Communication with the Child Dental Patient
Objectives

• To highlight how to establish a cordial professional relationship between the dentist and the child dental patient so as to achieve the desired treatment outcome.
Introduction

• The ability to communicate effectively with a child in the dental surgery is vital in achieving the desired level of cooperation with the child.
Communication before treatment

- Communication begins with creating a warm, relaxing and friendly clinic environment for the child.
- Where possible, the consulting room should be separate from the surgery.
Communication before treatment - 2

• While in the consulting room, let the child settle in before discussing oral care.
• To help the child settle, discuss other things of interest to the child: school, football, music.
• For obviously anxious patients, try to desensitize.
Communication before treatment - 3

• Desensitisation will involve you gradually introducing the child to the clinic.

• This may involve getting the child to be familiar with the dental clinic and staff. That may be all you need to do for that day.
Communication before treatment - 4

• For first time patients, introduce yourself and your staff, what you each do, and the role each person will play during the child’s management.
• During conversation, be relaxed, friendly, but firm.
• Show an interest in the child and encourage him/her to introduce him/herself.
Communication before treatment - 5

- Converse directly with the child as much as possible. Ensure you corroborate as much information you receive from the parent with the child.
- Ask why (s)he has come to visit you and make sure you give the child your FULL attention throughout the period (s)he is in the clinic.
Communication before treatment - 6

• Listen to and discuss reason for clinic visit.
• Show sincere empathy.
• Ask if (s)he would like you to help resolve the problem and how (s)he wants the problem resolved.
LISTEN.

Listening means you may have to ‘hear’ what is being said and not said. You ‘hear’ what is unsaid by observing the non-verbal cues – body movements.

Corroborate the things you ‘hear’ from the non-verbal cues by asking the child to verify your assumptions.
Communication before treatment - 8

• Once diagnosis is made, offer your service and provide reasons for choice of treatment.

• Obtain the child’s consent informally before commencing on any form of treatment.
Communication before treatment - 9

• Remember to always introduce your clinic staff especially those that will be involved in assisting you in managing the child.
Communication before treatment - 9

• Also introduce the child to the dental chair and unit and how the different parts function.
• For very apprehensive children, do a quick and brief demonstration of the functions of the chair.
Communication before treatment - 10

• It is also important to explain to the children the reason why you wear a face mask and a pair of gloves. These clothing may cause anxiety for some children.
Communication before treatment - 11

• Where possible, only put your clinic coat on after letting your patient know why.

• Also, where possible, avoid the use of white coats in the children’s clinic. It is more helpful for dentists and the clinic staff to wear colourful coats and clinic wears.
Communication during treatment

• Before treatment, Remind the child of your earlier discussion. This should include the reason for the treatment and why the treatment is important.

• Spend time explaining the procedure and the need for each treatment stage.
Communication during treatment - 2

- During treatment, do not be forceful and dictatorial.
- DO NOT beat the child or cause any form of harm.
- Also, do not be unnecessarily permissive or familiar with the child. Being permissive will put the child in charge and make him difficult to control.
Communication during treatment - 3

• Let the child know how well or how poorly his behaviour is influencing the procedure.
• Such sentences should include suggestions on what you want the child to do and why doing that is important.
Example of a sentence to a cooperative child

“I like the way you are opening your mouth. This helps me see your teeth properly so I can work on them quickly”
Example of a sentence to an uncooperative child

“I don’t like the way you’re closing your mouth. I can’t see your teeth properly. This makes it more difficult to work on them. Please open up your mouth wider so I can see your teeth, work on them faster, and finish quickly.”
Communication during treatment - 6

• Statements such as mentioned above, confers responsibility on the child for cooperation during the procedure.

• For very uncooperative patients, or where extensive treatment is planned for a visit, relative analgesia might be a better option.
Communication at the end of treatment

• At the end of treatment, explain to the child and parent what has been achieved
• Always acknowledge and praise the efforts the child has put into making the treatment successful.
• Let the child know the date of the next appointment.
Case study 1

- A 6 year old boy presents in your clinic for the first time. He had been told by family members and friends that dental procedures are very painful. He had been previously threatened at home with dental procedures as punishment for his naughty behaviour. The patient is very anxious and reluctant to discuss his dental problem. How would you manage this patient?
Case study 2

- A 6 year old girl presents at your clinic with a 2 months history of recurring toothache. The father claims child brushes twice a day with an expensive toothpaste. He interrupts the child whenever she wants to respond to your questions and he takes over the conversation. Clinical examination reveals multiple carious lesions and poor oral hygiene. How would you manage this patient?
• Slides were developed by Ayodeji Esan of the Department of Preventive Dentistry, Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife.

• The slides were developed and updated from multiple materials over the years.

• We hereby acknowledge that many of the materials are not primary quotes of the group.

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