

Communicating oral health advice to patients

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Working for better oral healthcare

“Patients have a key role to play in maintaining their own oral health.” (Public Health England, 2014)

Our Mission:

It is crucial to equip patients with the knowledge and skills to effectively improve and maintain their oral care regime. This can be difficult to achieve within the time limits of a routine check-up, however within this CPD module we identify four steps to help patients to change their oral health related behaviour, each step building on the previous one:

- ✓ Provision of information
- ✓ Motivating the patient
- ✓ Volition: putting motivation into action
- ✓ Forming a habit

Note to readers:

To ensure that you are provided both academic and practical perspectives on the research presented, this CPD module has been co-authored by an academic and a hygiene therapist.

For clarity, the slides have been colour-coded:

Theory

Practical
Advice

Provision of information

Theory

Giving your patients information on what they need to do to improve and maintain their oral health can appear deceptively simple, however there is evidence that patients do not recall as much advice or their agreed actions as dentists believe they have discussed (Misra et al. 2013).



Dental Hygiene Therapist's Reflection



It became apparent early in my career, that regardless of building a rapport and trying to connect with patients to deliver thorough oral hygiene instructions, patients continued to return with persistent plaque and bleeding scores; it seemed nearly impossible to achieve a 0% plaque and bleeding score at their recall appointments.

Consequently, I understood the importance of utilising effective communication strategies.



There are several practical tips and strategies which can help improve patients' recollection and implementation of advice. These focus not on the content of the message but the manner in which it is delivered (Ley 1992):

- Begin by communicating the most important points first. It has been shown that by using what is known as the 'primacy effect' practitioners can increase recall of health information by **up to 36%** (Ley 1992).
- Emphasise to the patient the information which is most

important (this may increase recall by 13%).

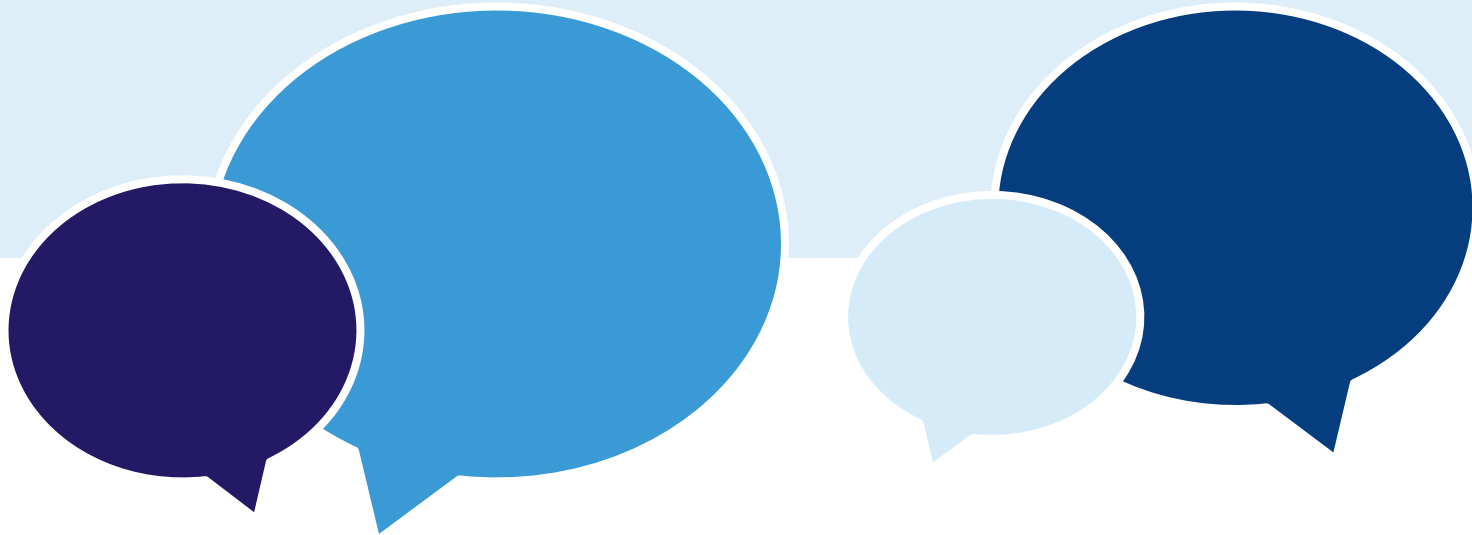
- Making the message more understandable; using the techniques outlined in the section entitled 'Jargon and language', **can improve recall by 13%.**



Dental Hygiene Therapist's Reflection

To apply this practically, it is important to identify:

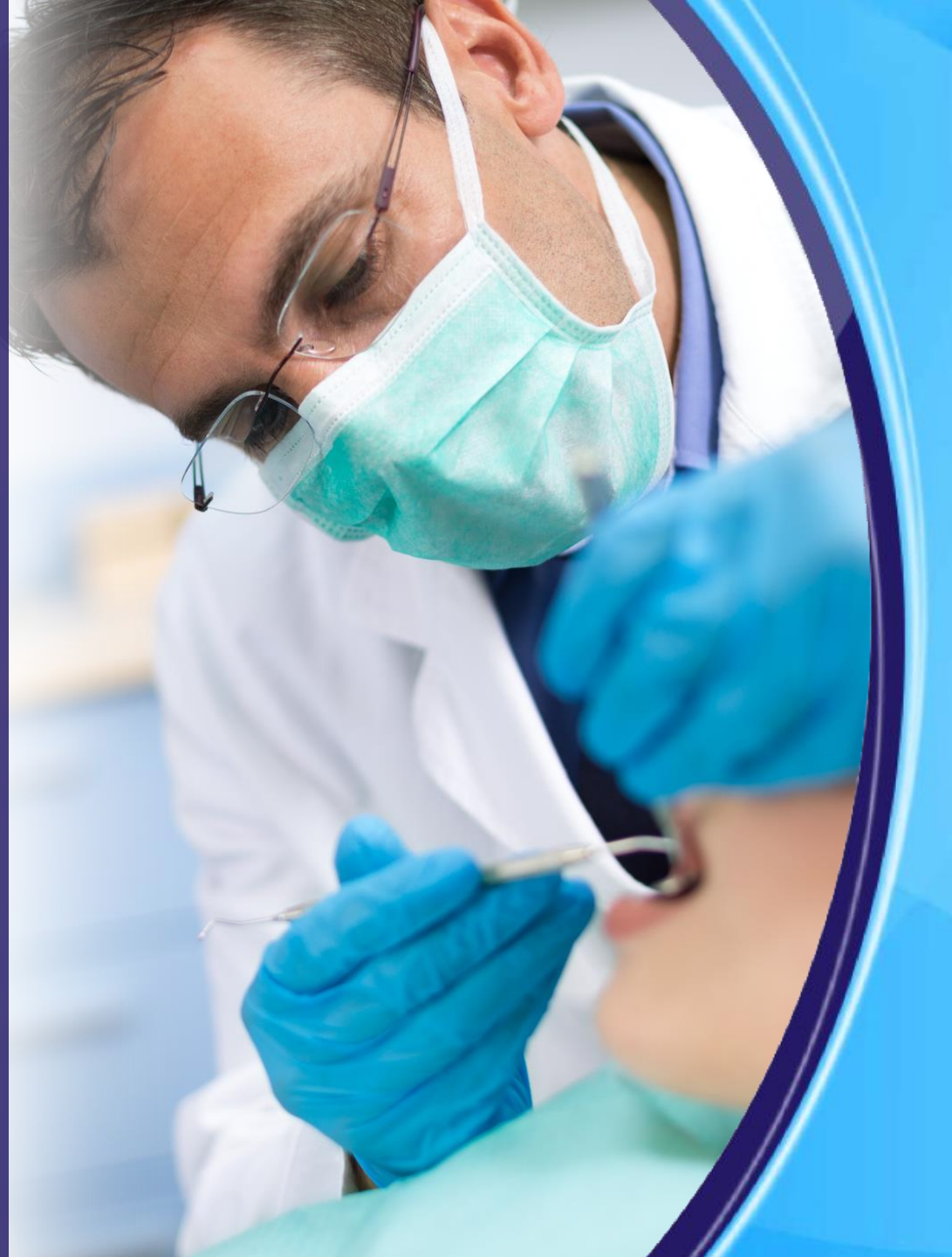
- What the most important points are, based on the clinical needs of the patient.
- What the patient perceives to be important to them.
- The language most likely to resonate with the individual patient.



Identifying the needs of the patient

The most important points are based on the clinical needs of the patient

It seems fairly simple to identify the most relevant points based on the clinical needs of the patient. It is, however, important to recognise that these points may not be perceived by the patient to be important. To combat this, link your advice to your patient's individual values and motivation.



What do patients perceive to be important to them?

Getting to know your patient can give you an insight into your patient's motivators. Tools such as an importance scale (Rollnick et al. 1999) and open ended questions (Rollnick et al. 2007) can be helpful to assist in getting to know your patient. Using importance scales of 1 - 10 to evaluate your patient's feelings could be a useful tool to implement at the beginning of an appointment, or whilst the patient is waiting.

An example of this would be:

- On a scale of 1-10 how important is your smile to you?
- On a scale of 1 -10 how do you rate your smile?
- On a scale of 1 -10 how open are you to wanting to enhance your oral health?
- On a scale of 1 -10 can you see many benefits to your mouth being maintained to be optimally clean and healthy?
- On a scale of 1 -10 how strongly do you feel about returning to your next

dental hygiene appointment?

- Utilising open ended questions infused into normal conversation, requiring more than a yes or no answer, have proven to encourage patients to openly talk, allowing the clinician to understand the patient's goals.

Some examples are:

- What do you want to get out of your appointment today?
- There are a number of things we can talk about today, what would you like to talk about?

What jargon and language is likely to resonate with the individual patient?

Reflective listening (Gordon 1970) allows the patient to feel understood and works by repeating back what they have said through content reflection. Using similar words that the patient has used to describe something helps them to connect with what you are saying.

This can be broken into two key guidelines:

1. Using words your patient uses.
2. Using simple, non-clinical words that your patient can relate to.

Using simple non-clinical language

It is important to ensure the language used by the clinician can be understood by the patient. Clinical terms such as periodontitis mean very little, if anything, when discussed with a patient.

Utilising the appropriate jargon and tying it in with the patient's clinical needs will allow you to gauge the delivery of your oral hygiene instruction in a more effective manner.

Replacement word options

Periodontal Assessment



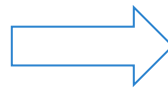
Checking the health of
your gums

Periodontitis



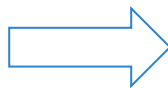
Swelling of the gums, that spread into
the supporting structure of the teeth

Gingivitis



Gum swelling

Plaque



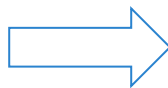
White film of bacteria / bugs

Calculus



Hardened cement

Probing



Gently feel around each
tooth

Non-clinical language, continued

- Categorise the information in an explicit manner to help the patient's recall. Techniques could include spider diagrams or other diagrammatic summaries. Alternatively, you could provide patients with mnemonic devices such as acronyms to help them recall particular points.
- Repeat important information multiple times.
- Using specific statements rather than general statements can improve recall of a message by up to 35%. For example, 'I would like you to keep your teeth cleaner' is general; it provides the patient with only limited

information about how you want them to change their behaviour. State more explicitly what the patient can do. For example:

'I would like you to do two things to help keep your mouth cleaner. First, I want you to brush your teeth twice a day using the technique I showed you. Clean them for about 2 minutes each time. Try cleaning each section, bottom right, bottom left and so on for about 30 seconds each. Second, I would like you to floss the gaps between your teeth twice a week, say once on Sunday and once on Wednesday.'

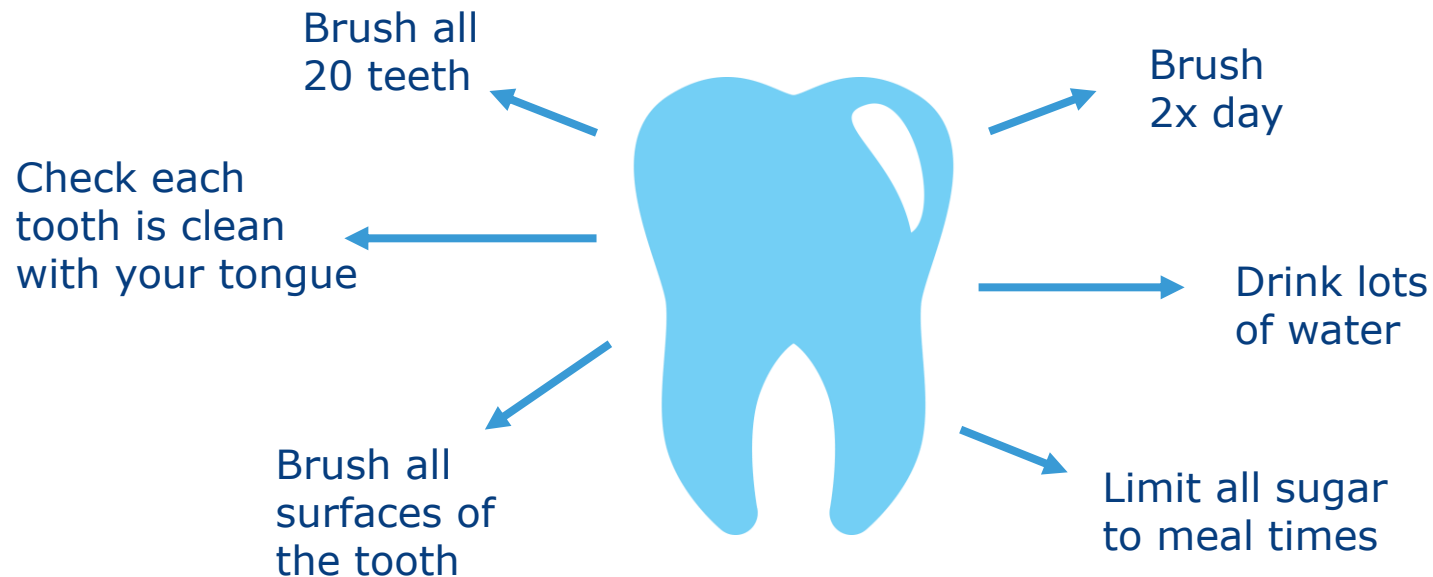
Information on techniques and skills, such as toothbrushing technique or flossing, could be provided through on-line videos, using such information to reinforce and supplement the information given in the practice.

Dental Hygiene Therapist's Reflection

I find that creating a visual tool with the patient such as a spider diagram can help remind them of the verbal guidance.

This can work especially well with children.

HAPPY HEALTHY TEETH



Considerations for practical application

- The spider diagram can be created with the input of the patient, and should be specific to the individual patient's needs. Using a range of colours to create this and utilising the responses previously been given by the patient are a great way to personalise it as much as possible.
- Highlighting the 'Top Tips' on a handout to take home (or emailing a follow-up), can also be a simple way to remind patients of the most important oral health habits to recall.
- Knowing how to create an online video can be an obstacle for clinicians, but one simple way of overcoming this is by using the patient's smart phone. Taking pictures of the patient and filming them carrying out instructed oral hygiene during an appointment is simple and accessible, and the patient can review your advice whenever needed.

Practical Advice

Using words that children may relate to - such as gems to describe teeth - can help them to remember to look after their teeth.

Acronyms can work especially well for children as a memory aid, such as - **HYGIENIST**



Provision of information

Help
Your
Gems
I
Eat
Nice
I
Sugarfree
Treats

Motivating the patient

Motivating the patient

'Motivation' refers to the *conscious* and *automatic* processes said to underline a person's behaviour (Michie et al. 2011).

Conscious processes include **decision making** and **planning the behaviour**, whereas automatic processes include **innate drives**, **emotional reactions** and **habits** that drive our behaviour. For many people toothbrushing is an automatic behaviour which they undertake at a certain time (related to the habitual pattern of their day) whereas flossing may involve more active planning.

A systematic review of interventions to enhance oral health related behaviours found that three particular aspects of communication are important to improve patients' motivation (Newton & Asimakopoulou 2015):

- Emphasising the benefits of behaviour change
- Providing information on the patients' susceptibility to disease
- Enhancing patients' self efficacy beliefs



Emphasising the benefits of behaviour change

A common approach to motivating patients is to emphasise the harm of not changing behaviour, however such fear inducing messages may be counterproductive in that they induce a negative response in the patient (Lench & Levine 2005).

The evidence suggests that positive messages identifying the benefits of change are effective, particularly when given in the context of how the patient can achieve those benefits (Asimakopoulou et al. 2015). Ideally the benefits identified should be those that are valued by the patient. Try asking the patient what is important to them about their teeth and mouth, and emphasise how they can fulfil those desires through working with you and your team.

It is often useful to remind patients that the majority of the care of their teeth is in their own hands – after all, they look after their teeth every day.

Dental Hygiene Therapist's Reflection

“

I find once I have identified what the patient values, it is certainly easier to fuel their motivation as you can use these as motivational hooks to point out the benefits.

”

Things to consider in the practical application

An example scenario:

A patient dislikes coming to the dentist for treatment, and has made this clear through the answers on the importance scale.

An example of positive empowering sentences, identifying the benefits of effective oral hygiene could be:

'You are the most important person in your treatment, as you hold the key to the success of your oral health through your home care. In the long run you will limit your need for further dental treatment.'

Providing information on the patients' susceptibility to disease

Identifying the patient's susceptibility to oral diseases provides an individualised personal motivation for change.

It is important to emphasise that through changing behaviour such susceptibility can be mitigated, and that susceptibility does not inevitably mean that the patient will experience disease, but rather that they should take special care to mitigate the risk through engaging in healthy behaviours.



Dental Hygiene Therapist's Reflection



I find an Oral Health Risk Assessments is an effective tool to communicate the patient's susceptibility and own individual risk. Through answering questions, the patient is able to become involved in the calculation of their own score and risk. Once completed, the risk assessment can then be taken home by the patient.



Considerations for practical application

Oral health risk assessments, using a scoring system to quantify the results allow a patient to identify their risk through numbers. Incorporating a colour range into the risk assessment score can help assist in communicating the severity of the risk. It may be helpful to then highlight what the patient can take control over through change behavior, to lower their risk and susceptibility.

Risk assessment tool - example

You are the best person to know about your body & what can affect your overall health. Periodontal Disease (gum disease) is affected by a spectrum of risk factors that require regular review and monitoring. Your Risk factor score will help to identify your susceptibility to gum disease to aid in the development of an optimal care program.

- **Family History of Periodontal Disease?**
 - o Yes – 1 No – 0
- **How old are you?**
 - o Over 40 – 1 Below 40 – 0
- **Do you smoke?**
 - o Yes – 1 No – 0
- **Do you have diabetes?**
 - o Yes – 1 No – 0
- **Are you aware of Plaque / Calculus and Bleeding on Probing?**
 - o Yes – 1 No – 0
- **Do you have Periodontal Pocketing greater than 4mm?**
 - o Yes – 1 No – 0
- **Are you aware of loss of periodontal support / recession / mobility's?**
 - o Above 2 mm – 1 Below 2mm – 0
- **Do you have HBP, dry mouth, feel at all stressed, or any systemic conditions known to be linked to Periodontal disease?**
 - o Yes – 1 No – 0
- **How regularly do you visit your Hygienist?**
 - o When I remember – 1 As regularly as they recommend - 0
- **Do you clean between your teeth every day?**
 - o Yes – 0 No – 1

The score indicates your susceptibility and likely progression or persistence in periodontal disease with your individual risk factors. These can include inherited factors as well as lifestyle factors.

To learn more please ask your Dentist or Hygienist about your results. Know what you can do to reduce your risk of periodontal disease.

<input type="text"/>	9-10	Very high risk
<input type="text"/>	7-8	High risk
<input type="text"/>	5-6	Moderate risk
<input type="text"/>	3-4	Low risk
<input type="text"/>	1-2	Very low risk

Enhancing patients' self-efficacy beliefs

'Self-efficacy beliefs' refer to an individual's belief in their ability to perform a behaviour and to perform it well.

Self-efficacy has been consistently found to predict behaviour, and in particular oral care behaviours (Syrjala et al. 1998; Persson et al. 1998). Individuals who believe that they have the ability to take care of their oral health, and believe they can do it well, generally have better oral health.



Improving people's self efficacy beliefs can be achieved in four ways:

- 1. Enactive Attainment:** According to Bandura (1977), an individual's self efficacy belief can be increased by arranging them to succeed in a task related to the one that they wish to undertake. So for example encouraging people to make small changes that they can achieve successfully will build self efficacy.
- 2. Vicarious experience:** A similar process occurs when we see others being successful – e.g. when a partner makes daily efforts to improve their oral health.
- 3. Social Persuasion:** refers to the provision of encouragement and support – a technique we often use, but which may not be as effective as
- 4. enactive attainment.** Finally, people are often reluctant to change because of unpleasant physiological states such as anxiety responses that occur when they consider making a change. Bandura suggests that we encourage people to acknowledge such physiological responses and their temporary nature – by working through the initial anxiety a valued goal can be achieved. The anxiety response to change is usually short lived.



Dental Hygiene Therapist's Reflection



Despite having an overall objective to achieve optimal oral health, I find it helpful to start with a systematic approach, step-by-step highlighting the smaller changes initially.



Considerations for practical application

These steps can be outlined in a handout and included in the '**Top Tips**' for the patient to remember. At each recall appointment the small changes in the '**Top Tips**' can be reviewed and rated on the clinical findings and expanded on for the future.

An example of this could be

'Start by using the single tufted brush on the inside of the lower teeth. When I see you next we can move onto focusing on other areas in your mouth.'

It may be helpful to ask an open ended question infused into the normal conversation, to identify successful change that may have occurred in other areas of the patient's life. The response can then be utilised in an example of believing in their ability.

Volition: putting motivation into action

Theory

Motivation alone is not sufficient to create behaviour change.

There is a gap between the desire to engage in a behaviour and transforming that motivation into action.

Specific strategies can help with this.



Goal setting

- The goals set should be unique to each patient, designed to help them with the specific needs to improve their oral health.
- The goals set should be SMART: Specific, Measurable, Achievable, Realistic and Timed. Rather than simply suggesting that an individual floss regularly, set a target for flossing a specific number of times per week.
- Goals can be cumulative in order to create steps towards the ultimate goal. For example flossing twice a week initially, then three times a week, until gradually the target of daily flossing is achieved.



Volition: putting motivation into action

Specific

Measurable

Achievable

Realistic

Timed

Planning ahead

- Encourage patients to make a specific plan of where, when and how the particular behaviour should occur. For example, the individual might specify “flossing” as the behaviour and a suitable situation as “in the bathroom in the evening after brushing my teeth every night”.
- Alternatively the patient could be encouraged to associate flossing with a commonly occurring behaviour, for example “floss after you have washed you hair”.
- A review of 63 studies found that making a plan of when, where and how to engage in a behaviour makes a significant difference to the likelihood that the behaviour change will occur (Gollwitzer & Sheeran 2006). Two studies have applied this approach to oral hygiene-related behaviour.
- Schüz et al. (2006) found that planning was the only significant predictor of adherence to a daily regime of flossing in 157 university dental students.
- Sniehotta et al. (2007) developed a brief intervention to encourage planning in a group of university students. By asking participants to plan where and when they would floss their teeth, Sniehotta and colleagues were able to demonstrate an improvement in the proportion of participants who were flossing three times a week or more.



Considerations for practical application

Example conversation to include –

Clinician: 'When and where would you prefer to floss in the day?'

Patient's response

Clinician: 'If you miss that time in the day when would be an alternative time?'

Patient's response



Self-monitoring

Monitoring how well patients are achieving their goals allows for any adjustments to their treatment plans.

Since feedback is most effective if delivered in a timely fashion, encouraging the patient to adopt systems to record and reflect on their own behaviour can be effective. Suresh et al. (2012) found that keeping a flossing diary can increase dental flossing and reduce plaque and bleeding scores in patients with periodontal disease, in the short term.

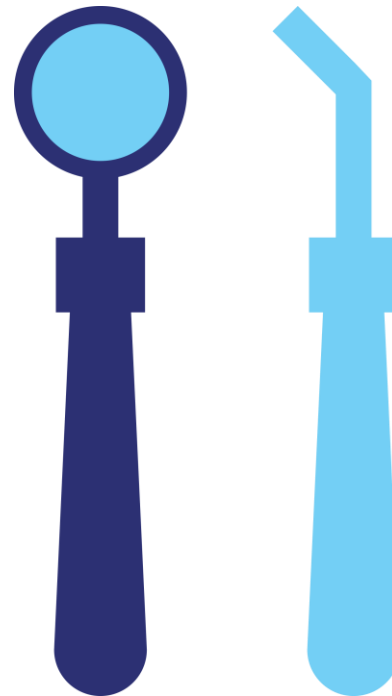
Techniques for monitoring can be simple pencil and paper records or more sophisticated telephone apps that both remind individuals about their goal and record behaviours.

Dental Hygiene Therapist's Reflection

Self-monitoring is an important part of the overall treatment plan, and helping the patient to implement this is key.

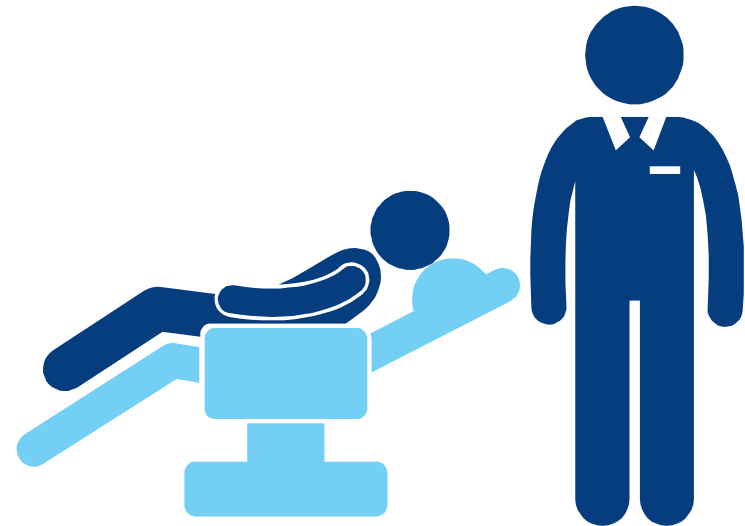
Considerations for practical application

If you wish to implement this successfully then request your patients set up a reminder on their phone at the same point that you take their pictures or video.



Phone intervention

Phone interventions have proven to be effective to monitor the progression of the goals set. Consider writing phone intervention reminder notes at the end of the clinical notes, including reminders of the jargon to use based on the Top Tips and other responses throughout the appointment. Ask the patient if there is a preferred time and day to call.



Forming a habit

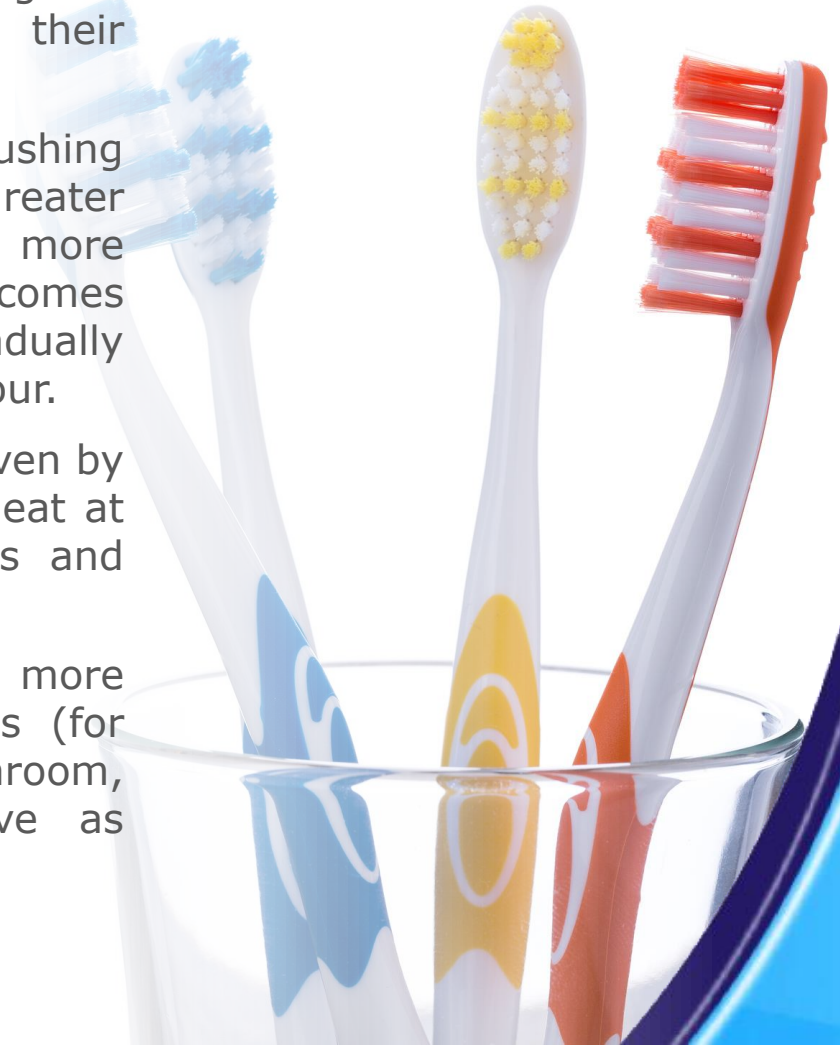
Forming a habit

Ultimately we would hope that the oral health behaviours which we encourage in patients become incorporated into their daily routines.

For those behaviours such as toothbrushing and flossing etc it is likely that the greater the repetition of the behaviour, the more likely it is that the behaviour becomes habitual as the new behaviour gradually comes to replace the previous behaviour.

In addition, our behaviour is often driven by environmental cues; for example we eat at certain times of day, use reminders and diaries for certain key tasks etc.

As oral health behaviours become more habitual, the presence of such cues (for example their floss packet in the bathroom, a bottle of mouthwash) will serve as reminders for the patient.



Overview for the practitioner

1. Provide information on the behaviour to be addressed in a structured manner, emphasising the importance of the information and using explicit strategies to aid recall of the information.
2. Tell the patient their individual susceptibility to the caries process, together with the benefits of changing their behaviour.
3. Set a SMART goal for the patient to achieve between this visit and their next.
4. Plan when, where and how they will try the new behaviour.
5. Encourage the patient to record how well they do.
6. Encourage persistence. The longer the patient continues the more likely it is that they will form a habit. For infrequent behaviours (such as attending the practice) encourage the patient to link the visit to other significant events that they will recall (eg Birthdays, holidays etc).



Considerations for practical application - Appointment Scenario example

- Implement the importance scale at the beginning of the appointment.
- Complete an intra-oral assessment of the patient, then complete the risk assessment.
- Ask open ended questions whilst carrying out the intra-oral assessment, based on importance scale responses, to build on more information surrounding the patient's values, taking note of the verbal jargon and language they use.
- Deliver verbal instructions with the use of appropriate language.
- Carry out a practical demonstration of oral hygiene instructions based on the clinical needs and patient's values, including other positive success stories in their life if possible. Take pictures and record with a smart phone, and set reminder for self monitoring.
- Identify small changes outlined in the '**Top Tips**' with a rating system, to be emailed or handed to the patient or both.
- Schedule a time to review patient on the phone between appointments and document points to be covered in the notes.



Dental Hygiene Therapist's Reflection

It can be overwhelming to include all the above mentioned practical tips and strategies into one appointment, and may be a challenge to decipher the most suited strategies of communication to incorporate into an appointment.

Begin with one or two strategies, and once you have found what resonates with you and are observing successful results, begin to incorporate more strategies and adapt them to suit your patients.

Remember not all communication strategies work for everyone.



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End