

## Communication skill training (CST) for dental Interns

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### Abstract:

In the field of dentistry, knowledge and technical skills are not the only prerequisites for good practice. An ability to communicate effectively with patients in particular, to use active listening skills, to gather and impart information effectively, to handle patient emotions sensitively, and to demonstrate empathy, rapport, ethical awareness, and professionalism is crucial. In India “communication skills training (CST) for dental students” is not formally accepted in curriculum. The CST was conducted by the department of dental education technology of Govt. Dental College Nagpur for dental interns with an aim of assessment of relevance, and effect of communication skill training (CST) on dental interns. The objectives were to train dental interns of 2013-14 batch for communication skills by interactive sessions and to test knowledge gain by pre & post-test questionnaire. We observed that there is a definite gain by the participants in all aspects of communication skills i.e. verbal, nonverbal as well as written. There is increase in participants’ confidence level. Thus, formal education of psychology for verbal and nonverbal communication and training for written communication is a need and can become a bench mark in dental education if included in curriculum.

**Keywords:** Communication skills, interns, workshop

### Introduction:

Communication is now a mandatory component of dental graduate’s competency and is highly valued by patients. Incorporation of psychology into the training of dental students is especially advantageous to allow future dentists to identify and respond to psychological needs of the patient. The benefits noted when a dentist demonstrate effective communication skills are increased patient satisfaction, improved patient adherence to dental recommendations, decreased patient anxiety and lower rates of formal complaints and malpractice claims[1].

The importance of behavioural sciences and in particular communication skills, was formally recognized in the United Kingdom with the 1990 publication of the General Dental Council’s guidelines for the inclusion of behavioural sciences teaching in dental schools[2]. In the United States, the American Association of Dental Schools’ 1993 guidelines[3] identified core areas of behavioural science and communication skills in the dental curriculum. In India the reality is that “the communication skills training (CST) for dental students” is not formally accepted in curriculum. Amongst the dental practitioners themselves and specialist groups working in the field, there is a general acceptance of behavioural sciences and communication skills as important components of dental education. This is indicated by sporadic didactic lectures arranged by the dental associations in continuing dental education programs. This training was arranged as part of interns orientation program

(IOP) at the commencement of internship program. IOP is a part of intern’s curriculum. The scope of CST for dental interns 2013-14 was framed from CST of medical students and the need of additional aspects for dental interns at Government Dental College and Hospital, Nagpur (MS).

### Aim:

To train dental interns of 2013-14 batch in all aspects of communication skills i.e. verbal, nonverbal as well as written, communication skills,

### Objective:

Assessment of relevance and effect of communication skills training (CST) on dental interns.

### Method:

The CST program was illustrative as well as interactive which included self-made skits with trained personals as patient & dentists and intern’s participation in group activities. The objectives of session were to train dental interns of 2013-14 batch for communication skills. The assessment of course was done by analysis of pre and post session questionnaire.

The training area (topics) identified are-

1. Verbal communication - interpersonal communication; communication with patients
2. Relationship skills- Reflection, legitimation, empathy, personal support, partnership and respect.

3. Nonverbal communication- eye contact, Dentists' posture, gesture & etiquettes, Reflection of your confidence
4. Patients education methods and tools
5. Written communication- prescription, entries in records, instruction sheet consent
6. Patient referral- within speciality (for imaging, biopsy, laboratory) and to other speciality (medical speciality)
7. Other skills- maintenance of treatment planning, breaking bad news, motivation.

The total participants were 36. The pre-test questionnaire was given to all participants at the start and collected after 10 min. This was followed by the illustrative and interactive session of 16 hours which included the above mentioned topics. The post-test questionnaire was given at the end session (Table 1). The questionnaire consisted of open ended questions to collect the knowledge of the students about all aspects of the CST. The answers were rated as per the scale mentioned in table 2. The collected data was analysed as specific response, nonspecific response and irrelevant response as per table no 2.

The 16 hours illustrative and interactive session was part of IOP.

**Table 1: Pretest Questionnaire**

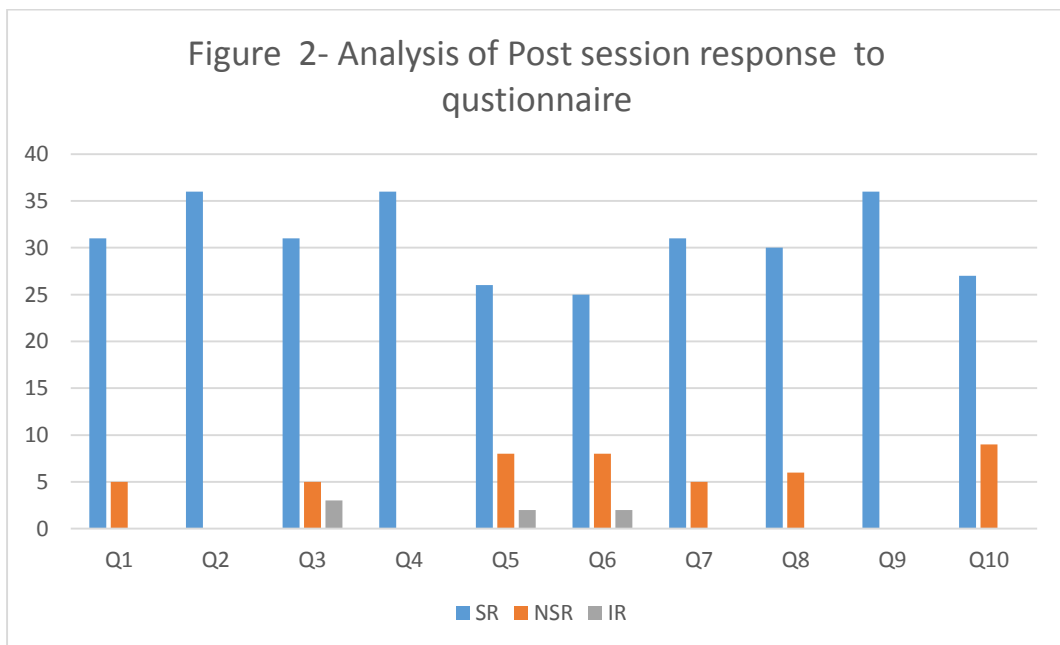
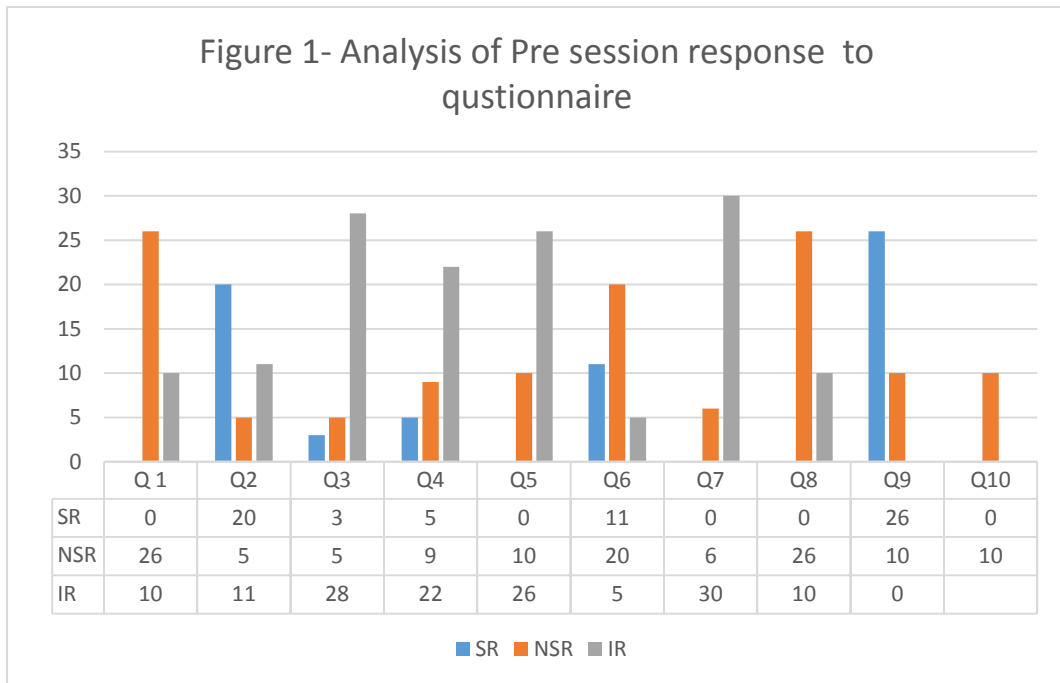
Question no	Question
1	Mention three areas of communication skills for dentists.
2	What are the benefits of good communication skills for a dentist?
3	What is empathy?
4	What is non verbal communication?
5	Mention three relationship skills
6	Mention three patient's education tools.
7	What is maintaining of treatment plan'?
8	What is barrier behaviour or personal space?
9	Mention three important points in prescription writing.
10	What is an informed consent?

**Table 2: Scale for analysing the response to pre SQ and post SQ**

Response	Abbreviation	Description
Specific Response	SR	Response is specific and almost near to the correct
Nonspecific Response	NSR	Response is nonspecific and almost but not incorrect
Irrelevant Response	IR	Response is incorrect

**Table 3: Response of total 36 participants according to table 2 in pre and post session questionnaire**

Question No	PRE session response			POST session response		
	SR	NSR	IR	SR	NSR	IR
1	0	26	10	31	5	0
2	20	5	11	36	0	0
3	3	5	28	31	5	0
4	5	9	22	36	0	0
5	0	10	26	26	8	2
6	11	20	5	25	8	3
7	0	6	30	31	5	0
8	0	26	10	30	6	0
9	26	10	0	36	0	0
10	0	10	26	27	9	0
Total -36						



**Observation:**

Fig 1 shows the pre session responses to questionnaire. It shows the evident grey and brown colour bars of no specific response and irrelevant response. The blue bar of specific response is also seen. Fig 2 shows the post session responses to questionnaire. It shows the blue bars are very prominently. These blue bars represent the specific responses. Thus most of the students gained knowledge from the sessions and their responses in post session to the same questionnaire are specific

responses. There are few nonspecific responses as well.

In the feedback questionnaire first and second question are to know participants’ awareness about communication skills. The specific answers are seen in post session response, whereas in pre session response answers are nonspecific. The third question on empathy received most irrelevant answers in pre session, whereas responses in the post session show the specific response. There is definite change in response to question no 5, 7, 8, and 10 to specific answers. Thus their awareness about relationship

skills, maintaining of treatment plan was increased. As dentist has to work very near to the patient, the awareness about personal space was definitely gained as per response to Q no 8.

**Discussion:**

Effective communication is crucial to the dentist-patient relationship. Incorporation of psychology into the training of dental students is especially advantageous to allow future dentists to identify and respond to psychological reactions by the patient. Dental work is filled with psychological phenomenon. Discomfort and pain are often perceived and, in many cases, are even associated with routine dental procedures, causing anxiety and avoidance. Beyond the obvious anxiety associated with dental pain, the intrusiveness of dental procedure often creates numerous psychological reactions for both the dentist and the patient. The interpersonal and relationship skills come in domain of the verbal & nonverbal communication. The other skills – patient’s education, negotiation, motivation, breaking of bad news will prepare the students for day to day challenges in dental practice. The written communication is integral part of dental practice which is not formally taught in dental schools. It is learnt from senior colleagues and by observation.

Part of the challenge that arises in integration of communication skills within dental education is in assessing attainment of these skills. A key challenge posed by communication assessment is that it does not conform to many of the traditional assessment strategies used in medical and dental education to test if students can remember facts[4]s. Assessment should be with acceptable validity and reliability. In our CST program we have done assessment by pre and post session with the same questionnaire. This is to assess the benefit of the session. The evidence base for communication skills assessment is sparse in the field of dentistry. Tools have been adapted from other health professions, however it is not accurate to assume that the demonstrated validity and reliability is transferred directly into dental context.

The CST for dental interns is first of its kind conducted and reported in central India. Its assessment done by pre & post session questionnaire concludes that participants gained the theory and practical aspects of communication skills and their confidence level increased. In addition, inclusion of the written communication is a valuable feature. There is a definite gain of the participants for the communication skill in all aspects ie, verbal, nonverbal as well as written. There is increase in participant’s confidence level as reflected by the increase in specific response.

**Conclusion:**

There is a need of inclusion of Communication skill in the curriculum with the scope as mentioned earlier. We propose further expansion of this program, its inclusion in curriculum and the predictable assessment method. Thus the formal education of psychology for verbal and nonverbal communication and training for written communication is a need and will be a bench mark in dental education.

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