

Types of parent responses to case presentations and post-treatment parent questionnaires

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Abstract

Parent responses to the case presentation dealt most often with technical aspects of care (tooth discolorations, alignments, etc.) while responses to the post-treatment questionnaire almost always dealt with empathy, interest, or good manners on the part of the dentist. The findings show that parents have a variety of concerns about dental care and that more than one type of interaction is necessary to uncover them. In a pre-doctoral setting, which emphasizes technical skills, the questionnaire can point out first-hand the patient's feelings. It can also be used in a responsive private practice.

Knowledge of patient and parent opinions and concerns would provide the dentist an opportunity for a responsive practice. Feedback from various dentist-patient/parent interactions would provide insights into patient or parent feelings. Patient/parent responses have not been reported for several common modes of communication in the dental practice. Parent responses in an educational setting have similarly not been reported.

Studies of patient attitudes toward care have been done by persons other than care providers.^{1,2,3} These studies show that patients like a pleasant office atmosphere as well as a dentist who is concerned and inflicts minimal discomfort.

Several studies have been conducted regarding parental influences on children's reactions to dental treatment.^{4,5,6} Two major theoretical issues have been examined: (1) the transmission to the child of parental attitudes toward the dental setting; and (2) the effects of maternal presence on the behavior of the child during dental treatment. The methodology used to study the first issue consists of relating maternal anxiety levels to the cooperativeness of children during treatment.⁴ The second issue has been examined by research designs measuring the physiological responses and/or behavior of the

child.⁵ Although these methods have been useful for examining their respective theoretical issues, they have provided no information regarding parental reactions to the manner and actions of the dentist toward the child.

It can be expected that parental reactions to their child's treatment will reflect concerns that the dentist: (1) provide adequate treatment of their child's dental needs, and (2) demonstrate genuine concern for the emotional needs of the child. Recently, empirical support was obtained for a theoretical model which relates patients' satisfaction with health care to their practitioners' demonstration of concern for the emotional needs of the patient.⁷

The purpose of this paper is to categorize parent responses to two types of dentist-patient interactions: the case presentation and the post-treatment parent questionnaire. The case presentation has been advocated as an essential element in the modern dental practice.^{8,9,10} The post-treatment questionnaire has also been suggested.¹¹ Application to the dental school curriculum seems appropriate in simulating a modern practice.

Methods and Materials

Subjects of the study were parents of patients in the predoctoral clinic at West Virginia University School of Dentistry. Questionnaires and video tapes of case presentations were taken from a pool of approximately 350 patients over a period of 1½ years. The first author reviewed 107 consecutive video tapes of case presentations (each of a different student dentist) over this 18-month period and recorded all audible parent responses. A structured format of the case presentation with evaluation provided an element of consistency.⁸ A narrated model video tape demonstrating a case presentation provided criteria used to assess successful completion by the student.¹² In the model case presentation, the sections

were: introduction, findings, proposed treatment, and time and cost estimates. Students were instructed to ask for parent questions at the end of each section. Ninety-seven consecutive post-treatment questionnaires (each from a different student dentist) were collected over a period of six months within the 1½ year period using an established format.¹¹ Responses to two questions were studied here: (1) "What did you like most about your child's experience?" and (2) "What suggestion can you make for improving your child's experience?" The same parents were not matched for responses to the case presentation and the questionnaire, but both phases of the study were conducted with parents from the same pool. Responses to both interactions were categorized and appear in Table 1. Multiple responses were categorized so that only one response per patient was analyzed for a single category. One background point is of potential importance. The "hand-over-mouth exercise," while described in student lectures, was not used for any of the patients in this study.

Results

The pattern of responses differed for the two types of interactions (Table 1). In the case presentations, parents referred mostly to specific dental problems (stains, malaligned teeth, etc.). The most frequently

asked questions related to occlusion. Only one expressed concern about empathy, interest or good manners on the part of the dentist. The dental experience from the standpoint of the child (child's fear, pain or lack thereof) was touched on in about the same frequency for both types of interactions. Statements on the questionnaires were mainly associated with empathy or interest (96%); only a few raised technical questions. Words commonly used were patient, kind, nice, pleasant, friendly, cheerful, and courteous. In neither case was the dentist's proficiency an issue.

Students reacted favorably to these responses on course evaluations, but no in-depth evaluation of student feedback was done.

Discussion

Parent responses to two dentist-parent interactions (the case presentation and the post-treatment parent questionnaire) revealed differences in the types of concerns expressed, at least in this population.

Differences in types of responses may be associated with the format (written compared to verbal) and with the placement in the sequence of care. The case presentation comes at the beginning before a trust has been reinforced. It elicits important questions on technical and administrative aspects of care. In the

	Category of Response (Key words or subject areas)	Case Presentations (n=107)		Questionnaire (n=93)	
		Number	Percent	Number	Percent
Table 1. Categories of responses.	Empathy, interest or good manners of the dentist (Patient, kind, nice, pleasant, friendly, courteous, cheerful, explained)	1	1	89	96
	Quality of the experience for the child (Fear, not afraid, discomfort, behavior management)	28	26	28	30
	Previous experience of the child or family	6	6	0	
	Dentist's technical proficiency	1	1	5	5
	Administrative Matters (Appointment scheduling, length or content, payment, insurance)	34	32	4	4
	Dental caries, stain or toothache	30	28	0	
	Occlusion (Alignment, eruption, identification or loss of teeth)	48	45	0	
	Technical procedures	35	33	0	
	Prevention (Diet, brushing, fluoride, toothpaste)	23	21	4	4

present format, there is not a specific list of questions to draw out parents' concerns about affective behaviors.

The questionnaire may be used to draw out concerns that would otherwise go unnoticed. This important perspective can easily be added to a technically oriented curriculum or practice. It also provides a point of patient (or consumer) input. The questionnaire can be administered by an auxiliary. In a time of public relations awareness, it may be of interest to use this instrument in obtaining parent responses to various types of behavior management techniques.

Conclusion

The case presentation and the post-treatment parent questionnaire provide different types of feedback. In the former, parents tend to discuss dental problems from a technical standpoint and in the latter, they tend to make statements about empathy, interest and good manners on the part of the dentist. Both would seem essential in establishing a practice responsive to attitudes of parents and patients.

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1. Bureau of Economic Research and Statistics, American Dental Association: A motivational study of dental care V. Some attitudes toward dentists. *JADA* 56:911, 1958.
2. Willard, D. H., Leubke, N. H., and Nesterenko, A. Q factor analysis applied to describe attitudes toward dental care. *J Dent Ed* 43:176, 1979.
3. Garfunkel, E. The consumer speaks: how patients select and how much they know about dental health care personnel. *J Prosthet Dent* 43:380, 1980.
4. Johnson, R. and Baldwin, D. C., Jr. Relationship of maternal anxiety to the behavior of young children undergoing dental extraction. *J Dent Res* 47:801, 1968.
5. Venham, L. L., Bengston, D., and Cipes, M. Parents' presence and the child's response to dental stress. *J Dent Child* 45:213, 1978.
6. Gershen, J. A. Maternal influence on the behavior patterns of children in the dental situation. *J Dent Child* 43:28, 1976.
7. Ben-Sira, Z. Affective and instrumental components in the physician-patient relationship: an additional dimension of interaction theory. *J of Health and Social Behavior* 21:170, 1980.
8. Johnsen, D. C. Structured case presentations: cornerstone to informed patients. *Gen Dent* 27:62, 1979.
9. Fishman, S. R. and Ortiz, E. Effective case presentation. *Dent Clin* 21:539, 1977.
10. Baggot, G. P. Twelve steps to successful case presentation. *Dent Management* 33-40, 1974.
11. Rosenbaum, C. H. and Barton, D. H. Use of a continuing health history in dental practice: a survey. *J Dent Child* 45:371, 1978.
12. Johnsen, D. C. and Leopold, B. Case presentation model for the child dental patient, Video tape No. 3676, National Medical Audiovisual Center.

Quotable Quote

When I was younger, I believed once something had been discovered, verified and published it was part of knowledge: definitive, accepted, and irrevocable. To my surprise, however, I found that the truth has to fight constantly for its life. That an idea has been discovered and printed in a 'reputable journal' does not ensure that it will become well known and accepted. In fact, usually it will have to be rephrased and reprinted many different times, often by many different people, before it has any chance of taking hold. This is upsetting to an idealist such as me, someone more disposed to believe in the notion of a monolithic and absolute truth than in the notion of a pluralistic and relative truth. The idea that the truth has to fight for its life is a sad discovery. The idea that the truth will not out, unless it is given a lot of help, is upsetting.

From: Hofstadter, D. R. *Metamagical
Themas*, Scientific American 246:18,
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