Dealing from Scratch: Pre-Appointment Behaviour Guidance

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DOI: https://doi.org/10.52403/ijrr.20220613

ABSTRACT

Background: One major aspect of child management in the dental set up is managing anxiety, a barrier to oral health care and service provision worldwide. Management involves either in prevention or abolishing fear/anxiety in uncooperative children. Behavior guidance needs to be implemented before the patient enters the dental clinic for the first dental visit. preparations Pre-appointment euphemistic approach to convey the treatment information to the children specially the one with poor cognition. So the study aimed to evaluate general dentist's perception in Jabalpur city regarding pre- appointment behavior guidance when dealing with child patients.

Materials & method: A closed-ended questionnaire prepared on Google format was send to general dentists practicing in Jabalpur city, to take their perception on pre-appointment behavior guidance when dealing with children who come for dental care at their dental office.

Results: Out of 209 general dentists, 129 participants treat children in their set up. Majority of general dentists believed that preappointment behaviour modification of the child helps in achieving positive behavior in the operatory. The most frequent means of reducing the anxiety of child before treatment as told by the practitioner was you tube video option

(21.7%). Results also revealed that the post graduate participants were better aware about the pre- appointment behavior guidance than the graduate participants.

Conclusion: Pre- appointment behaviour guidance for the child helps to alleviate patient's anxiety and fear, delivering our services in a better and thereby instilling positive dental attitude in children. Educational programs should be planned for general dentists to improve their knowledge and skills in providing treatment to children.

Keywords: Pre-appointment behaviour guidance, behavior guidance, pre- appointment preparations.

INTRODUCTION

Pediatric dentistry is one of the most rewarding disciplines of dentistry. The reward is not merely of material nature rather its winning the trust of both the child as well as the parents. Pediatric dentist has to deal with the apprehensions of both the children and the parents. To achieve successful treatment of child, cooperation from both the child and the parent is very essential. This is understood by the Pedodontic Treatment Triangle where

the child, pediatric dentist and the parent have unique roles and they communicate with each other before, during and after the treatment.1 Behaviour management of the child starts before the patient enters the clinic for the first visit. Pre- appointment behavior guidance involves the strategies that have been used to alleviate parental anxiety, such as pre-appointment letters, mails describing the dentist's treatment pattern, the outline of first visit procedures and giving advice on preparing the child for subsequent visits.² So this study was designed to evaluate perception of general dentists in Jabalpur city regarding preappointment behavior guidance when dealing with child patients.

MATERIALS AND METHODS

Closed-ended, self-constructed questionnaires on Google forms were sent to general dentists practicing in Jabalpur city, to comprehend their perception on preappointment behavior guidance. Data was documented and analyzed.

Statistical Methods

Data was analyzed by using SPSS version 22. Frequency distribution tables

were made for the categorical variables like qualification and years of experience for all the participants. Chi-square test was used in the analysis to assess the relationship between categorical variables qualification and years of experience and responses of questionnaire Awareness responses and then p values considered calculated. P<0.05 was statistically significant.

RESULT

The Google forms were filled by 209 general dentists practicing in Jabalpur city. Out of them 129 participants treat children in their set up, of which 81(62.8%) were BDS whereas 48 (37.2%) were MDS. 53.5% of the participants had less than 5 years experience and only 3.1% participants had more than 20 years experience.

Majority of general dentists believed that pre-appointment behaviour modification of the child helps in achieving positive behavior in the operatory. They also believed that interviewing parents regarding the child helps to know the child better before appointment. (Table 1)

Table1: Overall Frequency distribution of responses of participants for awareness questions

Questions			Responses	
		Yes	No	
1.	Do you believe that pre- appointment behaviour modification of the child helps in achieving positive behaviour in the operatory?	125(96.9%)	4(3.1%)	
2.	Do you conduct pre-appointment behaviour modification for child patients in your clinic	99(76.7%)	30(23.3%)	
3.	Do you think that interviewing parents regarding the child helps to know the child better before appointment?	124(96.1%)	5(3.9%)	
4.	Do you schedule educational pre-visit for the child and parents?	67(51.9%)	62(48.1%)	
5.	Is your staff or team trained to deal with child patients in the clinic?	77(59.7%)	52(40.3%	
6.	Do you have a child friendly corner in your clinic (toys, cartoons painting, coloring books, etc)?	86(66.7%)	43(33.3%)	
7.	Do you have separate operatory for adult and child patients?	54 (41.9%)	75(58.1%)	

Table 2: Means used to reduce child's anxiety for dental treatment before giving appointment

Means used by participant to reduce child anxiety	Frequency	Percent
dental apps	6	4.7
dental apps, you tube videos	8	6.2
films	3	2.3
films, dental apps	2	1.6
films, dental apps, you tube videos	6	4.7
films, telephonic conversation	1	.8
films, telephonic conversation, dental apps	1	.8
films, telephonic conversation, dental apps, you tube videos	4	3.1
films, telephonic conversation, you tube videos	3	2.3
films, you tube videos	4	3.1
letters	2	1.6
letters, films, you tube videos	1	.8
letters, mails, films, telephonic conversation, dental apps, you tube videos	3	2.3
mails, films, dental apps, you tube videos	1	.8
mails, films, telephonic conversation	4	3.1
mails, films, telephonic conversation, dental apps, you tube videos	9	7.0

Table no 2: continued		
mails, films, telephonic conversation, you tube videos	2	1.6
mails, films, you tube videos	3	2.3
mails, telephonic conversation	1	.8
mails, telephonic conversation, you tube videos	1	.8
mails, you tube videos	3	2.3
telephonic conversation	26	20.2
telephonic conversation, dental apps, you tube videos	1	.8
telephonic conversation, you tube videos	6	4.7
you tube videos	28	21.7

The most frequent means of reducing the anxiety of child before treatment as told by the practitioner was you tube video option (21.7%) followed by telephonic conversation (20.7%). (Table 2)

The association of qualification of participants with their awareness on preappointment behavior guidance revealed that postgraduate participants were better aware than the graduate participants as shown in (Table 3).

Table 3: Awareness versus qualification

Responses on Awareness		Qualification			
		BDS	MDS	\mathbf{X}^2	p value
Do you believe that pre- appointment behavior modification of the child helps in	Yes	78(96.3%)	47(97.9%)	0.26	1 (NS)
achieving positive behavior in the operatory?	No	3 (3.7%)	1(2.1%)		
Do you conduct pre-appointment behaviour modification for child patients in your	Yes	61(75.3%)	38(79.2%)	0.25	0.6
clinic?	No	20(24.7%)	10(20.8%)		
Do you think that interviewing parents regarding the child helps to know the child	Yes	78(96.3%)	46(95.8%)	0.017	1
better before appointment?	No	3(3.7%)	2(4.2%)		
Do you schedule educational pre-visit for the child and parents?	Yes	38(46.9%)	29(60.4%)	2.2	0.14
	No	43(53.1%)	19(39.6%)		
Is your staff or team trained to deal with child patients in the clinic?	Yes	45(55.6%)	32(66.7%)	1.54	0.26
	No	36(44.4%)	16(33.3%)		
Do you have separate operatory for adult and child patients?	Yes	30(37%)	24(50%)	2.08	0.19
	No	51(63%)	24(50%)		
Do you have a child friendly corner in your clinic (toys, cartoons painting,	Yes	48(59.3%)	38(79.2%)	5.37	0.02*(HS)
coloring books, etc)?	No	33(40.7%)	10(20.8%)		

DISCUSSION

The present study is one of its kind as no such study has been conducted to evaluate the perception of general dentists regarding pre-appointment behaviour guidance.

In the current study, out of the responses received only 61.72% of general dentists agreed to treat, is not encouraging. This indicates sheer lack of understanding on behaviour guidance. This emphasizes the need of training programmes for the general dentists to improve their knowledge and skills in providing treatment to children.

In the present study, most of the participants (96.9%) believed that preappointment behaviour modification of the child helps in achieving positive behaviour in the operatory. 76.7% said that they conducted pre-appointment behaviour modification for child patients in their clinic. 96.1% believed that interviewing

parents regarding the child helps to know the child better before appointment. The above data emphasize the need of pre appointment conversation child as well as parent with an intent of gaining cooperation.

Only 51.9% of the participants scheduled educational pre-visit for the child and parents. They believed contact with the child and parents before the first dental visit increases the likelihood of a success as it prepares the patient for first dental visit. ³

59.7% of participant's staff was trained to deal with child patients in the clinic. Trained staffs handle child understanding their level of cognition. The most frequent means of reducing the anxiety of child before treatment as told by the practitioner was you tube video option (21.7%). Thus distraction is the technique of diverting the patient's attention from what may be perceived as an unpleasant. ⁴

In the current study, 66.7% of general dentists have a child friendly corner in their dental clinic and 41.9% general dentists have separate operatory for children and adults. A decorated ambience in the dental clinic along with colorful walls, corners, hangings and toys should be displayed to ease the mind of young children. This is helpful in alleviating fear and anxiety among young children.⁵

In a study conducted by Wali A (2016)⁶, 55.5% dental surgeons are of the view that colorful and fun environment in dental clinic make the child at ease. In a study conducted by Jayakaran TG (2017)⁷, a large number of children preferred listening to rhymes and watching cartoons while undergoing dental treatment.

The association of qualification of participants with their awareness on preappointment behavior guidance revealed that more postgraduate participants (60.4%) agreed to schedule pre-visit for the child and parents as compared to graduate participants (46.9%). A much higher (79.2%) number of postgraduate participants agreed to have a child friendly corner in your clinic like toys, cartoons painting, coloring books, etc than graduates (59.3%) and this relation was statistically significant. (p<0.05).

CONCLUSION

Based on results of current study we can conclude that educational programs should be planned for general dentists to improve their knowledge and skills in providing treatment to children. Also preappointment behaviour guidance for the child will help to alleviate patient's anxiety and fear, delivering our services in a better and thereby instilling positive dental attitude in child patients.

Acknowledgement: None

Conflict of Interest: None

Source of Funding: None

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How to cite this article: Swarnika Parihar, Deepak P. Bhayya, Prabhat Kumar et.al. Dealing from scratch: pre-appointment behaviour guidance. *International Journal of Research and Review*. 2022; 9(6): 87-90. DOI: https://doi.org/10.52403/ijrr.20220613
