Research Article

ISSN 2639-9490

Oral Health & Dental Science

# Acceptance of a Therapeutic Proposal: Tools and Means of Communication

**Anas BENNANI[1*], Fatima Zahra AMESSEGHER[2], Fadoua ABBASSI[3] and Khadija BAROUDI[4]**

[1]*Professor of Department of fixed prosthodontics, Faculty of Dentistry, University Hassan II, Casablanca, Morocco.*

[2]*Resident, department of Fixed Prosthodontics, Faculty of Dentistry, University Hassan II, Casablanca, Morocco.*

[3,4]*Dentist, Private practice, Casablanca, Morocco.*

**[*]Correspondence:**
Anas BENNANI, Professor of Department of fixed prosthodontics, Faculty of Dentistry, University Hassan II, Casablanca, Morocco.

**Received:** 30 November 2020; **Accepted:** 19 December 2020

**Citation:** Bennani A, Amessecher FZ, Abbassi F, et al. Acceptance of a Therapeutic Proposal: Tools and Means of Communication. Oral Health Dental Sci. 2020; 4(5); 1-9.

## ABSTRACT

***Introduction:*** *With all the perpetual changes that characterize our profession, the awareness of communication importance is constantly increasing. Thus, the practitioner should not limit himself to technical skills and he has to give the relational aspect the importance it deserves.*

***Objective:*** *Conducting a survey within the private office practices in Casablanca, in order to identify the most used means of communication in private practice as well as the steps and decision criteria for drawing out an adequate treatment plan.*

***Materials & Methods:*** *This is an epidemiological, cross-sectional, descriptive unidirectional survey using random sampling.*
*Our target population is dentists practicing in Casablanca's private sector that were randomly selected from a sample of 315 dentists.*
*We used as a survey instrument an anonymous individual, questionnaire of 5 pages containing 27 questions.*

***Results:*** *The results of our survey have shown that:*
*- 73% of practitioners make the first consultation between 10 and 20 minutes.*
*- 93% of practitioners choose to provide the patient with more than two therapeutic proposals and 97% using a simple language.*
*- 44% of practitioners ask the patient to repeat instruction that he will receive at home.*
*- 90% of practitioners use models or radiographies.*
*- 48% ask the assistant to ensure patients follow-up by telephone while 49% ask the assistant to provide post-operative maintenance.*
*- 56% of the practitioners present the quote themselves to the patient and 50% present it from the first session.*

***Discussion:*** *In the first part of our work, we will highlight the importance of the first consultation as a key element of the patient-care provider relationship. Thereafter, we will explain the role of a good communication in maintaining and strengthening this relationship on the basis of the following communication methods and tools:*
*Interpersonal Communication: This method is aimed to involve the patient more and to encourage informed decision-making as part of a patient-centered approach.*
*Teaching method: The reformulation improves the memorization by 30% allowing the care provider to evaluate the patient's understanding and if necessary, to adapt and clarify his speech.*
*Demonstration method: By showing what is explained, it enables to improve the understanding and to reduce the loss of information between what the practitioner means and what the patient will interpret.*
*Accompanying method: Thanks to this method, the patient will not feel abandoned and he will appreciate the support of his dentist.*
*Exploration & documentation method: It supports the practitioner in the information he wants to provide to his patients, and enhances their desire to understand and thus to consent.*
*Finally, the last part answers the various questions concerning the quotation: Whether*
*To present it by the practitioner himself or by the assistant, at the first or the second session and orally or in writing.*

***Conclusion:*** *Establishing a communication based on respecting patients and inspired by of Hippocrates oath is a primary necessity of our profession. Surely, we are not, and we will never be, communication experts, but we need to communicate effectively with our patients in order to improve their care.*

## Keywords
Dentistry, Surveys, Prevention, Epidemiological survey.

## Introduction
Dentistry has evolved considerably during the last decades. New technologies allowed us to offer our patients a large choice of treatments, while emphasizing on minimally invasive procedures and prevention (Damien Rolland).

This evolution concerned also the patient-practitioner relationship which evolved over the years. Until the last twenty years in medicine, this relationship was based on patients seeking help from the doctor, and following his orders quietly. In this paternalistic model, the physicians use their skills to decide on what is necessary to improve the patient's health.

However this unbalanced relationship has been questioned recently and other models more focused on patient's autonomy and less on medical authority; thus mutual and balanced participation of the two protagonists; saw the light.

As a result, we are becoming more and more aware of the importance of communication in our profession. Consequently, it is necessary to know how to speak, explain and make treatments comprehensible in order to achieve them. However communication is not only about presenting the information, but also about having active and empathetic listening skills.

For that reason, the aim of this article is to determine the most widely used means of communication in private practice in Morocco, to specify the steps and decisional criteria for developing the appropriate treatment plan, and therefore compare the results obtained with those of other similar studies on the national and international levels.

## Materials and Methods
To accomplish our work we used an epidemiological, cross sectional, descriptive survey in Casablanca about dentists working in the private sector.

### Sample selection
The survey was conducted among dentists randomly selected from a list provided by the Moroccan order council of dentists.

### Development of the questionnaire
The survey was based on an individual, anonymous questionnaire containing 27 questions with 2 sections:
A/ The first section is about identification of the respondent (gender/place and year of graduation/years of practice (general practitioner or specialist) and type of practice)
B/ The second one focuses on communication tools used in the dental office, in particular the organization, whether during the consultation, the elaboration of a treatment plan or the presentation of the estimated quotation.

We also discussed some communication skills, such as demonstrations, coaching, exploration and documentation procedures as well as interpersonal communication tools.

### Statistic methods used
During this survey we used Microsoft Excel 2010 for data entry. Statistical analysis of the data was conducted at the FMDC epidemiology laboratory using SPSS software.

The results were expressed with numbers and percentages since they were qualitative variables.

### Pre-survey
A pre survey was carried out with 6 professors from the department of joint prosthetics at the CCTD plus 4 dentists from the private sector; and this before handing out the questionnaire to the participants from the original sample in order to verify the relevance of the questions and to detect possible comprehension difficulties.

### Duration and progress of the survey
The survey began on the 14th November of 2018 and completed on January 21st of 2019. The questionnaire was generally handed directly to the practitioners.

## Results
### Participation Rate and Identification
The sample of our survey consisted of 315 dentists, 40 of them refused to answer our questionnaire, resulting into a final sample of 275 practitioners, for a response rate of 87.3%.

**Table 1:** Identification of the dentists included in the study.

| Identification | Percentage |
|---|---|
| **Sex** | |
| -Male | 46,90% |
| -Female | 53,10% |
| **Origin of the diploma** | |
| -Morocco | 85,45% |
| - Foreigner | 14,55% |
| **Number of years in office** | |
| - Less than 10 years | 41,40% |
| - Between 10 and 20 years | 31,30% |
| -More than 20 years | 27,30% |
| **Type of practice** | |
| - General practitioner | 73,80% |
| -Specialist | 26,20% |
| **Place of graduation** | |
| Morocco | 85,45% |
| Casablanca (FMDC) | 74,54% |
| Rabat (FMDR) | 10,91% |
| Abroad | 14,55% |
| France | 35% |
| Tunisia | 25% |
| Russia | 12,5% |
| Brussels | 10% |
| Ukraine | 7,5% |
| Roumania | 2,5% |
| Spain | 2,5% |
| Syria | 2,5% |
| Brazil | 2,5% |

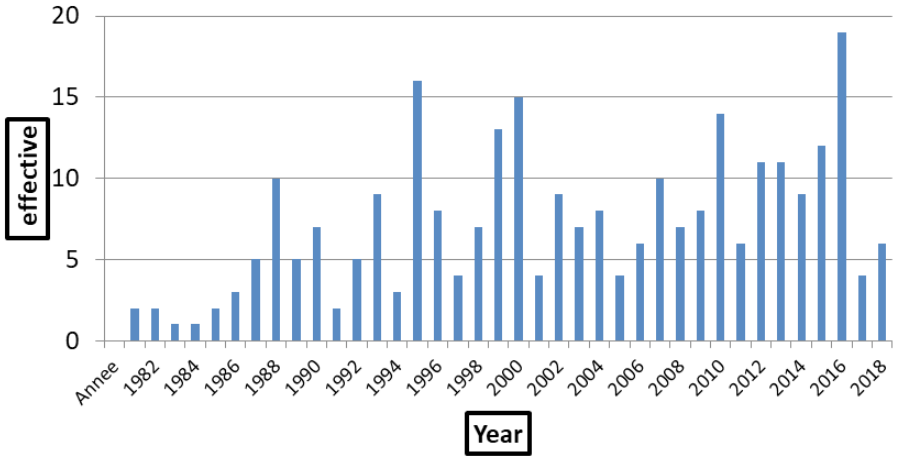


**Figure 1:** Distribution of Dentists by Year of Graduation.

## Results for communication tools used at the Dental clinic

The usual time spent during a first consultation was of 10 minutes for 39.3% of practitioners, 20 minutes for 33.8%, less than 10 minutes for 14.2%, and 30 minutes for 12% and more than 30 minutes for 0.7%.

This first consultation includes: -An office interview for 80% of the practitioners;
- A clinical examination for 97.5% of the dentists,
- An additional examination for 78.2% of the dentists,
- Dental treatment for 14.9% and a presentation of the estimated quotation for 60%.

**Table 2:** Conduct during the first consultation.

| | Effectif | Pourcentage |
|---|---|---|
| **Duration of the first consultation** | | |
| -Less than 10 minutes | 39 | 14,20% |
| -10 minutes | 108 | 39,30% |
| -20 minutes | 93 | 33,80% |
| -30minutes | 33 | 12,00% |
| -Plus de 30 minutes | 2 | 0,70% |
| **Conduct of the first consultation** | | |
| -Office maintenance | 221 | 80% |
| -clinical examination | 268 | 97% |
| -Additional review | 215 | 78% |
| - dental treatment such as scaling | 41 | 85% |
| - Submission of quotation | 165 | 60% |
| **Decision Criteria** | | |
| -Practitioner'skills | 180 | 65,50% |
| - Patient's background | 247 | 89,80% |
| -Acquired scienctific knowledge | 219 | 79,70% |
| - Cost | 189 | 68,70% |
| - Other criteria | 30 | 10,90% |

The most commonly used skill of interpersonal communication was the use of common language (96.7% of practitioners). Followed with the presentation of more than two therapeutic proposals as well as speaking slowly were used by 93.1% of practitioners. In addition to that 80% used illustrations (diagrams, drawings, before/after photos of treated patients and images on the internet) and 60% involved a friend or family member in the discussion.

**Table 3:** Means used for interpersonal communication.

| | Effectif | Pourcentage |
|---|---|---|
| **Presentation of more than two therapeutic proposals** | | |
| -YES | 256 | 93,10% |
| -NO | 19 | 6,90% |
| | | |
| -YES | 165 | 60% |
| -NO | 110 | 40% |
| **Speak slowly** | | |
| -YES | 256 | 93,10% |
| -NO | 19 | 6,90% |
| **Use of simple language** | | |
| -YES | 266 | 96,70% |
| -NO | 9 | 3,30% |
| **Use of illustrations** | | |
| -YES | 220 | 80% |
| -NO | 55 | 20% |

However, teaching methods were not always used by practitioners. In fact, only a quarter of our sample (25.8%) asked the patient to repeat the information provided by the practitioner, 74.2% did not use this and only 44% of the practitioners asked the patient to repeat the instructions given to them at home.

**Table 4:** Use of teaching methods.

| | Effectif | Pourcentage |
|---|---|---|
| **Ask the patient to repeat the information** | | |
| -YES | 71 | 25,80% |
| -NO | 204 | 74,20% |
| **Ask the patient to repeat the instruction** | | |
| -YES | 121 | 44% |
| -NO | 154 | 56% |

Regarding the demonstration methods used for explanations, 90.2% of the dentists used models and X-rays. As for printed materials, their use did not exceed 30.5%, as well as explanatory videos with 39%. These were mainly videos on You tube, videos showing cases of patients treated in the office and videos on oral hygiene. For printed material, dentists used flyers presented by the delegates, oral hygiene brochures or leaflets presenting the different treatment proposals.

**Table 5:** Methods used for demonstration.

| | Effectif | Pourcentage |
|---|---|---|
| **Explanatory video** | | |
| -YES | 109 | 39,60% |
| -NO | 166 | 60,40% |
| **Models or X-rays** | | |
| -YES | 248 | 90,20% |
| -NO | 27 | 9,80% |
| Prints | | |
| -YES | 84 | 30,50% |
| -NO | 191 | 60,50% |

The accompanying methods used by the dentists were to write the instructions on paper for 56.7%, to read the instructions out loud for 56%, also 49.5% asked the assistant to ensure maintenance, and finally 32.4% of practitioners asked the assistant to ensure follow-up by underlining some key words.

**Table 6:** Accompanying method.

| | Effectif | Pourcentage |
|---|---|---|
| **Write the instructions on paper** | | |
| -YES | 156 | 56,70% |
| -NO | 119 | 43,30% |
| **Read instructions aloud** | | |
| -YES | 154 | 56% |
| -NO | 121 | 44% |
| **Ask the assistant to ensure maintenance** | | |
| -YES | 136 | 49,50% |
| -NO | 139 | 50,50% |
| **Ask the assistant to ensure follow-up** | | |
| -YES | 132 | 48% |
| -NO | 143 | 52% |
| **Underline keywords** | | |
| -YES | 89 | 32,40% |
| -NO | 186 | 67,60% |

From our sample few dentists used exploration and documentation methods. In fact, less than half of the practitioners (44%) ask the patient to refer to the Internet, 31.3% of them ask the patient about the most appropriate learning method for them and only 11.6% of the dentists ask the patient to refer to a book or other sources of information.

**Table 7:** Exploration and Documentation Methods Used.

| | Effectif | Pourcentage |
|---|---|---|
| **Asking the patient to refer to the internet** | | |
| -YES | 121 | 44% |
| -NO | 154 | 56% |
| **Ask the patient to refer to book or other source of information** | | |
| -YES | 32 | 11,60% |
| -NO | 243 | 88,40% |
| **Ask the patient about the method that suits him/her best** | | |
| -YES | 86 | 31,30% |
| -NO | 189 | 86,70% |

## QUOTATION

As for the mode of transmission of the estimated quotation, 81.1% of practitioners do it themselves, 44.4% via the assistant. Also, more than half of the samples (50.5%) prefer to announce it at the first session while 78.5% present it in writing.

**Table 8:** Presentation of devis.

| | Effectif | Pourcentage |
|---|---|---|
| **By the practitioner** | | |
| -YES | 223 | 81,10% |
| -NO | 52 | 18,90% |
| **By the assistant** | | |
| -YES | 122 | 44,40% |
| -NO | 153 | 55,60% |
| **From the first session** | | |
| -YES | 139 | 50,50% |
| -NO | 136 | 49,50% |
| **Verbally** | | |
| -YES | 163 | 59,30% |
| -NO | 112 | 40,70% |
| **In writing** | | |
| -YES | 216 | 78,50% |
| -NO | 59 | 21,50% |

## Discussion

### Protocol for The Elaboration of The Questionnaire

Our questionnaire contains two parts, the first one about identification and the second one about communication skills used in a dental clinic.

### Identification part

Since our questionnaire is anonymous, we have chosen simple questions to be able to group practitioners by gender, specialty, and year and place of graduation.

A survey carried out in Bordeaux by Damien Rolland in 2014 also developed an anonymous questionnaire with the same elements mentioned above, except for the practitioner's age not included in our identification questions.

### Part "Communication tools used at the Dental clinic"

In this second part, there are three sections: Consultation, Treatment Plan and Quotation. Of these three sections, the one about 'Treatment Plan' remains the longest with 18 questions assembling the different means of communication that can be used in a dental clinic [12]. The questionnaire developed by the American Dental Association (A.D.A.) in 2007 was used for this section 'Treatment Plan':

The first version of the questionnaire originally developed by the National Advisory Committee on Health Literacy in Dentistry (N.A.C.H.L.D.) was pilot-tested with 188 participants at the ADA annual session in 2007. Members of a working group within the N.A.C.H.L.D committee reviewed the questions and made the necessary modifications [12]. The final version of the questionnaire (see Appendix 3) used for our survey contained 18 communication

tools grouped into 5 methods:
- Demonstration method (3 communication tools)
- Teaching method (2 communication tools)
- Accompaniment method (5 communication tools)
- Exploration and documentation method (3 tools)
- Interpersonal communication (5 tools)

The questions were translated from English to French by a sworn translator.

For the evaluation of both sections 'Consultation' and 'Quotation', we relied on a work carried out by the University of Bordeaux in the framework of a study among dental surgeons on the global approach in general practice: characteristics and interests.

## Analysis of The Sample

We selected our sample from dentists in Casablanca working in the private sector without any particular exclusion criteria.

The Dental Order of dentists in the south was asked for a list of practitioners in the Casablanca-Settat region. Out of 1720 practitioners, a sample of 315 dentists was randomly selected.

The survey carried out in Bordeaux by Damien Rolland in 2014 was based on a sample of 210 French dentists, with the exclusion of practitioners specializing in dentofacial orthopedics and oral surgery.

The national survey carried out in the United States by the American Dental Association (ADA) in 2007 on the means of communication used in dental practices was based on a sample of 6,300 dentists.

Another survey conducted in Newfoundland in 2001 on communication methods used by physicians was based on a sample of 379 practitioners [10].

## Pre-Survey

A pre-survey was carried out among 6 professors of joint prosthetic's department at the Faculty of Dental Medicine of Casablanca and 4 dentists from the private sector; before handing out the questionnaire to the dentists from the sample. Thus, it allowed us to make some modifications to the questionnaire such as:
- Adding "Other" among the proposals.
- The organization and layout of the questionnaire.

We chose to hand out our questionnaire directly to the practitioner rather than sending the questionnaire online. With this method of distribution, we recorded a participation rate of 87.3%, while rates remain low with the online questionnaire.

According to the "Guidelines for acceptable response rates in epidemiological survey".
As defined in the Dental British Journal (1975), the response rate is considered to be is excellent if it exceeds 75%.

## Difficulties

During the course of our survey, we encountered the following difficulties:
- Non-cooperation of some dentists, the questionnaires were only completed and submitted after many passages.
- Refusal of some dentists to answer the questionnaire.
- Difficulty in locating the address of some dentists (incomplete or incorrect addresses).
- Failure to update the list provided by the order's council (change of address, cessation of practice or death of certain doctors).

## Demographic data

Breakdown by sex:
The study population is characterized by the predominance of female dentists with a percentage of 53.10% compared to 46.9% for men. This is consistent with a study conducted in 2018 among dentists in Casablanca, which revealed similar percentages: 52.3% of practicing women against 47.7% of men [1].

Moreover in the same context in 2008 a study conducted in the United Kingdom to evaluate the demographics of dentists, revealed a percentage decrease of male respondents, from 73% to 67% between 2000 and 2008 [8]. These results indicate an increasing feminization of the dental profession.

## Number of years of practice

Of the 275 dentists surveyed, 41.5% have less than 10 years of experience, 31.3% have between 10 and 20 years of experience and only 27.2% have more than 20 years of experience. A survey conducted in Newfoundland in 2001 on the means of communication used by physicians revealed that the majority of the physicians surveyed had between 10 and 20 years of experience [10]. Three-quarters of our sample had less than 20 years of practice, which constitutes a young population that would be more at ease with new information and communication technologies (ICT).

## Field of activity

Our study showed that among the dentists surveyed 73.8% are general practitioners and 26.2% are specialists. Similarly, a study conducted by Sherazed Rim in 2010 among dentists in Algiers on the dentist-patient relationship showed that 32.5% of dentists surveyed are specialists [24]. Another study carried out in Sweden between 2001 and 2003 on patient-practitioner communication revealed that 17% of the doctors questioned were specialists [23].

## Consultation

Duration and elements of the first consultation:
The results of our survey showed that 81% of practitioners realised a consultation in less than 30 minutes.

For 69% of the practitioners, this consultation included all the criteria for a global consultation (office interview, clinical examination, complementary examination), while a minority of 14% of the dentists choose to start the treatment at the first session.

There are no specific recommendations for the duration of a first consultation in the literature. However, it seems better to set

sufficient time for this first consultation and not underestimate its importance.

This has been confirmed by Dr Deborah Tigrid, president and founder of Feed Back Medical for training in communication, organisation, management and development for dental surgeons. She advocates a 45-minute session, although the diagnosis is obvious in most cases after several years of expertise. Thus, all this time could allow the practitioner to better understand the patient and to know his/her fears and level of involvement in his/her oral health [20].

According to her, the 45 minutes should be divided into three parts: interview, clinical examination and complementary examination.

- Interview: It would be preferable to carry it out in the office rather than on the chair, which remains an object assimilated to dental treatment. The objective of this interview would be to understand the patient's expectations, fears and desires. "It is much more complex to make a personality diagnosis than a clinical one, start your interview by focusing on the person and not on his or her teeth with broad and open-ended questions," she states.

- Clinical examination and complementary tests: These should obviously be devoted to collecting diagnostic elements, but also to gathering information as a support for explanation and communication for the patient [20].

- Decisional Criteria for a treatment plan:
The results showed that 90% of practitioners base their treatment plans on science and patient context, 65% of practitioners add to it their own skills and 69% take into account the cost of the procedure.

Furthermore, it is undeniable that a treatment plan cannot be successful without taking these four criteria into consideration:
-The patient's context: Taking into account the patient's choices before making a clinical decision would be of major importance; it would allow the patient's satisfaction to be taken into account [14]. For some it would even be the most important factor in the design of the therapeutic project, and even if other clinical factors add up, the patient's will should be the major factor [3]. Patient's demand and expectations are determined by its beliefs and attitudes facing dental care and previous experiences [15].

-The cost: The fees could not be left out of the treatment planning process given its interest in the patient's choice of solution [3,15,13].

According to Brenan, the cost of treatments happens to be the most important criteria for practitioners when cheaper alternatives exist. This implies that the practitioner tends to choose the solution based on fees, which can create a conflict of interest between the practitioner and the patient. However, these results need to be reconsidered because the study is Australian, and their health care system is different than of our country [7].

The data acquired from science: The dental surgeon must provide his patients with treatments in accordance with scientific data, if not so and his/her treatment fails and causes direct harm to the patient he/she will be held responsible.

The scientific data followed are validated by experimentation and the scientific community.

At the present time, within the framework of preventive dentistry and medical policy of functional and aesthetic quality care, tissue prevention must prevail.

Thus, the role of the clinician will be to choose, in consultation with the patient, the treatment plan best suited to scientific researches [21].
-The practitioner's skills: a practitioner's activity is limited by his skills. For example, a practitioner who does not master implantology is obliged to refer his patient to a competent colleague, and therefore to work with correspondents [15,13,11].

It is also possible that the practitioner may not propose this solution to his/her patients, which is a medical error.

Therefor in order that the patient receives the best possible treatment it would be preferable to work with a team of colleagues.

## Communication Tools

In this section, we will compare our results to those of another survey carried that used the same communication tools out by the American Dental Association in the United States using the same communication tools.

## Interpersonal Communication

The results of our survey revealed that 93% of practitioners choose to present the patient with more than two therapeutic proposals, 60% asked the patients if they wanted to involve a friend or family member, 93% of surgeons did speak slowly and 97% preferred to use simple language.

Returning to the survey carried out in the United States, we find that more than 95% of the practitioners questioned used the 5 interpersonal communication tools mentioned above, namely: presentation of more than two therapeutic proposals, involvement of a friend or family member, speaking slowly, simple language as well as the use of illustrations.

These results largely agree with ours, except for the involvement of a third person other than the patient, which is neglected by Moroccan dentists.

According to the Canadian Medical Protective Association (CMPA), it would appear that the involvement of a third party in the discussion as well as the use of a simple language is necessary to improve the patient's understanding of the information presented to him/her and to support a clear decision-making process. It is therefore important for the practitioner to be able to adapt to the

patient's language, taking into account his/her health knowledge without overly using technical vocabulary, and also involve a friend or relative when necessary [22].

### Teaching method

The results of our survey reveal that 44% of practitioners ask the patient to repeat the instruction they will receive at home, while 26% ask the patient to repeat the information.

In the United States, practitioners are evenly divided in their use of both teaching methods.

This method allows the patient, through repetition of gestures and words a good memorization of what is necessary to manage his own dental care.

However, the patient could misinterpret this technique and think that his doctor underestimates his intellectual capacities, hence the difficulty of this technique. The question should therefore be asked delicately [5].

### Demonstrative method

The results of our survey showed that 90% of practitioners use templates or X-rays, 40% of practitioners use an explanatory video and 31% of practitioners presented printed material to patients.

The demonstrative method improves understanding by showing what is explained to better accept therapeutic acts and reduce the loss of information between what the practitioner means and what the patient interprets. It is reminiscent of the "tell show do" technique, which is the most popular technique to control children's behavior in dental office.

Nowadays, digital radiological imaging has become an essential device in dental practice both for its diagnostic and explanatory values. It allows to establish a link between the patient and his dental environment and to make the practitioner's explanations more explicit [9].

Models remain an essential part of the diagnostic process and consequently of the therapeutic decision and treatment plan. They will always remain a precious document in a patient's file; whether they are represented by classical plaster models or by virtual three-dimensional (3D) representation in a computer file thanks to specific softwares.

Integrating tools to improve patient-team communication and creating predictable systems throughout the diagnostic and treatment process is critical to achieving the desired outcome. Digital Smile Design (DSD) is a digital tool and way of planning an aesthetic study for a future smile based on a protocol of high quality static photos and dynamic videos.

Therefore DSD helps in the reconstruction of a smile and its explanation to the patient. The implementation of new planning tools, materials and digital systems in cosmetic dentistry has made it much easier to achieve results that are both aesthetically pleasing and functional [19].

### Support method

The results showed that 48% of the practitioners ask the assistant to do a follow up by telephone, also 49% ask the assistant to provide post-operative maintenance.

Our results remain well below those of the United States with 91% of dentists asking the assistant to provide post-operative maintenance over the phone and about 80% asking the assistant to provide post-operative follow-up by phone.

Indeed, it would appear that patients appreciate the convenience of immediate notification by phone if they find that they have misunderstood some instructions after leaving the office.

The practitioner in return could also take the initiative and ask the assistant to call the patient to check whether he has followed his post-operative advice and to enquire about his condition in order to detect possible complications; especially in the case of major surgery or with high risk patients.

As a result, the patient would not feel abandoned and could only appreciate the accompaniment of his dentist [4].

### Exploration and Documentation Method

In our study, 44% of the practitioners in Casablanca ask the patient to refer to the internet. Exactly the same result can be found in the United States (or even what reference).

Also 12% of the practitioners in Casablanca ask their patients to refer to a book or another source of information and 31% asked them about the most suitable learning method for them.
For half of the practitioners who do not ask to use the Internet, they say that the majority of patients have already made inquiries before arriving at the dental office.

Indeed, a survey conducted by the Mutual Insurance Company of the French Health Service (MACSF) in 2014 on the patient-doctor relationship confirms this statement and shows that 75% of patients consult the Internet before a first consultation.

However, we should be careful not to overly popularize and misleading statements that flood the web. To compensate for what they consider to be the imperfections of the medical Internet, doctors could integrate it into their practices by directing the patient to sites or pages that they consider to be of quality or useful.

Nonetheless it would seem that the methods of exploration and documentation in general would make the patients more attentive to their health and more willing to adopt a healthy behavior.

## Quotation

In Casablanca, 56% of the practitioners prefer to present the estimate themselves, while 19% let the assistant take care of it. For the remaining 25%, the presentation of the estimate can be done either by the practitioner himself for large estimates or by the assistant for small estimates. Slightly more than half of the practitioners, i.e. 50.5%, present the estimate during the first session. Also 40% of the practitioners present the estimate orally, 21% in writing and 39% present it indifferently in writing or orally.

It would seem that the estimate could be given by the practitioner or his assistant according to the preferences of each one; the essential thing is that it is well detailed; this estimate must include figures for the elements of the treatment plan that would have been established taking into account the occurrence of the most foreseeable risks regarding the therapies as well as the state of health of the patient. In this way, the amount of the fees would appear more logical and reasonable for the patient and justifies it [2].

In any case, the amount of the fee should not be disclosed until the second session, once the patient has gained confidence. Talking about money too early would be a serious mistake, because the treatment would seem too expensive for the patient [6,16,17].

Depending on the complexity, importance or urgency of the treatment, it is also advisable to allow a period of reflection for the patient in order to allow informed consent. A start of treatment too quickly could be interpreted as a violation of the patient's freedom of appreciation and decision.

In response to the question of whether the estimate should be presented orally or in writing, it should be noted that Moroccan practitioners are obliged to present a written estimate for expensive care.

This obligation derives from article number 30 of the Code of Ethics of Dental Surgeons in Morocco, which states that: "When a dental practitioner is led to propose treatment at a high cost, he or she must draw up a written estimate and give it to the patient first".

## Conclusion

Establishing a communication based on respect for patients and inspired from the Hippocratic Oath is a primary necessity of our profession. While we are not, and never will be, experts in communication, we must communicate effectively with our patients to improve their health care [18].

The results of our study indicate that dental profession needs to develop:

- At university level

*Specific courses on communication during the university curriculum.

*Tutorials and training seminars.

*Continuous training, which is essential to maintain and improve the physician's knowledge.

-At the private/public sector level

*Dedicate sufficient time to first consultations to better discover the patient

* Communicate effectively to improve taking patients in charge using the following methods and means of communication:

- Interpersonal communication necessary to involve the patient and support a clear and informed decision.
- Demonstrative method that shows what is explained to improve understanding.
- Teaching method that allows the practitioner to assess the patient's understanding.

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