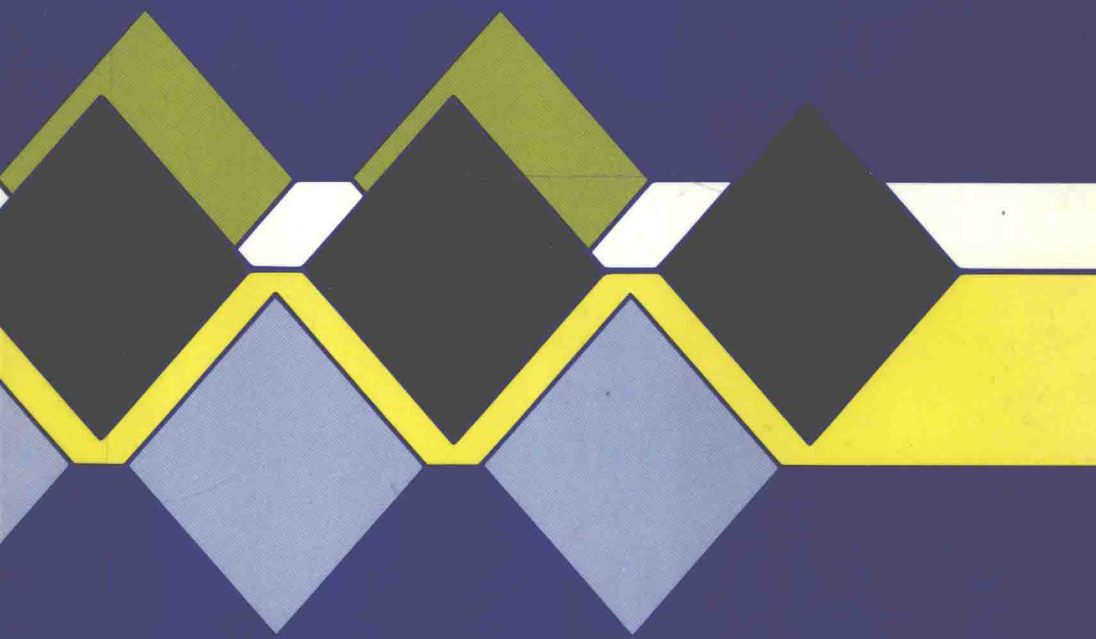
Dental Communication



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Introduction

Dentistry is both a technical and a person-oriented profession. The success of a practice and the satisfaction enjoyed by the dentist, the staff, and patients depend in substantial measure on how well needs and expectations can be shared and adjusted. Dentistry is more rewarding when patients understand the importance of sound personal oral hygiene or appreciate the value of the technical work performed, when staff share a common philosophy of practice, and when professionals can respond to patients' needs. These are all more likely where there is good communication. In fact, we define communication as the skill of sharing needs to create better relationships among people. Communication is a way to involve others in solving the problems we face in practicing dentistry.

Good interpersonal communication skills are essential for getting better control of what goes on in the dental office. "Getting control" involves the capacity to predict and influence the immediate environment sufficiently to get one's work done. Control implies less hassle, fewer surprises, and a greater sense of accomplishment. But unlike power, which is the unilateral manipulation of others, control benefits everybody. The dental professional who is satisfied, effective, and predictable because he or she communicates well helps both patients and coworkers get control.

The focus of this book is practical. Chapters address the most commonly occuring communication problems in the dental office, and examples are used wherever possible to illustrate the points

made. The communication practices recommended are consistent with theory, even through theory has intentionally been understated. References are available in each chapter for those who wish to explore topics in detail. The communication practices recommended are also known to be effective based on the authors' experiences in dental practice and teaching.

This book is meant for students in dental, dental hygiene, and dental assisting programs. It is also designed for use in the dental office where an entire staff can use it as the foundation for a series of inservice training meetings, and selected chapters will stand alone as part of the orientation of new staff members. Teachers and practice management consultants will find the text to be a useful resource.

There are three parts in the book. The first deals with basic communication skills such as motivation, listening, and empathy. This is the fundamental repertoire common to all interpersonal relations. The second treats the way communication is used to control the relationships between patients and professionals. We call this special association based on mutual needs and expectations the "treatment alliance." There is also a "work alliance" that unifies the staff in a dental office. The communication aspects of this relationship are handled in the chapters in the third part.

Because communication is a skill, it is impossible to get much better at it without practice. The book is written to encourage active involvement. Each chapter follows a standard structure of text, a case and its analysis, references, and exercises with discussion. Because chapters focus on single basic skills or on common problems in dental practice, it is possible to use this text selectively. It is also expected that some chapters can be reviewed several times with the anticipation of improving one's skills each time. Thus, *Dental Communication* is an applied reference book.

Learning communication is different from finding out about new medications or fabricating a new appliance. Each of us already knows how to communicate, and we communicate the way we do because it suits our personality and the demands of our "work setting"—at least we have settled for the fit. To benefit from this book will require some unlearning and the questioning of an occasional personal assumption. It should definitely lead to positive changes in the practice of dentistry. It is our firm belief that, regardless of how effective one is now, communication skills can always be improved.

Contents

Part I

BASIC COMMUNICATION SKILLS

1

Characteristics of Communication

The phone rang five or six times. Beth Morris, Dr. Rose's receptionist, drummed her fingers impatiently. Finally, an answer, a groggy voice said, "Yeah . . .?"

"Uh, Mr. Forman?"

"Yeah."

"Oh, there you are. Boy, you're hard to get ahold of. I've called every day this week and I was beginning to think we'd lost you. We need to have a little chat about your balance . . ."

The voice on the other end was sharp as it interrupted, "Who is this?"

"This is Mrs. Morris at the doctor's office, where you've had your dental care. In fact, in looking over your chart here, I can see that you've had quite a bit of work done. And now you're about three months behind in your payments. Did you know that, Mr. Forman?"

There was a silence on the phone, then a resigned, "Yeah."

"Well," resumed the receptionist, "I'm sure we realize that this poses a problem. Doctor has instructed me to contact everyone with a delinquent account. Soooo . . ., Mr. Forman, the next time you come in, would you take care of your balance?"

There was no reply. "Okay?" the receptionist asked. Again a silence, then a short, "Sure, bye," and the patient hung up.

* * *

"Hi there, Mr. Forman. Before you see the Doctor, could we straighten out your account now?"

The patient hung up his coat as he answered, "Sorry about being late; got tied up with some things. Tuesday's terrible. Is Dr. Rose ready for me?"

The dentist appeared in the doorway. He smiled as he acknowledged the patient then went behind the desk. He stood close to the receptionist and in a firm voice said, "Beth, I will only be a few minutes with Mr. Forman. As soon as he leaves I want to see you in my office." Without waiting for a reply, he turned and gestured for the patient to follow him.

"Ralph, I would like to talk with you for a minute in my office." The dentist picked up the chart from the wall bracket on the way and preceded the patient into his small but very tastefully decorated office. On the walls were a large bookcase, a metal stand for storing and viewing slides, and several framed prints. The wall behind the dentist was nearly covered with framed diplomas, plaques, and letters. The desk had on it only a phone, a picture of the family, an x-ray viewbox, and about five charts.

Dr. Rose began. "I'm concerned. When you started treatment here . . ." he opened and scanned the chart ". . . five-and-a-half months ago, I thought we had an understanding about the level of care you were going to need. You have a lot of work that still needs doing, Ralph, to bring your mouth back to an ideal condition. I have really tried to do the best I could by you. As I explained, all I want is the highest quality available for all my patients, and now it seems you are drawing back a little."

The patient was ridged in the chair, gaze fixed steadily on the dentist, and motionless as he listened. Now he turned sideways abruptly, throwing one hand up in the air, as he answered sharply, "Well, what do you want, Doc? I'm here aren't I?"

The dentist continued in a calm voice. "No need to get upset. I just want to explain some things so you will understand my position." He opened the chart again and turned it toward Mr. Forman. He read the history of treatment, upside down, including payments.

Mr. Forman turned sideways again, crossed his legs and arms, stared at the chart for a moment, then absentmindedly fixed his gaze on the phone. When Dr. Rose reached Beth Morris's notation concerning the morning phone call in which back payments were discussed, the patient turned quickly and put both hands on the table. "Oh, so that's it. She's turned the collections over to you now. Well, as I explained to you a while ago, I expect to pay my bills just like everybody else, but I lost my job at the tool shop. When I told you I got the night job I thought you said it would be

okay to skip a few months. Now you're putting the screws to me again."

"No, it's not that at all, Mr. Forman. You're not listening. I really am not that concerned over a few late payments. What I care about is the quality of your care. You have some serious dental problems and unless you start coming in more regularly we aren't going to be able to treat you properly. We need to work out an understanding about what needs to be done and how we're going to accomplish it." At this point, the dentist quickly reviewed the diagnosis and presented a rather extensive treatment plan.

The patient was by now passive, nodding only occasionally that he understood. Now he agreed with everything said—sometimes doing so even before Dr. Rose had completed his explanations. Eventually he moved to the edge of his seat, hands on his knees with his elbows stuck out like wings.

When the dentist was satisfied that the case had been presented in sufficient detail, he stood up. The patient followed immediately. "I'm glad we understand each other now," Dr. Rose smiled. "I think you'll be satisfied when I finish your treatment. On your way out you can make arrangements with my receptionist for the next appointment to make up for this one you missed and for a payment schedule. It was great talking to you."

* * *

Beth Morris knocked lightly on the half-open door and asked, "You wanted to see me?"

The dentist watched as the receptionist sat down, then he started in a firm, loud, steady voice; "Do you mind if I give you some feedback? You're doing a substandard job on the front desk. I hired you to handle the details of this operation so that I can do what I trained five years to do—dentistry. Your job is to keep track of appointments, insurance, charts, and payments so that we don't have problems like this fellow Forman. You've got him so upset about his payments that I wouldn't be a bit surprised if we never see him again. You've got to learn to be tactful. It took me 20 minutes to calm him down just now. And if you have any questions you can always ask, you know."

"But, Doctor," the receptionist started, "how am I supposed to know what you've told the patients. We were supposed to have a deal where you wrote everything in the treatment record, but I can't always find your comments in every case."

"Sometimes Mary (the chairside assistant) forgets," offered the dentist. "But that's no excuse. You're the one who's ultimately in charge and we can't afford this kind of problem. I just want you to

do one thing for me. I want you to try harder, and I don't want you to let this kind of thing happen again. Right?"

The receptionist sat for a moment, apparently lost in thought as the dentist stared at her. Finally she looked up and said without much energy, "yeah, sure." She walked slowly out of the room.

ANALYSIS

This series of three related episodes describes communication situations that have happened in almost every office at one time or another. They also illustrate many of the points made in this book.

There are three more sections in this chapter. The first is a commentary on the three episodes, explaining in general terms what is happening as the dentist, the receptionist, and the patient communicated and how this affects each of them. This commentary references various chapters in the text. The second section is a brief analysis of the communication process in the abstract. Here are the fundamentals common to every interpersonal communication activity. The final section presents another case illustrating how Dr. Rose, Beth Morris, and Ralph Forman could talk with each other in a positive, efficient, and productive fashion.

COMMENTARY

First Episode

The initial telephone conversation is an opportunity for the receptionist to be assertive, explaining how the patient's nonpayment is creating a problem for the office and then working toward a mutually satisfactory solution. As explained in Chapter 5 (Assertiveness), this communication fails because it is too abstract and too judgmental. Chapter 4 (Power and Chauvinism) is also germane because the depersonalized language ("we" and "Doctor"), diminutives ("Have a little chat" and "Soooo . . ."), and dictating a single acceptable response without consideration of the patient express efforts to manipulate the patient's status. The predictable result in such cases is apathy (not caring) on the victim's part.

Two other chapters provide background for this episode. Compliance with Professional Suggestions (Chapter 12) explains how the dentist and the receptionist have failed to condition this patient into the habit of timely payment. Chapter 17 (Using the Telephone Effectively) contains hints on supplemental informa-

tion, such as identity of the caller and the purpose of the call, that could have made the conversation more effective. That chapter also shows how to use the chart to support telephone work and avoid such awkward moments as waking a patient who works nights and sleeps in the morning.

Second Episode

The meeting in the dentist's office reflects failed communication as both Dr. Rose and Mr. Forman unsuccessfully pursue their own agendas. The dentist sought to present the treatment plan again and seemed to be asking that the patient "see things from the dentist's perspective" ("I just want to explain some things so you will understand my position," "I really tried to do the best for you," and "we need to work out an understanding").

The dentist's approach in this case fails on three grounds. First, patients' and dentists' needs are different. To maintain a relationship they must be complementary. Second, understanding does not necessarily lead to action. Finally, Dr. Rose is not being appropriately assertive. Acquiescence is the trap of ducking a situation that calls for letting others know they are causing a problem for you. Busy dentists, such as this one, frequently acquiesce ("all I want is," "I just want to explain," and "I really am not that concerned over a few late payments"). Some of the predictable consequences of acquiescence include ambiguous communication and projecting the frustration from the person causing it to the other. Other negative side effects are listed in Chapter 5.

Dr. Rose had intended this to be a persuasive meeting (Chapter 7), one designed to elicit a desired behavior and positive supporting attitudes. It had limited success because it was a monologue. Chapters 10 and 11 also pertain to this vignette. The information gathering skills detailed in the chapter on Interviewing and History Taking could have been used to diagnose this significant problem—patient reluctance to accept offered dental care. It is evident from the conversation that Treatment Planning and Informed Consent have not been well done.

The patient is trying to express his feelings. And in this short exchange he has several of them. His initial response is anger (rigid posture, punctuated by abrupt and exaggerated words and gestures) as he is upset by what he considers the dentist's violation of an informal agreement to relax the payment schedule. As the patient's anger is deflected and the dentist forces the conversation into a lecture on treatment needs, Mr. Forman grows increasingly depressed. This feeling gives way to impatience expressed by his

posture and in a hollow agreement designed to expedite the presentation. Chapter 8 discusses the most common emotions encountered in the dental setting.

Dr. Rose fails to recognize these feelings, and in some cases denies them altogether ("No need to get upset" and "No, it's not that at all"). Where emotions are present to any significant extent, they must be dealt with to prevent their becoming obstacles to communication. Chapter 3 (Empathy and Rapport) explains how to identify when feelings must be addressed and how this can be done without becoming emotionally involved or "psychoanalyzing" others.

The chapter on Listening (Chapter 2) presents common barriers to hearing what others are expressing. Both patient and dentist are engaged in stereotyping and are preoccupied with what they intend to say. Neither uses any "active listening" strategies.

This episode is rich in nonverbal communication. Much of the information about Mr. Forman's feelings comes from his posture and the manner in which he speaks. The dentist, by eye contact, control of who speaks, and use of props such as the desk and chart actually creates an environment to his own liking. Additionally, the office—its furniture, the diplomas, and its supercilious order—creates a sense of control that has a strong impact on communication. These points are explored in Chapters 6 (Nonverbal Communication) and 14 (Office Environment and Written Communication).

Third Episode

The final exchange is a little staff "meeting." Like many, it is motivated by a problem and dominated by the boss. Despite his intent, Dr. Rose does not actually give feedback. Chapter 15 explains how feedback should be immediate, specific, solution-oriented, and within the responder's control. The dentist's speech is actually a general, personal judgment, with a hint of threat, and offers no assistance in either uncovering the problem or framing a solution. Chapter 16, on Intraoffice Communication, suggests that this exchange could be more effective if everyone concerned were present (chairside assistant), if all personal agenda items were on the table, and if the manager–dentist would articulate what he feels is essential in a satisfactory solution.

FUNDAMENTALS

Needs

Communication always begins with a need. When the office phone rings, we know before answering that whoever is calling is in

need. When co-workers seek us out we know they want something. When patients, who normally initiate little conversation in the dental office, speak up, they are announcing an unmet need.

Most of the time people talk because they want the person with whom they are speaking to take some *action*. The dentist can obtain a clear operating field by asking the patient to turn his or her head, or with a gentle gesture. The child patient who whines, flinches, and cries may be trying to avoid a frightening part of the dental procedure. In both examples, the speakers are signaling that their needs can be met if the listener would change what he or she is doing. The speaker wants to "adjust the relationship."

But what is the need of the patient who talks incessantly with the receptionist about no topic in particular or what need lies behind the assistant's bragging about a new car? These communicators need *understanding*—an acknowledgment of their individuality or of the importance of their point of view. This is a large part of what Dr. Rose was expressing in the situation where he seeks to clarify the relationship he wants between himself and the patient.

We can thus *define communication as using words, gestures, and context to express needs with the intention of establishing or adjusting a relationship in which the listener's actions or understanding help meet the speaker's needs.*[1-6]

Hearing

It is harder to communicate than to talk because communication requires that a listener participate effectively. The speaker's needs must be heard and an appropriate response made. Thus communication is always a two-way process.[7]

The conversation in the dentist's office between Dr. Rose and Mr. Forman was frustrating because neither was listening. Expressed needs were falling on deaf ears. The symmetry in communication entails that the listener also must "need to listen." When there is no value in listening, or when expressing oneself is more important, communication stops.[8]

Hearing is a dynamic interpretation, not a literal recording of what is said.[9] Mr. Forman will only hear what suits his purpose and it will be translated into ideas that make sense in his experience. The listener's background, values, and own needs are a filter through which communication is processed. Dr. Rose is caring and articulate, but he cannot communicate until he shows concern for Mr. Forman's needs.

Communication begins with a need, but it is complete only when the speaker and listener share compatible needs and can thus establish mutually beneficial alliances.

Messages

The first of the three parts into which the book is divided presents basic communication messages—ones that express empathy and rapport, establish status, convey assertiveness, or persuade and motivate. These represent basic adjustments necessary in the alliances between dental care professionals and their patients and among co-workers.

Communication messages are like a television transmission signal that simultaneously carries code for color, pattern, and sound. The four components in a communication message, which are always present in varying degrees, include: (a) information, (b) emotion, (c) status, and (d) personality.

INFORMATION. The informational component is what could be read if the words were written and all context and nonverbal aspects stripped away. In many cases, information is dominant as in drug prescriptions, phone numbers and addresses, and consultation letters. The social patter used by dentists and staff members typically serves to keep the lines of communication open and is quickly forgotten.[10]

EMOTION. Emotions can be predominant in even the most matter-of-fact sounding statements. When Ralph Forman abruptly interjected, "Well, what do you want, Doc?" he is expressing a rather strong feeling and not asking a literal question. The dentist consistently ignored these feelings and searched for rational grounds. When emotions are a significant part of interpersonal communication they must be handled before information can be exchanged effectively,[11] hence the frustrating edge of the meeting in Dr. Rose's office.

STATUS. Communication also tells something about the status relationship that the speaker believes to exist with the listener.[12] The derogatory diminutive title, "Doc," is one obvious example. The many subtle aspects of status communication are surveyed in Chapter 4, as when the use of first names, joking around, or slang gives reliable clues to the pecking order in an office.

PERSONALITY. It is virtually impossible to separate the message from the person who expresses it.[5] The three brief episodes at the beginning of this chapter create impressions of the character of Beth Morris, Dr. Rose, and Ralph Forman. The many sample messages used in this text must be customized and will absorb the personality of the person who uses them.