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. 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. 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. The second issue has been examined by research designs measuring the psychological responses and/or behavior of the child. 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.

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.

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. A narrated model video tape demonstrating a case presentation provided criteria used to assess successful completion by the student. 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 sec-
tion. Ninety-seven consecutive post-treatment ques-
tionnaires (each from a different student dentist) were
collected over a period of six months within the 1½
year period using an established format. 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 cate-
gorized so that only one response per patient was
analyzed for a single category. One background point
is of potential importance. The “hand-over-mouth ex-
ercise,” 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 ex-
pressed concern about empathy, interest or good
manners on the part of the dentist. The dental ex-
perience 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 pro-
ficiency an issue.
Students reacted favorably to these responses on
course evaluations, but no in-depth evaluation of stu-
dent 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

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

Table 1. Categories of responses.
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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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 Themes, Scientific American 246:18, February, 1982