

COMPARISON OF COMMUNICATION SKILLS BETWEEN UNDERGRADUATE DENTAL STUDENTS WITH AND WITHOUT PRIOR TRAINING IN EFFECTIVE COMMUNICATION

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Abstract :

Aim : In the present era of relationship-based care, effective communication between practitioners and patients vastly affects treatment planning and ultimately patient satisfaction. This study compared the communication skills of two groups of final year's undergraduate dental students with and without prior training in effective communication.

Methodology : Eighty final year student were asked to participate in the study. Participants were randomly divided into two groups of forty each. One group received training in history taking and effective communication with patients, through a course that spanned across three hours. The remaining forty were not put through the course. Subsequently all the eighty students were asked to examine one patient each and record patient case history. The communication skills of the students were evaluated by the patients in the form of a feedback questionnaire provided to them after the dental examination.

Results : The results indicated that students who had received training in communication skills were rated significantly higher than the untrained student in all aspects of communication

Conclusion : Proper training improved communication skills significantly among dental students

Keywords : Communication skills, undergraduate students, training

Introduction :

The importance of effective communication skills between health care professionals and their patients is well documented.¹ Professional psychology plays an evident and key role in health care provision. Communication with the patient involves a deep understanding of the patient. It includes the ability to listen, empathize and ultimately establish a trusting doctor-patient relationship.² This study elucidates the fact that a course providing prior knowledge in interaction techniques with patients can enhance and augment the efficient recording of valuable information received. De Van stated it

well that we should meet the mind of the patient before we meet the mouth of the patient.³

There are at least three purposes⁴ of patient- dentist communication in dentistry:

1. Creating a good interpersonal relationship: Communication is the basis of developing a good interpersonal relationship. Corah et al⁵ formulated a model of the dentist-patient relationship stating that satisfaction with the dentist can facilitate stress reduction and stress reduction in turn promotes professional satisfaction.
2. Exchanging information: Dentists require information from patients to find difference in expectations and preferences for the type of relationship the two are about to enter. These differences, if they remain, can

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negatively affect outcome. Patients need to understand and to be understood.⁵

3. Making treatment-related decisions: To reach a mutual understanding of the nature of the problem and its solution, dynamic communication during dental visits should take place. The drift toward shared decision making is meant to improve outcomes like satisfaction, co-operation and compliance.

Patients expect dentists to listen and to understand their needs. The patient feels less anxious and more trustful after the practitioner is able to effectively converse and communicate and eventually understand the patient's complaint in depth dentists often have to deal with anxiety and avoidance behavior from their patients. The elements of communication are: words, tone of voice and body language. Verbal communication forms a small part of communication i.e. 7% and the message transmitted needs to be clear and jargon-free and it should be taken into account that same words can mean different things to different individuals. Tone of voice conveys 33% and body language or nonverbal communication conveys 60% of the message. Gaze, posture, hesitation, laughter, touch, facial expressions and other nonverbal behaviours may modify the meaning of verbal utterances, as all communication is not verbal.⁶

The importance of communication skills in dentistry is of primary importance to dental students. They can approach the needs, and satisfy expectations of the patients while

effectively conveying the necessary information required for the patient .

With this in mind, the aim of the study was to assess the communication skills of undergraduate students with and without prior training for effective communication.

Methodology :

All final year dental students from A.B.Shetty Institute of Dental Sciences comprised the target population and were requested to participate in the study (n=80). Participation was voluntary .Participants were randomly divided into two groups of forty each. One group GROUP A (n=40) received training in history taking and effective communication with patients, through a course that spanned across three hours. The remaining GROUP B (n=40) were not put through the course. Subsequently all the eighty students were asked to examine one patient each and record patient case history on patients visiting the dental outpatient department of the Department of Conservative dentistry and Endodontics. The communication skills of the students were evaluated by the patients in the form of a feedback questionnaire provided to them after the dental examination. The questionnaire consisted of twelve questions to which yes or no response was to be written by the patients. The questions were in English and inquired about the mannerisms and the communication skills of the dental student who had examined them .The results were analysed using SPSS 16.0.

Table 1. Questionnaire for Evaluation of Communication Skills of the Dentist	Patient s examined by Group A (trained students)		Patients examined by Group B (untrained students)	
	Yes	No	Yes	No
1. Does the dentist greet the patient by name?	90%	10%	34%	66%
2. Is the dentist getting information about the patient from their point of view?	99%	1%	44%	56%
3. Does the dentist encourage the patient to express their beliefs and concern about their problem?	100%	-	30%	61%
4. Does the dentist maintain proper eye contact while patient explains his/her problems?	84.6%	15.4%	34.1%	65.9%
5. Does the dentist establish rapport and a positive comfortable environment in which the patient feels understood, valued, and supported?	100%	-	70.7%	29.31%
6. Does the dentist use simple language while interacting with the patient?	100%	-	58.5%	41.5%
7. Does the dentist establish a mutually agreed agenda and plan for the consultation?	100%	-	56%	44%
8. Does the dentist obtain an adequate medical history (at a level appropriate to your training) including current medication?	100%	-	42%	59%

		Patients examined by Group A (trained students)		Patients examined by Group B (untrained students)	
		Yes	No	Yes	No
9.	Does the dentist structure the interview to ensure efficient information gathering and patient understanding and involvement?	95%	5%	61%	39%
10.	Does the dentist summarize at the end of the initial consult so that the patient understands what the treatment plan is?	92.3%	7.7%	61%	39%
11.	Does the dentist provide explanations that the patient can remember and understand?	92.3%	7.7%	62%	38%
12.	Does the dentist end the consultation appropriately?	90%	10%	22%	78%

Results :

The list of questions put to the patient and the patient responses to the dental student's skills of communication is given in table 1. The responses indicate that students who had received training in communication skills were rated higher than the untrained student. Among the responses of patients examined by the Group A (trained group) 90% of the patients said that the dental examiner greeted them by name versus 61% yes response in Group B (previously untrained student). 99% of the patients seen by group A students felt that the examining dentist was getting adequate information from them versus 44% of the patients feeling the same examined by Group B. 84.6% of the patients examined by Group A students felt that proper eye contact was made during communication versus 30% feeling the same in group B. All the patients (100%) examined by the group A students felt that the examining dentist allowed them to express their concern and beliefs, established a rapport and positive comfortable environment, used simple language, established a mutually agreeable agenda and plan for consultation obtained adequate medical history versus 30%, 70%, 58%, 56% and 42% of the patients feeling the same in Group B. While 95% of the patients examined by group A students felt that the dentist structured the interview to ensure efficient information gathering and patient understanding and involvement, 61% of the patients felt the same in group B. 92% of the patients examined by group A felt that the dentist provided explanations that the patient could remember and understand while 62% of the Group B examined patient felt this way. 90% of the group A examined patients felt that the consultation ends

appropriately, while only 22% of the Group B examined patients felt the same. There difference in the responses between the two groups was statistically significant for all the questions ($p > 0.01$).

Discussion :

Effective communication which has the elements of trust, respect, and empathy is beneficial and will contribute to the physical and emotional well-being of the patient.⁷ Our study was designed to study, evaluate, and assess the outcomes of a course designed to help students develop their interpersonal communication skills. The course was an interactive three hour session which covered various aspects of communication skills, patient interviewing, case history taking and patient education/consultation. The results of our study revealed that the dental students who had participated in the training program had significantly better communication skills than the students who were not exposed to the training program. Yoshida et al reported that only one-third of dental schools in US and Canada had courses specifically focusing on interpersonal communication of which more than half of the schools offered these types of courses only during the first 2 years.⁸ The dental curriculum in India introduces hands on clinical training for dental students in their third and final year of BDS and a training program for development of effective communication skills should be introduced before the students begin their clinical training. Class room lectures with audio-visual aids are the medium of teaching for these dental students in this college. From our results we infer that although lectures on case history taking are covered extensively in the theory classes for final year students, special reinforcement prior to practical clinical training

improves communication skills with the patients significantly. Cross-sectional studies have reported that effective interpersonal communication in dentistry increases patient satisfaction and patient compliance, at the same time it reduces patient anxiety and the risk of malpractice claims.⁹ The training provided for the students helps them acquire the skills necessary to conduct a thorough interview and adequately respond to the patients psychological reactions.

One of the main aims of dental school education is to train their students to have excellent technical skills however the greater goal is to ensure that their graduates are able to understand the overall healthcare needs of their patient, not just too mechanically treat them. Professional schools should strive to graduate dentists who are able to relate, understand, and effectively communicate with their patients.¹⁰ The outcome of this study demonstrated that

the course was effective in improving the interviewing skills of dental students and thus enabling the patients to put forth their anxiety, expectations and inquiries regarding treatment in a more precise manner.

Conclusion :

Among the benefits noted when dentists demonstrate effective communication skills are increased patient satisfaction, improved patient adherence to dental recommendations, decreased patient anxiety, and lower rates of formal complaints and malpractice claims.³ Thus the study statistically provides substantial proof that proper training improved communication skills significantly among dental students. Also when communication is good patients comply better with instructions and equally important, the amount of information provided by a relaxed interested patient promotes greater understanding of any problem.

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