Communication Theories and Applying them to Dental Practice

Aims: This article aims to discuss two models of communication and how to apply them to dental practice and outlines Principle Two of the GDC Standards for the Dental Team.

Learning Outcomes: Following completion of this CPD article, the participant will be able to demonstrate, through the completion of a questionnaire, the ability to:

- Identify an early model of communication and its theory.
- Demonstrate knowledge of Principle Two of the General Dental Council (GDC) Standards, "to communicate effectively with patients".
- Identify the ego states of Transactional Analysis.
- Identify which ego state should be aimed for during communication with patients.
- Know how to apply the methods and theories of Neuro-Linguistic Programming to practice.
- Know how to demonstrate active listening skills in order to build rapport with patients
- Complete an on-line assessment, scoring over 70%.

Introduction

Effective communication and influencing skills are important competencies for dental professionals to have when dealing with patients in the surgery environment, and when influencing the patient to make positive changes to their oral health. In addition, the General Dental Council (GDC) acknowledge, that a source of a patient complaint is not necessarily about technical skills or the quality of care that the patient receives. Complaints are often due to the patient's expectations not being met, which is often the result of a failure to communicate.[1]

The Dental Care Professional needs to consider that advanced communication skills are necessary during appointments if patients are to feel at ease, and feel they are working collaboratively with the health care professionals to improve their health.[2]

This article will outline two of the many theories of communication and demonstrate how they can be applied to practice in order to enhance communication with patients and improve patient care.

GDC Standards Principle 2

Principle two of the GDC Standards for the Dental Team is to "Communicate Effectively with Patients." This is important because effective communication underpins trust, patient safety and the delivery of high-quality dental care.

The GDC state that patients expect:

You **must:**

> **2.1** Communicate effectively with patients – listen to them, give them time to consider information and take their individual views and communication needs into account. [3]
>
> **Guidance**
>
> - **2.1.1** You must treat patients as individuals. You should take their specific communication needs and preferences into account where possible and respect any cultural values and differences.
>
> - **2.1.2** You must be sufficiently fluent in written and spoken English to communicate effectively with patients, their relatives, the dental team and other healthcare professionals in the United Kingdom. [3]

Patients are more likely to feel comfortable and confident in their dental professionals if communication is clear, respectful and empathetic and trust leads to increased cooperation and long-term engagement in care.

> **2.2** Recognise and promote patients' rights to and responsibilities for making decisions about their health priorities and care. [3]
>
> **Guidance**
>
> - **2.2.1** You must listen to patients and communicate effectively with them at a level they can understand. Before treatment starts you must:
>   - explain the options (including those of delaying treatment or doing nothing) with the risks and benefits of each; and
>   - give full information on the treatment you propose and the possible costs.
> - **2.2.2** You should encourage patients to ask questions about their options or any aspect of their treatment.
> - **2.2.3** You must give full and honest answers to any questions patients have about their options or treatment. [3]

Clear explanations of treatment options, risks and benefits help patients to understand and make informed choices about their treatment and fulfils the obligations of the dental professional to gain valid informed consent from the patient.

2.3 Give patients the information they need, in a way they can understand, so that they can make informed decisions. [3]
Guidance
• **2.3.1** You should introduce yourself to patients and explain your role so that they know how you will be involved in their care.
• **2.3.2** Other members of your team may have valuable knowledge about the patients' backgrounds or concerns so you should involve them (and the patients' carers if relevant) in discussion with patients where appropriate.
• **2.3.3** You should recognise patients' communication difficulties and try to meet the patients' particular communication needs by, for example:

• not using professional jargon and acronyms;
    • using an interpreter for patients whose first language is not English;
    • suggesting that patients bring someone with them who can use sign language; and
    • providing an induction loop to help patients who wear hearing aids.

• **2.3.4** You should satisfy yourself that patients have understood the information you have given them, for example by asking questions and summarising the main points of your discussion.
• **2.3.5** You should make sure that patients have enough information and enough time to ask questions and make a decision.
• **2.3.6** You must give patients a written treatment plan, or plans, before their treatment starts and you should retain a copy in their notes. You should also ask patients to sign the treatment plan.
• **2.3.7** Whenever you provide a treatment plan you must include:

• the proposed treatment;
    • a realistic indication of the cost;
    • whether the treatment is being provided under the NHS (or equivalent health service) or privately (if mixed, the treatment plan should clearly indicate which elements are being provided under which arrangement).

- **2.3.8** You should keep the treatment plan and estimated costs under review during treatment. You must inform your patients immediately if the treatment plan changes and provide them with an updated version in writing.

- **2.3.9** You must provide patients with clear information about your arrangements for emergency care including the out of hours arrangements.

- **2.3.10** You should make sure patients have the details they need to allow them to contact you by their preferred method.

- **2.3.11** You should provide patients with clear information about any referral arrangements related to their treatment.[3]

Ensuring the patient knows the members of the dental team that are involved in their care is not only a courtesy but essential in building trust and treating the patient as an individual. Patient outcomes are improved when a patient understands explanations and feels confident of being involved in their own treatment. Miscommunication can be avoided, and rapport can be built when the patient is treated as an individual with their specific needs met.

2.4 Give patients clear information about costs.[3]

Guidance

- **2.4.1** You must make sure that a simple price list is clearly displayed in your reception or waiting area. This should include a list of basic items including a consultation, a single-surface filling, an extraction, radiographs (bitewing or pan-oral) and treatment provided by the hygienist. For items which may vary in cost, a 'from –- to' price range can be shown.

- **2.4.2** You must give clear information on prices in your practice literature and on your websites - patients should not have to ask for this information.

- **2.4.3** You should tell your patients whether treatment is guaranteed, under what circumstances and for how long. You should make clear any circumstances under which treatment is not guaranteed (for example, a lack of care on their part which leads to recurring problems).[3]

It is also a Care Quality Commission requirement that patients receive enough time, information and details of the cost of treatment prior to giving consent.

Early Models of Communication

Early models of communication such as the Linear Model of Communication described by Shannon and Weaver (1949)[4], described communication as a process that simply consisted of a sender, messenger and receiver with the aim being that by transmitting a message, the sender will bring about a desired action from the receiver (fig.1).
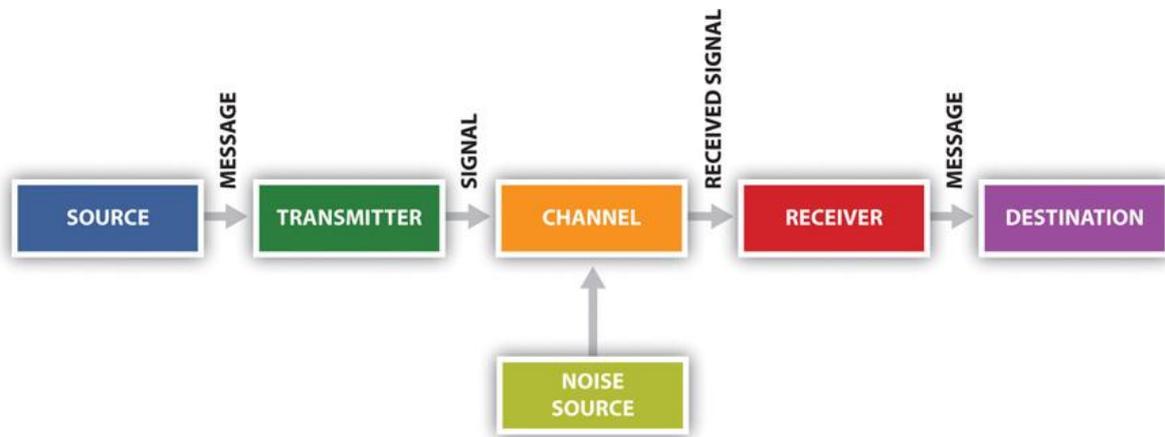

Fig 1. Linear Model of Communication

This model of communication suggests that the message is always received and interpreted in the way it was intended by the sender. Such models of communication may now be considered too simplistic when more contemporary models of communication and behaviour change are considered.

Transactional Analysis

Berne's theory of Transactional Analysis (1958) "is the method for studying interactions between individuals."[5] When analysing the transactions, we use ego state models to explain the communication process. An individual can adopt a Parent, Adult or Child ego state and the state adopted can influence the ego state of the other individuals involved in the communication process.[6]

The Child ego state may be divided into the Free Child and the Adaptive Child, and the Parent ego state may be divided into the Critical Parent and Nurturing parent. At any moment each individual in a social situation will exhibit a Parental, Adult or Child ego state.

In addition, individuals can shift with varying degrees of readiness from one ego state to another. Transactional Analysis involves being aware of the ego state of the person initiating the transaction (sender) and responding (receiver) in a complimentary ego state in order to minimise misunderstandings.[7]

When transactions are complementary, the transactional vectors are parallel, and the ego state addressed is the one that responds.[5]

Complementary Transaction
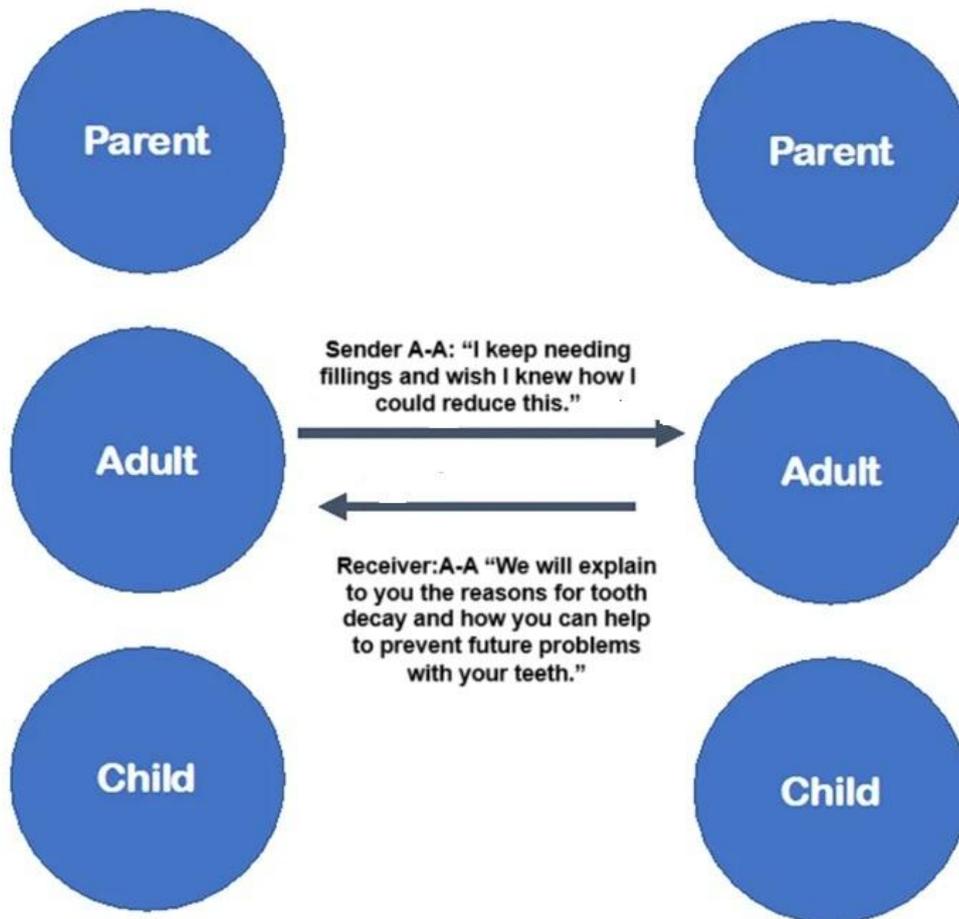
The above is an example of a complementary **adult-adult** transaction. Other examples of complementary transactions are:

- Parent to child/child to parent
- Child to child [8]

Crossed Transactions

A crossed transaction occurs when the response to a communication doesn't match the expected ego state. For example: if a question is asked from an Adult ego state the sender would expect a logical response form the other person's Adult ego state. However instead they receive an emotional response from the other person's child ego state responding as if to a Parent. This type of unexpected response can cause confusion, frustration and result in a breakdown in communication.

Crossed Transaction
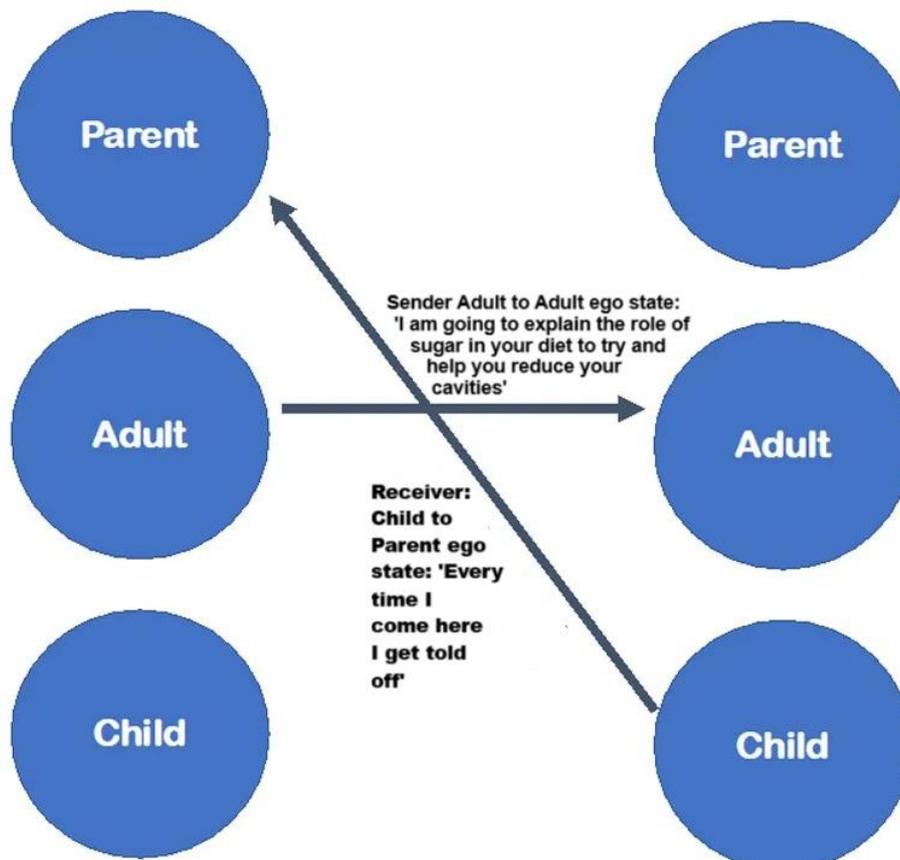
When applied in dental practice Transactional Analysis can significantly enhance communication, reduce patient anxiety and improve treatment outcomes. In the above situation, the clinician might shift towards a more **nurturing parent** tone to realign:

Clinician (nurturing parent to child)

"I understand that could feel frustrating. I am here to support you, not criticise you. Let's figure out together how we can reduce the number of cavities you are getting."

Neuro-Linguistic Programming

In the 1970's Richard Bandler and John Grinder developed the theory of Neuro-Linguistic Programming (NLP), which aims to enhance the effectiveness of communication.[9] NLP refers to the connections between the neurological processes, linguistics and internal programming which leads to the actions and behaviour of the individual.[9]

The NLP model of communication implies that once an external event occurs, the information is filtered by the individual's values, beliefs, perceptions, experience, memories and attitudes which results in the deletion, distortion or generalisation of the intended message (fig.3).[3]
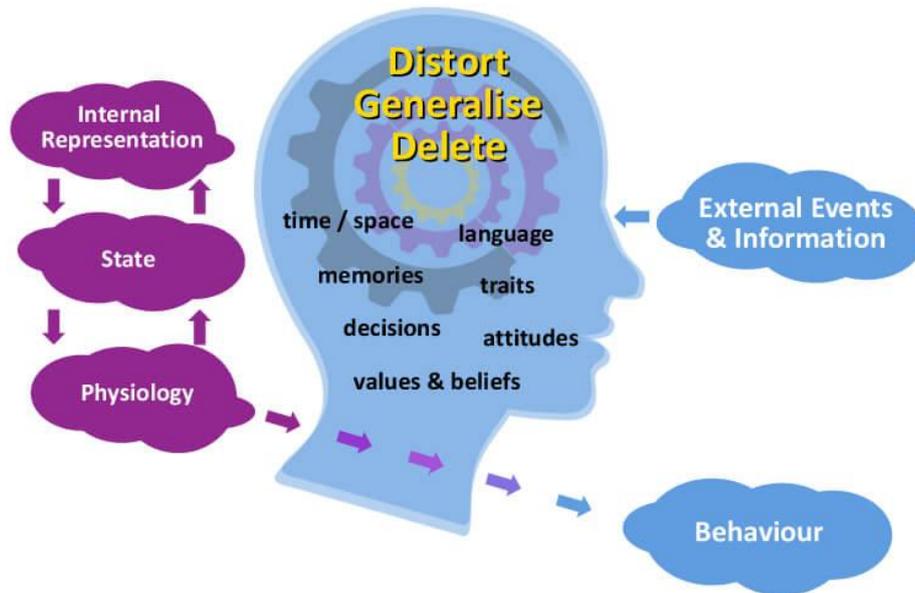
Fig.3 Internal representation of an event[10]

Applying the NLP method of communication to dental practice means that you may treat two patients in exactly the same way but their individual experiences, attitudes and beliefs may alter how their dental experience is perceived. The individual's differing interpretation of events could lead to a breakdown in communication. Therefore, during communication with patients, it is important to build rapport so that they feel able to convey their individual experiences, attitudes and beliefs so that communication can be tailored accordingly.

Building Rapport

Establishing rapport is probably the single most important skill that you can learn as a dental professional in order to gain trust and build rapport with your patients.[3] NLP involves listening to the patient and being aware of how an individual may interpret a message.

1) Listen to the patient

A skilled healthcare professional needs to listen to all three aspects of communication:

i) Linguistic

Listen to what the patient is saying. Egan (1990)[11] proposes that the acronym **S.O.L.E.R** is used in order to remember the skills that convey interest and effective listening during communication. In the dental setting this involves:

- Sitting **S**quarely to the patient
- Maintaining an **O**pen position
- **L**eaning towards the patient
- Maintaining **E**ye contact
- **R**elaxing

<u>ii) Para linguistic</u>

Listen to the message beyond the spoken word. Listen to the volume (loud or soft), pitch (high or low) and speed (fast or slow) of the voice. In order to calm down a patient who may be angry you can initially match the speed, tone and pitch of their voice and then gradually calm them down by reducing the intensity of your own voice.[11] Alternatively, if someone needs cheering up, you may match a calm voice before bringing them up to where you want them to be.[11]

<u>iii) Non-verbal</u>

A study conducted by Mehrabian (1981) found that 93% of communication skills are through non-verbal communication and only 7% through actual words spoken. Non-verbal communication such as mirroring actions is a large part of NLP.[12] Therefore, to facilitate communication and rapport with your patients, you may choose to mirror some of their actions and body language where appropriate. This may allow the patient to feel confident in conveying some of their attitudes, values and beliefs and allow the dental team to adapt the treatment for the patient accordingly.

2) Be aware of an individual's learning style

The NLP model of communication observes that individuals have different representational systems.[3] Individuals may have a preferred learning style of being visual, auditory, read/write or kinaesthetic (VARK) which can affect the interpretation of information.[6] For example a patient with a visual orientation to learning may wish to be shown dental models and pictures; a patient with an auditory orientation to learning may wish to simply listen to information; a patient with a read/write orientation to learning may wish to take written instructions home, and a patient with a kinaesthetic orientation to learning may wish to hold the dental models and get a 'feel' for things.

The language a patient uses may provide a clue as to what their orientation to learning is. A patient may say "I see what you're saying" if they are a visual learner or "I hear what you're saying" if they are an auditory learner.

In addition, the NLP model of communication suggests that when you are engaging in communication you can take clues as to the individual's orientation to learning by watching the movement of the eyes. The diagram below outlines the different eye positions. Taking note of eye positions may give you clues as to the correct language to use for the individual's learning styles and therefore may facilitate you in building rapport with your patient. It also suggests that when the eyes move up and to the left the individual may be constructing an answer rather than remembering an answer (fig.4).[13]
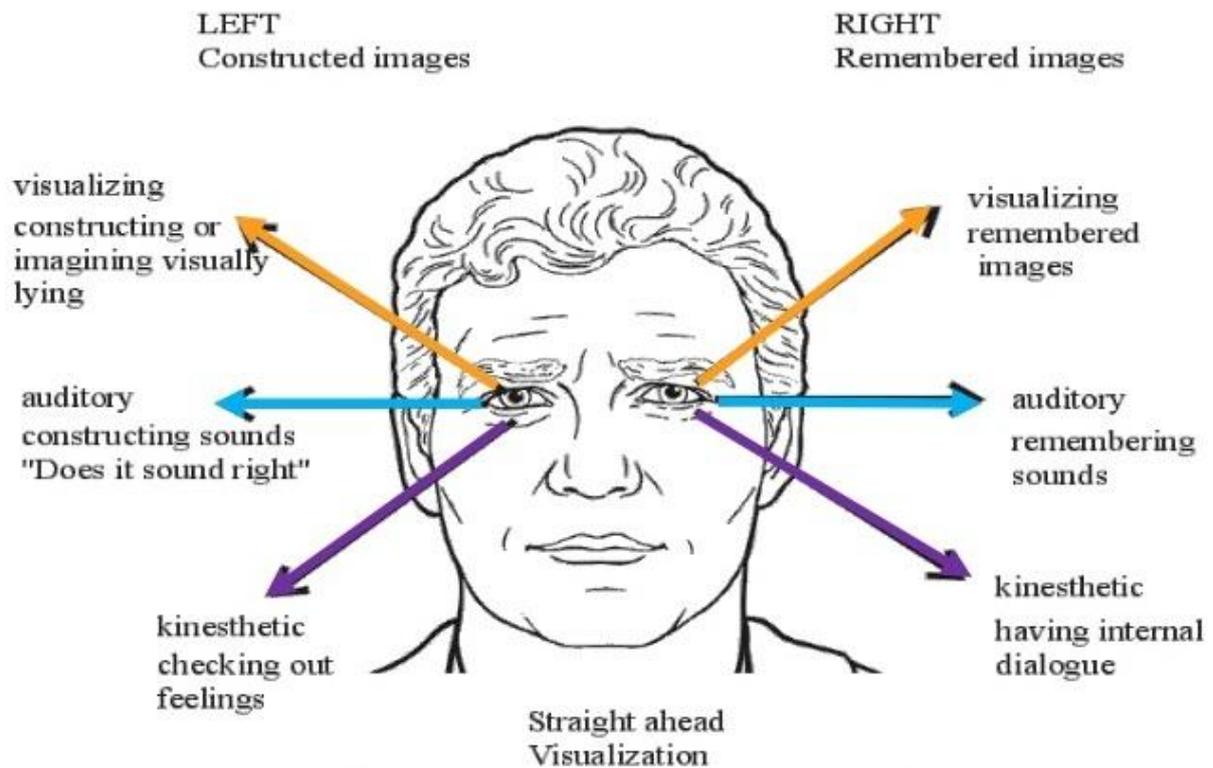
LEFT
Constructed images

RIGHT
Remembered images

visualizing
constructing or
imagining visually
lying

visualizing
remembered
images

auditory
constructing sounds
"Does it sound right"

auditory
remembering
sounds

kinesthetic
checking out
feelings

kinesthetic
having internal
dialogue

Straight ahead
Visualization

Fig. 4. Eye positions as looking at another person

3) Perceptual Positioning

The NLP theory of perceptual positioning is a key skill in understanding other people, and is an important part of the communication process.[3] Perceptual positioning allows you to step back and view a situation from three angles: your view, the other person's view and finally from an objective viewer's perspective.

Applying the technique to practice

As an example, imagine you have a patient you view as rude and uncooperative. You apply perceptual positioning to the situation. When you consider the patient's view you realise that they are nervous from a previous difficult dental experience, and this is manifesting itself in an aggressive form.

Viewing the situation from an objective point of view you realise that you need to build rapport and reassure this patient. To do this you listen to the patient's concerns regarding treatment by listening to the linguistic, para-linguistic and non-verbal methods of communication. You listen to the patient's previous dental experience, matching tone, pitch and speed of the voice whilst gradually calming the patient down. You match body language whilst maintaining eye contact. You establish that the patient is a visual learner and alert the other dental professionals responsible for the

patient's care that the patient may benefit from having treatment explained using visual prompts such as diagrams.

The application of these techniques should then improve the dental experience for your patient and hopefully start to alter the patient's internal representation of a dental experience from a negative to a positive one. The patient leaves the practice satisfied with the treatment he or she has received.

Conclusion

Early models of communication which suggest that by transmitting a message the receiver understands the message may now be considered too simplistic. The dental care professional needs to understand more complex methods of communication to improve the care that can be given to patients. Being aware of the techniques of Transactional Analysis and Neuro-linguistic programming should assist in improving relationships with the patient and help to ensure that the patient's visit to the dental practice is a positive experience. In addition, applying enhanced communication techniques to practice, will aid the dental professional in meeting Principle Two of the GDC Standards.

Personal Development Plan and Reflective Learning

This CPD is linked to the following GDC Enhanced CPD Development Outcomes:

A. Effective communication with patients, the dental team, and others across dentistry, including when obtaining consent, dealing with complaints, and raising concerns when patients are at risk;

B. Effective management of self, and effective management of others or effective work with others in the dental team, in the interests of patients at all times; providing constructive leadership where appropriate.

Reflective learning is now a requirement of the GDC Enhanced Professional Development Scheme. As such, you will now have the opportunity to answer some reflective learning questions, if you complete the9se now you will fulfil the requirements of the GDC. These will be:

1) What did you learn (or confirm) from the activity that was helpful or relevant to your daily work and patients?

2) Comment on any changes/updates needed in your daily work

3) How has completion of this CPD article benefitted your work as a DCP?

Further Reading

https://pocketdentistry.com/2-basic-communication-skills/

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