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Dental Health Education

Mrs. Haas

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Communication Video Paper

My patient was an elderly gentleman who regularly gets his teeth cleaned. He had good vitals, took few medications, and was in overall good health for his age. In 2008, he had basal cell carcinoma in his nasal cavity and throat area. He completed 28 days of radiation that caused xerostomia and damage to his teeth. He currently brushes twice a day and uses his Waterpik daily. He expressed using Biotene spray and gel for xerostomia. His niece transports him to appointments and keeps his appointment organized. I relayed messages to her at the beginning and end of appointments to keep her informed.

I completed my initial check but did not complete MPI. I found that my patient had minimal pocket depths greater than 3mm, minimal redness, edema, and bulbousness. He did have many restorations, missing teeth, furcation involvement, and severe recession. My patient has had periodontitis but is maintaining his oral health. Throughout the entire appointment I made eye contact with my patient during conversation. I was able to effectively talk to my patient without any discomfort. Since he was elderly, sitting in a chair for a long period of time was not always comfortable for him. I continued to give him drinks, a snack break, and bathroom break as I felt him get tired or uncomfortable. I also gave him a pillow to make him more comfortable. I did well noticing when he became restless, checking in on him, and using my time effectively when he took breaks. I kept a positive attitude and tone of voice when he expressed desire for a break. Since his niece takes care of his appointments, I kept her updated and had talked to her on the phone prior to the appointment. I never showed annoyance of relaying the message twice or when a break was needed. Overall, a good patient to clinician relationship was developed.

Although, it was not on the video, I introduced and shook my patients hand and his nieces when I met them in the waiting room. I also introduced Dr. Hodes at the beginning of the health history check. Mrs. Davis and I had a conversation about his previous x-rays, so she introduced herself due to the different circumstances. Looking at the video, I could’ve introduced Mrs. Davis prior to our discussion. In the future, I will be sure to introduce the instructor during their first appearance. Overall, I believe my prior office experience gave me a good habit of introducing the dentist or dental hygienist.

I took a CMRS on my patient. I found it helpful watching my technique over again to see how I made errors on a few of the radiographs. I explained to my patient how there would be 18 radiographs taken. Watching the video showed me how long it took and how it’s not the most comfortable for the patient. My goal is to begin getting faster at taking radiographs to eliminate time and comfortability for the patient. During my perio assessment, I could have been more verbal. I explained what I was doing with the probe but I never said the numbers out loud. I should’ve been more descriptive with my gingival conditions. I explained the processes well beforehand with the EO/IO, CMRS, and probing. In the future, I will begin explaining what I’m doing with gingival conditions. I found myself using the words kind of and probably a lot. At this time, I’m still timid in explaining my findings. I believe I will grow in my confidence with more practice. I realized I didn’t use a lot of motivational interviewing in this appointment. With this patient he disclosed a lot of information with minimal questions. I asked him what he does for his homecare. Also, for his previous cancer I asked how he treated it. The more we learn about the motivational interviewing the more I use it. I don’t think I did bad with my communication, but this patient didn’t require many motivational interviewing questions to get information.

My strength used from Strength Finder would be communication. It says I can explain things, make them clear, and like to talk. Throughout the appointment I explained what was going on. I was very comfortable throughout the appointment and enjoyed getting to know my patient. I explained clearly to him and his niece how there would be one more appointment, everything we completed today, and everything we would complete at his next appointment.

If I did this video again I would I would focus on being more confident with my words. I would try not to use kind of or probably in my descriptions, instead speaking with confidence. I will tell my future patients when doing gingival conditions that I’m evaluating for inflammation of their gums and explain where and what I’m finding. Overall, I feel like this appointment went well. At first, I was intimidated by the recording but eventually forgot about it. This was very helpful in critiquing myself.