

## The effects of a training course in non-verbal communication skills of Iranian dental students

Sepideh Falah-Kooshki 1 , Ahmad Sheibaninia \*2 , Jahanfar Jahanbani 3

1 Assistant Professor of Oral and Dentomaxillofacial Radiology, school of Dentistry, Kermanshah University of Medical Sciences, Kermanshah, Iran. Dr.sfalah@yahoo.com

2 Associate Professor, Department of Orthodontic, Islamic Azad University, Dental School, Tehran Branch, Tehran, Iran.

3 Associate Professor, Department of oral Pathology, Islamic Azad University, Dental School, Tehran Branch, Tehran, Iran. jjahanbani@yahoo.com

\* Corresponding Author: Dr. Ahmad Sheibani Nia

2 Associate Professor, Fellowship of Orthosurgery, Department of Orthodontic, Islamic Azad University, Dental School, Tehran Branch, Tehran, Iran  
asheibaninia@yahoo.com

### Abstract:

#### Purposes: Non-

verbal communication (NVC) is crucial for dental clinicians. The goals of the present study were to evaluate the initial level of NVC skills in dental students and whether or not further, focused education in this area can improve these skills.

**Materials and Methods:** In this clinical trial, 77 dental-school students out of 104 samples

who had less than 80% of communication skills' indicators were included and randomly allocated into experimental and control groups. The ones receiving more than 80% were excluded from the study.

Students allocated to the experimental group were educated for 1 hour in communication indicators, while the control group received no training. After 2 weeks, the communication skills of both groups were evaluated by 10 indicators when working with real patients. The evaluator, proficient in NVC skills, was blinded as to the groups. The results were analyzed by Mann-

Whitney U and Fisher exact test using SPSS version 23.

**Results:** Both groups shared similar statistics before starting the course. After passing the course, the experimental group demonstrated significantly higher NVC skills ( $8.97 \pm 1.10$  vs.  $5.64 \pm 2.15$ ,  $P < 0.001$ ), vs. the control group. Seventeen students (44.7%) in the experimental group showed improvement of 4 or more units in NVC skills after training but no students from the control group showed similar improvement. ( $P = 0.003$ ).

**Conclusions:** Education focusing on enhancing NVC skills could improve levels of communication for dental students. thus, Further investigation of the clinical impacts of these types of educational and formative programs is recommended.

**Keywords:** Body language, dental students, non-verbal communication, training course

## Introduction

Dentistry is one of the most interested academic majors in Iranian and many other countries universities (1). Dentist-patient communication skills are important aspects of contemporary oral health care, as shared decision making with patients becomes more common (2). Communication and behavioural science education is gaining momentum as a mandated component of dental graduate competence in many countries and is highly recognized and appreciated by patients (3). One of the characteristic hallmarks of a successful dental professional is the ability to communicate effectively, verbally and non-verbally, to both colleagues and patients alike. (4, 5). This skill must either be inherent in the neophyte or developed early in their career to enable the development of the successful and trusting interactions with patients. Apart from all of the formative knowledge and clinical training, the development of communication skills is a major challenge for all aspiring students in the dental profession (6). To initiate this development,

Communication is in generally more than just exchanging information. It's about understanding the emotion and intentions behind the information given in any circumstance (7). Among different forms of communication in human communities, education, or teaching, requires effective communication with the learner if it is to be successful (8). Dental faculty must also possess communication skills and serve as role models for the next generation of dentists. However, studies show that just 17.5% of faculty members have good communication skills (9). Furthermore, students reported that 55.4%, 31.8% and 12.8% of faculty members had good, moderate and poor communication proficiencies, respectively (10). Even with this data in mind, specific services or training courses for developing NVC skills in students is basically non-existent in many professional educational settings globally. If the inability to develop or achieve NVC skills continues, the relationships with peers, colleagues, and patients will be threatened, in addition to the potential of providing less than successful treatments, thereby reducing the quality of dental services (11).

NVC includes eye contact while talking with a patient, having both patients' and dentist's chair on the same level, facial expressions, body orientation, physical appearance and many more characteristics that fit into the category of NVC (12, 13). Maguire and Pitceathly indicated that training in communication skills is mandatory for practitioners, pointing out that physicians with good communication skills identify patients' problems more accurately, have greater job satisfaction, and less work stress. Furthermore, patients adjust better psychologically and are more satisfied with their care (14).

In dentistry as well as other healthcare fields, conducting training courses to improve the NVC skills in students can be useful and effective. Although the importance of creative training methods to enable clinicians to communicate effectively with patients has been reported by Gates B. (15) and Dolan (16), the amount of these effects has not been studied yet quantitatively. Therefore, this research was pe

formed using dental students of Islamic Azad University in 2011 in order to investigate and determine the effects of a minimal 1-hour training course on perceptible changes in NVC skills.

### Materials and methods

This clinical trial based on this is approved and defended in partial fulfillment of the requirements for the degree of Doctor of Dental Surgery and with the ethical standards of the institutional and / or national research committee and with the 1964 Helsinki Declaration and its IRB#22002. The clinical trial was conducted on students of 11<sup>th</sup> & 12<sup>th</sup> semesters, sequentially. The sample size was considered as 77 students based on previous reports (17).

We investigated the NVC skills in 104 enrolled students by 10 indicators, presented in Table 1. In this system, each indicator has 1 point and was evaluated indirectly by one independent evaluator who didn't ask any questions. Students gaining more than 80% of the skills were considered as skilled students and excluded from the study.

Findings on the indicators, as well as students' and patients' gender were recorded. Students who did not demonstrate sufficient NVC skills (less than 80% proficiency) were allocated randomly into experimental and control groups. The experimental group passed a training course that focuses on the importance of NVC skills. This 1-hour course was presented by a person who was an expert in NVC skills. The control group did not take the similar course. After 2 weeks, the students were reviewed while working with patients. The evaluator, proficient in NVC skills, was blinded as to the groups; the students evaluated were not aware that their activities were being documented during these periods.

At the end of the research, data were expressed as Mean  $\pm$  SD and analyzed using SPSS version 23. Changes of NVC skills were compared between 2 groups by Mann-Whitney U test. Improvement in skills more than 4% was analyzed statistically using Fischer's exact test.  $P < 0.05$  was considered as significant difference.

### Results

In total, 104 students were enrolled and among them, 27 students (26%), who had demonstrated NVC skills more than 80% were excluded.

The students who fulfilled 8 indicators or less were considered as unskilled. Distribution of 77 remained students based on their gender, semesters, Grade Point Average and groups plus gender of evaluated patients are presented in Table 2. As shown, no significant differences existed between 2 groups in terms of student's gender, semester, Grade Point Average and patient's gender ( $P > 0.05$ ).

No significant difference was seen between control and experiment groups before training in the overall score of NVC skills ( $5.26 \pm 2.24$  vs  $5.13 \pm 2.08$ ,  $P = 0.8$ ). Distribution of students based on primary communications skills in control and experiment groups is presented in Table 3.

After training, the experiment group showed a significant higher communicative score compared to the control group ( $8.97 \pm 1.10$  vs  $5.64 \pm 2.15$  respectively,  $P < 0.001$ ). Changes in NVC skills in response to training in both groups are seen in Table 4. As shown 17 (44.7%) of students of experiment group had equal or more than 4 units of improvement but other students in this group could not gain more than 4 units of improvement ( $P = 0.003$ ).

## Discussion

In the present study, the effect of training in NVC skills of unskilled dental students was evaluated. Passing a 1-hour training course statistically improved NVC skills. Although it is clear that good communication skills are crucial for medical professionals (18), there is no evidence about the effects of the training course on NVC skills. Jahanbani and his coworker assessed the NVC skills of dental students of the Islamic Azad University in 2009. This research was similar to our study in terms of results, methodology and the factors that were investigated. The main difference was the training course offered to the experimental group and equalized the semester and academic status. This issue in fact motivated students to participate in classes a

nd improve their learning process. Both studies indicate that in student-patient relation, more efficient and appropriate behaviors could significantly affect patient care and recovery time (6).

Although the present study was similar in methodology, the method of selecting groups and the application of results are different.

Mehrshadian *et al.* studied the communication skills of dental faculty members of Islamic Azad University based on students' evaluation (10). They indicated that the communication skills of faculty members were higher than Grade Point Average. The main difference between this study and former is that no training by specific courses were used in their evaluation (10).

In the present study, all options and samples were analyzed and interpreted by trained students. Aspergren review only found 180 pertinent articles regarding communication skills teaching and learning in medicine; however, only 83 articles that met the quality standards were analyzed. The most effective point in time to learn communication skills in medical school was identified as being during the clinical clerkships, which was the subject of four present studies. Additionally, it was evaluated that the students with lowest pre-course scores gained the most from the training course. Therefore, the present study subjected low-scoring students to be considered as experimental units (11).

Another study conducted by Siberian and collaborators indicated that the most professors exhibited weak communication skills with the students and needed training course (19). Regel *et al.* investigated the effects of speaking style on comprehension, indicating that the manner in which a lecturer/professor spoke may considerably influence the student's educational process. The present study was similar to this research in having the comparable criteria for NVCLike focus on body postures and other senses (20). In a different manner, Rindlisbacher *et al.* evaluated dental students' communication skills

with patients after passing the course of a training. They found a steady increase in the student's level of comfort in motivating patients after improving the communication skills, and found that students expressed the need to continue communication training (21).

Some degrees of failure in communication skills of 5<sup>th</sup> and 6<sup>th</sup> year dental students at the beginning, during, and at the end of the student-patient interviews were also reported (22).

According to previous studies and present findings, there is a slight weakness in faculties' and students' communication skills with patients. Resolving this problem requires applying specific training courses into behavioral science curriculum as suggested previously (23) and assessing its efficiency on an ongoing basis.

Soltani Arabshahi *et al.* (24) examined communication skills of physicians with patients and found that learning these skills plays a significant role in physicians' communication. For dental students, it is essential that they receive communication training in the pre-clinical and clinical years because they will be evaluated interacting with real patients (25).

In a recent study, improving communication skills in complex clinical situations using dentists' view of a novel video review technique was reported. Dentists reflected that their video review session had provided deep and accurate understanding and considered the review process as a valuable training for communication skills in dentistry (4). In another study, Van Der Molen *et al.* and colleagues reported that communication skill trainings increased the dental students' knowledge and behavior into a desired level and promoted the students' awareness of their limitations and ability to communicate with real patients (26).

However, as Cannick and coworkers reported, short-term intervention in skills was not successful and defective (27).

As shown, training is required for dental students to improve the NVC skills. This training can be applied to interventions that can be delivered face-to-face as lectures for large groups of students, workshops for small groups, or in self-directed formats where the learner receives individual training using written or audiovisual materials (28).

Despite our findings, this study has some limitations. First, this course was not a university course so the students did not take it as seriously as a formal-for-credit course, and therefore, they had little interest to cooperate in the three steps of this study. Second, we only worked on dental students and naturally, it doesn't have an acceptable external validity but it has some positive aspects instead since all students were selected from the same school and they have more internal validity. Another limitation was that only those students that scored 80% or more were excluded from the study, which means that they constituted a different community in terms of skills than the other students; we had students whose preliminary communication skills were zero (0) and had some students whose scores were much different. For instance, lack of skill ranged from 10 to 80 percent and the samples were naturally heterogeneous, which would subsequently decrease the validity of the study. Instead, we classified students based on the rate of non-proficiency and then allocated them randomly into groups. Attracting their interests in cooperating whether in the first stage, during the training period, or in the post-test was one of the problems faced in this study (not a limitation). Although it is believed that this setback would not damage the result of the study. This outcome might be due to the fact that we did not provide any material to capture their interests in cooperating but instead it was attempted to motivate them to participate by justifying the research purpose and the reasoning behind this study. Another limitation was that the evaluator was not blind and he/she was aware of their groups as well as previous and next evaluation ranks which could have



could influence the conclusion. However, it was confirmed that they don't have any bias toward test subjects. Another limitation was that a pilot study was not conducted to assess the reliability of students in replying to the indicators

(12) Finally, last limitation was that the experimental group they had a significant change in post-test than the untrained group which the acknowledgment of the experimental group to heavily focus on the indicators which are supposed to be applied in the program and were learnt in the course.

However, overall findings of this study and other studies reviewed earlier point to the conclusion that a training course on communication will lead to improvement of communication skill. Considering the mentioned limitations, it is advised to conduct further studies in this field. On the other hand, this study offered some advantages in respect to the other; for example, groups were matched with faculty and went through Symphony Random Block plan as well as non-parametric Mann-

Whitney U test and Fischer's test, since skill is a quality variable in nature. Contrary to the previous studies, the non-

parametric test was used in this study. Another advantage in this study is that indicators used for test in bore validity and had reference to studies.

But the question is that why student skills increased with the program and what kind of mechanism did make students more successful in communicating? That is why no training course had been held so far in connection with establishing a successful relation to patients, speech pace, and etc. in the university; knowing the fact that our classes were nothing more than training communication skill indicator and actually our training in form of workshop classes has made the skill improved. Today this skill has become increasingly important.

### **Conclusion:**

Based on the current study, it was demonstrated that a training course in NVC significantly increased the communication skill in dental students in 11<sup>th</sup> or 12<sup>th</sup> semester, based on Mann-Whitney U and Fischer's exact test using SPSS version 23. Additionally,

based on the reviews, it is shown that Professor's communication skills significantly impact the same skills shown in students.

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**Tables:****Table1. Indicators of non-verbal communication skills**

<b>Indicators</b>
Eye contact while speaking with patients
Putting chair of patient and dentist at the same level
Confirming the patient's words by head and cheerfully
Sitting on the dentist's chair vertically in a relaxed position
Sitting on the chair with slight inclination to patient
Having face-to-face position
Not turning their back to patients
Not standing with arms crossed while talking to patients
Not covering mouth and eyes with hand
Using non-verbal gestures for emphasis and talking to patients energetically and firmly

**Table2.** Comparison of control and experiment groups.

<b>Groups</b>				
<b>Parameters</b>		<b>Control(n=39)</b>	<b>Experiment(n=38)</b>	<b>Pvalue</b>
<b>Student'sgender</b>	Male	18 (46.2)	19 (50)	<i>P=0.80</i>
	Female	21 (53.8)	19 (50)	
<b>Semester</b>	11th	16 (41)	12 (31.6)	<i>P=0.40</i>
	12th	23 (59)	26 (68.4)	
<b>Patient'sgender</b>	Male	17 (43.6)	15 (39.5)	<i>P=0.80</i>
	Female	22 (56.4)	23 (60.5)	
<b>Grade point Average</b>		14.8±2.6	14.9±2.5	<i>P=0.90</i>

**Table3.** Distribution of students based on primary communication skills.

<b>Groups</b>	<b>PrimaryCommunicationSkills</b>									
	0	1	2	3	4	5	6	7	8	
<b>Control</b>	2 (4)	1 (2)	2 (4)	3 (6)	5 (10)	5 (10)	7 (14)	8 (16)	6 (12)	
<b>Experiment</b>	1 (2)	1 (2)	2 (4)	4 (8)	7 (14)	5 (10)	6 (12)	7 (14)	5 (10)	

**Table4.** Frequency (percentage) of unskilled dental students based on equal or more than 4 and lesser than 4 units improvement in NVC skills indicators in control and experiment groups.

<b>Groups</b>	<b>Skill indicators changes</b>	
	$\geq 4$	$< 4$
<b>Control</b>	0 (0)	39 (100)
<b>Experiment</b>	17 (44.7)	21 (55.3)

**Figure legends:**

**Figure 1.** Students with lack of communication skills based on skill levels, its changes and based on their training.

