

References

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Appendix A

Combined Rubric for assessment of “dentist’s” communication skills**(SP’s evaluation of “dentist’s” communication skills)**

Indicate ratings by drawing a circle (O) around the appropriate number in a shaded box

Respondent number V1 1
 Training cycle V2 4
 Gender (Male = 1 and Female = 2) V3 5

A. Opening the interview**1. Greets the patient**

Not employed	Partially employed	Acceptably employed	Fully employed	
1	2	3	4	V4 <input type="text"/> 6

2. Obtains the patient’s name

Not employed	Partially employed	Acceptably employed	Fully employed	
1	2	3	4	V5 <input type="text"/> 7

3. Introduces self

Not employed	Partially employed	Acceptably employed	Fully employed	
1	2	3	4	V6 <input type="text"/> 8

4. Attends to physical comfort (here and throughout interview)

Not employed	Partially employed	Acceptably employed	Fully employed	
1	2	3	4	V7 <input type="text"/> 9

5. Identifies and confirms patient’s problem

Not employed	Partially employed	Acceptably employed	Fully employed	
1	2	3	4	V8 <input type="text"/> 10

B. Gathering information*(i) Structuring the consultation***6. Negotiates an agenda for consultation**

Not employed	Partially employed	Acceptably employed	Fully employed	
1	2	3	4	V9 <input type="text"/> 11

7. Progresses from one section to another using transitional statements (includes rationale for next section)

Not employed	Partially employed	Acceptably employed	Fully employed	
1	2	3	4	V10 <input type="text"/> 12

8. Attends to timing

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V11	<input type="text"/> 13

*(ii) Exploration of problems***9. Encourages patient to give history of chief complaint**

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V12	<input type="text"/> 14

10. Uses open questioning technique(s)

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V13	<input type="text"/> 15

11. Uses closed questioning technique(s)

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V14	<input type="text"/> 16

12. Listens attentively (no interruptions; time for patient to think before answering)

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V15	<input type="text"/> 17

13. Facilitates patient's responses (use of encouragement, silence, repetition, paraphrasing, interpretation)

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V16	<input type="text"/> 18

14. Clarifies patient's statements which are vague and need amplification

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V17	<input type="text"/> 19

15. Summarises at end of a specific line of inquiry to verify own interpretation of what patient has said to ensure no important data was omitted

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V18	<input type="text"/> 20

C. Understanding the patient's perspective**16. Determines patient's expectations regarding each problem**

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V19	<input type="text"/> 21

17. Picks up verbal cues (patient's need to contribute information/ask questions; information overload; distress)

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V20	<input type="text"/> 22

18. Picks up non-verbal cues (patient's need to contribute information/ask questions; information overload; distress)

Not employed	Partially employed	Acceptably employed	Fully employed
1	2	3	4

V21 23

19. Encourages expressions of feelings

Not employed	Partially employed	Acceptably employed	Fully employed
1	2	3	4

V22 24

20. Encourages patient to contribute ideas/suggestions/preferences/beliefs

Not employed	Partially employed	Acceptably employed	Fully employed
1	2	3	4

V23 25

21. Accepts legitimacy of patient's views/beliefs (non-judgmental)

Not employed	Partially employed	Acceptably employed	Fully employed
1	2	3	4

V24 26

D. Sharing information

22. Discusses options

Not employed	Partially employed	Acceptably employed	Fully employed
1	2	3	4

V25 27

23. Discusses consequences of no action

Not employed	Partially employed	Acceptably employed	Fully employed
1	2	3	4

V26 28

24. Provides information (procedures; processes; benefits & advantages; value & purpose)

Not employed	Partially employed	Acceptably employed	Fully employed
1	2	3	4

V27 29

25. Uses easily understood language (avoids or adequately explains jargon)

Not employed	Partially employed	Acceptably employed	Fully employed
1	2	3	4

V28 30

26. Shares own thoughts; ideas/dilemmas/thought processes

Not employed	Partially employed	Acceptably employed	Fully employed
1	2	3	4

V29 31

E. Reaching an agreement on problems and plans

27. Elicits patient's understanding about plans and treatments

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V30	<input type="text"/> 32

28. Obtains patients' view of need for action (perceived benefits)

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V31	<input type="text"/> 33

29. Takes patient's lifestyle, beliefs, cultural background and abilities into consideration

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V32	<input type="text"/> 34

30. Negotiates mutually acceptable plan(s) (encourages patient to make choices; addresses concerns)

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V33	<input type="text"/> 35

31. Encourages patient to be involved in implementing plan(s) (to take responsibility and be self-reliant)

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V34	<input type="text"/> 36

32. Asks about patient's support network for decision-making

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V35	<input type="text"/> 37

F. Providing closure

33. Summarises session briefly

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V36	<input type="text"/> 38

34. Contracts with patient regarding next step(s) for patient and dentist

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V37	<input type="text"/> 39

35. Explains possible unexpected outcomes and safety-nets appropriately

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V38	<input type="text"/> 40

G. Building a relationship

36. Demonstrates interest

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V39	<input type="text"/> 41

37. Demonstrates respect

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V40	<input type="text"/> 42

38. Communicates warmth

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V41	<input type="text"/> 43

39. Demonstrates appropriate non-verbal behaviour (for example eye contact, posture & position, movement, facial expression, use of voice)

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V42	<input type="text"/> 44

40. Reading, writing, use of computer do not interfere with dialogue/rapport

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V43	<input type="text"/> 4544

41. Shows empathy with patient

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V44	<input type="text"/> 46

42. Deals sensitively with embarrassing and disturbing topics

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V45	<input type="text"/> 47

43. Bonds with the patient

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V46	<input type="text"/> 48

Appendix B

Adjusted Rubric for assessment of “dentist’s” communication skills*Indicate ratings by drawing a circle (O) around the appropriate number in a shaded box*

Respondent number V1 1

Training cycle V2 4

Gender (Male = 1 and Female = 2) V3 5

A. Opening the interview**1. Greets the patient**

Not employed	Partially employed	Acceptably employed	Fully employed	
1	2	3	4	V4 <input type="text"/> 6

2. Introduces self

Not employed	Partially employed	Acceptably employed	Fully employed	
1	2	3	4	V5 <input type="text"/> 7

3. Obtains the patient’s name

Not employed	Partially employed	Acceptably employed	Fully employed	
1	2	3	4	V6 <input type="text"/> 8

B. Structuring the consultation**4. Negotiates an agenda for consultation**

Not employed	Partially employed	Acceptably employed	Fully employed	
1	2	3	4	V7 <input type="text"/> 9

5. Encourages patient to give history of chief complaint

Not employed	Partially employed	Acceptably employed	Fully employed	
1	2	3	4	V8 <input type="text"/> 10

6. Picks up verbal cues (patient’s need to contribute information/ask questions; information overload; distress)

Not employed	Partially employed	Acceptably employed	Fully employed	
1	2	3	4	V9 <input type="text"/> 11

7. Picks up non-verbal cues (patient’s need to contribute information/ask questions; information overload; distress)

Not employed	Partially employed	Acceptably employed	Fully employed	
1	2	3	4	V10 <input type="text"/> 12

8. Progresses from one section to another using transitional statements (includes rationale for next section)

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V11	<input type="text"/> 13

C. Understanding the patient's perspective

9. Attends to physical comfort (here and throughout interview)

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V12	<input type="text"/> 14

10. Determines patient's expectations regarding each problem

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V13	<input type="text"/> 15

11. Encourages expressions of feelings

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V14	<input type="text"/> 16

12. Uses open questioning technique

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V15	<input type="text"/> 17

13. Uses closed questioning techniques

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V16	<input type="text"/> 18

14. Facilitates patient's responses (use of encouragement, silence, repetition, paraphrasing, interpretation)

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V17	<input type="text"/> 19

15. Listens attentively (no interruptions; time for patient to think before answering)

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V18	<input type="text"/> 20

16. Clarifies patient's statements which are vague and need amplification

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V19	<input type="text"/> 21

17. Summarises at end of a specific line of inquiry to verify own interpretation of what patient has said to ensure no important data was omitted

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V20	<input type="text"/> 22

18. Encourages patient to contribute ideas/suggestions/preferences/beliefs

Not employed	Partially employed	Acceptably employed	Fully employed
1	2	3	4

V21 23

D. Sharing information

19. Provides information (procedures; processes; benefits & advantages; value & purpose)

Not employed	Partially employed	Acceptably employed	Fully employed
1	2	3	4

V22 24

20. Discusses options

Not employed	Partially employed	Acceptably employed	Fully employed
1	2	3	4

V23 25

21. Discusses consequences of no action

Not employed	Partially employed	Acceptably employed	Fully employed
1	2	3	4

V24 26

22. Shares own thoughts; ideas/dilemmas/thought processes

Not employed	Partially employed	Acceptably employed	Fully employed
1	2	3	4

V25 27

23. Elicits patient's understanding about plans and treatments

Not employed	Partially employed	Acceptably employed	Fully employed
1	2	3	4

V26 28

24. Takes patient's lifestyle, beliefs, cultural background and abilities into consideration

Not employed	Partially employed	Acceptably employed	Fully employed
1	2	3	4

V27 29

25. Asks about patient's support network for decision-making

Not employed	Partially employed	Acceptably employed	Fully employed
1	2	3	4

V28 30

E. Reaching an agreement on problems and plans

26. Attends to timing

Not employed	Partially employed	Acceptably employed	Fully employed
1	2	3	4

V29 31

27. Reading, writing, use of computer do not interfere with dialogue/rapport

Not employed	Partially employed	Acceptably employed	Fully employed
1	2	3	4

V30 32

28. Confirms patient's problem

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V31	<input type="text"/> 33

29. Obtains patients' view of need for action (perceived benefits)

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V32	<input type="text"/> 34

30. Accepts legitimacy of patient's views/beliefs (non-judgmental)

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V33	<input type="text"/> 35

31. Negotiates mutually acceptable plan (encourages patient to make choices; addresses concerns)

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V34	<input type="text"/> 36

32. Encourages patient to be involved in implementing plans (to take responsibility and be self-reliant)

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V35	<input type="text"/> 37

33. Uses easily understood language (avoids or adequately explains jargon)

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V36	<input type="text"/> 38

34. Contracts with patient regarding next step(s) for patient and dentist

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V37	<input type="text"/> 39

35. Summarises session briefly

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V38	<input type="text"/> 40

F. Building a relationship

36. Demonstrates appropriate non-verbal behaviour (for example eye contact, posture & position, movement, facial expression, use of voice)

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V39	<input type="text"/> 41

37. Demonstrates interest

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V40	<input type="text"/> 42

38. Demonstrates respect

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V41	<input type="text"/> 43

39. Communicates warmth

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V42	<input type="text"/> 44

40. Bonds with the patient

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V43	<input type="text"/> 45

41. Shows empathy with patient

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V44	<input type="text"/> 46

42. Deals sensitively with embarrassing and disturbing topics

Not employed	Partially employed	Acceptably employed	Fully employed		
1	2	3	4	V45	<input type="text"/> 47

Study guide

I. Purpose

The purpose of a curriculum in relational communication skills is to enable undergraduate dental students to:

- Acquire relationship-building skills;
- Interview patients comfortably;
- Focus on psychosocial effects of the patient's dental disease (chief complaint);
- Establish a relationship with the patient;
- Communicate with patient empathically;
- Inform patient adequately (share information);
- Employ a patient-centered, open approach;
- Encourage patients to tell their story or voice their concern(s);
- Use attentive listening and, open, rather than closed questions;
- Encourage the patient to disclose significant concerns;
- Discover the full range of issues that the patient wants to discuss;
- Encourage the patient to ask rather more, than too few questions in order to obtain more information;
- Give individualised attention by understanding each patient as a person with individual concerns and wishes;
- Involve patients as partners which will ensure that patients adhere to proposed treatment plans;
- Discover patients' expectations;
- Develop understanding of oral disease(s);
- Inform patient of treatment rationales;
- Avoid a breakdown in communication that can lead to malpractice litigation;
- Create a demand for the selection of comprehensive dental care by patients;

- Increase the number of patients who are dentally educated;
- Increase loyalty among patients towards the dentist and dental team;
- Improve the profitability of a dental practice.

II. Embedded knowledge

The following are the topics that will form part of the content of the curriculum and serve as rationale and evidence for communication skills teaching:

- Rationale for communication skills teaching and learning
- Communication: definition and content
- Dimensions of buyer-seller relationships
- What is trust?
- Dimensions of trust
- Trust in the patient-physician relationship
- The patient-physician relationship
- The therapeutic relationship
- Characteristics of relationship-centered care
- Communication elements as indicators of relationship-centered care
- The dentist-patient relationship
- Connected relationships
- Disconnected relationships
- The essential elements (tasks) of dentist-patient communication
- Pre-examination interview
- Clinical examination
- Treatment plan presentation
- Treatment plan acceptance
- Discussing money

III. Assessment criteria

Assessment criteria provide guidance to the student in achieving the required outcomes. The essential outcomes (Table 58) for the dentist to be competitive in the emerging South African dental market, acted as template and model for the development of the assessment criteria (standards) for each of the specific outcomes and sub-outcomes as listed below:

A. Opening the interview

1. Patient is greeted in a warm, respectful and enthusiastic way
2. Dentist (students) introduces himself to the patient
3. The patient's name is obtained that will ensure interest in the patient

B. Structuring the interview

4. An agenda is negotiated in terms of time available and issues to be discussed
5. Patient is encouraged to give history of chief complaint
6. Dentist (student) picks up verbal cues to ensure a caring attitude (patient's need to contribute information/ask questions; information overload; distress)
7. Dentist (student) picks up non-verbal cues to ensure a caring attitude (patient's need to contribute information/ask questions; information overload; distress)
8. Dentist (student) progresses from one section to another using transitional statements (includes rationale for next section)

C. Understanding the patient's perspective

9. Dentist (student) attends to patient's physical comfort (here and throughout interview)
10. Patient's expectations regarding each problem are determined in an attentive manner
11. Patient is encouraged to express his feelings through (an) emotionally focused question(s)
12. Open questioning techniques are used to elicit patient's "story" (physical symptoms, psychosocial context, emotions)
13. Closed questioning techniques are used to elicit patient's "story" (expectations, physical symptoms, psychosocial context and emotions)
14. Patient's responses are facilitated through the use of encouragement, silence, repetition, paraphrasing, interpretation
15. Dentist (student) listens attentively to patient (no interruptions; time for patient to think before answering)
16. Dentist (student) clarifies patient's statements, which are vague and need amplification
17. Dentist (student) summarises at end of a specific line of inquiry to verify own interpretation of what patient has said to ensure no important data was omitted
18. Dentist (student) encourages patient to contribute ideas/suggestions/ preferences/ beliefs

D. Sharing information

19. Dentist (student) provides information with regard to proposed treatment (procedures; processes; benefits & advantages; value & purpose)
20. Dentist (student) discusses options
21. Dentist (student) discusses consequences of no action
22. Patient shares own thoughts; ideas/dilemmas/thought processes

23. Dentist (student) elicits patient's understanding about plans and treatments
24. Dentist (student) takes patient's lifestyle, beliefs, cultural background and abilities into consideration
25. Dentist (student) asks about patient's support network for decision-making

E. Reaching an agreement on problems and plans

26. Dentist (student) attends to timing
27. Dentist (student) ensures that reading, writing, use of computer does not interfere with dialogue/rapport with patient
28. Dentist (student) confirms patient's problem
29. Dentist (student) obtains patients' view of need for action (perceived benefits)
30. Dentist (student) accepts legitimacy of patient's views/beliefs (non-judgmental)
31. Dentist (student) negotiates mutually acceptable plan (encourages patient to make choices; addresses concerns)
32. Dentist (student) encourages patient to be involved in implementing plans (to take responsibility and be self-reliant)
33. Dentist (student) uses easily understood language (avoids or adequately explains jargon)
34. Dentist (student) contracts with patient regarding next step(s) for patient and dentist
35. Dentist (student) summarises session briefly

F. Building a relationship

36. Dentist (student) demonstrates appropriate non-verbal behaviour (for example eye contact, posture & position, movement, facial expression, use of voice)
37. Dentist (student) demonstrates interest in the patient
38. Dentist (student) demonstrates respect towards the patient
39. Dentist (student) communicates warmth towards the patient
40. Dentist (student) bonds with the patient
41. Dentist (student) shows empathy with patient
42. Dentist (student) deals sensitively with embarrassing and disturbing topics.

IV. Content

The content is evidence-based and as result will change continuously. Therefore it is not included in Appendix C. Apart from the topics included under “Embedded knowledge” which comprise the “Content” of the curriculum, a learning instrument was also compiled which combines the specific outcomes and sub-outcomes with “What the student needs to do” and “Criteria for a patient-focused approach”. The aim with this learning instrument is to establish a link between the theory and practice in order to enable the student to “see” the link between the outcomes he/she needs to achieve and a patient-focused approach during the interview with the patient.

Case study

A case study utilised as a learning instrument to facilitate problem-based/orientated learning during communication skills teaching

<p>Background</p> <p>You have qualified 6 months ago as dentist at the University of Pretoria.</p> <p>You have joined a practice and treat patients from Monday to Friday from 07h30 to 16h30, as well as every second Saturday from 08h00 to 13h00.</p>
<p>Patient's history</p> <ul style="list-style-type: none">▪ She last visited a dentist 2 years ago and was referred to you by friends of her.▪ The patient decided not to return for treatment at her previous dentist because he started preparing a cavity on tooth 36 (which was not anaesthetised) instead of tooth 46 (which was anaesthetised). Her perception was that the dentist was rushed and was not focused on the treatment to be performed.▪ The patient does not belong to a medical aid.
<p>Main complaint</p> <p>Your patient does not have a specific complaint, except for a dull pain in the left lower jaw. She requested you to do a complete examination of the mouth and teeth.</p>
<p>Clinical examination</p> <p>You have examined the patient during the consultation appointment and found the following:</p> <ol style="list-style-type: none">1. Tooth 38 is impacted and partially erupted. Removal of the tooth is indicated. Failure to remove the tooth will lead to infection of the gum (gingiva) around the tooth, which will cause serious discomfort and pain for the patient. Cost to remove the tooth surgically (under local anaesthetic): R600;2. Tooth 14 has a carious lesion. The tooth will have to be restored with amalgam (R90) or a tooth coloured restoration (R200);3. Tooth 21's restoration is defective – replacement is indicated (R250);4. Tooth 11 is discoloured. Bleaching of the tooth will improve the tooth aesthetically (R350). (Since the patient is female, aesthetics is probably a major concern to the patient);5. Bleeding gingiva. Teeth need to be scaled and polished (R120). Oral hygiene instruction is also indicated (R30). If the condition persists, it will affect the supporting tissue, which eventually can lead to loss of the teeth.
<p>Medical history</p> <p>Nothing abnormally was found regarding the medical history - the patient is healthy. The patient is not using any medication.</p>
<p>Your task</p> <p><i>1st part of the interview:</i> Suppose you meet the patient for the first time. Establish a relationship with the patient by focusing on Tasks 1, 2, 3 and 6 of the interview.</p> <p><i>2nd part of the interview:</i> Suppose that the patient returns for the post-examination appointment. Discuss the above mentioned treatment plan with the patient (diagnosis, treatment options, priorities, cost, etc) by focusing on Tasks 4, 5 & 6 of the interview.</p> <p>You must also ensure that you interact with the patient in such a way that the patient not only will develop trust in you as <u>dentist</u>, but will also be prepared to have a <u>long-term relationship</u> with you as her dentist.</p>

Explanatory notes

Tooth 38 is the wisdom tooth in the left lower jaw. “Impacted” means the tooth is unable to erupt fully due to the presence of bone in its path of eruption. The “roof of gingiva” covering the tooth makes the effective removal of plaque difficult and therefore the infection, pain and discomfort will persist.

Tooth 14 is the first premolar at the upper right side of the mouth. The carious lesion will soon make it difficult for the patient to eat/drink sweet or cold stuff. The lesion is on the biting surface of the tooth.

The amalgam filling is the “grey/silver” filling present in the majority of patients’ molar teeth. A tooth-coloured filling has a white colour. Amalgam has been used in the past as the filling material of choice in molar and premolar teeth, but since aesthetic dentistry has become an important treatment option, many patients prefer the so called “white restoration.”

Tooth 21 (incisor) is situated in the upper jaw, immediately left of the midline. The restoration is defective since the bonding between tooth and restoration is not optimal. (The role of the previous dentist in the failure of the filling is uncertain. Failure of the filling is probably due to technical factors).

Tooth 11 is like the 21 in the upper jaw, immediately right of the midline. Bleaching is the process of whitening a tooth involving the dentine and enamel of the tooth.

The bleeding gums (gingiva) appear throughout the mouth. It is caused by an inflammatory process in reaction to counter the infection caused by plaque.

Oral hygiene instruction is to explain the causes and development of plaque as well as to demonstrate the correct brushing technique(s) to the patient. The purpose is to enable the patient to maintain proper oral hygiene.

Supporting tissue (bone, ligaments) surrounds the tooth and ensures proper anchorage of the tooth in the bone. Destruction of the supporting tissue by plaque, will eventually lead to loss of the teeth.

Additional information

1. Patient’s chief complaint	2. Patient’s “story” (physical symptoms, psychosocial context, emotions)	3. Diagnosis
<ul style="list-style-type: none"> ▪ A dull, continuous pain in left, lower jaw. ▪ Wants an examination of the mouth and teeth. 	<ul style="list-style-type: none"> ▪ <i>Physical symptoms:</i> ▪ A dull, continuous pain in left, lower jaw, for the past 2 weeks. ▪ Pain is deteriorating. ▪ Gets worse at night. 	<ul style="list-style-type: none"> ▪ Impacted tooth ▪ Caries ▪ Discoloration ▪ Gingivitis
	<ul style="list-style-type: none"> ▪ <i>Psychosocial context:</i> ▪ Concerned that she might loose her job, because she has just started a new job and had to take 4 days sick leave because of the pain. ▪ Her husband has lost his job. ▪ She is very busy at work. ▪ She has twin boys – aged 4. ▪ She finds it difficult to cope with the situation and is therefore very tired and stressed. 	
	<ul style="list-style-type: none"> ▪ <i>She is experiencing the following emotions:</i> ▪ anger ▪ frustration ▪ worry. 	

Appendix E

“Patient’s” feedback**(SP’s evaluation of her experience as “patient”)***Indicate ratings by drawing a circle (O) around the appropriate number in a shaded box*

Form number V1 1

Training cycle V2 4

Gender (Male = 1 and Female = 2) V3 5

Dear “Patient”

The relationship between dentist and patient is very important to ensure the success of proposed dental treatment. Please give your feedback about your experience as “patient”. Your feedback is essential information necessary for us to take corrective steps with regard to the development of dental students’ communication skills.

Rate, on a scale of 1 – 5 (where 1 = **Poor/Disagree** and 5 = **Excellent/Agree**), your experience as “patient”.

Statement	Rating						
I have a better understanding of dentistry	1	2	3	4	5	V4	<input type="text"/> 6
I have an improved understanding of my dental health	1	2	3	4	5	V5	<input type="text"/> 7
I have a mental picture of my oral condition	1	2	3	4	5	V6	<input type="text"/> 8
A bonded relationship has been established between me and the “dentist”	1	2	3	4	5	V7	<input type="text"/> 9
I will return for treatment	1	2	3	4	5	V8	<input type="text"/> 10
I have confidence in the “dentist’s” skills	1	2	3	4	5	V9	<input type="text"/> 11
I am prepared to accept the proposed treatment plan	1	2	3	4	5	V10	<input type="text"/> 12
I am satisfied with the experience	1	2	3	4	5	V11	<input type="text"/> 13
I am motivated to keep my appointments	1	2	3	4	5	V12	<input type="text"/> 14
I will pay my account promptly	1	2	3	4	5	V13	<input type="text"/> 15

Thank you for your candid and objective feedback

“Dentist’s” feedback

(Student’s evaluation of his/her experience as “dentist”)

(Originally developed questionnaire used in pilot study)

Indicate ratings by drawing a circle (O) around the appropriate number in a shaded box or write your answer into the shaded space provided

Form number V1 1
 Training cycle V2 4

Dear “Dentist”

The relationship between dentist and patient is very important to ensure the success of proposed dental treatment. We would appreciate your feedback about your experience as ‘dentist’ in communicating with your “patient”. Your feedback is essential information necessary for us to take corrective steps with regard to the development of dental students’ communication skills.

1. Would you be so kind as to rate your **experience** as “dentist” on a scale of **1 – 5** where **1 = Poor** and **5 = Excellent**

Statement	Rating					
I am comfortable interviewing patients.	1	2	3	4	5	V3 <input style="width: 40px; height: 20px;" type="text"/> 5
I am sensitive to psychosocial aspects of the patient’s illness.	1	2	3	4	5	V4 <input style="width: 40px; height: 20px;" type="text"/> 6
I am able to relate to the patient.	1	2	3	4	5	V5 <input style="width: 40px; height: 20px;" type="text"/> 7
I am able to elicit information from the patient.	1	2	3	4	5	V6 <input style="width: 40px; height: 20px;" type="text"/> 8
I am able to communicate empathy.	1	2	3	4	5	V7 <input style="width: 40px; height: 20px;" type="text"/> 9

2. How could **communication skills** contribute to the dentist-patient relationship?

V8 10

V9 12

V10 14

3. Considering your own communication as “**dentist**” today-

a. What would you regard as your **strong points** in terms of your communication skills?

V12		18
V13		20

b. What aspects of your **communication need further development**?

V15		24
V16		26

c. How did you **experience** role-playing as a “**dentist**”?

V17		28
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d. What did you find **most enjoyable** in today’s session?

V18		30
-----	--	----

e. What did you find **least enjoyable** in today’s session?

V19		32
-----	--	----

Thank you for your candid and objective feedback

“Dentist’s” feedback

(Student’s evaluation of his/her experience as “dentist”)

(Adjusted questionnaire: originally developed Appendix F adjusted through a process of triangulation during pilot study. Employed after video recording during step 1 of implementation phase)

Indicate ratings by drawing a circle (O) around the appropriate number in a shaded box or write your answer into the shaded space provided

- Form number V1 1
- Training cycle V2 4
- Gender (Male = 1 and Female = 2) V3 5

Dear “Dentist”

The relationship between dentist and patient is very important to ensure the success of proposed dental treatment. We would appreciate your feedback about your experience as ‘dentist’ in communicating with your “patient”. Your feedback is essential information necessary for us to take corrective steps with regard to the development of dental students’ communication skills.

1. Rate, on a scale of 1 – 5, (where 1 = **Poor/Disagree** and 5 = **Excellent/Agree**), your **experience** as “**dentist**” for each statement below:

Statement	Rating						
I am comfortable interviewing patients	1	2	3	4	5	V4	<input style="width: 40px; height: 20px;" type="text"/> 6
I am sensitive to psychosocial aspects of the patient’s illness	1	2	3	4	5	V5	<input style="width: 40px; height: 20px;" type="text"/> 7
I am able to relate to the patient	1	2	3	4	5	V6	<input style="width: 40px; height: 20px;" type="text"/> 8
I am able to elicit information from the patient	1	2	3	4	5	V7	<input style="width: 40px; height: 20px;" type="text"/> 9
I am able to communicate empathy	1	2	3	4	5	V8	<input style="width: 40px; height: 20px;" type="text"/> 10

2a. Rate, on a scale of **1 – 5** (where **1 = Poor contribution** and **5 = Excellent contribution**), how **communication skills contribute** to the dentist-patient relationship in respect of

Statement	Rating							
Enhancing the patient's trust in you as dentist	1	2	3	4	5	V9	<input type="text"/>	11
Ensuring a relaxed relationship between the patient and you as dentist	1	2	3	4	5	V10	<input type="text"/>	12
Ensuring a willingness by the patient to share information with you as dentist	1	2	3	4	5	V11	<input type="text"/>	13
Improving, as dentist, my understanding of the patient's expectations of the dentist-patient relationship	1	2	3	4	5	V12	<input type="text"/>	14
Ensuring that the patient will return for treatment	1	2	3	4	5	V13	<input type="text"/>	15
Ensuring that the patient promotes the dental practice	1	2	3	4	5	V14	<input type="text"/>	16
Ensuring the patient's compliance with the proposed treatment plan	1	2	3	4	5	V15	<input type="text"/>	17
Personalising the treatment	1	2	3	4	5	V16	<input type="text"/>	18

2b. Other comments

	V17	<input type="text"/>	19
	V18	<input type="text"/>	21

3a. Consider your own communication as “**dentist**” today- Rate, on a scale of **1 – 5** (where **1 = Weak** and **5 = Strong**) **your communication** in respect of your

Statement	Rating							
Ability to empathise with the patient	1	2	3	4	5	V19	<input type="text"/>	23
Ability to explain clearly the diagnosis to the patient	1	2	3	4	5	V20	<input type="text"/>	24
Ability to elicit information from the patient	1	2	3	4	5	V21	<input type="text"/>	25
Relaxed way of communicating with the patient	1	2	3	4	5	V22	<input type="text"/>	26
Ability to make the patient feel at ease	1	2	3	4	5	V23	<input type="text"/>	27
Ability to communicate in a respectful way with the patient	1	2	3	4	5	V24	<input type="text"/>	28

3b. Other comments

	V25	<input type="text"/>	29
	V26	<input type="text"/>	31

4a. Consider your own communication as “**dentist**” today-

Rate, on a scale of **1 – 5** (where **1 = Needs no development** and **5 = Needs development**), those aspects of **your communication** that **need further development**:

Statement	Rating							
	1	2	3	4	5			
My ability to share information with the patient	1	2	3	4	5	V27	<input type="text"/>	33
My ability to communicate empathy with the patient	1	2	3	4	5	V28	<input type="text"/>	34
My ability to elicit information from the patient	1	2	3	4	5	V29	<input type="text"/>	35
My ability to allow the patient to ask questions	1	2	3	4	5	V30	<input type="text"/>	36
My ability to conduct the interview in a structured way	1	2	3	4	5	V31	<input type="text"/>	37
My ability to listen attentively	1	2	3	4	5	V32	<input type="text"/>	38
My skill to make eye contact	1	2	3	4	5	V33	<input type="text"/>	39
My posture and position as ideal non-verbal behaviour	1	2	3	4	5	V34	<input type="text"/>	40
My use of facial expressions as ideal non-verbal behaviour	1	2	3	4	5	V35	<input type="text"/>	41
My use of voice in communication with the patient	1	2	3	4	5	V36	<input type="text"/>	42

4b. Other comments

	V37	<input type="text"/>	43
	V38	<input type="text"/>	45

5a. Consider your own communication as “**dentist**” today-

Rate, on a scale of **1 - 5** (where **1 = Not my experience** and **5 = Definitely my experience**), your **experience** of role-playing as a “**dentist**”?

Statement	Rating							
	1	2	3	4	5			
Experience of comfort	1	2	3	4	5	V39	<input type="text"/>	47
Learning about the patient	1	2	3	4	5	V40	<input type="text"/>	48
The importance of attentive listening	1	2	3	4	5	V41	<input type="text"/>	49
Structured way of communicating	1	2	3	4	5	V42	<input type="text"/>	50
Novel way of learning to communicate with the patient	1	2	3	4	5	V43	<input type="text"/>	51

5b. Other comments

	V44	<input type="text"/>	52
	V45	<input type="text"/>	54

- 6a.** Consider your own communication as “**dentist**” today-
Rate, on a scale of **1 - 5** (where **1 = Least enjoyable** and **5 = Most enjoyable**),
how you **experienced** today’s session

Statement	Rating							
	1	2	3	4	5			
In respect of your interaction with the patient	1	2	3	4	5	V46	<input type="text"/>	56
As a novel learning experience	1	2	3	4	5	V47	<input type="text"/>	57
As a relevant learning experience	1	2	3	4	5	V48	<input type="text"/>	58
In respect of your control of the situation	1	2	3	4	5	V49	<input type="text"/>	59
In terms of being recorded on video	1	2	3	4	5	V50	<input type="text"/>	60
In respect of your perception of the patient’s impression of you	1	2	3	4	5	V51	<input type="text"/>	61
In respect of being unable to proceed with treatment	1	2	3	4	5	V52	<input type="text"/>	62

- 6b.** Other comments

	V53	<input type="text"/>	63
	V54	<input type="text"/>	65

Thank you for your candid and objective feedback

“Dentist’s” feedback

(Student’s evaluation of his/her experience as “dentist”)

(Expanded version of Appendix G in order to obtain additional information about lectures and teaching methods. Employed after video recording during step 4 of implementation phase)

Indicate ratings by drawing a circle (O) around the appropriate number in a shaded box or write your answer into the shaded space provided

Form number V1 1

Training cycle V2 4

Gender (Male = 1 and Female = 2) V3 5

Dear “Dentist”

The relationship between dentist and patient is very important to ensure the success of proposed dental treatment. We would appreciate your feedback about your experience as ‘dentist’ in communicating with your “patient”. Your feedback is essential information necessary for us to take corrective steps with regard to the development of dental students’ communication skills.

1. Rate, on a scale of 1 – 5 (where 1 = **Poor/Disagree** and 5 = **Excellent/Agree**), your **experience** as “**dentist**”, for each statement below:

Statement	Rating						
	1	2	3	4	5		
I am comfortable interviewing patients	1	2	3	4	5	V4	<input type="text"/> 6
I am sensitive to psychosocial aspects of the patient’s illness	1	2	3	4	5	V5	<input type="text"/> 7
I am able to relate to the patient	1	2	3	4	5	V6	<input type="text"/> 8
I am able to elicit information from the patient	1	2	3	4	5	V7	<input type="text"/> 9
I am able to communicate empathy	1	2	3	4	5	V8	<input type="text"/> 10

2a. Rate, on a scale of **1 – 5** (where **1 = Poor contribution** and **5 = Excellent contribution**), how **communication skills contribute** to the dentist-patient relationship in respect of

Statement	Rating							
enhancing the patient's trust in you as dentist	1	2	3	4	5	V9	<input type="text"/>	11
ensuring a relaxed relationship between the patient and you as dentist	1	2	3	4	5	V10	<input type="text"/>	12
ensuring a willingness by the patient to share information with you as dentist	1	2	3	4	5	V11	<input type="text"/>	13
improving, as dentist, my understanding of the patient's expectations of the dentist-patient relationship	1	2	3	4	5	V12	<input type="text"/>	14
ensuring that the patient will return for treatment	1	2	3	4	5	V13	<input type="text"/>	15
ensuring that the patient promotes the dental practice	1	2	3	4	5	V14	<input type="text"/>	16
ensuring the patient's compliance with the proposed treatment plan	1	2	3	4	5	V15	<input type="text"/>	17
personalising the treatment	1	2	3	4	5	V16	<input type="text"/>	18

2b. Other comments

	V17	<input type="text"/>	19
	V18	<input type="text"/>	21

3a. Consider your own communication as “**dentist**” today-

Rate, on a scale of **1 – 5** (where **1 = Weak** and **5 = Strong**) **your communication** in respect of your

Statement	Rating							
ability to empathise with the patient	1	2	3	4	5	V19	<input type="text"/>	23
ability to explain clearly the diagnosis to the patient	1	2	3	4	5	V20	<input type="text"/>	24
ability to elicit information from the patient	1	2	3	4	5	V21	<input type="text"/>	25
relaxed way of communicating with the patient	1	2	3	4	5	V22	<input type="text"/>	26
ability to make the patient feel at ease	1	2	3	4	5	V23	<input type="text"/>	27
ability to communicate in a respectful way with the patient	1	2	3	4	5	V24	<input type="text"/>	28

3b. Other comments

	V25	<input type="text"/>	29
	V26	<input type="text"/>	31

4a. Consider your own communication as “dentist” today-

Rate, on a scale of **1 – 5** (where **1 = Needs no development** and **5 = Needs development**), those aspects of **your communication** that **need further development**:

Statement	Rating							
	1	2	3	4	5			
My ability to share information with the patient	1	2	3	4	5	V27	<input type="text"/>	33
My ability to communicate empathy with the patient	1	2	3	4	5	V28	<input type="text"/>	34
My ability to elicit information from the patient	1	2	3	4	5	V29	<input type="text"/>	35
My ability to allow the patient to ask questions	1	2	3	4	5	V30	<input type="text"/>	36
My ability to conduct the interview in a structured way	1	2	3	4	5	V31	<input type="text"/>	37
My ability to listen attentively	1	2	3	4	5	V32	<input type="text"/>	38
My skill to make eye contact	1	2	3	4	5	V33	<input type="text"/>	39
My posture and position as ideal non-verbal behaviour	1	2	3	4	5	V34	<input type="text"/>	40
My use of facial expressions as ideal non-verbal behaviour	1	2	3	4	5	V35	<input type="text"/>	41
My use of voice in communication with the patient	1	2	3	4	5	V36	<input type="text"/>	42

4b. Other comments

	V37	<input type="text"/>	43
	V38	<input type="text"/>	45

5a. Consider your own communication as “dentist” today-

Rate, on a scale of **1 - 5** (where **1 = Not my experience** and **5 = Definitely my experience**), your **experience** of role-playing as a “dentist”?

Statement	Rating							
	1	2	3	4	5			
Experience of comfort	1	2	3	4	5	V39	<input type="text"/>	47
Learning about the patient	1	2	3	4	5	V40	<input type="text"/>	48
The importance of attentive listening	1	2	3	4	5	V41	<input type="text"/>	49
Structured way of communicating	1	2	3	4	5	V42	<input type="text"/>	50
Novel way of learning to communicate with the patient	1	2	3	4	5	V43	<input type="text"/>	51

5b. Other comments

	V44	<input type="text"/>	52
	V45	<input type="text"/>	54

6a. Consider your own communication as “**dentist**” today-

Rate, on a scale of **1 - 5** (where **1 = Least enjoyable** and **5 = Most enjoyable**), how you **experienced** today’s session

Statement	Rating							
	1	2	3	4	5			
in respect of your interaction with the patient	1	2	3	4	5	V46	<input type="text"/>	56
as a novel learning experience	1	2	3	4	5	V47	<input type="text"/>	57
as a relevant learning experience	1	2	3	4	5	V48	<input type="text"/>	58
in respect of your control of the situation	1	2	3	4	5	V49	<input type="text"/>	59
in terms of being recorded on video	1	2	3	4	5	V50	<input type="text"/>	60
in respect of your perception of the patient’s impression of you	1	2	3	4	5	V51	<input type="text"/>	61
in respect of being unable to proceed with treatment	1	2	3	4	5	V52	<input type="text"/>	62

6b. Other comments

	V53	<input type="text"/>	63
	V54	<input type="text"/>	65

7a. Thinking back to the **lectures** you had on the following **topics**-

Rate, on a scale of **1 - 5** (where **1 = Not important** and **5 = Most important**), the **importance** of each of the following **topics**:

Topic	Rating							
	1	2	3	4	5			
The dentist-patient relationship	1	2	3	4	5	V55	<input type="text"/>	67
The theoretical basis defining the therapeutic relationship	1	2	3	4	5	V56	<input type="text"/>	68
The philosophical basis defining the therapeutic relationship	1	2	3	4	5	V57	<input type="text"/>	69
Characteristics of relationship-centered care	1	2	3	4	5	V58	<input type="text"/>	70
Communication elements as indicators of relationship-centered care	1	2	3	4	5	V59	<input type="text"/>	71
Trust in the dentist-patient relationship	1	2	3	4	5	V60	<input type="text"/>	72
What trust is	1	2	3	4	5	V61	<input type="text"/>	73
Predictors of trust (What influences trust)	1	2	3	4	5	V62	<input type="text"/>	74
Trust and satisfaction	1	2	3	4	5	V63	<input type="text"/>	75
Dimensions of trust	1	2	3	4	5	V64	<input type="text"/>	76
The essential elements (tasks) of dentist-patient communication	1	2	3	4	5	V65	<input type="text"/>	77

7b. What are the **most important things** you have **learned** from the lectures?

V66 78
 V67 80
 V68 82
 V69 84

8. Thinking back to **the whole teaching experience**, rate, on a scale of **1 - 5** (where **1 = Not appropriate** and **5 = Appropriate**), each of the following methods employed to develop students' **communication skills**:

Methods	Rating				
	1	2	3	4	5
Lectures	1	2	3	4	5
Making video recordings	1	2	3	4	5
Use of a "Standardised Patient"	1	2	3	4	5
Evaluation of skills by means of the "Rubric"	1	2	3	4	5
The "dentist's" feedback	1	2	3	4	5
The "patient's" feedback	1	2	3	4	5

V70 86
 V71 87
 V72 88
 V73 89
 V74 90
 V75 91

9. What suggestions do you have to improve development of **communication skills** of **3rd** year dental students?

V76 92
 V77 94
 V78 96
 V79 98

Thank you for your candid and objective feedback

SP's report

During my work with the students I have paid particularly attention to:

- Communication skills
- Low-/High Self-image
- Body language
- Energy, enthusiasm
- Empathy
- The person behind the teeth

The aim of these sessions is to assist the dental students with their communication- and consultation skills.

Due to the fact that medical aid funds are quickly vanishing, it is important for future dentists to be able “sell” dentistry to their patients. After the consultation, it is of the utmost importance for the patient to feel that he/she **needs** the proposed dental treatment. Dental students and future dentists must realise and remember that they need ‘the person to bring back the patient’, according to Dr White. Therefore they need to form a relationship with their patients. Their patients likewise need to feel that they like and are able to trust their respective dentists; otherwise they might not feel a need to return.

This, however, is easier said than done.

Communication, as such, is a complex and complicated concept. It involves the person as a whole. An individual with more self-confidence will be able to communicate better than one with less confidence. Therefore a more confident person must necessarily create a better impression, although this does not necessarily mean he/she is the better dentist.

In other words, the individual with less confidence or a lower self-image, who conveys this fact to the patient by means of body language, (a subconscious submissive manner or mannerisms etc.) will obviously have a lesser chance to be successful than an individual with more self-confidence. The average patient is unable to judge whether any individual is a good dentist or not.

During the sessions with the students, I have concentrated on any outward signs, or signals, that may be suggestive of a low self-image and which may lead to their patients to doubt their ability as a dentist. I have made them aware of these aspects of their method of communication and have given suggestions whereby their outward show of confidence may be improved upon.

The outward (artificial) process of body language does eventually become internalised. Hence an outward pretence of self-confidence, if habitually practiced, may eventually become an inherent part of one's personality.

During the second half of the interviews, when I saw the students for a second time, there was much improvement in this field. A number of students mentioned that their everyday self-confidence outside of the field of dentistry had also improved.

Body language cannot be concealed. It creates a major subconscious impression on the person with whom one is communicating. I have caused students to become conscious of this fact, especially in cases where a clumsy body posture affects speech and energy levels resulting in mumbling or lethargy. Patients often regard dentists who display such characteristics as incompetent.

A patient who visits a confident and enthusiastic dentist will be enthusiastic about the work that needs to be done in his/her mouth. On the other hand, a patient who visits a dentist who shows little self-confidence and gives the impression of lethargy or laziness will leave the consultation feeling tired and drained.

The patient will later feel that returning to the dentist will cost him/her too much time and effort. Apart from this, he/she may also feel that the proposed treatment is non-essential and that it would be best to cancel all future appointments. It is therefore obvious which dentist will do better financially. It is also obvious that students need to be made aware of these facts.

It is often difficult to display empathy towards an individual whom one scarcely knows. However, it is an essential emotion to display when dealing with patients who must be made to feel that the dentist understands them. It is the best means of gaining a patient's confidence. Most of the students find this particularly difficult at first and require much practice.

Students are often unable to display empathy if they themselves feel in any way threatened. They may be afraid of not being able to handle a given situation.

During sessions with the students many of the above concerns were voiced. By making use of a simulated patient, students learn to convey empathy without feeling that they are losing control.

One final aspect, I wish to mention on is "the person behind the teeth". It is important for dentists to learn to take the individual into consideration rather than regarding him/her as a "collection of teeth to be worked on." The patient needs to feel that he/she is being treated as a human being and this is only possible through proper communication.

2. The Method

We made use of a combination of

- a) a video recording, and
- b) a rubric.

The video recording was used during the interview. The student and the “patient” were recorded during the consultation. This video was shown to the students immediately after the interviews were conducted.

Students reacted very positively to this approach. It allows them to view their method of conducting a consultation in an objective manner. It creates a stronger impression on them because it allows them to see themselves objectively. They can see and hear their mistakes and will therefore appreciate the feedback they receive. They will also be aware of which aspects they will need to improve upon. Comments like: “I am constantly touching my hair” or “I am constantly repeating myself and am beginning to irritate myself” were not uncommon.

The video enables me to judge them more objectively by means of the rubric. It is physically impossible to remain totally objective after sitting through four consultations. Later - after one has experienced as many as 20 consultations - the video becomes important in enabling one to give an objective evaluation.

After each consultation I answered a few questions following my “gut” feeling” in order to record my subjective feelings. These were later compared to the findings in the rubric.

The rubric is subdivided into a number of dimensions, each consisting of different questions specifically relating to a specific part of the consultation.

The rubric is of the utmost importance in maintaining the objectiveness of the questions and answers given by the evaluator. It is more accurate than any written report as it compels the evaluator to answer the same questions and to concentrate on the same aspects of each consultation. It also makes the students aware of which aspects of the consultation are most important and which must be improved upon.

The rubric is very detailed and allows the evaluator to be very specific in his/her evaluation. It also allows certain aspects of the consultation to be examined, which may otherwise have been missed by the evaluator.

I have come to regard the rubric as an invaluable tool for effective evaluation.

Dental students at the University of Pretoria are very fortunate to be given the opportunity to learn and apply communication- and consultation skills before they begin working on patients. It will, in my opinion afford them a positive advantage and they will undoubtedly perform far better in practice than those who have not had this opportunity.

This will obviously reflect very positively on the University of Pretoria.

Louise Schweickerdt

31 May 2004

Students' verbatim feedback about their learning experiences

▪ Feedback after training cycle 1	▪ Feedback after training cycle 2
<ul style="list-style-type: none"> ▪ <i>Communication skills' contribution to the dentist-patient relationship</i> ▪ "Communication skills are very important to establish rapport with the patient" ▪ "Patients will return for treatment if they perceive the relationship with the dentist to be relaxed" ▪ Enable the dentist to win the patient's confidence" ▪ "Communication skills - especially the use of non-verbal behaviour (body language) - are essential to make the patient feel comfortable. Extremely vital!" ▪ "Communication is the most important part of the dentist-patient relationship and plays a major role in the retention of patients" ▪ "I think the more one talks to patients, the better you get in discussing things" ▪ "Enable the dentist to establish a personal relationship with the patient which will facilitate treatment plan presentation" 	<ul style="list-style-type: none"> ▪ <i>Communication skills' contribution to the dentist-patient relationship</i> ▪ "I think establishing rapport is very important in maintaining and keeping patients" ▪ "Communication skills are required to facilitate and eventually make a final diagnosis" ▪ "Communication is the most important part of any relationship and the reason why patients will trust you or not" ▪ "I am increasingly more aware that THIS (communication skills) will probably make the difference between an average and an excellent practice!" ▪ "Very important – especially to retain your patients" ▪ "Communication skills are of vital importance, whether they are verbal or non-verbal gestures" ▪ "Important to treat the patient well as a person as well as to meet the patient's needs"
<ul style="list-style-type: none"> ▪ <i>Weak and strong points</i> ▪ "It was difficult to explain some concepts to the patient" ▪ "Due to lack of knowledge regarding dentistry, it was rather difficult to explain to the patient what the diagnosis is" ▪ "My communication is not so bad, but I could not structure my interview in a rightful manner. I skipped and entertained a lot of things at the same time" 	<ul style="list-style-type: none"> ▪ <i>Weak and strong points</i> ▪ "I should spend more time to elicit the patient's emotions" ▪ "I don't spend enough time listening to the patient and allow the patient time to talk it through" ▪ "I use a lot of language that is informal and I wonder if this seems disrespectful to the patient" ▪ "I am still a bit uncertain about how much to deal with the patient on the emotional level"

<ul style="list-style-type: none"> ▪ “I did not conduct the interview according to a structure. I must show more empathy and warmth towards the patient. I must be more confident; must explain the agenda of the interview to the patient and must listen to the patient” ▪ “Be more relaxed” ▪ “Very poor – made too much use of my hands to explain. No professional demeanour; mumbled and did not show empathy; did not listen and I was too rushed” ▪ “Should use more professional language” 	<ul style="list-style-type: none"> ▪ I find it difficult to discuss the treatment plan with the patient” ▪ “I’ve gone too quickly through the interview” ▪ “Still a lot to learn, but this type of training helps definitely!” ▪ “It’s in me to empathise, but I always have difficulties in having a smooth interview. For some reason I always look disorganized” ▪ “I’m still not sure if I can empathise with the patient or make the patient feel at ease, because I was also a little uncomfortable myself” ▪ “I need to relax more and concentrate more” ▪ “I should act more professionally”
<ul style="list-style-type: none"> ▪ <i>Those aspects of communication that need further development</i> ▪ “How to structure my interview” ▪ “Must stop slouching” ▪ “Empathy, listening skills, demeanour, tone of voice, too rushed” ▪ “I want to say too many things at once and too fast” ▪ “I should improve my poor body language” ▪ “I don’t listen to the patient” 	<ul style="list-style-type: none"> ▪ <i>Those aspects of communication that need further development</i> ▪ “Need to relax more” ▪ “Listen and let the patient talk it through” ▪ “There was still some aspects I wasn’t certain of for example posture” ▪ “The lack of interaction with a real patient contributes to my uncertainty, but the more practice, the more improvement”
<ul style="list-style-type: none"> ▪ <i>Your experience of role-playing as a “dentist”</i> ▪ “This has enabled me to realise that a consultation is not very easy and therefore it’s a skill that one acquires” ▪ “I need to know how to respond appropriately to situations” ▪ “The feedback from the “patient” is very helpful – feedback I would otherwise not have been given” ▪ “Was comfortable, just have to learn empathy and let the patient talk without interrupting the patient” ▪ “I have learned not to use medical jargon and learned a lot from other students’ interviews” 	<ul style="list-style-type: none"> ▪ <i>Your experience of role-playing as a “dentist”</i> ▪ “I had more confidence compared to the first round” ▪ “I feel that I have more control of the interview than the previous time” ▪ “Much better than the previous time. Exposure and practice improve my competence” ▪ “I now realise the importance of the dentist-patient relationship” ▪ “During the second round the interview went much smoother after we were taught the principles of interviewing” ▪ “Feel much better than the first time”

<ul style="list-style-type: none"> ▪ “On the video it was clear how I actually treat people. I regard myself as a warm, approachable person, but I seemed to be a bit harsh. I definitely need to learn a lot about handling of a patient” ▪ “It is very important to have an open discussion with my patient, because I will have to know exactly what bothers him/her” ▪ “I realised the importance of needing a structured interview – need to learn how and what to say” ▪ “An excellent learning experience!” ▪ “It is important to conduct the interview according to a structure that will ensure that all information are elicited from patient” 	<ul style="list-style-type: none"> ▪ “I had more structure in my interview. Definitely an improvement!” ▪ “Today’s interview was actually better than the first one in the sense that I was more confident but still disorganized. Getting the grips of things though” ▪ “The more I relaxed the more I began to realise my true self as well as the patient’s inner feelings, for example putting myself into my patient’s shoes” ▪ “I became more aware of the patient’s point of view (expectations)” ▪ “I feel much more confident in conducting an interview, especially showing more empathy and allowing the patient to communicate more” ▪ “I’ve tried my best to get as much information as possible, but my way of giving back treatment plan is not there yet” ▪ “I think the role-play sets the ground for future patient relationships” ▪ “The visual aids helped to give more information to the patient. The structure given in the lecture helped me to be more confident. I am more relaxed now compared to the first time” ▪ “Good learning exercise! Such practice situations will improve my communication skills. One becomes relaxed and enjoys it” ▪ “This practice helped us and enabled us to approach the patient and also helped us to improve our confidence and thus be able to express ourselves” ▪ “The examples of ideal interviews helped a lot. It is assuring and satisfying to know that you are establishing a sound relationship with your patient”
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	<ul style="list-style-type: none"> ▪ “I have realised that listening ATTENTIVELY makes it more easy for me to find out more about my patient” ▪ “Practice makes perfect. The video feedback helped tremendously to realise my mistakes”
<ul style="list-style-type: none"> ▪ <i>Least and most enjoyable experiences</i> ▪ “It was wonderful experience. The video recording prepares me to put much effort in” ▪ “It was a good learning experience” ▪ “Excellent experience – definitely worth while” ▪ “A fun learning experience” ▪ “A very informative session! One learns a lot about your communication skills by watching yourself on the video as well as the positive feedback” ▪ “Stressful experience but extremely enlightening!” ▪ “Too nervous in front of the camera” ▪ “As much as I disliked the “video” at first – but after seeing the video it really helps” ▪ “It is important to do it now (3rd year) – so we can improve. It is important to watch other students because you learn from what they do and their mistakes. I think that this exercise is important to show us where we need to improve to be successful, caring dentists” ▪ “Pleasant and meaningful way of learning” ▪ “I have enjoyed it thoroughly and learned a lot!” ▪ “You need to “see” your mistakes first before you can eliminate them” ▪ “Video- and “patient”- feedback were very enlightening and helped a lot” 	<ul style="list-style-type: none"> ▪ <i>Least and most enjoyable experiences</i> ▪ “I don’t think it is fair to watch your video with everyone because it is your video and I think it must be private” ▪ “Uneasy of being video recorded on video” ▪ “The interview structure is an excellent aid to conduct a structured interview” ▪ “It was an entirely appropriate manner of learning communication skills. I enjoyed the course even if I was taken out of my comfort zone” ▪ “The whole experience is very important – especially in view of the fact that we will be dealing with real patients in the fourth year. I have learned a lot about myself” ▪ “The structure helped a lot! I feel much more at ease to conduct an interview with a patient” ▪ “The video is extremely helpful. I was able to realise and see my mistakes. It’s much better seeing your mistakes than being told by an examiner”

<ul style="list-style-type: none"> ▪ “A useful way of learning by taking you out of your comfort zone as will the case be in practice” 	
	<ul style="list-style-type: none"> ▪ <i>What are the most important things you have learned from the lectures?</i> ▪ “You have to have a patient-centered approach. LISTEN! See the PERSON behind the teeth!” ▪ “That an interview needs to be structured. Know what the patient expects from me. Try to bond with the patient and build trust” ▪ “How to communicate with my patient in the most appropriate way” ▪ “How to elicit the patient’s emotions” ▪ ‘Patients’ needs (expectations) are of great importance and you should attend to it!” ▪ “To get in touch with the patient, and really listen to and talk to your patient” ▪ “A patient must be seen a whole person (bio-psychosocial); the patient must be respected; the patient must have trust and confidence in the dentist” ▪ “The lectures have given me a framework (structure) on which I can now structure a patient-centered interview. All I need is practice now. I’ve realized the importance of building a good dentist-patient relationship and how it impacts on a long-term relationship with the patient” ▪ “How to know what patient-centeredness is” <p>“A breakdown in communication between patient and dentist is a major reason for patients not returning for treatment”</p>

	<p>“How to establish trust; to make use of visual aids to explain the problem to the patient; to listen to the patient; to conduct the interview in a structured way”</p> <p>“Trust is essential in a dentist-patient relationship. Be open. Be easy to talk to!”</p> <p>“I think it is important that we are given things that establish trust. Trust is very important. As a dentist, the patient must trust you”</p>
	<ul style="list-style-type: none"> ▪ <i>What suggestions do you have to improve development of communication skills of 3rd year dental students?</i> ▪ “More practice with different patients” ▪ “More direct interactions with real patients. Visits to wards to show what is expected from the dentist” ▪ “To experience the real situation in a dental practice” ▪ “To communicate more with other patients and get more exposure” ▪ “More interview sessions and discussions (feedback) of the interviews. It is absolutely essential for developing dentists” ▪ “There should be role-play in the entire class in order to practically highlight the different approaches and mishaps that may occur during a consultation” ▪ “Try to do the practical things a bit sooner after the lectures” ▪ “The training should take place at a later stage when students have more dental knowledge at their disposal”

School of Dentistry

STUDENT INFORMATION LEAFLET AND INFORMED CONSENT

Introduction

The School of Dentistry at the University of Pretoria, recently implemented an outcomes-based curriculum. Essential components of the curriculum are knowledge, problem solving and physical examination of the patient. Together these three components form the very essence of good clinical practice. However, communication skills should become a fourth component: without appropriate communication skills, all other clinical efforts can easily be wasted. Without appropriate communication skills, dental students will not be empowered to meet the challenges in a dynamic and challenging dental market. Good communication skills will benefit you in the following ways:

- Identify patients' problems more accurately;
- Patients adjust better psychologically and are more satisfied with their care;
- Have greater job satisfaction and less work stress;
- Efficiently discover the problems or issues that the patient wishes to address;
- Accurately obtain the full history from the patient;
- Jointly make an acceptable, understood management plan that patients can adhere to;
- Supportively form a relationship that helps reduce conflicts for both patient and doctor.

The School's quest to innovate, to be locally relevant and internationally competitive as well as to train scientific and humanistic dental physicians, will only be met if the challenge to create high-quality learning experiences at all levels of dental education, is accepted. When dentists use communication skills effectively, both they and their patients benefit.

Teaching relational communication skills

Communication skills will be taught by means of a model that has been developed for teaching relational communication skills to students in dentistry at the University of Pretoria. This will eventually lead to:

- The selection of comprehensive, optimum dental care by patients
- An increase in the number of patients who have an appreciation for dentistry;
- An increase in loyalty among patients towards the dentist and the dental team;
- An improvement in the profitability of a dental practice.

Each student will conduct two interviews with one standardised patient. Each interview will take 20 minutes and will be conducted according to a given scenario. The interviews will take place in the skills laboratory situated in the HW Snyman - North building. Peer- and self-evaluation of students' communication skills will be done as well as evaluation by a standardised patient. Students will also answer questionnaires about their experiences.

Purpose of the research

The purpose of the research is to evaluate communication skills teaching and use the information to scientifically and accountably revise teaching in following years.

Duration of the research

The study will last for 12 months during the 3rd year.

Consent

I,, willingly consent that the information provided (answering questionnaires about my experiences and feedback by a standardised patient) during the course in communication skills training, may be used to scientifically and accountably revise the teaching of communication skills in following years.

..... has explained the purpose of the training to me and I understand that the results will be used for research purposes. I also understand that the information I provide will be treated anonymously and with confidentiality and that my identity will be protected.

I also give permission that my interview with the standardised patient may be videotaped.

Voluntary Consent concerning questionnaires and certain procedures

Note:

The implication of completing the questionnaire is that informed consent has been obtained from you. Thus any information derived from your form (which will be totally anonymous) may be used for publication.

As all information or data are anonymous, you must understand that you will not be able to recall your consent, as your information will not be traceable.

.....
Signature: Participant

.....
Date

.....
Signature: Researcher

.....
Date

.....
Signature: Witness

.....
Date

(This consent form will also be available in Afrikaans)