Communication in dentistry

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What is communication?
• The content: What is being communicated
  – (verbal and non-verbal signals)
  – Emotion and/or thought
• The packaging: usually emotion or emotion-inducing
  – Non-verbal signals
  – Humour
  – The way information is presented

What communication consists of
• Verbal 7%
• Non-verbal
  – Tone of voice 45%
  – Body language 48%
• Environment/ambience
  – Sound
  – Colour
  – Symbols
• What meaning is conveyed to the perceiver?

With whom do we communicate?
• Patients
• Dental assistant
• Receptionist
• Colleagues
• Laboratory
• Other health professionals
• The community
• Ourselves

How we communicate

Information
  – Expected behaviour (e.g. open mouth, don’t bite)
  – How to do a task (e.g. oral hygiene)
Emotion
  – Convey empathy
  – Establish trust and confidence
Like non-verbal communication, most of what we communicate operates on the emotional-intuitive plane
  – E.g. Patients begin to get an impression of our office after 12 seconds of telephone contact.

Language: appropriate use of words
• BUT: That 7% is important
• Clarity
  – Written communication
    • To lab
    • To staff
    • Treatment planning to patients
  – Avoiding conflict
    • Once your words have left you, they’re gone forever
Verbal communication
• When communicating in a second language
• When communicating with another whose language is not your own
  - There is lots of room for misunderstanding …
    “I hear where you’re coming from” (signal of empathy from emitter – taken as racist put down by receiver)

“Packaging” -- the intrinsic meaning of the communication
Usually implies the emotional content/context
  - For the emitter
    • Is the communication clear about all the levels of meaning s/he intends to communicate?
    • Is there a hidden agenda?
  - For the receiver
    • What emotional interpretation might be getting in the way of picking up the message clearly?

Interpreting Non-verbal Expressions
(and being aware of those we’re transmitting!)
Purpose of good communication

- Elicit diagnostic information
- Establish desired patient behaviour
- Increase intrinsic satisfaction / enjoyment of practice
  - Establish trust / rapport / positive patient attitude
- Staff feel supported
- Increase extrinsic rewards
  - Describe / “sell” a treatment plan
  - Develop / “grow” our practice

Different ways of knowing and learning

- Learning styles
- Interactive styles
- Personality
- Culture

Learning styles

- Visual
- Auditory
- Kinesthetic

Interactive styles from Burman, 1989

<table>
<thead>
<tr>
<th>Attitude toward others</th>
<th>Acceptance</th>
<th>Non-acceptance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptance</td>
<td>Accommodators</td>
<td>Self Blamers</td>
</tr>
<tr>
<td>Non-acceptance</td>
<td>Authoritarians</td>
<td></td>
</tr>
</tbody>
</table>

Interactive model of Dr-Pt relationship from Danziger, 1978

<table>
<thead>
<tr>
<th>Patient Physician</th>
<th>Submissive</th>
<th>Interested</th>
<th>Assertive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authoritarian</td>
<td>Satisfaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compassionate</td>
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Personality: our way of being

- Extroverted / introverted
- Judging / perceiving
- Thinking / feeling
- Linear / holistic
- Anxious / serene
Sources of dentists’ work satisfaction

- Intrinsic
  - Enjoyment of work itself
  - Interaction with patients
    - Communication is key
  - Technical / artistic / healing aspects
- Extrinsic
  - Monetary and other rewards

Our challenge is to provide the best environment for communication with a diverse population of interests, personalities and cultures.