The Barriers Encountered By Dental Students In Communicating Oral Surgery Information To Patients - A Quantitative Exploration.

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Introduction

Background literature search. Assessment and exploration of communication materials available on student clinics

Materials and Methods

Questionnaire construction and pilot phase. Likert-type scales gathered quantified qualitative data about student confidence in communication tools and 3 oral surgery related scenarios

STAGE 2

STAGE 3

4th and 5th year students were surveyed for a month on the Acute Dental Care clinic (where oral surgery exposure is most frequent). Followed by Friedman-rank analysis of ranked responses

GDC Principle 3: Obtain Valid Consent

To explore the barriers faced by dental students when discussing care related to oral surgery (OS)

To explore which resources are currently available to students in communicating clinical information in the dental school environment

To determine which resources dental students find most helpful in communicating clinical information to patients

To provide a basis for improvement in the experience of dental students when communicating information to patients

Discussion

The findings of this study confirm Rozier’s findings that many clinicians will choose to use printed material when communicating with patients[3]. It also confirms findings in other studies that suggest a lack in clinical knowledge is frequently a barrier to patient communication in students [4,5]. This study found that students “forgetting” to convey information wasn’t a significant barrier, in contrast to other findings [4]. The small sample size (60) was a major limitation to this study and there is scope for further research and use of additional qualitative data collection methods. Differences in reported ranked responses were all significant to p<0.05

Results

Students ranked patient information leaflets as the most useful communication tool, followed by demonstration models, videos or animations, written prompts, apps. Patient education posters ranked as the least likely to be helpful

Students ranked problems with their own clinical knowledge as the most problematic barrier to communication

Most problematic barrier

1. Student clinical knowledge
2. Patient understanding
3. Ability to explain in simple terms
4. Likelihood to warn patients of risks

Least problematic barrier

Most useful tool

1. Information leaflets
2. Demonstration models
3. Apps, written prompts, & videos
4. Posters

Least useful tool

Conclusion

The study provides new information to the field of dental surgery surrounding barriers to communication. Students ranked their own clinical knowledge as the biggest barrier to communication, and had least confidence in discussing OACs with patients. While students are most likely to find patient information leaflets most useful when communicating with patients, availability was limited on ADC. The study provides a framework for improvements to the ADC department, as well as wider-reaching applications in targeting communication skills and oral surgery teaching

References