Individual written assignment: communicative skills of the dental practitioner

Analysis of challenging dentist–patient communication · Department of Social Medicine and Public Health · Medical University of Plovdiv · Chief Assist. Prof. Kostadin Kostadinov, MD, PhD

Purpose (official)

To develop and reflect on key communication skills needed in a dentist's daily clinical practice – including listening skills, clear explanation, empathy and dealing with difficult patients.

Option 1 · Analysis of a clinical communication situation

Based on the specified clinical situation in which communication with the patient is challenging (e.g. a patient with a phobia, with aggressive behaviour, language barrier, refusing treatment), analyse in detail the behaviour of the dentist. Offer an alternative approach using principles of effective communication. **Volume: up to 2 pages.**

Choose **one** situation from the case list (cases 1–5 or situations A–D) and write under these recommended headings (the department's case-sheet structure): **Context** (two or three lines) · **Problem found** · **Consequences** · **Answers to the analysis questions** · **Analysis and alternative approach** · **Reflection**.

Option 2 · Educational scenario for communication with a patient

Choose a dental procedure (e.g. tooth extraction, filling placement, tartar removal). Write a short script for a conversation with the patient: how you will explain what will happen, how you will respond to questions or fears, how you will convince them of the need for treatment. The script should be understandable but professional. **Length: up to 2 pages** (dialogue format "dentist – patient").

Start with one line describing the patient and the setting. Give the patient at least one real question and one fear or objection. You may label the techniques in brackets, e.g. [ICE], [NURSE], [chunk and check], [options and costs], [teach-back]. Any procedure may be chosen, including the worked example's root canal treatment, but the dialogue must be your own.

Assessment criteria (official)

Criterion	Points
Clear structure and logic	1
Originality	1
Depth of analysis / reflection	1
Total	**3**

Interpretation in this class. *Structure*: headings (option 1) or a complete consultation (option 2). *Originality*: your own analysis and concrete sentences; copied texts do not count. *Depth*: why the behaviour failed, principles applied, rights or code linked, own learning.

Place in the assessment

Social medicine has two individual assignments: "Scientific writing" and "Communicative skills of the dental practitioner". Under the department's assessment standard, the highest-rated assignments receive a combined maximum of 5 points, which are added to the points of the semester examination. Your teacher confirms how each assignment is organised in your group.

Practical arrangements

- Written **individually after Practical Class 14** and handed to your teacher by the date announced in your group.
- At the top of the page: **name, faculty number, group, date, option, and case number or procedure.**
- Up to **two pages**, typed or legibly handwritten.
- You may use the lecture materials, this handout and the textbooks; name what you use. The analysis, dialogue and reflection must be your own; do not reuse the model answers.

How to analyse (class 14 lecture)

Move from **description** (what happened) to **analysis** (why — the mechanism from behaviour to perception to consequence), **evaluation** (against principles, evidence, law) and a concrete **alternative**. Useful lenses — choose two or three: consultation process (Calgary–Cambridge); relationship model; patient perspective and emotion (ICE, NURSE); information and health literacy (teach-back); law and ethics (Health Act Arts 86–92, dental code); team and system (SBARR, records). **Reflection**: Gibbs' cycle (description, feelings, evaluation, analysis, conclusion, action plan) or Driscoll's **What? So what? Now what?**

Before you hand in

☐ Header complete · ☐ at most two pages · ☐ at least one mechanism explained, not only described · ☐ option 1: problem, consequences and alternative clear; analysis questions addressed · ☐ option 2: a dialogue with a real fear or objection · ☐ exact sentences, not general rules · ☐ communication principles applied, not only listed · ☐ consent, refusal, records or complaint duties mentioned where relevant · ☐ your own reflection visible. (Recommended, not additional criteria.)

Case list for option 1 — the department's cases

Cases 1–5 are from the department's case collection for this task (English text lightly edited; case 4 follows the version with a 24-hour period; its outcome is the department's wording — in your analysis, remember that the cause must be assessed, not assumed).

Case 1 · Lack of informed consent and of psychological preparation

A 45-year-old woman visits a dentist for a dental implant. She expresses slight anxiety and asks whether the procedure is painful. The dentist reassures her with phrases such as "It's okay, everything will be fine, there is no need for so many questions" and does not provide written informed consent. The procedure is performed, but in the following days the patient has severe swelling and pain. She was not prepared and perceives the complications as the result of an error. Consequences: loss of trust, refusal of further visits, negative posts on social media that affect the clinic's reputation.

Analysis questions: (1) What communication techniques can help with anxious patients? (2) What does "informed consent" mean in dental practice and how should it be ensured? (3) What would have been the consequences if the patient had received detailed oral and written information?

Case 2 · Unprofessional tone and lack of empathy

A 28-year-old man consults a dentist because of long-standing caries. During the examination the dentist comments in a joking but judgemental tone: "Looks like you haven't seen a toothbrush in a long time!" The patient feels humiliated, asks no questions and does not return to complete the treatment. Later he shares his experience with friends and online, describing the dentist as "arrogant and rude". Consequences: a lost patient, damage to the practice's image, a potential complaint.

Analysis questions: (1) How can the dentist motivate the patient to better hygiene without judgement? (2) What is the significance of non-verbal signals (tone, expression, posture) in such situations? (3) What feedback strategies would be more appropriate?

Case 3 · Lack of active listening and an error in team communication

A patient informs the dentist that he is allergic to penicillin. The dentist is in a hurry and does not record this in the documentation. At the next visit the assistant, following a "standard protocol", issues a prescription for an antibiotic containing penicillin. Consequences: an allergic reaction, a complaint against the dentist, loss of trust and reputational risk.

Analysis questions: (1) How can an effective exchange of information be ensured in a dental team? (2) Which communication strategies would have prevented this incident? (3) What is the importance of written documentation in professional responsibility?

Case 4 · Post-operative instructions not followed

The patient undergoes a complex extraction. The dentist explains orally that he should not smoke, eat hard or spicy food, or rinse during the first 24 hours. The patient receives no written instructions. The same day he smokes several cigarettes and eats spicy food. Two days later inflammation and pain appear. Consequences: infection of the surgical site; the patient accuses the dentist of "poor-quality work"; tension and confrontation.

Analysis questions: (1) What methods can the dentist use to make sure that the patient has understood the instructions? (2) When and why are written instructions more effective than oral ones alone? (3) How should the dentist respond when the patient blames him or her for an outcome caused by the patient's own behaviour?

Case 5 · Health information withheld by the patient

A 60-year-old woman taking anticoagulants and medicines for high blood pressure does not report this at the initial examination because she is worried that the procedure will be postponed. During the extraction profuse bleeding occurs. Consequences: urgent intervention to stop the bleeding, potential conflict and loss of trust, additional costs and complications.

Analysis questions: (1) How can the dentist encourage the patient to share health information frankly? (2) What words and approaches create a sense of trust and a non-judgemental atmosphere? (3) What measures can be taken to prevent such incidents?

Additional situations of the types named in the official task

Teaching cases written for this course. Analysis questions for each: (1) What did the dentist do, and why was it a problem? (2) What were or could be the consequences for the patient, the dentist and the clinic? (3) What should the dentist have said and done instead, and on which principles is your alternative based?

Case A · Dental phobia

A 34-year-old woman has avoided dentists for ten years after a painful extraction as a teenager. She now has toothache. When the dentist approaches with the syringe she starts crying and turns her head away. The dentist says: "Come on, you are an adult", and continues. She leaves after the appointment and does not return for the planned treatment.

Analysis questions: see above.

Case B · Aggressive behaviour

A patient with severe pain has waited 80 minutes past his appointment because an emergency was treated first; nobody has told him why. He shouts at the receptionist. The dentist comes out and says loudly in front of the waiting room: "If you can't behave, leave." The patient leaves and files a complaint.

Analysis questions: see above.

Case C · Language barrier

A woman who speaks little English and no Bulgarian needs an extraction. Her 11-year-old son interprets the explanation, including the risks. She signs a Bulgarian consent form that she cannot read. After the extraction she does not follow the after-care instructions, which were given only orally to her son.

Analysis questions: see above.

Case D · Refusal of treatment

A patient with a symptomatic lower molar is advised to have root canal treatment. She says she cannot afford it now. The dentist answers: "Then don't come back crying when it hurts", and does not record the refusal or discuss alternatives. Three weeks later she returns with a facial swelling.

Analysis questions: see above.

Worked example for option 1 (do not reuse — the situation is not on the list)

Situation. A 40-year-old man with acute pulpitis in a lower molar demands antibiotics "like last time" and refuses to have the tooth opened today. The dentist, behind schedule, prescribes amoxicillin without explanation and says: "Fine, take these and we'll see."

Problem found. The dentist replaced communication with a prescription. The patient's expectation — that antibiotics cure toothache — was neither explored nor corrected, and his reason for refusing the definitive treatment remained unknown. A Cochrane review found no evidence that antibiotics relieve the pain of irreversible pulpitis (one small trial, low-certainty evidence); the established treatment is to remove the inflamed pulp. The patient therefore left with a false belief, an unnecessary medicine and untreated disease. No decision was recorded.

Consequences. For the patient: continuing pain, exposure to adverse effects of an antibiotic he did not need, and a likely return as an emergency. For the dentist and clinic: a second, more difficult visit, a patient who now trusts antibiotics more than the dentist, and a contribution to antimicrobial resistance. For the relationship: when the pain returns, the patient may conclude that the dentist "gave the wrong tablets".

Analysis and alternative approach. The consultation needed one minute more, used well. First, explore ideas, concerns and expectations: "What did the antibiotics do for you last time? What worries you about opening the tooth today?" If the answer is fear of pain, respond to the emotion before giving information: "It makes sense to be worried if the last treatment hurt" (NURSE: naming, understanding), and offer control: "You can raise your hand at any time and I will stop." Then explain in two chunks, in plain language: the pain comes from the inflamed pulp inside the tooth; painkillers can ease it, antibiotics are not indicated, and removing the inflamed pulp treats the cause and often relieves the pain quickly. Present the options — start root canal treatment today, extraction, or delay with pain relief only — with their consequences and costs, as the Health Act (Art. 88) and the dental code (Art. 15) require. Check understanding with teach-back: "So that I know I explained it clearly, why would antibiotics not help this pain, and what will?" If he still refuses, respect the decision, offer the earliest appointment and record the refusal (Health Act, Art. 90).

Reflection. I would find it hard not to give in to a patient in pain when I am behind schedule. I would prepare a sentence in advance: "I understand you want the pain to stop today; antibiotics will not do that; treating the tooth deals with the cause, and painkillers can help meanwhile." This example also shows me that time pressure is a system problem: a short emergency slot would make the right conversation possible.

Worked example for option 2 (excerpt) — root canal treatment (write your own dialogue)

Patient and setting: a 35-year-old teacher with a painful upper premolar, anxious after hearing stories about root canal treatment.
Dentist: Before we decide anything, what have you heard about root canal treatment? [ask first]
Patient: That it's the most painful thing you can have at the dentist.
Dentist: Many people have heard that, so it's understandable you are worried. [NURSE] Today it is usually no more uncomfortable than a filling, because the tooth is fully numbed. You can raise your hand at any time and I will stop. [control]
Dentist: The nerve inside the tooth is inflamed. There are three options: clean and seal the inside of the tooth and later protect it with a crown; take the tooth out; or leave it, which is likely to lead to more pain and an infection. May I tell you about each, including the cost? [chunk · options]
Patient: Why not just take it out? It's cheaper.
Dentist: That is a reasonable option. Keeping your own tooth avoids a gap, which might later need a bridge or an implant. What matters most to you? [shared decision] ...
Dentist: So that I know I explained it clearly: what will happen at the first visit, and what should you do if it is sore tonight? [teach-back]

Observation and self-check list (Calgary–Cambridge based)

Behaviour	No	Partly	Yes
Greets, introduces self and role, clarifies the reason for the visit			
Starts with open questions and lets the patient finish			
Explores ideas, concerns and expectations			
Responds to emotion (NURSE) before giving information			
Explains in chunks, in plain language, without jargon			
Presents options, risks and costs; involves the patient in the decision			
Checks understanding with teach-back			
Non-verbal: eye level, posture, tone, pace, mask off for key points			
Closes: summary, next steps, warning signs, documentation			

Key references: Kurtz et al., Acad Med 2003, doi:10.1097/00001888-200308000-00011 · Back et al., CA Cancer J Clin 2005, doi:10.3322/canjclin.55.3.164 · Talevski et al., PLoS One 2020, doi:10.1371/journal.pone.0231350 · Elwyn et al., J Gen Intern Med 2012, doi:10.1007/s11606-012-2077-6 · Cochrane review of antibiotics for irreversible pulpitis: Agnihotry et al., 2019, doi:10.1002/14651858.CD004969.pub5 · Health Act, Arts 86–92 · Code of Professional Ethics of Dentists, Arts 11, 15, 25.