

CO-DISCOVERY, COMMUNICATION & FACIALLY GENERATED TREATMENT

Written by Dr Andy Denny



Andy Denny explains how involving patients in decision making for multi-disciplinary treatment is crucial to managing expectations and better outcomes

Co-discovery is a more holistic approach to patient care. When employed correctly, it offers superior results, improved consent and greater patient satisfaction. For it to work effectively, communication is key.

COMMUNICATION

Humans use various methods to communicate with others. Many authorities consider non-verbal communication to be of greater significance than speech, with approximately 70-80% of what we convey being inferred from indications other than the words we use (body language, facial expression, physiological tells, etc.).

Non-verbal communication is therefore of great significance in dentistry, but when discussing complex ideas, concepts or treatment modalities, words are essential. We should not underestimate the intelligence of patients, but simultaneously we must avoid bombarding them with jargon so as to make them feel uncomfortable about proceeding.

Not only should every patient be informed about their treatment in a way that they can understand, but they should also be educated on why each clinical stage is necessary. For example, they may visit the practice



in the belief that they only need a single tooth restoring, but in reality they require more work in order to encourage a more predictable and longer-term result. The way this is communicated to them will make a huge difference to how well they understand the information and how willing they are to accept the treatment plan.

INVOLVING PATIENTS

This is especially important when taking a multi-disciplinary approach. Few dental problems can be entirely isolated and the current trend towards more holistic dentistry means clinicians will be performing comprehensive assessments that take all aspects of oral health into account. Patients need to understand why we do this, which can only happen if we educate them effectively.

For example, a minimally invasive treatment

plan designed in the best interests of the patient may involve orthodontics to reduce the need for preparation of natural structures for more predictable restorative outcomes. Orthodontics may also be an effective precursor to dental implant treatment for enhanced long-term function and aesthetics. If patients appreciate why these procedures are indicated and the benefits afforded, they are more likely to see the value of treatment and make a greater investment of both time and money.

By creating an environment in which patients are deeply involved in the design of their own treatment, we help them feel more confident in proceeding. They are also more likely to take responsibility for their on-going care. The act of decision making itself grants ownership of the action and thus leads to greater psychological satisfaction. Part

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Andy Denny qualified from Sheffield University in 1992. He spent seven years in the Royal Navy as a dental officer developing his clinical skills and attained his additional Membership qualifications from the Royal College of Surgeons in London. He set up Twenty 2 Dental with his wife Becky in 2003, offering private cosmetic and implant dentistry in Weston-super-Mare. Having studied extensively in the USA, Europe and the UK, his dental interests include cosmetic adult orthodontics and multi-disciplinary care, often combining orthodontics and cosmetic treatments. Andy runs courses for dentists and their teams, teaching and developing their mastery of comprehensive dentistry, including facially generated treatment planning and co-discovery.

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of this arises due to the so-called choice-supportive bias. Essentially, once a choice has been made, the same cognitive and affective biases that are characteristic of the patient's self-referential psychological operations come into play.

AESTHETIC DESIRES

Another benefit of the multi-disciplinary approach to dentistry is the advantage of improved aesthetics. As patients today have a heightened awareness of their appearance, the need for natural-looking, beautiful dentistry has become more important than ever. The desired aesthetic outcome can be established at the outset, taking into account the entire face and not just the mouth. By working backwards from here to plan treatment, clinicians can more easily avoid any compromise in aesthetics, function, structure or biology for greater patient satisfaction. For this to work effectively, the interdisciplinary team needs to establish a logical sequence of actions when planning and executing procedures, ensuring a successful, facially generated treatment.

By involving the patient in this process, it can help to increase their understanding from the beginning, empowering them – in

conjunction with the dental team – to make the right choices for them. The benefits of the improved communication co-discovery fosters between patient and dental team extend still further, allowing all concerned to build a stronger relationship and rapport. This in turn facilitates decision-making and builds continuing trust between team and patient, which aids in improving and maintaining their oral health in the long-term.

By ensuring patients more fully understand the care that they are being offered – especially when a multi-disciplinary approach is indicated – improved results and a sense of greater value can be expected. The key to this lies in more effective and comprehensive communication from the very start of the treatment process. By combining a holistic approach to care with co-discovery and facially generated treatment planning, dental practitioners can offer superior results and greater patient satisfaction. ●

REFERENCES

Hull R. The art of nonverbal communication in practice. *The Hearing Journal*. 2016; 69(5): 22-24. https://journals.lww.com/thehearingjournal/fulltext/2016/05000/The_Art_of_Nonverbal_Communication_

[in_Practice.5.aspx](#) March 21, 2019.

Cunningham S., Brady-Van den Bos M., Turk D. Exploring the effects of ownership and choice on self-memory biases. *Memory*. 2011; 19(5): 449-461. <https://www.tandfonline.com/doi/abs/10.1080/09658211.2011.584388> March 21, 2019.

Spear F.M., Kokich V.G. A multidisciplinary approach to esthetic dentistry. *Dent Clin North Am*. 2007;51:487-505 Doi:10.1016/j.cden.2006.12.007

Spear FM. Interdisciplinary management of worn anterior teeth: Facially generated treatment planning. *Dent Today* 2016 May; 35(5):104-7. Online: <https://www.dentistrytoday.com/treatment-planning/10185-interdisciplinary-management-of-worn-anterior-teeth-facially-generated-treatment-planning> [Accessed May 2019]



THE ADI

Andy Denny will be delivering an ADI Study Club in Newport dedicated to the principles of facially generated treatment planning and co-discovery on 19 September.

For information on upcoming ADI Study Clubs, or to book, please visit the website. ADI Study Clubs are free to members, join online today.

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