

## A Review on Effective Communication – The key to proficient dental care

Sharanya V Rao \*, Caitlyn Noronha, Ashwini Savia Colaco and Shreya B S

*Department of Conservative Dentistry and Endodontics, A. J. Institute of Dental Sciences, Mangaluru, D. K, Karnataka-575004, India.*

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### Abstract

Communication is an indispensable element for rapport building between patient and dentist. The four types of communication are verbal, non-verbal, visual and written. Mastering the art of communication through verbal articulacy, non-verbal cues, and meticulousness in the written record and visual elements is a skill. This can be learnt, refined and enriched by comprehending the diverse avenues of expression. Being able to convey the message by gaining mastery over the varied forms of communication will equip us to establish connections, and gain triumph in our personal and professional endeavours. When it comes to dental treatment, effective planning and communication are essential for achieving optimal outcomes. One must discuss various treatment options tailored to the patient's needs after determining the urgency and priority of treatments.

**Keywords:** Communication; Dental care; Patient; Treatment

### 1. Introduction

The word 'communication' is derived from the Latin word communis, which means common sense. Communication is a dynamic process that involves transmission of information. It describes how a message can be transmitted from the communicator to the recipient. It is a two-way process of action involving the following elements: a sender, a message, a medium, a channel, a receiver, a response and feedback.[1] A successful dental practise principally depends on efficient communication between dentist and patient. Dynamic communication during dental visits empowers the patients to effectively communicate their concerns, physiological and psychological needs. This helps in accurate diagnosis, considerate treatment planning.[2] All of this will promote improved patient outcomes, feedback as well as decreases the possibility of complaints or litigation. Another advantage is the resultant improved patient education and motivation towards better oral health care and quality of life.[3]

#### 1.1. Clinical Communication

Verbal communication is the foundation of all human interaction. It enables individuals to express their thoughts through spoken words. It is a quintessential mode of communication that aids in fostering relationships and developing professional collaboration. Verbal communication when done effectively caters to an enjoyable, inspiring and satisfying dental experience. Excellent verbal communication by using the Cs of communication such as clarity, cohesiveness, completeness, concise, and concreteness leaves little room for misinterpretation. Verbal communication between dentist and patient is principally important to render quality dental care.[4]

\* Corresponding author: Sharanya V. Rao

## 1.2. The Calgary-Cambridge concept

The 'Calgary-Cambridge concept' introduced by Kurtz and Silverman is the gold standard for clinical communication. It was developed to provide a comprehensive, evidence-based guideline to the complex skill set required for effective clinical consultations. [5]

This framework divides the dentist-patient conversation into five crucial steps which are

- Starting the conversation
- Gathering information
- Physical examination
- Explanation and further planning
- Ending the conversation

### 1.2.1. Starting the conversation

Establishing initial rapport by greeting the patient with a smile creates a positive ambience. The dentists should take time to listen attentively to the concerns and fears of the patient. Being empathetic, communicating understanding and appreciation of the patient's chief complaint and predicament at all times helps to gain the patients trust. In the initial session accept legitimacy of patient's views and obtain consent. Providing support expressing willingness to help is an imperative step to provide a high-quality communicative structure and connect with the patient.[6]

### 1.2.2. Gathering information

Exploration of Patient's chief complaints and concerns begins with encouraging the patient to narrate the reason for visiting the dental clinic. It is essential to listen attentively to the patient and allow them to complete their statements without interruption. To clarify patient's concerns, it is ideal to use open and closed ended questioning techniques. Preferably moving from open ended to closed ended questions. [7] Usage of concise, easily understood questions and avoiding jargon is beneficial. At this point in time to facilitate adequate information, positive response and acknowledgement will help.

A dentist should be patient and provide space for patient to think or go on after pausing if needed. If the provided statements are unclear and need amplification, reiterate the statements to emphasize on the imprecise information. To further establish the correct sequences of events summarize the information periodically. Also invite the patient to correct the interpretation or provide further information.[8] Additionally, actively determining and appropriately exploring patient's beliefs, expectations and the effects of how the health problem affects their quality of life is crucial.

### 1.2.3. Physical examination

The assessment of the patient, commences the moment they walk into the clinic. Information can be obtained from their posture, motor activity, gait, personal hygiene, facial expressions, body build and odours. These aspects can all be informative and provide clues to the patient's medical history. According to Khalifah and Celenza the patient's perspective should be the centre of communications, A comprehensive patient history followed by gentle and meticulous examination helps to establish an accurate diagnosis and appropriate treatment plan.[9]

Physical examination begins with extraoral examination followed by intraoral examination. A thorough examination should be carried out regardless of the patient's chief complaint in conjunction with a thorough medical, pharmacological and dental history. During examination it is important to display a healthy combination of active listening, critical listening, reflective listening and passive listening abilities.[10]

Active listening promotes patient-centred Care that can help to identify undiagnosed or undisclosed medical conditions. Being a critical listener assists in trying to interpret a message and evaluate the patient's emotions and nonverbal cues. In reflective listening the patient's feel heard and use of passive listening skills such as silence and pauses signals to the patient the uninterrupted time to communicate their feelings.[11]

During examination non verbal communication which include elements such as facial expressions, body language, gestures, eye contact and touch. Non verbal communication possesses expressiveness of emotions without the need for verbal articulation. Body movements and overall demeanour serves as a channel of information that communicates extensively. Dentist patient eye contact and visual sense predominates a crucial form of non-verbal communication.[12] We also transfer a great deal of information and feeling through touch. Touch during examination must be comforting

and reassuring. At the same time an individual's personal space must be respected. It is through these non verbal communications that as professionals we can appraise our patients interest and response.[13]

#### *1.2.4. Explanation and further planning*

A comprehensive dental treatment plan involves careful assessment, clear communication, and collaboration with the patient. By considering the patient's preferences and financial situation dental professionals can create an effective plan that enhances both treatment outcomes and patient satisfaction. Explanation of treatment also involves discussing financial considerations, cost estimation and payment plans.[14]

Patient education and explanation can be executed using key elements such as

- Information: Educate the patient on their diagnosis, treatment options and the importance of maintaining oral hygiene. The use of visual communication tools are very beneficial. Visuals can transcend language barriers and are often more memorable than text or spoken words.
- Financial Considerations: Providing an estimate of treatment costs and discussing insurance coverage options and payment plan options for costly procedures along with the treatment timeline helps to gain the patient's confidence
- Informed Consent: Ensure the patient understands the risks and benefits of each treatment option, and obtain an informed consent .[15]

#### *Implementation of Treatment [16]*

- Scheduling: Develop a timeline for the proposed treatments, including follow-up visits.
- Duration: Estimate how long each procedure will take and the overall duration of the treatment plan.
- Execution: Carry out the treatment as planned, ensuring all steps are documented.
- Monitoring: Monitor the patient's response to treatment and adjust the plan as necessary.
- Follow-Up Care and Post-Treatment Instructions: Provide clear instructions for aftercare, including pain management and dietary restrictions.
- Regular Check-Ups: Schedule regular check-ups to monitor oral health and the success of the treatment.
- Long-Term Maintenance: Develop a long-term care plan, including preventive measures to maintain oral health.[17]

#### *1.2.5. Ending the conversation*

Ending the conversation should involve summarising and a brief recap of the next steps or follow-ups. Be Polite throughout and express gratitude. A friendly closing remark will leave a positive and lasting impression. In the modern global dental setting, dentist-patient communication can take place through either traditional face-to-face interactions or remote means of communication facilitated by digital technologies.[18] Utilization of mobile apps for appointment scheduling, treatment tracking, and reminders, enhancing the patient experience and streamlining practice operations is beneficial. Virtual Reality can be used for patient education, allowing patients to visualize procedures before they occur and Augmented Reality can assist in treatment planning and execution, providing a more immersive understanding of dental procedures. Using digital media is an innovative method that holds immense potential for transforming the delivery of dental services. Hence it is crucial that we could judiciously and utilize technology to improve the quality of dental care.[19]

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## **2. Conclusion**

Effective dentist-patient communication is a crucial element in oral healthcare delivery. It guarantees that patients receive the right dental care, to comprehend their diagnoses and treatment alternatives, and feel supported throughout the entire process. Mastering the art of communication is a complex skill. Patient listening, the ability to use simple and non-jargon words, being able to comfort and reassure patients with dental anxiety, and managing to deliver and promote behavior change decision making ability which may contribute to increased patient satisfaction, adherence to clinician recommendations, reduced anxiety as well as decreased incidence of negligence.

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## **Compliance with ethical standards**

### *Disclosure of conflict of interest*

There are no conflicts of interest in this article.

## References

- [1] Oliveros E, Brailovsky Y, Shah KS. Communication Skills: The Art of Hearing What Is Not Said. *JACC Case Rep.* 2019;1(3):446-449. Published 2019 Oct 16. doi: 10.1016/j.jaccas.2019.09.003
- [2] Ho JCY, Chai HH, Lo ECM, Huang MZ, Chu CH. Strategies for Effective Dentist-Patient Communication: A Literature Review. *Patient Prefer Adherence.* 2024;18:1385-1394. Published 2024 Jul 1. doi:10.2147/PPA.S465221
- [3] Viitanen, J.; Valkonen, P.; Savolainen, K.; Karisalmi, N.; Holsa, S.; Kujala, S. Patient Experience from an eHealth Perspective: A Scoping Review of Approaches and Recent Trends. *Yearb. Med. Inform.* 2022, 31, 136–145
- [4] Timofe MP, Albu S. Quality management in dental care: patients' perspectives on communication. a qualitative study. *Clujul Med.* 2016;89(2):287-292. doi:10.15386/cjmed-532
- [5] Kurtz SM, Silverman JD. The Calgary-Cambridge Referenced Observation Guides: an aid to defining the curriculum and organizing the teaching in communication training programmes. *Med Educ.* 1996;30(2):83-89. doi:10.1111/j.1365-2923.1996.tb00724.x
- [6] Kuehl SP. Communication Tools for the Modern Doctor Bag. Physician Patient Communication Part 1: Beginning of a medical interview. *J Community Hosp Intern Med Perspect.* 2011;1(3):10.3402/jchimp.v1i3.8428. Published 2011 Oct 17. doi:10.3402/jchimp.v1i3.8428
- [7] Calladine H, Currie CC, Penlington C. A survey of patients' concerns about visiting the dentist and how dentists can help. *J Oral Rehabil.* 2022;49(4):414-421. doi:10.1111/joor.13305
- [8] European Food Safety Authority (EFSA), Maxim L, Mazzocchi M, et al. Technical assistance in the field of risk communication. *EFSA J.* 2021;19(4):e06574. Published 2021 Apr 29. doi:10.2903/j.efsa.2021.6574
- [9] Khalifah A.M., Celenza A. Teaching and Assessment of Dentist-Patient Communication Skills: A Systematic Review to Identify Best-Evidence Methods. *J. Dent. Educ.* 2019;83:16–31. doi: 10.21815/JDE.019.003.
- [10] Glass S, Brown V, Carrico C, Madurantakam P. Head and neck exam practices of dental professionals. *Clin Exp Dent Res.* 2023;9(5):887-893. doi:10.1002/cre2.772
- [11] Al Turki Y. Listening to the patient, the essential step to patient care. *J Taibah Univ Med Sci.* 2022;18(4):755-756. Published 2022 Dec 21. doi:10.1016/j.jtumed.2022.12.005
- [12] Hall JA, Horgan TG, Murphy NA. Nonverbal Communication. *Annu Rev Psychol.* 2019;70:271-294. doi:10.1146/annurev-psych-010418-103145
- [13] Park SG, Park KH. Correlation between nonverbal communication and objective structured clinical examination score in medical students. *Korean J Med Educ.* 2018;30(3):199-208. doi:10.3946/kjme.2018.94
- [14] Hardee JT, Platt FW, Kasper IK. Discussing Health Care Costs with Patients: An Opportunity for Empathic Communication. *Journal of General Internal Medicine.* 2005;20(no. 7):666–669. doi: 10.1111/j.1525-1497.2005.0125.x.
- [15] Politi MC, Houston AJ, Forcino RC, Jansen J, Elwyn G. Discussing Cost and Value in Patient Decision Aids and Shared Decision Making: A Call to Action. *MDM Policy Pract.* 2023;8(1):23814683221148651. Published 2023 Jan 10. doi:10.1177/23814683221148651
- [16] Bidra A.S., Daubert D.M., Garcia L.T., Kosinski T.F., Nenn C.A., Olsen J.A., Platt J.A., Wingrove S.S., Chandler N.D., Curtis D.A. Clinical practice guidelines for recall and maintenance of patients with tooth-borne and implant-borne dental restorations. *J. Dent. Hyg.* 2016;90(1):60–69. [PubMed] [Google Scholar]
- [17] Nassar H, Al-Dabbagh N, Aldabbagh R, et al. Dental follow-up and maintenance index: the development of a novel multidisciplinary protocol. *Heliyon.* 2020;6(5):e03954. Published 2020 May 24. doi:10.1016/j.heliyon.2020.e03954
- [18] Moore R. Maximizing Student Clinical Communication Skills in Dental Education-A Narrative Review. *Dent J (Basel).* 2022;10(4):57. Published 2022 Apr 1. doi:10.3390/dj10040057
- [19] Pandrangi VC, Gaston B, Appelbaum NP, Albuquerque FC Jr, Levy MM, Larson RA. The Application of Virtual Reality in Patient Education. *Ann Vasc Surg.* 2019;59:184-189. doi:10.1016/j.avsg.2019.01.015.