

Communication and Rapport in Dentistry

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WHY IS COMMUNICATION AND RAPPORT SO IMPORTANT?

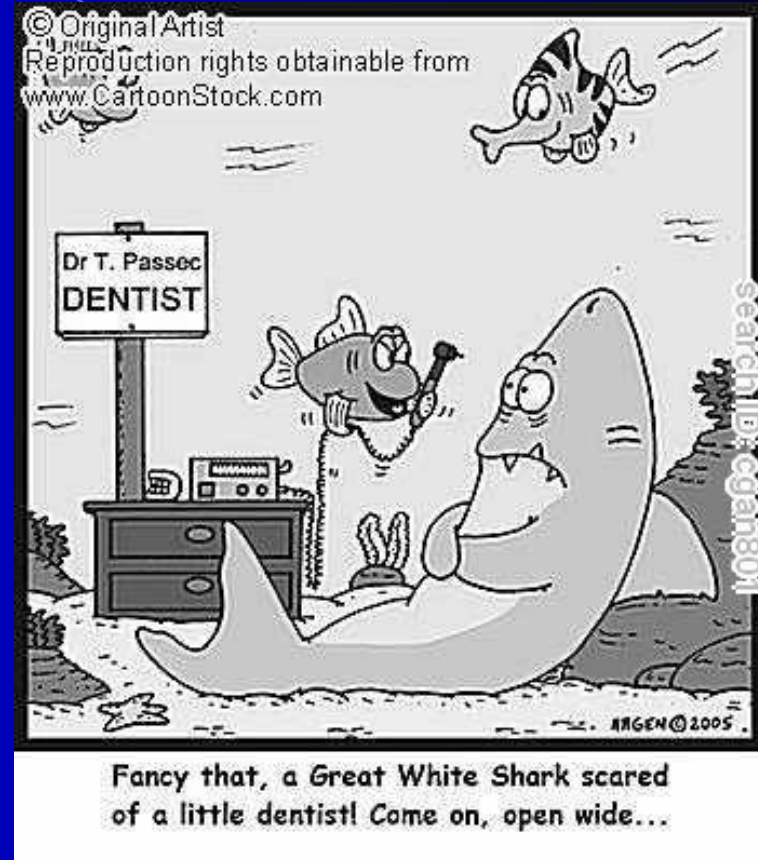
In a paper published in 1989 by Ruby A.

Rouse entitled: A Paradigm of

Intervention: Emotional

Communication in Dentistry, Ms.

Rouse states: A combination of
conditioned and socialized stimuli has
come to characterize dentists as
“inflictors of torture.”



She continues by saying: “With dental schools predominantly training practitioners in ways to treat the clinical aspects of the *patient*, the emotional aspects of the *person* are frequently ignored. She contends that patients coming in are seeking not only dental treatment but emotional or anxiety-reduction treatment as well.

Statistics show that most patients dislike treatment with numbers ranging from 6% to 20% of the general population being apprehensive. While some studies suggest that dental patients emotional reaction to pain is often the most prominent aspect of treatment, dental schools continue to ignore the emotional components of treatment by as little as only 3% devoting their curriculum to interpersonal skills training.

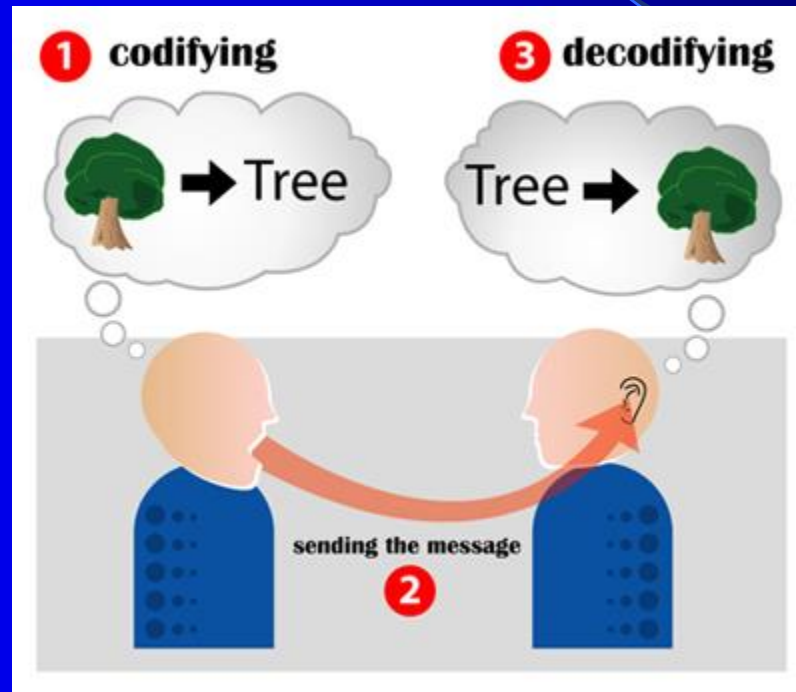
WHAT THEN IS THE GOAL OF TREATMENT?

- For the patient, it is to find relief either from physical pain and illness or from the emotional pain and anxiety being caused by the illness or triggering the illness.
- ⑩ For the doctor, it's to provide the best treatment possible to bring that relief and hopefully even to provide emotional support.
- ⑩ Research has shown that only through good communication and rapport, can these goals be achieved.
- ⑩ Listen to the following video and note the points raised by the patient. [Video 1](#)



What is Communication?

Communication is the process of imparting information from a sender to a receiver with the use of a medium.



There are really only 3 major parts of communication:

1. body language
2. voice tonality
3. words.

WHAT IS RAPPORT?

Rapport is defined as one of the most important features or characteristics of unconscious human interaction. It is “commonality of perspective”, being in "sync", being on the same "wavelength" as the person with whom you are talking.

There are a number of techniques that are beneficial in building rapport such as:

matching body language (i.e., posture, gesture, and so forth)

maintaining eye contact

matching breathing rhythm.

A classic example of rapport can be found in the techniques of Milton Erickson. Erickson developed the ability to enter the world view of his patients and, from that vantage point (having established rapport), he was able to make extremely effective interventions (to help his patients overcome life problems).

Communication and rapport depend on how we and our patients deliver and receive information.

The way in which we receive information is called “Suggestibility.”

**We all take this information in through one of three
ways:**

**Either as a
Literal suggestible,
Inferential suggestible
or a Somnambulist**

As a “literal” suggestible we will see, hear, touch, taste and smell information in a very direct manner without reinterpretation. Ex: Smell of alcohol is received as just the smell of alcohol.

As an “inferential” suggestible what our senses experience are re-interpreted in ways many times unintended. Ex: the smell of alcohol is received as a traumatic memory experienced in the doctors office.

As a somnambulist, the patient can be either one of the above depending on what is occurring in their lives at the moment.

Ex: If not in too much stress, they will be a literal suggestible and they will not be swayed by any of the incoming information however if in pain and fatigued, they will move towards the inferential and be very difficult to work with.

REMEMBER:

- ⑩ Patients are naturally in a vulnerable position in the dental chair and will likely be more anxious.
- ⑩ They will possibly be in pain or be expecting pain which will make them more anxious.
- ⑩ This anxiety will increase their suggestibility
- ⑩ All information will be received very readily and will start right from the very beginning: the phone call, the voice of the office nurse, the appearance of the outside of the office, the appearance of the waiting room, the smells, the furniture, color of walls, sounds of tools (drills), and on and on.
- ⑩ Even the position of the doctor standing above the patient and the wearing of the white coat, can increase anxiety and heighten suggestibility.

So why is it
necessary to build
rapport?

A simple answer is that through rapport we develop empathy, defined as “the capacity for imaginatively sharing in another’s feelings or ideas.”

It has long been recognized that we tend to like people whom we perceive as being like us; with whom we identify and with whom we feel comfortable.

So rapport enhances communication and increases mutual trust. If every time we communicate with a patient we can help them to feel more relaxed, more respected and better understood, then the benefits are shared by both of us.

It is vital to recognize the nature of the patient that is coming to see us. Some important questions to ask might be:

- ⑩ Are they anxious?
- ⑩ Are they confrontational?
- ⑩ Have they had traumatic experiences with previous dentists and practitioners?
- ⑩ What have their previous experiences been like?

Sometimes they will be both very anxious and confrontational and possibly very resistant while at other times they might be anxious and overly compliant. All their previous experiences will be brought into your office and compared to the new experiences in such a way as to determine their present state of mind. It is for this reason that we must be aware of what we are being presented with right from the beginning.

For the most part, patients will come in in a vulnerable and anxious state of mind. Its important that we present with an sense of confidence and trust in order to allow the patient to let go of their previous traumas and negative experiences thereby developing rapport.

HOW CAN WE DEVELOP GOOD RAPPORT AND ENGENDER TRUST

Ambiance

- ⑩ Approach office from outside as if you were a pt.
- ⑩ How does it look on outside?
- ⑩ How does it look when you enter?
- ⑩ How does it feel?
- ⑩ Could it use paint?
- ⑩ How about plants?
- ⑩ Are there pictures and do they sooth or agitate?
- ⑩ Smells...?
- ⑩ Sounds...?
- ⑩ Lighting and furniture?
- ⑩ Do you feel welcome?
- ⑩ Signs over doors...Do they symbolize fear such as surgery or are they neutral such as Room #2?

Reception Staff: Usually the first human contact the patient has with your practice and it might be by phone or face to face.

- ⑩ Is the receptionist cold or inviting?
- ⑩ Is she/he indifferent?
- ⑩ Is he/she kind?
- ⑩ Is she/he interested in the patient?
- ⑩ How is her body language?
- ⑩ Facial expressions?
- ⑩ Does he/she smile?
- ⑩ These characteristics are often felt over the phone

NURSES

- ⑩ Is the nurse warm and caring?
- ⑩ Is he/she dressed professionally?
- ⑩ Is she/he friendly?
- ⑩ Does she/he explain things?
- ⑩ Is she/he able to allow the pt. to feel calm and relaxed.?

Dentists

- ⑩ Is he/she warm and caring and gentle?
- ⑩ Is he/she dressed professionally?
- ⑩ Does he/she maintain good eye contact and does he/she exude confidence and hope?
- ⑩ Does he/she explain procedures in a language the patient can understand?
- ⑩ Is he/she willing to make sure the patient is comfortable at all times?
- ⑩ Does he/she treat his staff in like manner?
- ⑩ Is he/she direct when need be and does he/she know when to back off when patient is looking for more control or is more resistant?
- ⑩ Is he/she committed to the patient?

Practice Environment: Sights, Sounds, Smells.

- ⑩ Keep waiting room free from an array of dental techniques posters as these tend to exacerbate anxiety in the anxious patient.
- ⑩ Keep room comfortable and relaxing with visual stimulation for children.
- ⑩ Keep distressing instruments (drills and needles) stored.
- ⑩ Be mindful of ambient sounds in the office as these can raise the anxiety level in sensitive patients.
- ⑩ Think of offering headphones to those who might prefer to escape through good music.
- ⑩ Soothing classical music such as Mozart or Schubert will work with some while Rock and Jazz might work with others.

- ⑩ Recent studies have shown smells to evoke memories easier and quicker than other sensory cues.
- ⑩ Anxious or traumatized patients will often be set off through smells alone.
- ⑩ Be aware of the smells in the office and try to neutralize or counteract them.

The Patient: greeting, body language, listening, positioning, eye contact, posture, mirroring, pacing and leading.

- ⑩ Always make sure to address the patient respectfully.
- ⑩ It's often helpful to ask the patient how they would like to be addressed.
- ⑩ Be aware of your patients body language. Is it guarded and closed or receptive and open?
- ⑩ Try to be in congruence with what the patient is presenting without overdoing it. If the patient is depressed and expressing it through their posture, it would not be advisable to overly smile or to even reflect or imitate what they are presenting.
- ⑩ By listening to their non-verbal communication (body language, facial expressions, etc.), we can often diminish their anxiety simply by remaining attentive.

- ⑩ By listening to their non-verbal communication (body language, facial expressions, etc.), we can often diminish their anxiety simply by remaining attentive.
- ⑩ The position of 10 and 2 on a clock face often helps to achieve the proper distance between patient and dentist. Too close and the patient will feel confronted. Too far and he will feel we are too distant. Respect the patients personal space.
- ⑩ Eye contact as well, should be in moderation. Allow the patient to dictate what type of eye contact they want. Too much and the patient will feel threatened and too little will be received as you being uninterested.

- ⑩ As stated before, imitating the patient or “mirroring” them is different than copying them. If they cross their legs or their arms, we could do so subtly. If they tilt their head, we could tilt slightly in an opposite direction. In the case of an anxious, tense patient, it is possible to lead them into a more comfortable posture by changing yours slowly and waiting for them to follow.
- ⑩ Pacing” is directly connected to “mirroring.” In the beginning one starts by matching the patients pace, breathing and verbal patterns. Gradually as you become the “leader” you slow down your own pace and allow the patient to follow you. Again all very subtle.

The Role of Relaxation and Building Rapport.

- ⑩ Rapport building becomes easier.
- ⑩ Patients physiology is affected positively-lowering heart rate and blood pressure.
- ⑩ Relaxed and unstressed mind deepens the physical relaxation.
- ⑩ Relaxation leads to reduction in judging and monitoring so that pain thresholds can be raised.
- ⑩ Relaxation fosters enhanced communication. The patient is more capable of expressing themselves and being understood.
- ⑩ The patient will be more cooperative and compliant.
- ⑩ REMEMBER: deep breathing, visualization, progressive relaxation all enhance relaxation.

FOUR DIFFERENT TYPES OF PATIENT- DENTIST RELATIONSHIPS

The following are to be used as an aid in understanding what to expect and to be better prepared for what needs to be done with regard to communication and rapport.

PATERNALISTIC

Parent-child relationship where the patient is the child and the doctor is the parent. While the patient is often very compliant, it can border on dependence which then can make them more difficult to treat.

MUTUAL

Adult-Adult relationship. Here the patient and doctor are working together. The patient is often apprised of the information about their own condition . Also here the dentist will recognize the importance the patient's beliefs and knowledge play in determining the relationship and the treatment.

CONSUMERIST

Here the relationship is based on financial priorities and the dentist is sought out because the patient has “shopped around.”

DEFAULT

Here the communication of information and feelings is poor leading to unsuccessful interaction and frustration. Usually, the doctor can't find the reason for the patients symptoms and the patient, expecting an answer is confused.

COMMUNICATION AND RAPPORT ARE DEVELOPED EVEN DURING THE INITIAL INTAKE.

The following communication techniques will also help to influence and solidify the rapport.

ACTIVE LISTENING

- ⑩ Be conscious of everything the patient is conveying both verbally and non-verbally.
- ⑩ Affirm back to patient that you are listening by either using head-nods or verbal responses such as “Yes, I know what you mean. Be careful not to overdo it so as not to appear contrived and also not to reinforce their negative pain behavior.
- ⑩ Reflect back to the patient what they’ve said by stating the following: If for example, the patient states, I cant believe I have sleep apnea,” you might say: “You cant believe it, or I guess its too much to take in.”

SILENCE

Silence is often a very uncomfortable tool for the Doctor. Sometimes the patient is trying to think of how to express a feeling and we as Doctors, feeling our anxiety level rise rush in to break the silence. Use the silence and let the patients feelings be expressed. This will often engender confidence in you on the part of the patient.

Paralinguistic

Paralinguistic features such as volume, tone, pitch, inflection and speed of delivery all have an effect on how the patient receives what you are saying. Experiment with modifying each of these parameters.

Open and closed questions

Open or closed questions can both be used to elicit certain types of information. To have the patient express their feelings or what they're experiencing, you might ask: "how are you feeling today," or "what seems to be the trouble." Closed-ended questions are used to elicit one or two word answers. Examples might be: "When did the pain start," or "Does it still hurt?" Don't be afraid to use open-ended questions as these can go far in establishing rapport.

Positive Affirmations

Studies have shown that, contrary to common belief, warning or sympathizing by using language that refers to negative experiences may not make the patient feel better and in fact can increase their anxiety and pain. Always use positive language without covering the obvious. Its ok to say what they might feel as opposed to what they will not feel. Often its very effective to use a hypnotic tool such as: the more you relax, the more comfortable you will feel, eliminating the use of the negative word “pain” entirely.

Positive Affirmations Cont.

Simple phrases like:

1. You're really doing well.
2. I know you can do it.
3. Imagine how good you'll feel in just a short time.

Framing

Always frame situations in a positive light.
It's always better to explain situations and procedures to a patient as if the glass is half full rather than half empty.

Euphemisms

Try to avoid dental language in front of the patient unless the patient elicits it. Doing so can only serve to distance you from the patient. Try to use euphemisms for “drill” or forceps” or “needles.”

TOUCH

The use of the touch of your hand can be very therapeutic conveying empathy, compassion and understanding but its important to be careful to know which patient might take it the wrong way. Always be careful to use your touch appropriately and caringly.

As mentioned in the video, the patient was impressed by the doctors ability to explain things clearly. One should keep in mind the following:

- ⑩ Use a series of logical points.
- ⑩ Avoid or explain any dental jargon.
- ⑩ Repeat or emphasize key points.
- ⑩ Use examples and diagrams.
- ⑩ Give specific rather than vague advise.
- ⑩ Check out the patients understanding by asking for feedback.

CONCLUSION

- ⑩ Communication and Rapport are essential features in almost any type of field. From your car mechanic to your politician. From your attorney to your hair dresser. Clergy, doctors, dentists, husbands and wives. all depend on rapport. We cannot as human beings sustain a relationship without good communication and rapport whether that be business or personal. Psychotherapy and hypnotherapy both use these techniques to effect improvement in behavior and relief of pain. The dental profession is no different. Its time that these so-called “inflictors of torture” break out of their stereotype and take the profession to a higher level. **YOU CAN DO IT!**