



Kidding around with a paediatric dentist

BY DR NITA PAI

The practice of paediatric dentistry has provided many anecdotal and proven observations about the child dental patient. The most important observation is that to successfully treat children, the disposition and attitude of the dentist are more critical than the techniques.

It takes a certain personality to deal with children and get good results. It helps if you can chatter away, smile a lot, and be convincing when you are authoritative. Most importantly you must really love kids and love rewarding them constantly.

If this is difficult to do, then consider referring them to a paediatric dentist. Parents appreciate honesty and candour and it does not demean your own skills because you referred them. Often the parents will thank you. Remember these children will grow up and return to your practice one day, so you never really lose the patient.

With that said, I hope I can make your experience of treating children more enjoyable by sharing my observations.

The mouth

In infancy, the mouth is all about pleasure. Everything good comes through this space. Food, pacifiers, thumbs; it's a child's private comfort zone. Is it no wonder that this zone is fraught with psychosocial implications? For a child, the loss of comfort in the mouth is an unhappy and distressing development.

Tell-show-do

This is an old technique that works well when done carefully. The sequence of talking about a new object, describing what it does and then demonstrating what it does is supposed to reduce the fear a patient has to a new object. It can work very well, but its effectiveness is in the nuances of delivery.

For instance to an adult, asking them if they would like to take a seat is a social courtesy. To a child, it can ring alarm bells, especially if we are telegraphing our insecurity by putting a question mark at

the end of a sentence: "OK this is my big chair, climb up" can easily become "Do you want to climb up on my big chair?" If the answer is no, you have a problem. You have allowed the patient to state their position and now they will stick to their guns. You can become more authoritative but it's too late. The hardest thing to do is to drop the subconscious "OK?" at the end of every sentence. The first rule is never to ask a question. Speak in declaratives: "Hi, nice to see you", "open your mouth ... I need to count your teeth ... 1,2,3,4, etc".

Most times you have to wait for the information to sink in. Don't be impatient, because the information is new and needs to be processed before there is a response. It is not unusual to say the same statement several times. The child is not being resistant, just taking it all in. Be patient and don't get annoyed or raise your voice.

The final aspect of a successful tell-show-do is to show it from a distance. Don't bring it too quickly into a child's personal space.

A triplex is a great toy. Apart from being a water pistol and a spray gun, it also blows up balloons! But if you explain what it does and bring it too close to a child at the same time, you are bound to frighten them. Each step must be done sequentially and from a distance. This is unusual equipment; the air is noisy and can't be seen. Tell them what they are about to see and hear, from a safe distance. Finally, put it in the child's hands and allow the child to play with it.

The reasoning is that imagination magnifies fear, so by touching and seeing what we fear most in a non-threatening manner leads to the elimination of that fear.

Parents in or out of the surgery?

There are no hard-and-fast rules except that for very young children under the age of three, a parent must be present.

Many dentists are not relaxed when parents are present since the experience of the parent-child relationship interfering with treatment is most common. A child can manipulate a parent to a point where the parent can ask for treatment to be terminated. If both of you are talking to the child, the child will pay attention to the parent and not to you.

My approach is to talk to the parent, explain that I must be in control and ask for their cooperation. I explain the rules and why they exist. Not to isolate the parent, but to involve them at an important level.

Secure, well-adjusted, bright children whose parents are not overprotective or overbearing will do fine with or without the parents present. Many mothers are having children at a later age and can be very possessive and protective. This parent will not respond favourably to the suggestion that treatment could proceed without their presence. I allow them to stay and involve them and the child in what I'm doing and why.

Communication

The tell-show-do is a communication technique, but the first stage of communication is before the child reaches the practice. We like to send a welcome letter to new patients prior to the first visit. It has three purposes. The first is to welcome them to the practice; the second is to give instructions on where they can park and how to find us. The third and most important is to tell the parent how to prepare the child for the first visit.

We recommend that the parent resist the urge to say anything until the day of the appointment. On that day, the parent should tell the child: "today we are going to visit our dentist so she can count your

teeth". If the child asks any questions, the parent should say: "You can ask the dentist yourself when we get there".

Too often, well-meaning parents and grandparents will be supportive, telling a child how grown up it is to go to the dentist, then add how much fun it is and "it won't hurt a bit". No one ever says going to the supermarket "won't hurt a bit" so a smart child is suddenly on high alert. We ask that adults and older children do not discuss past dental experiences, because somehow negative messages seem to filter through.

Practice visit

When children or adults meet someone new, the first instinct is to form an opinion. The first contact is with your staff who should be soft spoken and smile easily. A child should never enter and be ignored or handed a form in a business-like manner. A child needs to know this is a friendly space. This can only be achieved by staff who love children and love their job. A smile and a friendly comment like "What a pretty pink dress", "What is your favourite sport?" makes it easy. It is difficult not to like someone who is friendly and says something nice.

Children may not understand everything around them but they compensate by having a keen ability to read your true temperament and attitude. Children also listen to everything, they may not understand the details or the context, but they do know when you are speaking over them, not to them. If you don't include them in all aspects of their treatment, they will become frightened and you won't know why you lost them.

Body language

Regardless of your words, your body language will betray you every time, especially to a child. To gain trust you need to look at a person eye-to-eye when you are speaking. Often this means bringing yourself to the eye level of a child. A parent who can't look you in the eye, or has their body turned away from you, probably does not want to hear what you are saying. The child will pick up that the parent is not responding favourably and you will be treated with suspicion before you can begin.

Body language is an entire fascinating topic of its own, and many good bookstores have interesting books on this subject.

Children think differently

The logic we take for granted often has not developed in a child. For example, if an adult bites down and finds it hurts, he

will identify the tooth as doing the hurting. Before the age of four, a child who has the same experience will spit out the food, claiming the food has hurt them, or they don't like it any more.

The truth is that a child gets used to the idea of 'hurt' being caused by external sources. Being hurt is caused by falling on the floor, running into the table, being hit with a stick, etc. In a child's mind, being hurt by your own body is not part of their experience; therefore you can only have pain if something is hurting your body.

There is much other behaviour that is glibly labelled as 'irrational childhood fears'. By understanding the development limitations of each age group, it is easier to empathise with a child and understand how they experience the world around them.

Gifts

Children are materialistic. It's a fact, so invest in great gifts. Large toys and colourful things are very exciting to a child. If the child passes a well-stocked abundant toy area on the way in, there is a high motivation to act in a way that will result in getting one of the toys on the way out.

Rings, bracelets and costume jewellery are popular as well as large high bounce balls, Dracula teeth and bendable animals and dinosaurs. These things cost less than a few dollars but may be the highlight of the child's visit and worth every cent.

Summary

Treating children successfully requires the right temperament. If you love to treat kids, tell-show-do is still the most useful technique if it is done well. Whether treating children or adults, prepare the patient with an introductory letter and things will go more smoothly for you. The most successful practices treating children have smiling talkative dentists and staff. Pay attention to the patient and be careful not to ask yes-or-no questions.

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Dr Nita Pai is a specialist Paediatric Dentist who is currently setting up her own practice in Bondi Junction, NSW. In the world of paediatric dentistry this is a relatively rare event as there are only 8 paediatric dental practices in the state. We will publish an article on her new practice in a coming edition. when it is completed. Dr Pai can be contacted on (02) 9386-9600.