



Communication Skills.

Talk less. Smile more

How many of your patients suffer from some kind of dental anxiety or dental fear? Probably quite a few. I know some of mine do. When they're sitting there in the waiting room, their levels of anxiety will build up and accumulate momentum, evolving into horrible sinking feelings of trepidation for the imminent main event of sitting in the clinical chair.

They will have cottonmouths, 'wet fish' palms and pounding drum hearts. Adrenaline creeps through the body, the inner voice shouts 'run out of the surgery as fast as possible.' It is difficult to inject cold logic and invest the immense amount of effort to override feelings that are hard wired into our limbic systems. The Dentist's waiting room and the ensuing dental experience must be faced with resolute bravery, immense endurance and an almost fanatical devotion to oral hygiene. Let's not underestimate the difficulty of being a fearful dental patient.

'We cater for cowards'

In Yoda's immortal words.

'Fear leads to hate. Hate leads to anger and anger leads to suffering'.

So, with a risk of hate and an endpoint of suffering through the corridor of inevitable ill feeling, we look after our patients in the best ways possible. Hopefully patients won't suffer from our expert management, pain control techniques and modern outlook. Identifying and addressing patient expectations is key to the patient's journey and treatment success.

So is all disappointment due to unmet expectations?

When a patient is disappointed for whatever reason, (their expectations are realistic or unrealistic.) They can descend along Yoda's negative pathway. When patients' expectations are not met, they get disappointed and because of this, they feel that they want someone to blame. Who can they blame? Probably not themselves. Who is the logical target to scapegoat?

THE DENTIST

So let's have a think about communicating with our patients in an optimal way.. Let's take this opportunity to change our interactions into golden communications. Try it without interruption until they have told you enough of their story to expel it from their system.

'Never let the sun set on emotional pus'



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Whilst they are sitting in the waiting room, they will be formulating their story to include everything relevant. When sitting in your chair they will want to tell you their story from beginning to end, without being diverted from it.

When the patient enters the clinic, offer them a seat, exchange some pleasantries, and then ask “How can I help you today” or similar.

The patient will then launch into their story:

“I was at a barbecue last weekend. I remember it was last weekend because I had to go up to Colchester the week before, and so I decided to go to this barbecue. It was at my sister in laws and it was absolutely lovely. There was loads of food, a choice of chicken or beef. I chose the chicken. The sauce was fantastic from Thailand, et cetera...

Eventually, you reach the part about the tooth. The patient continues “ And then I felt this crack in my tooth”

and you ask a question “Which tooth was it?”

Quite a simple question.

However, the patient may answer, “Well, I think it was this tooth (placing their finger in their mouth to obscure your view), second from the back or third from the back. But as I was telling you, I was at the barbecue. Yes, I was talking about the chicken.” They will carry on regaling a lot of non dental storytelling until they reach another dental part for instance “And then my crown fell out.”

As an interested dentist I’ll ask another question such as “have you got the crown here today?” And the patient says with a spit and polish and a hankie bourne flourish. “yes, I’ve got the crown here today. Here you go}.” Oh, it’s just a little bit messy. I’ll get a tissue out. There you go, doc. They then try to return to their story....but as I was saying, I was just telling you about the barbecue and then I couldn’t get home because etc etc etc and the story continues.

If you interrupt your patient's story too often or too early, it throws the patient off track like a needle on a record. They then take a ride around the mobius loop of frustration and increase their level of anxiety.

We can listen to the story, make appreciative noises and use conversational encouragers. Mentally note your queries to ask when the story has gently petered out. You can ask any questions at the end.

Our attempts to put the pattern of symptoms together with the test results in order to reach a diagnosis, can blind us to what the patient actually wants. Instead, we may have a tendency to prioritise what we think they need instead.

it's not just about finding out what's wrong with the patient



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and deciding what to do to put it right. It's also about trying to discover what the patient wants and how to apply the appropriate treatment.

i hold a cherished phrase, gifted to me by an esteemed mentor many years ago:

'I might or might not be the right dentist to do it.'

I must remember to get some vegetarian options for my barbecue this Sunday.

The quality of communication is the key.