

## Report following BDS3 Perio symposium at Glasgow Dental Hospital Involving BSP Patient Forum representatives

On 14<sup>th</sup> February the 3<sup>rd</sup> year Dental Students at the University of Glasgow Dental School attended a half-day symposium focussed on practical, patient-related aspects of periodontology. The symposium, now in its second year, was led by Professor Shauna Culshaw and Dr Madeleine Murray, Specialist in Restorative Dentistry (with a practice limited to Periodontics) and Honorary Senior Clinical Lecturer, both at University of Glasgow. In 2020 Professor Shauna Culshaw extended the initiative and three volunteers from the Scottish BSP Patient Forum for a question and answer forum with the students.

Prior to the symposium, the students were divided into three groups, each group preparing questions, so that a list of questions was sent to the each of the patient forum members in advance of the symposium.

The first part of the symposium revised aspects of behavioural change, delivery of important messages and encouraged the students to consider and develop these skills, in addition to technical ones. The second part of the symposium moved the students to small groups where they had the opportunity to question the Patient Forum members and gain insight in to the periodontitis patient journey.

Following the symposium students prepared a formative assessment and were asked “Will learning about the patient’s perspective change your clinical practice? If so, how?”. The feedback from the sessions with the Patient Forum members was overwhelmingly positive both initially and on reflection. The student responses on the effect of meeting with the patients and how it might impact their clinical practice fell largely in to six themes:

The students reported:

1. Increased appreciation of the need to give good quality, understandable advice and information to people about periodontitis
2. The importance of communication in the whole patient interaction, not only in terms of what they say but how they deliver the information
3. Developing an understanding of the barriers individuals face when trying to access treatment, in general practice, hospital led specialist care and privately provided specialist care
4. An understanding of the potential costs, emotionally and financially, of periodontal treatment and replacement of teeth lost as a result of disease
5. A much deeper empathy with the patient’s situation
6. A busting of the myth of a “typical perio patient”

Some examples of responses from students are listed below:

#### **Giving advice and communication**

- “It has taught me that patients are more motivated to make changes to their OH routines and lifestyle to improve their perio situation when they are kept up to date with the improvement happening in their mouth.”
- “The consensus reached by the patients informed us that none of their dentists had explicitly said that they had periodontal disease. They all explained they were oblivious to the extent of the disease and were unaware of the issues within their mouth and how to prevent until discussion with the referred periodontist. Therefore, I am going to ensure I have this conversation with patients and that they have a good understanding of what is occurring.”
- “After knowing what the patient felt about the support she has gotten from her new dentist and periodontist, it made me realise how much of an impact the support we provide can have on patients. Also, the patient knew the reasons behind why she had to change certain habits, as she was very educated about her disease. Therefore, I would want to spend more time explaining about diseases to patients as I feel is important for them to understand it so they will be more willing to make changes”
- “Being honest and upfront with patients is the most effective tool in encouraging them to change their behaviour; sugar-coating the issue is not in the interest of the patient.”
- “It will make me ensure that I am explaining all the information more in depth and in a way patients understand. It’s also important to be objective and non-judgemental and really listen to their points of view and how they are feeling.”
- “After the symposium, I will make a conscious effort to be more attentive to my patients. It can be easy to forget there is a human at the other end of the instrument but now I know the significance of being more actively engaged with the patient.”
- “Previously, I assumed patient aren’t interested in knowing their conditions in details and would just provide brief explanation, but now, I put in more effort in giving extra information and detailed explanations to ensure my patients understand their conditions and also engaged them to make and effort in improving their oral hygiene routines.”

#### **Barriers to treatment and personal costs**

- “The patient had expressed her disappointment upon meeting a dentist who gave her a false diagnosis leading to an incorrect treatment plan. She had been undergoing the wrong treatment for as long as 20 years until a new dentist looked into her mouth and recommended her to visit the hygienist.”
- “Hearing the patient’s perspective and the frustration that the disease had been missed for years by their general dentist makes me motivated to focus on patient periodontal condition. Knowing when the case is too complex for general practice and a specialist referral is required is in the best interest of the patient”

- “I think that it has helped me to understand the feelings of sadness that a patient may feel.”

### **Empathy**

- “Hearing the patients story helped me understand from her perspective what having periodontitis and going through the treatment is like as I think it can be easy when you see patients every day to forget what it is like for them.”
- “It also allows you to empathise with them and see how big a deal your everyday treatments can be for a patient.”
- “Instead of just treating the oral cavity I would focus more on patient engagement and making them a part of the process to try and gain better long-term success.”
- “I learned about the patients concerns and priorities before, during and after treatment which is not insight we receive from teaching in the dental school. Typically, we learn about what we should prioritise in maximising treatment benefit but learning how the patient views these treatments allows us to find a common ground easier and make treatment plans more effective.”
- “It has made me little more aware of the patients feeling and remembering they are a real person with real experiences.”

### **Busting the myth**

- “It will change how I address gum disease with patients. It was apparent that patients wanted dentist to tell them straight and provide them with a lot of information. It seems a lot of dentists are embarrassed to tell them their diagnosis.”
- “When asked about the way the patient was given her diagnosis, she spoke very highly about the way it was delivered. She mentioned how the clinician clearly explained all the clinical findings and then went on to explain the disease background.”

The excerpts from the submitted assessment highlight how valuable the experience was for students. There is clearly a benefit to having time to hear from a patient, in a non-clinical setting their perspective on the impact of periodontitis, treatment and the challenges they face. The feedback from the volunteer patients was very positive, and the volunteers noted that the forum was an enjoyable experience. We are extremely grateful to the volunteers from the forum for giving up their time.

Madeleine Murray and Shauna Culshaw  
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