



Lecture 2
Reviewing the information: History Taking and
Communication skills

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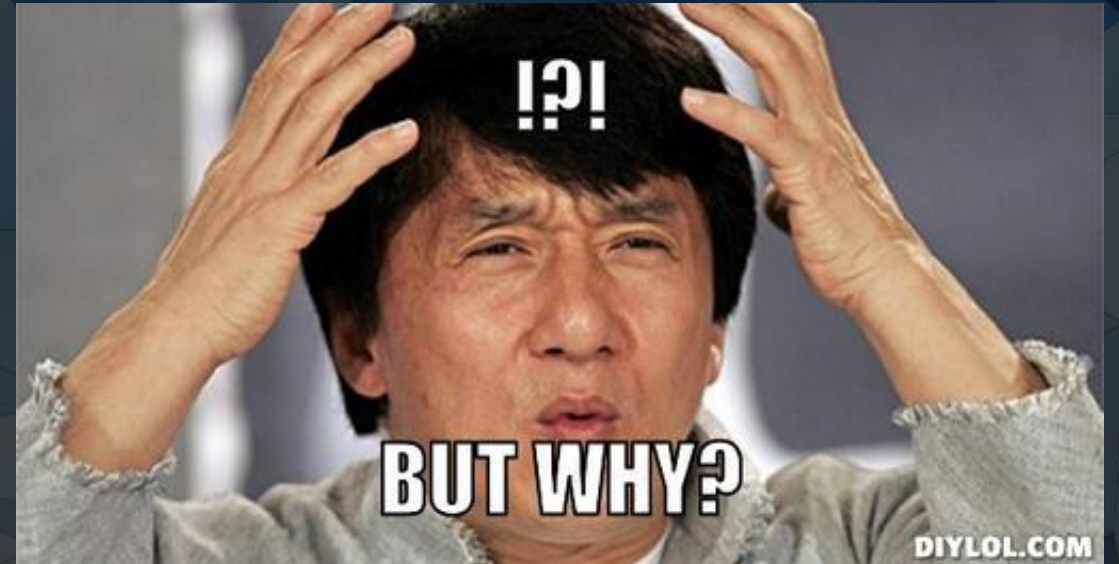
But first...



Phased care

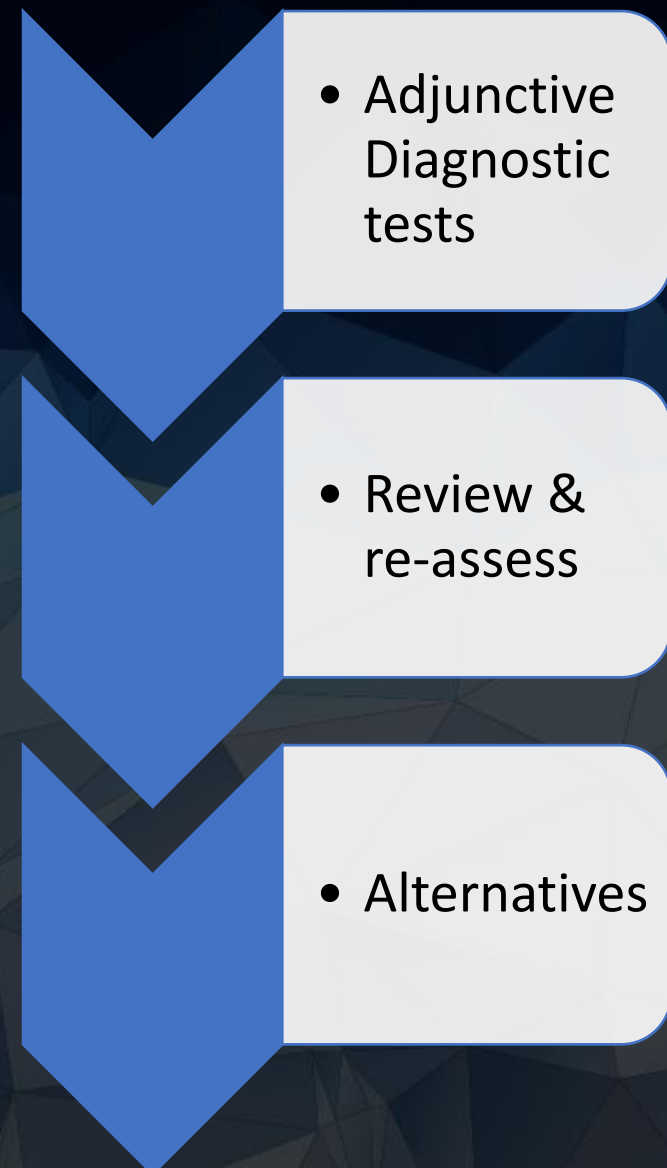
Phased care – Why?

- Not everyone wants complex care
- Needs addressed in sequence/order of priority
- Patients can defer or proceed with further treatment as needed/desired
 - Time
 - Costs
- Important for early career clinicians to have structured treatment plan
- Allows patient to plan for future.



Phased care

- Assessment and diagnostic phase
- Emergency/Urgent/Acute Phase
- Control/Holding/Stabilisation phase
- Reconstructive/Rehabilitation/Reorganisation phase
- Maintenance phase



• Adjunctive Diagnostic tests

• Review & re-assess

• Alternatives

Assessment and Diagnostic

History

Patient Examination

Diagnostic tests & Opinions

Diagnosis

Emergency/
Urgent/
Acute
Phase

Life threatening conditions

Control pain

Control infection

Allow a measure of comfort, function
and temporary aesthetic rehab

Control/
Holding/
Stabilisation

Eliminate Eliminate pain

Eliminate Eliminate infection

Eliminate Eliminate inflammation

Preserve Preserve residual dentition

Reconstructive/
Rehabilitation/
Reorganisation

Definitively replace lost tissue

Re-organise/ Re-develop/
Define occlusion

Elective procedures for
aesthetic improvement

Maintenance/
Hygiene/
Preventive

Maintain reconstructions

Oral hygiene

Preventive regimes to avoid return of pathology

Harm/Risk reduction and minimisation



How do I decide what treatment/procedure fits into which phase?

- Confusing, but boundaries are flexible

Some procedures can be undertaken in different phases

- Dentures: for temporary aesthetics vs definitive replacement.
- Extracting teeth: pain vs function.
- Temp crowns in stabilisation phase → occlusal scheme.
- Endodontic treatment: Pulp extirpation for acute condition vs elective treatment to gain retention

However establish early...



CONTROL DISEASE AND
PATHOLOGY



PATIENT GOALS AND
EXPECTATIONS

Stefanac

sequencing care

- I. Systemic Treatment
 - A. Consultation with patient's physician
 - B. Premedication
 - C. Stress/fear management
 - D. Any necessary treatment considerations for systemic disease
- II. Acute Treatment
 - A. Emergency treatment for pain or infection
 - B. Treatment of the urgent chief complaint when possible
- III. Disease Control
 - A. Caries removal to determine restorability of questionable teeth
 - B. Extraction of hopeless or problematic teeth
 - 1. Possible provisional replacement of teeth
 - C. Periodontal disease control
 - 1. Oral hygiene instruction
 - 2. Initial therapy
 - a. Scaling and root planing, prophylaxis
 - b. Controlling other contributing factors
 - (1) Replace defective restorations, remove caries
 - (2) Reduce or eliminate parafunctional habits, smoking
 - D. Caries control
 - 1. Caries risk assessment
 - 2. Provisional (temporary) restorations
 - 3. Definitive restorations (i.e., amalgam, composite, glass ionomers)
 - E. Replace defective restorations
 - F. Endodontic therapy for pathologic pulpal or periapical conditions
 - G. Stabilization of teeth with provisional or foundation restorations
 - H. Posttreatment assessment
- IV. Definitive Treatment
 - A. Advanced periodontal therapy
 - B. Stabilize occlusion (vertical dimension of occlusion, anterior guidance, and plane of occlusion)
 - C. Orthodontic, orthognathic surgical treatment
 - D. Occlusal adjustment
 - E. Definitive restoration of individual teeth
 - 1. For endodontically treated teeth
 - 2. For key teeth
 - 3. Other teeth
 - F. Esthetic dentistry (i.e., esthetic restorations, bleaching)
 - G. Elective extraction of asymptomatic teeth
 - H. Prosthodontic replacement of missing teeth
 - 1. Fixed partial dentures, implants
 - 2. Removable partial dentures
 - 3. Complete dentures
 - I. Posttreatment Assessment
- V. Maintenance Therapy
 - A. Periodic visits

History taking: “What do you want?”

History taking = presenting complaint + history of presenting complaint + dental history + medical history

Treatment plan depends on...

- History
- Thorough assessment/
evaluation/ clinical findings
- Diagnosis
- Problem list
- Treatment options
- Indications and
contraindications
- Prognosis
 - Short, medium, long term



What about the patient???

- Relationship with clinician
- Expectation
- Attitudes/motivation
- Age
- Gender
- Cost/finances
- Attendance
- Maintenance



History taking

- Asking the right questions.
- Listening.
- Patients are there seeking your help/advice, but first you need background.
 - They are also deciding whether they place their confidence in you!
- History taking, a clinical skill that needs time to develop.

Dentist: open up please

Me: sometimes I get sad



History taking

- Make small talk, build rapport.
 - Relieves anxiety.
 - Social/family issues
 - Help you & patient make decisions later.
 - Patient management.



History taking

- “Make ‘em laugh”
 - Smile line
 - Tooth length/worn teeth
 - Incisal/occlusal plane
 - Patients may hide/camouflage
- Assess speech





What about the challenging
patient?

History taking – the upset/anxious patient

- Most patients are reasonable with reasonable requests
- However some present in pain/anxious/fearful of dentists
- Beware being formulaic
- Sincerity is key
- Empathy, Care and compassion



The upset/anxious patient

- Body language
 - Don't look at the clock.
 - Look straight at the patient at their eyes not their teeth/mouth.
 - Sit level.
 - No masks/gloves.

• Some strategies

- <http://www.dentistryiq.com/articles/2015/01/handling-angry-patients-in-the-dental-office.html>
- <https://www.thehappydmd.com/blog/bid/290399/doctor-patient-communication-the-universal-upset-patient-protocol>

Building rapport



- Words
 - “I’m really sorry to hear that”
 - “That sounds unbearable”
 - “How can I help you?”
- Try open ended questions
 - Allow time for the patient to answer.
 - Try not to talk over them, or
 - down to them.

Presenting complaint

- Presenting/primary/chief
 - Complaint
 - Issue
 - Worry
 - Problem



Presenting complaint

- Tailor your “performance” to the patient.
- Resist temptation to fill in the blanks/answer for your patient.
- Read between the lines.
- Languages other than English?

Presenting complaint

- Boils down to 4 basic issues (Rosenstiel 2006);
- Comfort
 - Pain, sensitivity, swelling
- Function
 - Difficulty eating/speaking
- Social
 - Bad taste/odour
- Appearance
 - Missing, fractured

Presenting complaint

- What?
- Why?
- Where?
- When
- How?

5 conversational tips to sound really cool and convince people you are more like Kuiil



Instead of saying this



Say this

I'm retired



I have worked a lifetime to finally be free of servitude

Can you help me?



If you care to help it might go faster. There's much work to do

Thank you.



Thank you for bringing peace to my valley

It runs in your blood.



You are a Mandalorian! Your ancestors rode the great Mythosaur. Surely you can ride this young foal.

It's my way or the highway



I have spoken

Dental history

- Relies on patient's memory
- Pattern of attendance
- Level of commitment
- Previous records
- Previous dentist(s)
 - Names
 - Attitude
 - Quality of previous dentistry



Dental History



- Orthodontics
- Wisdom teeth
- Dento-facial trauma
- Longevity

Risk factors for oral disease

- History gives you a window on risk factors
- Medical conditions and co-morbidities
- Smoking
- Alcohol
- Drug use
- Diet and nutrition

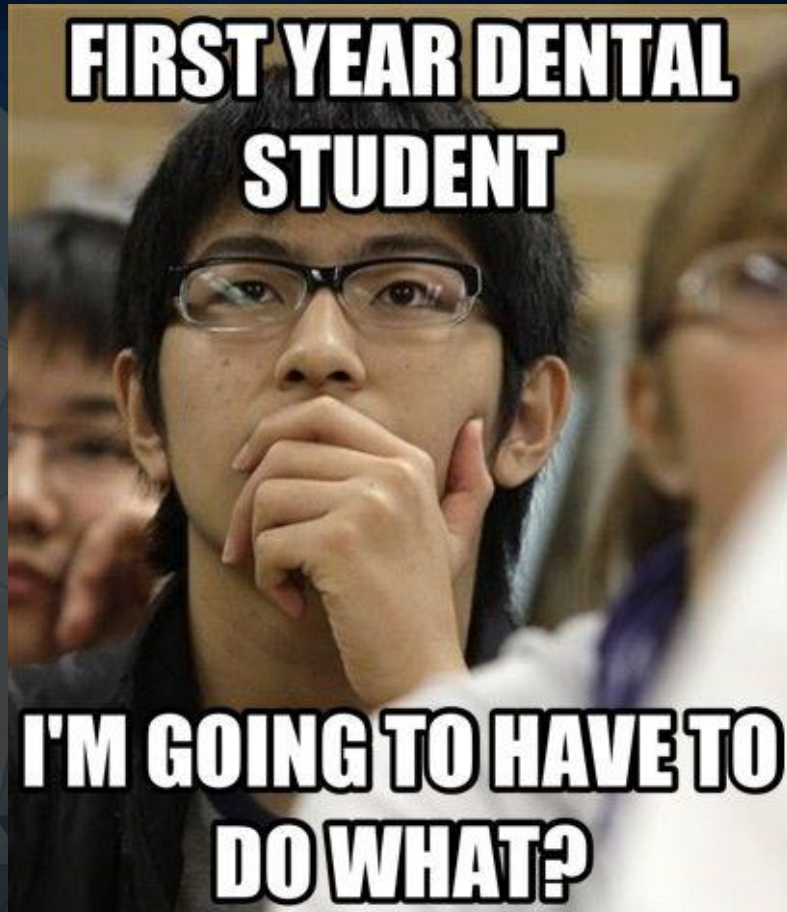


History taking-the OHCWA context

- Read previous notes before appt
- ATS outline (briefly) to tutor your aim for the appt
- Ptt from waiting room
 - Introduce yourself
- Seat them in chair comfortably
 - Head rest
 - Pillow or towel



History taking-the OHCWA context



- ID check
- Why are they here
- Presenting complaint.
- Outline what you will do today.
- Qs from patient
- Hx.
- Beware of time.
- Introduce tutor.