

Performance Keys for Competency In - PROVIDING A SECOND OPINION



The dental student elicits the patient's concept of the problem.

With this behavior the dental student presents a willingness to listen and a curiosity about the patient's concern(s). Appropriate active listening skills and nonverbal behaviors create the encouragement that supports the patient in revealing his/her understanding of the problem. When done well, the dental student gains insight, not only into the patient's perception of the problem, but also into how the patient thinks about the world and acts in it. Information about the patient's reasoning skills, health beliefs, lifestyle habits, family support network, preferred treatment modalities, and past efforts of health care management become available. Gathering this information in this manner, verbally, in real time, directly from the patient, with the dental student functioning as facilitator, creates the role of consultant and partner for the patient. It forms the basis for effective cooperation, creating a health care alliance.

Not doing so risks sidelining, marginalizing, and diminishing the patient.

More Effective

Presents a willingness to listen to and a curiosity about the patient's concern

“What brings you in today?”

“Why did your husband want you to come in?”

“Tell me about...”

“I'd like to hear more about...”

“How long have you had this problem?”

“Does anything make it better or worse?”

Less Effective

Preempts the opening conversation by making summary statements

“It says here that...”

“My assistant told me...”

“When I talked to your husband, he said...”

“I see that your problem is...”

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The dental student responds appropriately to the patient's feelings throughout the interview.

The notion of treating the whole person can be achieved through responding to the patient's feelings throughout the interview. The patient is not just a set of teeth to be examined, a radiograph to be interpreted, lab tests to be reviewed or an oral hygiene program to be prescribed. The patient most probably has feelings related to any of these processes, and acknowledging and understanding these feelings are critical to establishing rapport and to the ultimate success of the treatment plan. Dental students are often perplexed at the wisdom of such an undertaking. They feel uncertain of their role and of their skills. For purposes of this interview, active acknowledgement of the patient's feelings is expected: acknowledgement of feelings, plus plan adjustment based on those feelings.

Cues to the acknowledgement of these feelings are often found in the non-verbal behaviors of the patient (tone of voice and facial expressions are major indicators.). The acknowledgement of these feelings can lead to clarification of the patient's concerns while having the even more important effect of legitimizing and validating the entire person.

More Effective

"You seem overwhelmed by all this information." (and modifies pacing of interview)

"You seem worried about your oral health." (and explores patient's concerns)

"I notice you look upset when we talk about the number of appointments necessary to complete your treatment." (and explores the rationale for that reaction)

"I see that you're concerned about your symptoms and what they might mean." (and responds to the patient's concerns)

(These statements are meant to be spoken as "leads", invitations for the patient to speak, not as declarations of the dental student's opinions.)

Less Effective

Ignoring all affect

Discounting affect (There's nothing to be worried, upset, concerned, overwhelmed about.)

Making authoritative declarations of the patient's affect (ex. You certainly are the worrying type.)

It is not necessary to be right when offering the observation, just approximately on target. Because such an observation is intended as a lead, ensuing discussion with the patient will provide clarification.

Not taking into account the effect of the patient's feelings.

- ❑ Picks up verbal and non-verbal cues to patient's affect.
- ❑ Elicits patient's beliefs, reactions and/or feelings based on these cues.
- ❑ Incorporates patient's beliefs, reactions and/or feelings in the mutual establishment of the treatment plan

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The dental student accepts the legitimacy of the patient's views (accepts concerns, feelings, perceptions and/or attitudes as real and important); is not judgmental.

With effective demonstration of this behavior, the dental student provides validation and acceptance of the patient's perspective. The dental student acts as an uncensoring recorder of the patient's affect and reasoning. This is not the same, necessarily, as agreeing with the patient. This behavior simply illustrates the dental student's ability to see the "world" as the patient does. Through this acknowledgement the dental student affirms the patient's standing in the relationship as one of a contributing partner to the health care alliance. An effective team is created when the dental student demonstrates authentic valuing of the patient through affirming, confirming statements and positive tone of voice. Authentic valuing may be a predisposition already existing in the dental student or it can become an acquired behavior through the genuine experience resulting from effective patient-centered interventions. Inauthentic valuing, the use of valuing statements without the concomitant value, will result in a fraudulent relationship where the dental student is only paying lip service to the patient's experience as a way of biding time until the dental student gets to tell the patient what is really going on. No effective rapport can exist where there is not genuine value for and validation of the patient.

More Effective

"I see what you mean."

"I hear what you're saying."

"I understand."

A restatement of the patient's perspective (ex. So you think the pain you are experiencing is a result of biting into a peach pit.)

Nonjudgmental attitude.

Any statement that indicates valuing of and support for the patient's perspective.

Less Effective

Inattentive silence while the patient is speaking.

Attentive silence, but no verbal acknowledgement of the patient's perspective.

Stony silence followed by the expression of the attitude "Now let me tell you what I think."

Judgmental facial expressions.

Any statement that indicates dismissal of the patient's perspective.

- ❑ Demonstrates acceptance of the patient's concerns through effective non-verbal behaviors.
- ❑ Demonstrates acceptance of the patient's concerns through effective verbal behaviors.

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The dental student empathizes with and supports the patient (expresses concern, understanding, willingness to help; acknowledges coping efforts and appropriate self care).

With this behavior, the dental student provides an effective framework of support for the patient. The dental student displays a caring attitude through both verbal and non-verbal behaviors. The dental student demonstrates concern, compassion, competency and consideration for the patient's efforts. When done effectively, the dental student becomes a trusted ally in the health care process, standing in the patient's corner with the patient's best interests in mind, and possessed of the tools and attitudes that can operationalize those interests.

More Effective

I see that you're concerned about your bleeding gums. I share your concern.

I understand that this condition is distressing to you, and I'd like to help you deal with it.

I see that this bothers you.

I believe I can be helpful in treating this condition.

I appreciate everything you're already doing to deal with this condition. (Being specific here provides positive reinforcement for patient's health promoting behaviors.)

Caring nonverbal behavior (ex. Eye contact, leaning forward, compassionate touch, concerned facial expressions)

Less Effective

No statements of concern

No statements of empathy

No statements of a willingness to help

No positive reinforcement for patient's health promoting behaviors

Nonverbal behavior indicating indifference or even rejection.

- ❑ Establishes shared concern for the problem.
- ❑ Establishes ability and willingness to help the patient.
- ❑ Provides positive reinforcement for patient's health-promoting behaviors.
- ❑ Demonstrates caring non-verbal behavior.

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The dental student establishes his/her findings after examination of the patient.

Effective establishment of findings occurs when the patient demonstrates understanding of those findings. The clinician seeks to communicate focused findings through a process of essentializing. The clinician communicates condensed and accurate information by outlining, highlighting and simplifying its contents. The clinician then engages with the patient in a process of checking and clarification to make sure that the patient takes ownership of the information. It is important to note that this dialogue may have significant emotional components that must be dealt with effectively. (Ex. All your teeth have significant bone loss.) Mutual achievement of clarity is the result of this process.

More Effective

“There are three important results from your lab tests that I’d like to discuss with you.”

Outlining, highlighting, and simplifying to create focus

Reducing the level of jargon

Engaging in an effective dialogue to establish dental findings in the mind of the patient

Encouraging expression of feelings as indicated to support communication of information

Less Effective

“The panel of tests I ordered had the following results...”

No focusing, weighing or massaging of the data

Expanding the level of jargon

Engaging in a monologue to deliver the results

Discouraging dialogue

Ignoring patient affect and reaction

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The dental student negotiates a collaborative plan of action with the patient.

This step invites the patient to participate in the plan of action. In effect, this discussion becomes the precursor (dress rehearsal) for the actual ongoing plan of action. The astute dental student will be able to ascertain the patient's predilections and resistance to the plan and customize one that has a likelihood of success.

More Effective

“Based on the options we’ve discussed, what seems to work for you?”

“Based on the options we’ve discussed, are there any that you would find difficult to manage?”

Less Effective

“This is what will be best for you...”

“I know you want to do what is best for you...”

Or any statement that presumes patient choice.

- ❑ Elicits the patient’s understanding of the options.
- ❑ Elicits the patient’s reaction to and concerns about the options.
- ❑ Elicits the patient’s view of the need for action.
- ❑ Demonstrates acceptance of the patient’s choice.
- ❑ Persuades effectively (educates, advocates and supports)

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The dental student maintains a position of neutrality and refrains from taking sides when asked for a second opinion.

Simply put, the dental student does not become the champion of the patient or the defender of the other dentist. Instead, the dental student focuses on gathering all relevant data in order to come to an informed decision.

More Effective

Employing effective listening skills to ascertain the patient's position

Gathering appropriate records and input from the other dentist

Less Effective

Immediately siding with the patient, without investigation

Immediately siding with the dentist, without investigation

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The dental student encourages the patient to ask questions and responds appropriately throughout the interview.

Perhaps the most important part of this statement is “throughout the interview”. Questions are best dealt with as they occur to the patient, and not left to be answered at the end of the interview.

More Effective

“Do you have any questions at this point?”

“What questions do you have at this point?”

Timely use of silence to create a moment for the patient to ask a question.

Appropriate answers are provided in a timely fashion.

Less Effective

Not asking for questions

Only asking for questions at the end of the interview

Not ever offering a moment of silence for the patient to gather his/her thoughts.

Dismissing a question as not relevant or unimportant

Deferring answers to the patient’s questions, as in “I’ll get to that later.”

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The dental student avoids the use of medical jargon throughout the interview.

Clarity of communication is the goal and language common to both the dental student and the patient is the tool. Since the most common scenario is that the patient has not graduated from dental school, it is incumbent on the dental student to develop a language repertoire of simple terms effective to the task. (*Example.* Halitosis, bad breath, mouth odor)

Where medical terminology is used, simple definitions should be offered.

Medical terminology can be used effectively when used sparingly to introduce the patient to terms they will encounter in the course of treatment management.

More Effective

Less jargon

Parsimonious use of medical terminology, simply defined

Less Effective

More jargon

Exclusive use of undefined medical terminology

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The dental student uses effective nonverbal communication to make verbal communication more effective. (gestures, tone of voice, eye contact, social distance, etc.)

This step invites the patient to participate in the treatment process. In effect, this discussion becomes the precursor (dress rehearsal) for the actual ongoing treatment. The astute dental student will be able to ascertain the patient's predilections and resistance to treatment, and customize a treatment plan that has a likelihood of success.

More Effective

Consonant verbal and nonverbal behavior that influences communication positively

Appropriate, elucidating gestures

Fluid tone of voice

Fluid and appropriate social distance

Less Effective

Conflicting verbal and nonverbal behavior that influences communication negatively

Absence of gesturing altogether, appearing rigid

Fidgeting, fussing or appearing distracted

Inappropriate tone of voice (ex. Demanding, commanding, annoyed, impatient, insulting, seductive, bored, disinterested)

Lack of eye contact

Rigid social distance

Inappropriate social distance

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Scoring Key	
Strongly agree (Skillfully done)	<ul style="list-style-type: none"> • Consistent use of More Effective behaviors • Absence of Less Effective behaviors
Agree (Adequately done)	<ul style="list-style-type: none"> • A preponderance of More Effective behaviors over Less Effective behaviors
Neutral	<ul style="list-style-type: none"> • Approximately equal use of More Effective behaviors and Less Effective behaviors
Disagree	<ul style="list-style-type: none"> • A preponderance of Less Effective behaviors over More Effective behaviors
Strongly disagree (Needs improvement)	<ul style="list-style-type: none"> • Absence of More Effective behaviors • Consistent use of Less Effective behaviors
Not Done	

Honor Code _____

SPI Initials _____

Communications Skills Competency Assessment OSCE 2004

Communication Skill	Done+	Done	Done- or Not Done
• The dental student elicits the patient's concept of the problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• The dental student responds appropriately to the patient's feelings throughout the interview.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p><i>Picks up verbal and nonverbal cues and checks them out.</i> <i>Elicits patient's beliefs, reactions and/or feelings based on these cues.</i> <i>Incorporates patient's beliefs, reactions and/or feelings in the mutual establishment of the treatment plan.</i></p>			
• The dental student accepts the legitimacy of the patient's views; is not judgmental.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p><i>Demonstrates acceptance of the patient's concerns through effective non-verbal behaviors.</i> <i>Demonstrates acceptance of the patient's concerns through effective verbal behaviors.</i></p>			
• The dental student empathizes with and supports the patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p><i>Establishes shared concern for the problem.</i> <i>Establishes ability and willingness to help the patient.</i> <i>Provides positive reinforcement for patient's health-promoting behaviors.</i> <i>Demonstrates caring non-verbal behavior.</i></p>			
• The dental student establishes his/her findings after examination of the patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• The dental student negotiates a collaborative plan of action with the patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p><i>Elicits the patient's understanding of the options.</i> <i>Elicits the patient's reaction to and concerns about the options.</i> <i>Elicits the patient's view of the need for action.</i> <i>Demonstrates acceptance of the patient's choice.</i> <i>Persuades effectively (educates, advocates and supports)</i></p>			
• The dental student maintains a position of neutrality and refrains from taking sides.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• The dental student encourages the patient to ask questions and responds appropriately throughout the interview.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• The dental student avoids the use of medical jargon.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• The dental student uses effective nonverbal communication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I felt helped by this student

Honor Code _____

SPI Initials _____

SPI Checklist

	Done +	Done	Done – Or Not Done
1. The dental student presents accurate observations (i.e. tells the truth about what is seen on examination).			
a. Dr. Kramer’s lack of response to Sara’s pain was not appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The laceration (tear) at the base of the cheek (mucobuccal fold) is very likely not a “normal” part of the extraction procedure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The dental student demonstrates understanding of what questions cannot be answered without further investigation (everything except questions 4 and 6).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The dental student offers to contact Dr. Kramer to let him know that he/she is seeing you and try to get more information to help answer your questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The dental student asks your consent for this.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The dental student encourages you to contact Dr. Kramer yourself to talk about your concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When expressing discomfort talking directly to Dr. Kramer, the dental student offers a “three way” conversation option.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The dental student requests your permission to contact Dr. Kopinski to find out more about the treatment history of the extracted tooth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Acknowledgement Bibliography

Desmond Joanne, Copeland Lanny R, M.D., Communicating With Today's Patient, Josey-Bass, Inc., 2000.

Kurtz Suzanne, Silverman Jonathan, Draper Juliet, Teaching and Learning Communication Skills in Medicine, Radcliffe Medical Press, 1998.

Silverman Jonathan, Kurtz Suzanne, Draper Juliet, Skills for Communicating with Patients, Radcliffe Medical Press, 1998.