

THE ORAL PHYSICIAN Part I



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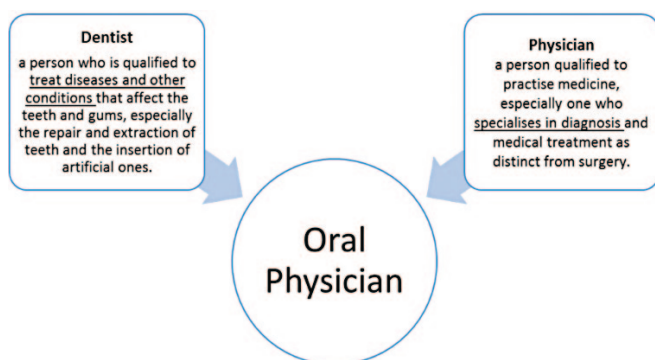
This is the first article in a series that will explore the concept of the oral physician and ways in which the practice structure can support the ideology. The growing presence of corporate structures in dentistry, oversupply within the profession and altered patient expectations have irreversibly changed the ways in which the dentist and the dental team operate.

What is the future of dentistry?

When reading the dental literature on practice management, several concepts are continually discussed. There are frequent references to quotes such as the following "We have to create a positive patient experience which will create sustainability in the business. The delivery of clinical excellence will enable outstanding practitioners to become leaders in the profession. Success and achieving a vision requires ongoing commitment and development.

How is the best patient experience provided and by whom?

What is an oral physician?



How do patients currently perceive dentistry?

- ◆ As a painful and anxiety-provoking experience which takes time and costs money.
- ◆ The days of "drill, fill and bill" have passed and patients are seeking a more sensitive holistic approach from their dentists.
- ◆ Patient satisfaction is influenced by their expectations about treatment and perception of oral health (Hamasaki T. et al., 2011).
- ◆ The level of patient satisfaction affects patient's attitudes towards dental consultation and treatment – ie compliance (Albrecht G. and Hoogstraten J., 1998).
- ◆ Patients who visit the dentist more regularly highly value the outcome of treatment while patients who visit dental clinics irregularly highly value the process of treatment (Goedhart H. et al., 1996).

Patients are more demanding

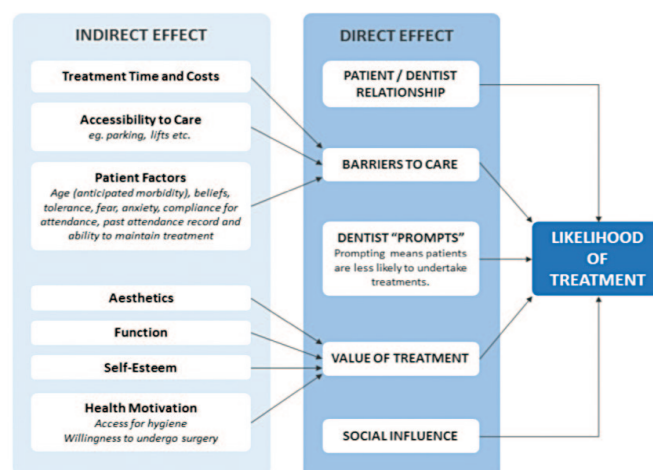
Patients are more informed, more aware and more likely to demand quality services.

Dentists have to explain to patients that they have a problem and how they propose to solve and manage it to minimise future recurrence. "The accomplished clinician must, therefore, not only master the science of inquiry and the art of observation but must also establish the rapport that precedes the unguarded flow of pertinent information from the patient" (Sir William Osler).

Good quality services increase trust among patients which strengthen the dentist-patient relationship. However, professional competition and declining patient loyalty has changed the practising landscape. This will affect practice viability and career satisfaction (one third of patients attending private practice change dentists every 2 years www.adelaide.com.au).

The decision-making model in restorative dentistry (Oates AJ. et al., 1995)

Factors are ranked influencing patient's decision-making in restorative dentistry.



The altered nature of the patient-dentist interaction

- ◆ Many patients do not understand how their medical status impacts on dental management and the need for the dentist to be fully informed about their health.
- ◆ Requires the dentist to educate their patient that the dentist is part of the team of health professionals responsible for their overall health and wellbeing.
- ◆ There has to be trust and complete confidentiality between the patient and the dentist in order for full disclosure of medical and lifestyle information.
- ◆ Almost all systemic diseases have oral signs, the first sign of which may be seen by the dental clinician.

Why be an oral physician?

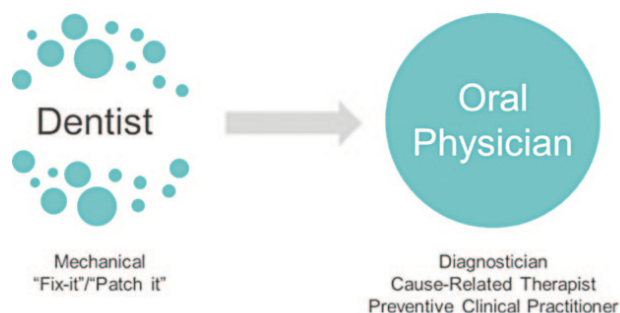
Studies show that up to 50% of heart attacks are triggered by oral bacteria as well as other serious systemic complications (Pessi T. et al., 2013). Overseas, the emergence of the oral physician is already underway – practices are shifting from restoration-centred dental offices to prevention-centred wellness centres.

There are many benefits of this approach:

- ◆ Promotes comprehensive risk assessment and increased early detection of disease.
- ◆ Adopting causation-based explanations to treatment generates greater case acceptance by the patient.
- ◆ Synergy with other healthcare providers occurs.

Pathways from dentist to oral physician

- ◆ “Dentists may need to monitor chronic disease and control the risk factors in order to provide primary care for their own dental patients” (Greenberg BL. et al., 2010) .
- ◆ There is growing collaboration between health care professionals which means that dentists can no longer be isolated or separated from mainstream health care.
- ◆ Dentists have to increase their awareness of underlying medical conditions which can influence treatment plans and identify oral and systemic signs of disease.
- ◆ Dentists have to become comfortable with the concept of “expanded scope of care” and feel at ease with the enhanced responsibilities of the role.



THE SKILL SET OF THE ORAL PHYSICIAN

A team approach

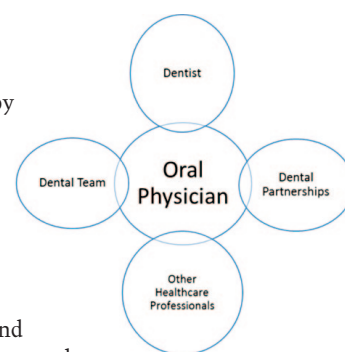


Attributes of an oral physician team

- ◆ Team support and commitment to the oral physician approach.
- ◆ Proper appearance of the team – attire affects comfort and anxiety levels of the patient.
- ◆ Behaviour and attitude of the team – caring, warm, gentle, friendly, competent, polite
- ◆ Communication – demonstrate empathy, avoid jargon, establish rapport.
- ◆ Overall professionalism
- ◆ Effective time management for the patient, dentist and team
- ◆ Demonstrate commitment to the patient.
- ◆ Full financial understanding of all treatment options
- ◆ Effective patient education of their condition and their treatment plan

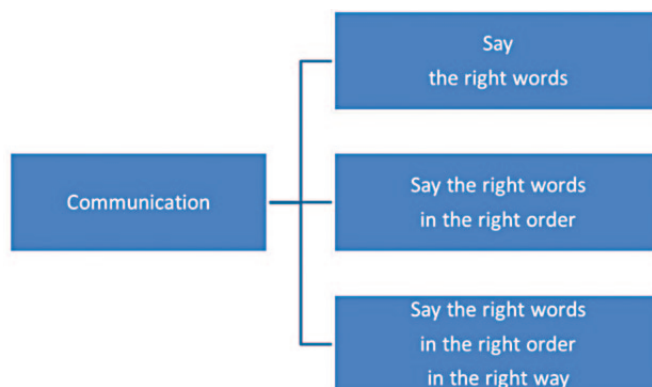
Qualities of a successful team:

- ◆ Be generous.
- ◆ Generate a productive happy environment.
- ◆ Show appreciation for the team.
- ◆ Encourage continuing education for all the staff.
- ◆ Schedule regular team meetings.
- ◆ Communicate frequently and openly with all staff members at the right time.
- ◆ Improve listening skills – ask listener to repeat back what was heard.
- ◆ Maintain minutes of meetings.



COMMUNICATION TECHNIQUES (Rozier RG. et al., 2011)

Good communication skills prevent complaints and increase treatment plan acceptance (Dawson T., 2013). Successful provider patient communication creates better patient outcomes from greater adherence to prevention and treatment regimens. (Hall JA. et al., 1988). Clinician-patient communication used to be limited as patients were not often involved in treatment decisions. However, now patients want to participate in the decision-making process and expect more professional information from dentists so that they can make more informed choices (Sondell K. et al., 2001).



The effective communicator

As Sir William Osler notes, a clinician should “never treat a stranger”.

Therefore, the modern dentist must adopt effective communication skills to build a relationship of trust and confidence with the patient.

Interpersonal communication

- ◆ Present two or three concepts at a time.
- ◆ Ask patients if they would like a family member or friend involved in the discussion.
- ◆ Draw pictures or use printed illustrations.
- ◆ Speak slowly.
- ◆ Use short simple statements.
- ◆ Use open and closed questions.
- ◆ Explain and advise.
- ◆ Learn how to navigate objections.



Teach-back method

- ◆ Ask patients to repeat information or instructions back to you.
- ◆ Ask patients to tell you what they will do at home to follow instructions.

Patient friendly-materials and aids

- ◆ Use a video or animation.
- ◆ Issue hand-out printed materials.
- ◆ Use models or radiographs to explain.

Assistance

- ◆ Underline key points on print materials.
- ◆ Follow up with patients by telephone to check understanding and adherence.
- ◆ Read instructions out loud.
- ◆ Ask hygienist, assistant or other office staff to follow up with patients for post-care instructions.
- ◆ Write or print out instructions.

Patient-friendly practice

- ◆ Ask patients how they learn best.
- ◆ Refer patients online or other sources of information.
- ◆ Use a translator/interpreter if needed.

Patient engagement suggestions

- ◆ Exhibit professionalism.
- ◆ Greet patients warmly.
- ◆ Be courteous, polite and engaging.
- ◆ When communicating with patients, maintain eye contact and be at the same level.
- ◆ Ensure the patient is seated upright in the chair.
- ◆ Listen – repeat what the patient is saying to you.
- ◆ Ask patients questions.
- ◆ Find out what the patient wants.
- ◆ Learn how to deal with objections.

Communication involves the ability to:

- ◆ listen effectively without interruption.
- ◆ control our body language.
- ◆ interpret body language of others.
- ◆ ensure both parties clearly understand what is said.
- ◆ understand the essential feelings of other people.

What is effective listening?

The willingness and ability to listen will be a reflection of the:

- ◆ listener's personality
- ◆ subject matter
- ◆ other demands on the listener
- ◆ interpretative skills of the listener.

What is active listening?

This is a planned way of listening and responding to others. The listener focuses their attention on the speaker, without interrupting. This is most critical in consultations between patients and clinicians. If a clinician can show a patient that the words the patient is saying are heard and understood and the patient's feelings are being acknowledged, the quality of the interaction is greatly enriched. The listener has to show that they understand and are interested in what is being said and may summarise the conversation to illustrate comprehension of the matter.

There are 3 stages of active listening:

- ◆ Ask open-ended questions – Listen to the way the words are said, the feeling underlying them and what has been left unsaid. By using open-ended questions, the nature of the communication is expanded.
- ◆ Ask focused questions to maintain the impetus of the interview. This will guide and support the patient.
- ◆ Ask closed questions. These are Yes/No questions to clarify points brought to the interview by the patient and will herald the end of the discussion.

What is congruence?

What the speaker wants to say should be aligned with the tone, posture and gestures used during communication. The same messages should be sent on both verbal and non-verbal levels.

Good listening considers both the verbal and nonverbal messages. If the body language does not match the verbal language, the listener will probably disregard the verbal communication and concentrate on the non-verbal message being received.

The ability to listen effectively and communicate well is one of the most compelling ways to build and enhance rapport with patients.

"The most important thing in communication is hearing what isn't said" (Drucker P., 2008).

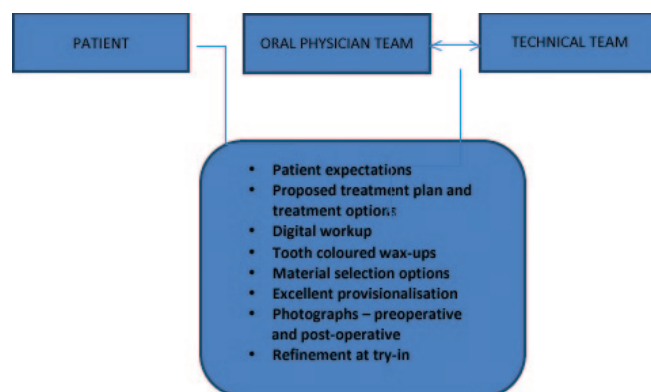
Non-verbal communication (Boynton S., 2010)

- ◆ The meaning of words is changed by the tone of voice and/or the body language.
- ◆ Communication requires both an understanding of the content and context.
- ◆ We can subconsciously interpret non-verbal communication.
- ◆ Many studies have shown a close correlation between the skill of healthcare professionals to communicate well and the chances of them facing medico-legal issues.

There are different applications of non-verbal communication in a dental setting:

Situation	Example
Reinforcement or repetition of verbal message	Pointing at a certain tooth during an explanation of a treatment plan
Complementing a verbal message	Nodding can reinforce a positive message
Contradicting messages	Agreeing but subconsciously shaking the head

The patient-oral physician-technical team communication chain (modified from Sawhney S. et al., 2014)



Establishing the best communication and teamwork with the dental technical team builds confidence and ensures consistent and successful results.

Personalised dentistry (Bartold PM., 2010)

No single treatment plan fits all patients. A good treatment plan will be formulated by:

- ◆ listening to the chief complaint
- ◆ making the correct diagnosis and
- ◆ working out a way to deal with the problem.

Health care providers can increase oral health literacy and improve health outcomes by providing current knowledge and skills for patients in a way that improves understanding and

appropriate use of such information. In 2012, The American Dental Association Centre for Evidence-Based Dentistry™ (<http://ebd.ada.org/>) defined evidenced-based dentistry as “an approach to oral healthcare that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences”.

- ◆ Define a clinically relevant and focused question.
- ◆ Search for systematic review to answer the questions asked – Cochrane Oral Health Group Reviews (www.cochrane.org/reviews).
- ◆ Evaluate the relevance of the evidence to the individual patient's needs.

Being sensitive to the wants and needs of the patient and taking the time to listen to the patient is the essence of patient-centric management which will increase patient understanding and ultimately compliance. Empathy establishes rapport and reduces patient anxiety. “Outcome expectancy is a major determinant of dentists' communication behaviours and unsuccessful attempts to change patients' behaviours can discourage dentists from making further counselling efforts” (Choi Y. et al., 2008).

Good communication and interpersonal skills are prerequisites for successful dental practice. Poor communication and perceived rushed appointments affect trust in dentistry sometimes resulting in non-attendance and “no-shows.” The successful oral physician will be able to apply their existing technical skills with increased patient communication of treatment plans and the adoption of a team-based approach to care using collaborative input from other healthcare professionals. ◆

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