COACHING IN DENTISTRY- A LITERATURE REVIEW

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Abstract:
Oral health is currently based on objective measures such as the presence and severity of dental caries and periodontal disease. In the last years, researchers and dentists have shown increasing interest in a widened array of physical, psychological, and social factors found to influence patients’ oral health. Being a nowadays dentist means valuing health promotion and disease prevention, as well as the use of empathy, deep listening, and appreciation of the patient’s intrinsic motivation and unique psychosocial history. Coaching requires from the dentist to integrate the art of social interaction with the cognitive elements of psychology and the science of dental medicine. In this article we analyze health coaching approach, and how different levels of coaching from student to dentist to patient can influence and improve health communication, encourage effective health-promoting behavior change and improve the lives off all implied.

Keywords: Dental coaching, Oral health, Behavior change

Introduction
The Institute of Medicine (IOM) stated in 2011, that prevention of the oral diseases need to be a more important feature of traditional dentistry (1). Consequent to the comments made by the US Department of health in 2000 (2), the IOM concluded that dentistry should deliver care aimed at the causes of oral disease instead of the consequences of disease (1).

There are several theories regarding health behavior, including foundational behavior change theories such as social cognitive theory (3), the health belief model (3, 4), the theory of reasoned action and the theory of planned behavior (5), the integrated behavioral model (6), the precaution adoption process model (7), health focus of control theory (8), and the trans theoretical model of behavior change (9). However, it is important to learn what behavior change approaches work best in the dental setting, as well as for whom, how, and when such approaches work (10,11). It requires dentists to: active listen (focus not only on words but also on a patient’s affect and non-verbal cues); make conversation (use language the lay person can understand); to be present in the moment (demonstrate genuine interest and caring for the person); and to be flexible and agile (so as to ask the right questions, at the right time, for the right reasons, with the authentic intent to help the “whole person” (12, 13). Active listening skills have been effectively taught to students and professionals in medicine (14),
speech pathology (15), and early childhood education (16). In the same way instruction in conversational skills, communication skills, asking apt questions, and/or health coaching has succeeded in selected medical and dental school settings (17–19). Is it important for dentists of the present to work comfortably in the future with a wide range of patients to promote health and prevention of oral pathology.

Coaching by definition “is the process that helps people to review, conclude, and plan so that they make fewer mistakes and have more success” (20) and by others coaching is unlocking a person’s potential to maximize their own performance (21). Coaching originally was about “life designing” from different lifestyle situations up to career changes. From there, the coaching was applied for business to turn them to profitability, from life/work balance to creativity, and so on. The so called business coaches help clients in improving communication skills with their clients and with their teams to create a larger picture of their practice. Personal coaches however are looking to enhance and enrich their personal life, finding equilibrium and fulfillment, improve relationships, and more. Regarding health coaches there are two behavioral approaches including health coaching (HC) and motivational interviewing (MI). The motivational interviewing is already known for improving multiple chronic diseases and has been demonstrated over the past 3 decades. Instead health coaching is a relatively new field that has been growing in the last decade and has been conceptualized and operationalized across a continuum of practices with a wide range in quality of care and equivocal evidence (22). A particular branch of health coaching is integrative health coaching that was standardized in a similar way to motivational interviewing, although because of its nascence, the evidence on effectiveness is limited although positive (22,23,25).

Integrative Health Coaching has 11 years of development at Duke Integrative Medicine and the University of Minnesota. Early evidence shows that when offered alone or with patient education, IHC is useful for reducing chronic disease risk and improving health behaviors. A 10-month study of IHC, education, and personalized health planning for cardiovascular disease risk showed a significant reduction in the Framingham Risk Score for those in the intervention group compared to usual care controls (23). IHC participants also had greater increases in weekly exercise, blood pressure control, and weight loss. Similarly, a randomized control trial of IHC for individuals with type 2 diabetes showed that patients in the IHC intervention reported fewer barriers to medication adherence while reporting improved patient activation, exercise frequency, and perceived health status (22). In a prospective observational study of health coaching for enrollees in a large, private health plan, Lawson et al found that 89% of participants met at least one self-identified goal and reported improvements in stress levels, healthy diet, physical activity, overall physical and mental health, and patient activation (25).

Coaches role is to help people meet their most important values with their goals, practically making them the person they want to be. For a clinician to discover what is important to patients regarding their oral health (white smile, no caries, no inflammations, no periodontal disease, occlusal balance) gives us a powerful opportunity to learn coaching processes and add them to a routine in our clinical practice.
Learning to "coach" instead of "tell" teaches that we do not need to jump right into a conversation about solutions. Having the skills to allow patients to feel empowered or at least part of the process will open the door for their commitment to move forward. The key is to allow patients to work harder than we do to find a solution (26). The coaching model is forward-looking and action-oriented. The ultimate objectives are to identify what the client wants, determine the steps to get there, and act on it.

In the world studies regarding the benefit of coaching for health professionals were conducted from 2003 for ambulatories and pharmacists (27,28), and from 2007 data’s emerged for student coaching and dental coaching (29,30).

In Romania coaching has been integrated in the education from 2015 throughout European projects ROSE to offer high school students an early university experience, to offer coaching for the first year students to encourage insertion in the universities, offered partnerships between high schools, universities and the labor market, to promote the benefits of higher education and professional insertion, and had from the start an outstanding positive response from the participants (31).

Specifically, for dental coaching a 5 level action plan is framed in order to gradually achieve the best solutions for the patient being regarded in a complete manner. The first step uses clinical reasoning in a manner of “working backwards”, from clinical findings to specific patient behaviors that contribute to poor clinical outcomes. This step requires asking questions to determine the patient’s current level of knowledge and personal attitudes and beliefs that are associated to health (23). In general, the dentist applies an “epidemiological perspective” to the patient; he should be able to determine where on the spectrum of oral disease the patient is and ask questions to highlight past and present risk behaviors that may have contributed to the existing pathology or may contribute to future disease progression. The second level of research blends with the first step and it involves identifying the major risk behaviors for the patient’s current oral condition, assessing and determining which behaviors most likely contribute to the patient’s current oral condition. Third step is to communicate to the patient the risk behaviors (smoking, poor oral hygiene, excessive sugary foods intake), explain in which manner the risk behavior contributes to their oral disease state, and to observe how and if the patient is receptive to our message or displays signs of denial or refuse. It is showed to be beneficial to explain information by cuing into verbal and non-verbal signals from the patient and in the end to detect the patient’s attitude and motivation based upon the patient’s actions, or lack of actions, their verbal and non-verbal responses. In the 4th step, by using oral health coaching techniques, the dentist should offer suggestions but also ask helpful questions that support and allow the patient to share the needs and perspective on the oral health care process (32,33). The last component reviews the level on which the dentist or dental student is at in terms of learning the process of coaching, Vernon and Howard who refined the 5 steps method making an easy to follow step by step process (34).
Fig. 1. Vernon and Howard five component dental coaching

However, this approach is constructed around the idea of doing what is best for the patient, and that the dentist should not focus only on oral health. For example, excessive intake of sugary foods determines not just to tooth decay but also to obesity, diabetes, metabolic syndrome, cardiovascular disease. When a dentist pictures oral health messages in terms of the patient’s overall health, this may lend more trust, credibility and urgency for the patient to take action (34).

Students choose dentistry because of the flexibility it affords you outside of work. It leaves up to you to create the dental clinic you have envisioned and to have the perfect team. Social media is an integral part of the digital age; online presence is something patients take into consideration when choosing a dentist (30). If there is a difference between what’s on your social media and what’s on your site or in your clinic, people will have doubts. Continuing education is essential to the future of dentistry; you need to keep learning, to keep thinking and to keep challenging yourself, because dentistry is continuously improving in techniques, materials and ideas. Fortunately, there are now more opportunities than ever for continuing education in a variety of formats. Webinars, virtual conferences and online courses are all easily available. Dentistry is a profession of passionate lifelong learners, and the opportunities are endless (30).
The essential qualities a dental coach must prove are people skills, conflict skills, and communication skills (34). All of these are essential to be able to keep and grow, not only the practice but also the dental team, and grow as individuals.

A study of Fortune 1000 companies showed that following coaching businesses experienced an improvement in customer service by 39%, staff retention by 32%, and cost reduction by 23%. Those businesses that received coaching measured improvement in working relations with their boss by 77%, in teamwork by 67%, and in relationships with customers (30). This study showed that coaching has made a tremendous benefit to businesses, and more those dental practices that have embraced coaching improved their activity, which has been recognized both within and outside the profession. Awareness will be greater, responsibility readily accepted and performance enhanced. There is definitely a role for coaching in modern day dental business (30).

Conclusions

Oral health behavior change is a dynamic, it happens gradually, with important effort from the medical/coaching team. Coaching in dentistry focuses in self-assessment, holistic evaluation of the patient, in considering all the aspects that require change, identifying specific health risk behaviors and encouraging all the time in taking the necessary steps to improve general and oral health and wellbeing. Health promotion should be made using a customized nuanced style of communication. Integrative health coaching has proven the capacity to teach patients lifelong skills are valuable for future health situations or other behavior changes. This integrative health coaching process is an excellent method to focus on prevention and health promotion in dentistry, it helps improve practice and team management, and offers a correct self-assessment improving individuals at all levels, patient, student, dentist.

References


26. Kristine A, Hodsdon RDH, BS Hygienists with coaching skills navigate discussions so patients have "ah-hah" moments. Sep 26th, 2008.


