

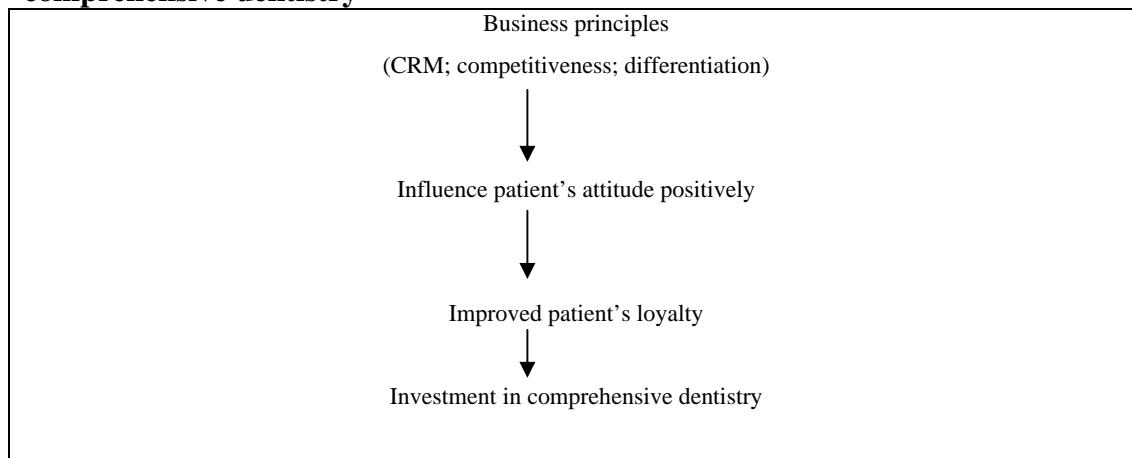
## CHAPTER 1 BACKGROUND

### 1.1 Introduction

The purpose of Chapter 1 is to provide a background or overview for the study. The problem statement and hypothesis will be presented in more detail in Chapter 3.

This study resulted from the researcher's 25 years' experience of the South African dental market which prompted the realisation that the changing South African dental market has significant implications for the delivery and viability of private dentistry in South Africa (SA). In order to reduce the impact of the changing South African dental market on the delivery and viability of private dentistry in SA, South African dental educational institutions (dental schools) need to take cognisance of the changing South African dental market. The first lesson a dental student should be taught in dental school, is that to every patient there is attached a *person* and that the viability of a dental practice depends on this *person* to bring the patient back to the practice for dental treatment.

Dental students should realise *early* in their careers - in dental school - the importance of developing and mastering sound relational communication skills with patients. If students are not taught proper communication skills in dental school, they may develop incorrect habits and pay for their mistakes later in their professional careers (1). Dental schools should create competitive dentists - perceived by patients to be *different and unique* in their relationships with patients. As a result, curricular outcomes must integrate business principles such as customer relationship management (CRM), competitiveness and differentiation with the traditional clinically- and technique-orientated dental curriculum (Table 1, below).

**Table 1 Business principles, patient's attitude, -loyalty and investment in comprehensive dentistry**

The future South African dentist must have the capacity to deal with patients' changing expectations and socio-economic realities. The future South African dentist must have the ability not only to treat the dental *patient*, but also to interact with the *person* carrying high expectations, hopes, biases and an increasing array of information (2).

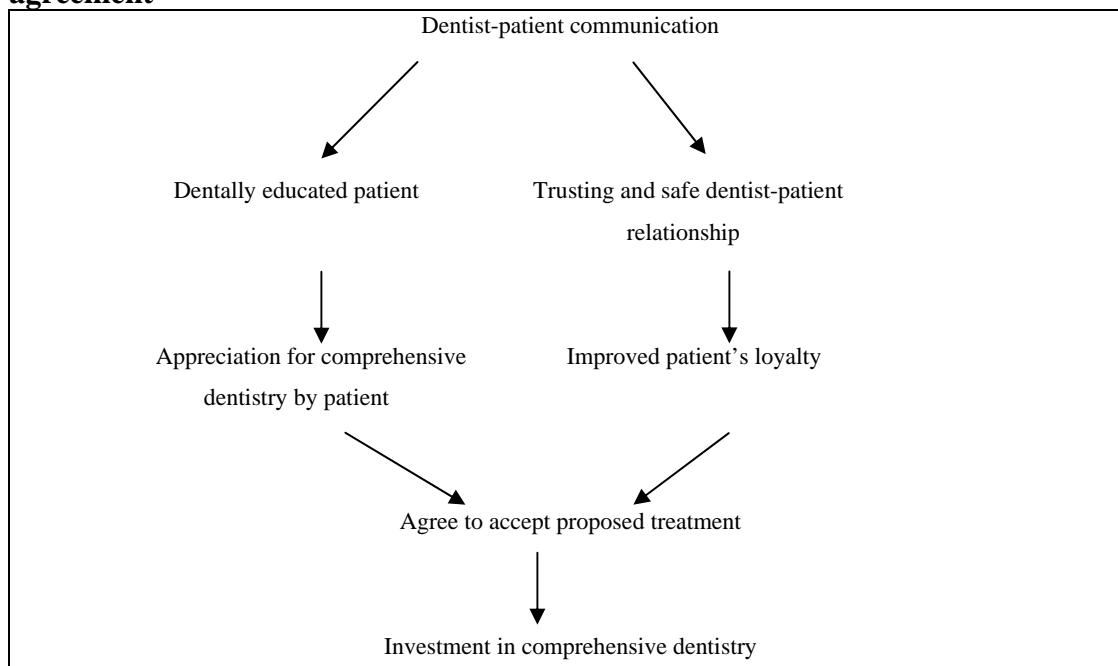
The point of departure for this study is the contention that a warm, personal and understanding dentist is the primary prerequisite in a patient's appreciation of, and demand for, comprehensive dentistry (3).

A private dental practice, in order to be viable, requires patients who are loyal and dentally educated. A loyal patient is prepared to develop a long-term, viable dentist-patient relationship (2). A dentally educated patient is prepared to invest in comprehensive dentistry (4). However, a vital, yet often underestimated prerequisite for creating a loyal, dentally educated patient is the dentist's ability to communicate effectively with a patient. In today's fast changing environment, communication skills are as important as clinical skills (2). Appropriate behaviour change on the part of the patient requires more than the giving of information to the patient. Appropriate behaviour change depends primarily on a personalised interaction with the dentist. A strong positive relationship is necessary in order for the patient to *act* upon the information.

Motivation of and agreement by the patient is the key to the acceptance of proposed treatment and consequently, achievement and maintenance of optimal oral care - and the viability of a dental practice (5)!

The result of effective communication is threefold (Table 2, below): Firstly, with education it creates a patient with an understanding of, or appreciation for, comprehensive dentistry. A patient with an understanding of comprehensive dentistry will agree to accept the proposed treatment plan (invest in comprehensive dentistry). Secondly, effective communication conveys warmth, interest, respect, empathy and sensitivity towards the patient through a patient-centered approach. As a result of this patient-centered approach, a loyal patient is created through a trusting and safe relationship. Finally, effective communication enables the dentist to deal with patients' expectations, emotions and anxieties and enable the dentist to recognise significant psychosocial factors, leading to more accurate diagnosis and treatment processes, thereby increasing patient satisfaction and -retention and, as a result, the dentist's job satisfaction (6).

**Table 2 Dentist-patient communication, patient understanding, -loyalty and -agreement**



A characteristic feature of a patient-centered approach by the dentist is the encouragement of patients to tell their “stories” or narratives concerning their dental illnesses, including their beliefs about, and emotions surrounding, their experiences of dental illnesses. A dentist with “narrative competence” does their patients and themselves a great service (7). The most efficient way to obtain a rich stream of diagnostically important information is to allow a patient to speak without early interruptions. Listening attentively to a patient’s narrative and responding to the patient’s emotions with empathy, strengthens the dentist-patient relationship, facilitates the dentist’s exploration and clarification of the patient’s attitudes and knowledge with regard to positive oral health.

A patient-centered approach enhances trust and loyalty and leads to improved treatment plan acceptance by the patient. Furthermore, patient-centered interviewing allows the dentist to elicit important psychosocial information, including beliefs about aetiology and treatment, important information with regard to family, work and financial status, all of which can affect patient education, the choice of treatment, and treatment plan acceptance and -compliance (7). Combining the patient’s psychosocial information with the equally important biomedical information, leads to the patient’s bio-psychosocial “story” - the most complete and scientific database yet available about a patient. Because the patient feels heard, understood and cared for, the patient feels special and perceives his/her experience as exceeding his/her expectations (2; 4).

Some dentists, however, do not encourage patients to tell their “stories”. They may fear that it will take too long. Consequently, patients do not feel heard, understood and cared for. This results in a failure to build a healthy dentist-patient relationship (7). Only by understanding the patient’s expectations, thoughts and feelings in relation to dental care, is a dentist able to influence the patient toward comprehensive dentistry (5).

## 1.2 Aim of the study

The aim of the study is to develop, implement and evaluate a curriculum in relational communication skills to third year dental students in the School of Dentistry, University of Pretoria.

## 1.3 Objectives of the study

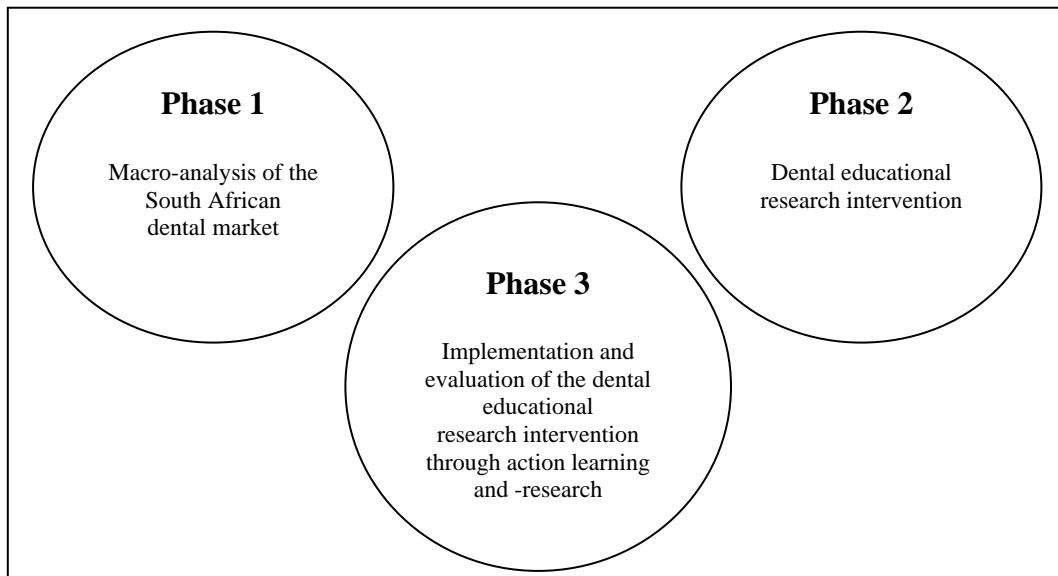
The objectives of the study will be to:

- Develop a cost-effective curriculum in relational communication skills for undergraduate dental education in terms of time and human resources;
- Implement the curriculum;
- Evaluate the curriculum in terms of its relevance and appropriateness.

## 1.4 Phases of the study

The phases of the study are as follows (Figure 1, below):

- Phase 1: Macro-analysis of the South African dental market;
- Phase 2: Dental education research intervention;
- Phase 3: Implementation and evaluation of the dental educational research intervention through action learning and - research.



**Figure 1 Phases of the study**

## 1.5 Methodology

A cohort of 67 third year dental students comprised the subjects of the study. The methodology employed during the study enhanced a student-centered, problem-oriented learning approach by means of an experiential learning strategy complemented by a didactic teaching strategy.

## 1.6 Structure of the thesis

This study involves action learning and -research as well as curriculum development. Consequently, the thesis was structured to integrate the traditional research structure with the principles of action learning and -research and curriculum development.

### Chapter 1: Background

Chapter 1 provides a background for the study. It illustrates the relationship between dentist-patient communication, the patient's understanding of, or appreciation for, comprehensive dentistry and the patient's eventual investment in comprehensive dentistry. Chapter 1 also illustrates the role of business principles in creating a competitive dentist. Finally it gives an overview of the aim, objectives, phases and methodology of the study, as well as the structure of the thesis.

### **Phase I: Macro-analysis of the South African dental market**

### Chapter 2: Interacting forces influencing dentistry in SA

Chapter 2 presents a macro-analysis of the South African dental market and describes the interacting forces that are influencing dentistry in SA and the implications of these interacting forces for the dental profession in SA.

**Chapter 3: Problem statement & hypothesis**

Chapter 3 presents the research problem. A solution to this research problem is proposed together with a consideration of the value of the proposed solution.

**Chapter 4: A summary of the review of the literature**

Chapter 4 presents a summary of the review of the literature that presents the most authoritative scholarship in relation to the research problem.

**Phase II: Dental educational research intervention****Chapter 5: Proposed intervention**

This chapter describes the dental educational research intervention, namely the development of an outcomes-based curriculum in relational communication skills.

**Phase III: Implementation and evaluation of the intervention through action learning and -research**

The implementation and evaluation phase of the study can be described as an action learning and -research paradigm characterised by a process of planning, implementation, observation, reflection and re-planning.

**Chapter 6: Planning (Design and pilot study)**

Chapter 6 describes the planning cycle of Phase III of the study, comprising the design and a description of the pilot study conducted before commencement of the implementation cycle of Phase III of the study.

**Chapter 7: Implementation (Methodology)**

Chapter 7 describes the implementation cycle of Phase III of the study. The implementation cycle can also be described as the methodology followed in implementing the dental educational research intervention. The methodology comprises the subjects, instruments, procedures and statistical analysis.

**Chapter 8: Observation (Results)**

Chapter 8 describes the observation cycle of Phase III of the study comprising quantitative and qualitative data obtained and analysed.

**Chapter 9: Reflection (Discussion)**

Chapter 9 discusses the main trends and patterns in the data.

**Implications of the dental educational research intervention****Chapter 10: Re-planning (Recommendations)**

Chapter 10 describes the re-planning cycle of Phase III of the study and represents recommendations in view of the action learning and -research teaching strategy employed during the study.

**1.7 Reference style**

The Vancouver style of reference is being used in the thesis.

**1.8 Conclusion**

Chapter 1 provides a background or overview for the study. It illustrates the relationship between dentist-patient communication, the patient's understanding of, and eventual investment in, comprehensive dentistry.

Chapter 2 will present a macro-analysis of the South African dental market.