

## Communication and Patient-Centred Care:

This is a major focus of BDS 1 and 20% of final exams will be dedicated to examining Comm PCC. Additionally, it will present as a recurring assessment every clinic session as your tutor will observe how you build rapport with patient as well as typical clinical communications such as obtaining consent and explaining diagnosis. Communication in dentistry has to be very efficient and particular because it is often associated with legal requirements. And of course practise of good patient care will help avoid any patient discontent and conflict.

### What is health?

#### Understand:

- There are many definitions for health - lay and professional
- We should aim to view health from a biopsychosocial model rather than medical model as clinicians. (a)
- This reflects the mutualistic/collaborative relationship between dentist and patient rather than consumerist or paternalistic model. (b)

### Culture

#### Understand:

- The difference between surface (observable) and deep (hidden) culture based on the cultural iceberg. (c)
  - Deep culture including core values and attitudes are reflected in surface culture in behaviour
- Dentist and patient interaction is always a **cross-cultural interaction** due to lay and professional culture.
- The theoretical framework for culture that prevents against stereotyping. (d)
  - Prejudice and discrimination stem from stereotyping hindering ability to accurately interpret pt info → poorer health outcomes

### Obtaining Info

#### Understand:

- The purpose of building rapport and showing empathy
  - Rapport - physiological and physical comfort for pt as sign of warmth and respect
  - Empathy - two-stage process of appreciation of pt's circumstances and relaying that understanding back to pt
- How to obtain information in pt-centred care approach (e)
- The differences of question and communication techniques in obtaining MHx, DHx vs SHx (f)
  - Have a summarised understanding of the relevance of each MHx question to dentistry i.e. control of pain and anxiety for hypertensive pts

### Explaining and Providing Info

#### Understand:

- Limitations of traditional education and therefore, the importance of PCC tailored approach for better health outcomes and pt 'compliance.'
- Legal and ethical obligations of informed consent and patient autonomy of which NHMRC principles are based (g)
- The practice of TRIM in obtaining consent, providing diagnosis and pt instruction (h)

	Biopsychosocial	Medical
<b>Conception of Health</b>	Continuum of wellbeing with physical and mental health integrated	Health as absence of disease
<b>Explanation for disease</b>	Causes of disease are complex	Focus on biological causes of disease
<b>Responsibility for oral health</b>	Dentist and pt both involved	Dentist as health care professional
<b>Role of patient</b>	Active and involved in health	Passive and compliant to dentist's instructions as patient is lay
<b>Model</b>		
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>All encompassing and health-focus</li> <li>Tailors treatment for each patient</li> <li>Expands on biomedical model</li> </ul>	<ul style="list-style-type: none"> <li>Disease focus</li> <li>Negative model → doesn't explain what health is</li> <li>"One size fits all" approach</li> </ul>

(a)

	Control Balance	Summary
<b>Paternalistic</b>	Dentist > Pt	<ul style="list-style-type: none"> <li>Dentist fully responsible for making decisions about pt's health</li> <li>Pt simply receive treatment</li> </ul>
<b>Consumerist</b>	Dentist < Pt	<ul style="list-style-type: none"> <li>Pt wholly drives agenda of appt by demand of services/treatment</li> <li>Dentist fulfils pt requests</li> </ul>
<b>Collaborative/Mutualistic</b>	Dentist = Pt	<ul style="list-style-type: none"> <li>Dentist and pt both actively participate in health care process</li> <li>Dt tailors treatment to pt context and allow autonomy</li> </ul>

(b)

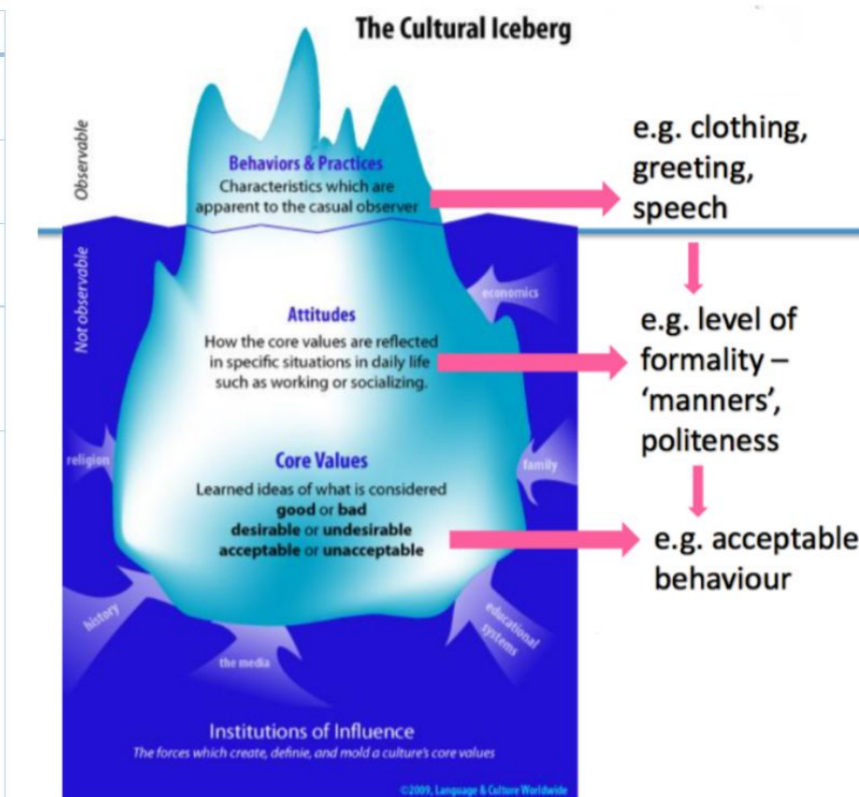
Step	Details	Principles	Execution of Principle
<b>Meet, greet, seat</b>	<ul style="list-style-type: none"> <li>Introduction, accompany and seat pt to cubicle</li> </ul>	<ul style="list-style-type: none"> <li>Aim to be <b>warm and respectful</b></li> </ul>	<ul style="list-style-type: none"> <li>Consider address of pt</li> <li>Seating, chair height, inclination</li> </ul>
<b>3Cs</b>	<ul style="list-style-type: none"> <li>Checking pt identity by <b>asking</b></li> <li>Patient needs to say their own info – not you tell them</li> </ul>	<ul style="list-style-type: none"> <li>Pt <b>safety</b> by ensuring correct patient + treatment</li> <li>Be mindful of <b>patient privacy</b></li> </ul>	<ul style="list-style-type: none"> <li>Closed-question</li> <li><b>Correct patient</b> – 3 forms of ID, <b>procedure, site</b></li> </ul>
<b>Chief Concern</b>	<ul style="list-style-type: none"> <li>Reason for visit</li> <li>Open-question</li> <li>Difference to MHx → closed/directed questions</li> </ul>	<ul style="list-style-type: none"> <li>Provide opportunity for patient to <b>express their concerns</b> in own words</li> </ul>	<ul style="list-style-type: none"> <li>Difference between confirming reason for appointment in 3Cs and exploring reason for visit to identify CCs</li> </ul>

(e)

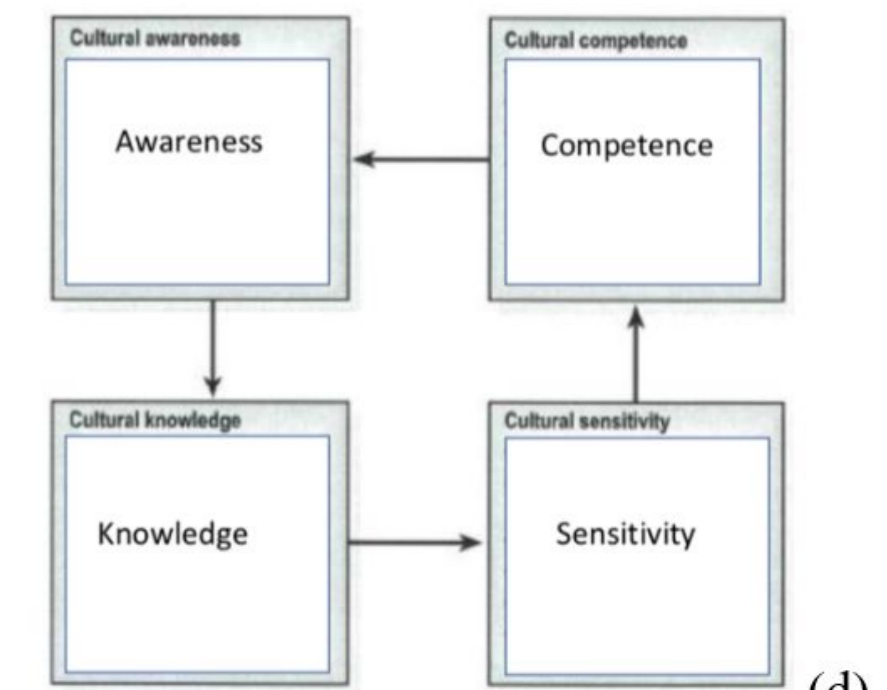
### Principles (NHMRC)

- Patients are **entitled to make own decisions** about treatments and given **adequate information** to base those decisions
- Info provided in form and manner which **help patients understand** problem and treatment options available, and **appropriate to pt context**
- Doctors should **give advice** that patient is free to accept or reject with **no coercion**
- Patients should be **encouraged to make their own decisions**
- Patients should be **frank and honest** in giving info about health

(g)



(c)



(d)

MHx	DHx	SHx
<ul style="list-style-type: none"> <li>Aim to help pt understand qs are both important and relevant for careful/accurate response                             <ul style="list-style-type: none"> <li>Provide brief rationale to qs – latex in dental gloves</li> </ul> </li> <li>Open-ended qs → pt perspective</li> <li>Closed qs → specific info</li> <li>Sign-posting to help Pt follow</li> </ul>	<ul style="list-style-type: none"> <li>Asks DHx after CC, before MHx</li> <li>Includes asking about dental experiences                             <ul style="list-style-type: none"> <li>Make Pt feel valued you are asking about dental concerns</li> <li>Relieve dental anxiety</li> </ul> </li> <li>Maintenance/attitude to good oral health</li> <li>Questioning method:                             <ul style="list-style-type: none"> <li>Keep qs conversational</li> <li>Open or closed questions</li> <li>Avoid leading and compound questions</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Generate over a few sessions</li> <li>Information                             <ul style="list-style-type: none"> <li>Demographics</li> <li>Diet</li> <li>Smoking, alcohol</li> </ul> </li> <li>Ask in PCC way                             <ul style="list-style-type: none"> <li>Make question <b>conversational</b> → plain language</li> <li>Avoid leading and compound questions</li> </ul> </li> <li>Ask before in clinic, before and after exam in real life</li> </ul>

(f)

<b>Timing</b>	<ul style="list-style-type: none"> <li>What is the <b>correct amount and type of info</b> needed at this <b>time</b>?</li> <li>How can I find this out?</li> </ul>	<ul style="list-style-type: none"> <li>Chunk and check info</li> <li>Assess patient starting point</li> <li>Asking pt for info they want</li> <li>Appropriate advice for that time</li> </ul>
<b>Relevance</b>	<ul style="list-style-type: none"> <li>What will help the patient <b>connect to this info</b>?</li> <li>How can I find out what is relevant?</li> </ul>	<ul style="list-style-type: none"> <li>Relate to pt perspective, elicit pt beliefs</li> <li>Pick up and respond to pt cues i.e. info overload and distress</li> </ul>
<b>Involvement</b>	<ul style="list-style-type: none"> <li>How can I help the patient to be <b>active and contribute</b> in this process?</li> </ul>	<ul style="list-style-type: none"> <li>Provide and encourage pt to contribute</li> <li>Offer suggestions and choices rather than directives</li> </ul>
<b>Methods</b>	<ul style="list-style-type: none"> <li>Help pt <b>understand and recall</b></li> </ul>	<ul style="list-style-type: none"> <li>Organise explanation – signposting i.e. labelling chunks</li> <li>Repetition, summarising, concise language</li> <li>Visual methods of conveying – diagrams, pamphlet</li> <li>Check pt understanding of info</li> </ul>

(h)