ time is also valuable.⁹
- (3) Seat the patient at ease and sit opposite. Attempt to overcome by word and manner the impediments to free communication.⁹
- (4) Use simple language. No patient likes to admit to ignorance, but unwillingness to ask the meaning of a word might prevent important details being provided, and can even prevent the understanding of instructions causing non-compliance.⁹
- (5) Speak slowly, clearly, and lucidly. Special problems are encountered in communication with elderly complete denture patients. Deafness is common. Speak slowly and clearly for maximum comprehension. The worst barrier is a tendency to believe that the elderly are less intellectually competent than “normal” mature adults. It is better to avoid giving a childish, over-simplistic explanation that could create a negative attitude and a communication barrier.⁹

The interpersonal factor

Strong interpersonal skills are often the necessary ingredient for patients’ development of trust in the prosthodontist, compliance

with homecare recommendations, and consent to treatment recommendations. The following steps should be followed:

- (1) Greet every person by name. People love to be acknowledged by name. When patients are addressed by their first name, they believe the dentist is interested in them. If a patient is older than the prosthodontist, always use his or her last name with the appropriate honorific (Mr., Ms., Dr.). If these older patients are comfortable with the prosthodontist, many will ask the dentist to use their first name.¹³
- (2) Never interrupt. Interrupting is a negative behavior. When a patient is interrupted, he or she often feels that the prosthodontist does not value what was said. When patients feel that the prosthodontist is listening to them and taking time to answer their questions, treatment acceptance increases.¹³
- (3) Smile. Smiling is an important way for the prosthodontist to let patients know the prosthodontist is happy to see them and appreciates them. Many dentists rarely smile during working hours. They become so focused on the dentistry and the schedule that they rarely relax enough to smile. The best time to smile is when first greeting the patient.¹³

Understanding body language

Body language is an indicator of what people are truly feeling. Signals include behaviors such as eye contact, posture, and arm positions (crossed or uncrossed). All these behaviors can make a difference in the mind of the patient. Negative body language can undermine positive VC every time.

The following tips on body language help prosthodontists become better overall communicators.

- (1) Lean forward when talking to a patient. Leaning forward creates positive energy between two people, which will translate into trust. When patients feel the energy of real engagement, they trust the prosthodontist and are much more receptive to what is being said.¹⁴
- (2) Avoid crossing your arms and legs. Crossed arms and legs convey a closed person who is not particularly interested in the patient with whom the prosthodontist is conversing. The position of arms crossed across the chest is an authoritative one. Closed-mindedness or a lack of willingness to consider the patient's point of view also is communicated by this stance.¹⁴
- (3) Make eye contact. Looking away from other people while speaking is a behavior that can be perceived as indicating someone is untrustworthy or dishonest. Eye contact is critical, as dentistry requires a high level of trust.¹⁴
- (4) Sit at the patient's height or below. Being seated above a patient is a power position that can be interpreted negatively. Sitting or standing above a patient and looking down conveys a negative message.¹⁴
- (5) Shake hands with patients. Shake the patient's hand at the outset. A handshake creates a sense of connection. Patients

feel comforted when that connection is made, especially when they may be worried about experiencing pain.¹⁴ This simple gesture means a lot to patients. It breaks down any potential trust barriers and makes patients feel they are an equal partner in their oral healthcare.¹³ Koper¹⁵ found that older persons responded with warmth to a cordial greeting and handshake, whereas some younger persons, especially women, found such a greeting disconcerting. Such younger persons could be greeted by folding hands.

Conclusion

Good communication facilitates the building of patient rapport and trust. It also helps to reduce patient anxiety, misunderstandings, and complaints, thus enhancing patient satisfaction. Therefore, patient-dentist communication plays an important role in completely rehabilitating completely edentulous patients.

References

1. De Van MM: Methods of procedure in a diagnostic service to the edentulous patient. *J Am Dent Assoc* 1942;29:1981-1990
2. Friedman S: Diagnosis and treatment planning. In Winkler S (ed): *Essentials of Complete Denture Prosthodontics* (ed 2). Philadelphia, Ishiyaku EuroAmerica, 2004, pp. 111-122
3. Landesman HM: Building rapport: the art of communication in the management of the edentulous predicament. In Zarb GA, Bolender CL (eds): *Prosthodontic Treatment for Edentulous Patients* (ed 12). St. Louis, Mosby, 2005, pp. 177-189
4. Grieder A: Psychologic aspects of prosthodontics. *J Prosthet Dent* 1973;30:736-744
5. Corah NL, O'Shea RM, Bissell GD: The dentist-patient relationship: perceptions by patients of dentist behavior in relation to satisfaction and anxiety. *J Am Dent Assoc* 1985;111:443-446
6. Sondell K, Soderfeldt B: Dentist-patient communication: a review of relevant models. *Acta Odontol Scand* 1997;55:116-126
7. Dougall A, Fiske J: Access to special care dentistry, part 2. Communication. *Br Dent J* 2008;205:11-21
8. Sondell K, Soderfeldt B, Palmqvist S: A method for communication analysis in prosthodontics. *Acta Odontol Scand* 1998;56:48-56
9. Lamb DJ: *Problems and Solutions in Complete Denture Prosthodontics*. Chicago, Quintessence, 1993, pp. 9-48
10. Schabel RW: Patient education with prosthetic acrylic resin models. *J Prosthet Dent* 1967;17:104-108
11. Schabel RW: Dentist-patient communication—a major factor in treatment prognosis. *J Prosthet Dent* 1969;21:3-5
12. Brewer AA: Treating complete denture patients. *J Prosthet Dent* 1964;14:1015-1030
13. Levin RP: The interpersonal factor. *J Am Dent Assoc* 2008;139:986-987
14. Levin RP: Body language speaks volumes. *J Am Dent Assoc* 2008;139:1262-1263
15. Koper A: The initial interview with complete-denture patients: its structure and strategy. *J Prosthet Dent* 1970;23:590-597

Copyright of Journal of Prosthodontics is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.