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Think Differently...Turn the Cartoons Off!

In traveling around the country and consulting with many pediatric dental practices, I have begun wondering if perhaps it is time for pediatric dentists to redefine their daily routine. As I observe teams deliver dentistry to children, one key element has sparked my interest—the interaction between a child, her dentist and the electronic gadgets at play. For instance, having a movie playing in front of a child may, in fact, would be doing her and oneself a great disservice.

Placing flat screens in offices and showing cartoon movies was cutting-edge and impressive to parents years ago. It gave the impression that the doctor and the office is up-to-date with technology. However, I believe that it has become so widely used now that parents expect to find some form of electronic entertainment for their child in any business that caters to children.

Many pediatric dental offices have flat screen TVs in the reception room, holding areas and above the treatment chairs. They show a movie to entertain the child throughout their appointment. I think it would be a safe bet that any movie shown in the dental office has been seen by the child at least three or more times before. By doing this, we are not impacting our patients and their families with new and helpful information.

The intent of showing a movie, especially above the clinic chair, is to distract the child and encourage more cooperative behavior during the dental appointment. I believe this distraction

is preventing the child from experiencing two very important personal growth opportunities—learning how to socially interact and develop a relationship with the dental provider and thoroughly learning oral hygiene instruction (OHI).

The dental appointment is a unique opportunity for children to go off on their own and interact with an adult besides a family member. It offers an opportunity to connect and socialize in a meaningful way with another human being through eye contact and conversation. If the child is listening to and watching a movie, it makes it much harder for the adult to get the child's full attention and establish rapport. This also applies when the dental care provider is trying to explain healthy snacks and diet and show the child proper flossing and brushing techniques.

In today's society, there are many children who spend too much time interacting with an electronic device instead of another human being. TVs, DVDs, iPods, video games and computers have taken the place of human interaction. Many parents do not have the time they would like to spend with their child because of work and the increase of single parent households. This sad situation robs children of human interaction time.

If we can do a good job with a child, such as reducing and preventing dental disease, we can save them from a lifetime of dental and systemic issues. Teaching OHI is vitally important because dental disease is the most prevalent chronic disease in children that not only effects oral health but also systemic health. There is growing evidence

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that periodontal disease left untreated carries serious consequences: increased risk of stroke, heart attack, uncontrolled diabetes, and low birthweight, premature babies. Therefore the question to ask yourself is, "Why would I want to create a distraction when I am trying to educate a child and/or parent on how to prevent the most prevalent childhood chronic disease?"

Another major childhood health issue is obesity. In the book, "Disease-Proof Your Child", published April 1, 2007, the author, Dr. Fuhrman, refers to obesity as the most common nutritional problem among children in the United States. Consider this section from the book:

"One in three kids in America is overweight, and the problem is growing. The number of children who are overweight has more than doubled during the past decade. Social forces, from the demise of home cooking to the rise of fast food, as well as the dramatic increases in snack food and soda consumption have led to the most overweight population of children in human history. It is said that this could be the first generation that does not outlive the previous generation".

The average child will see her dentist much more often throughout her childhood than she will see her physician. With this increased contact, the pediatric dentist has a powerful opportunity to offer positive influence.

Fortunately Healthy Smiles, Healthy Children: The Foundation of the American Academy of Pediatric Dentistry has a vision to create optimal oral health for all children through the support of "service, education, research and policy development that advances the oral health of infants and children through adolescence, including those with special health care needs." One of the ways that pediatric dental offices across the country can fully support this mission is by turning the cartoon movies off. This will enable dental care providers to have the child's full attention at the dental chair without distraction, develop a relationship and create a successful teaching and learning environment. When strong relationships exist, there is a better chance for influence and motivation.



I often observe dental care providers explaining and demonstrating proper brushing and flossing techniques to a child that is reclined in a dental chair and not able to see what is being shown to her. She only hears what is being said; she is not given a mirror to observe and often not given a chance to try the brushing and flossing herself. Research has shown that a person will only retain 10 percent of what she hears. This method of oral hygiene instruction is clearly ineffective. What needs to take place, in addition to the above, is to give a child a mirror to observe the brushing and flossing techniques; then hand the child (when age appropriate) and/or parents a toothbrush and floss to be coached and expose them to the muscle memory of doing it right. When a person hears, see and does the action we are trying to teach, the retention rate goes up to 90 percent. The movies must be turned off for the lesson to be as effective as possible.

Replacing the movies in the reception room and holding areas with educational information about OHI, cavity causing snacks, baby bottle tooth decay, healthy diet and exercise messages for the parent and child to view can further our cause, since a healthy diet and lifestyle starts at home. This is the positive power that you hold that may impact children's lives. A lifetime of effective brushing, flossing and regular preventive dental care visits can help prevent dental disease, improve health and save lives.

One fine example is illustrated by one of your fellow members, Dr. R.C. Smithwick, from Los Altos Hills, Calif., who wrote to "Dear Abby" on Nov. 23, 2007. He shared how complimenting a child in his pediatric dental practice had such a dramatic and positive effect on this child's self esteem. (Letter can be viewed on the AAPD Web site under 'latest news' on the Home page). Another item to think about is going beyond the OHI, healthy diet, lifestyle and exercise video messages and instead show programs about real-life heroes who accomplish extraordinary things; for instance 9/11 rescuers, Mother Teresa, Lance Armstrong, etc.

Encourage your patients to find their own hero within. Help each child feel special and good about herself. Inspire all of them to think about what they can do someday to make this world a better place and achieve something great with their healthy body.



By sharing these different approaches, I aim to offer useful techniques. It is not my intention to offend pediatric doctors who show cartoon movies within their practice. I only hope to illustrate that this distraction may be alienating a child from her pediatric dentist. In fact, the dental visit should be an opportunity that allows children to have social interaction, to learn and to grow. For those who are already doing all or some of the things discussed in this article, you are right on track and keep going.

I challenge pediatric dental teams across the country to think about what they could do differently with the children that come through their practice. It is up to each pediatric dentist to create better rapport, effectively teach OHI, be a source of healthy lifestyle information and possibly influence a child's self esteem.

I believe members of the AAPD can change the world—one child at a time.

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