Leadership Communication Training: An Essential Part of Dental Education

Shibani Sahni¹, Jill Slye², Sang E. Park³

¹,²,³Harvard School of Dental Medicine, USA

Correspondence: Sang E. Park, Harvard School of Dental Medicine, USA.

Received: October 20, 2021  Accepted: March 8, 2022  Online Published: March 9, 2022
doi:10.11114/jets.v10i2.5382  URL: https://doi.org/10.11114/jets.v10i2.5382

Abstract

Objective: The purpose of this study was to evaluate whether a newly implemented course of leadership communication in dental education helps dental professionals by providing tools for various career trajectories in academic dentistry and clinical practice.

Methods: A new course entitled Communication and Leadership was introduced at XXXX to support the Master’s in Dental Education program. This course focused on developing a strong foundation in topics including public speaking, persuasion, listening, and resolving conflict. Personal interviews and guided reflections were performed with the participants and the responses were analyzed. A survey of the course directors of fifteen advanced graduate education programs was conducted to understand whether they felt the communication and leadership course was important for the students and whether they agreed that it should it be a part of the dental curriculum.

Results: The curriculum was extremely well received, and the students were eager to use the tools and techniques provided during the course for their future presentations and communication in leadership roles. One hundred percent of the course directors either agreed or strongly agreed in its value in being added to the dental curriculum; however, they were unsure about available time in the students’ already packed schedules.

Conclusion: The results of the analysis of the guided reflections and interview with the students, in combination with the survey evaluation of the course directors’ study, suggested that communication within the dental profession is essential and there are substantial benefits for the course being added to dental education programs.

Keywords: educational methodology, master’s in dental education, communication skills, academic leadership

1. Introduction

Communication is the essence of effective outcomes in leadership, academic dentistry and relationship between a dentist and patient (Cary, Madill, & Manogue, 2010). It is the basis of how information is exchanged among colleagues, staff, patients, and students. It has been studied and recognized by students that communication skills learnt in courses have a direct applicability to the courses to dental practice, and communication skills training could provide evidence of communication skills acquisition (Gorter & Eijkman, 1997; Sangappa & Tekian, 2013). Professional communication skills have a profound impact on dental patient satisfaction and health outcomes. Communication skills training has been shown to improve the communication skills of the dental students and thereby improve dental patient satisfaction and health outcomes as well (Ayn, Robinson, Nason, & Lovas, 2017).

Navigating the constant changes in our world requires confident, compassion-driven communication, and a clear understanding and knowledge of the soft skills of effective leadership. In the field of dentistry, the level of trust and open communication extends to every facet of any dental practice. The leaders of each practice need to ensure effective leadership communication to drive success. Given all of these interactions, the question arises: where and when are these leaders receiving the training they need in effective communication?

The foundation being provided to dental school students to set the basis for learning how to organize a concise message, while adapting that message to the listener, and feeling comfortable and confident in the verbal and non-verbal delivery of that message, is not sufficient. There have been past studies which supported integration of communication in dental education and showed its importance in the dentist-patient relationship and its therapeutic outcomes (Woelber, Deimling, Laugenbach, & Ratka-Krüger, 2012). However, communication skills training as a part of formal instruction
and training is currently lacking in dental education. It is necessary to develop communicative and social competence in dental education and also to practice and continually improve these skills in an educational clinical setting which serves as a system for teaching and learning (Roller & Eberhard, 2012).

Considering the global effects of a pandemic, a shift of focus to the importance of communication skills has occurred as we have had to adapt to new ways of educating and communicating. The impact of communicating and understanding how to navigate and lead through change has required great efforts of empathy, compassion, patience, listening and structured and informed direction in communication. The purpose of the study was to evaluate the preliminary results of integrating a communication skills course in dental education, from the perspectives of students and program directors.

2. Methods

A course on communication skill was introduced as a part of the core curriculum in the Master’s in Dental Education program and as an elective course in other advanced graduate education (AGE) programs at XXXX. The course encompassed the skills necessary to effectively communicate a message to any communication partner.

The course started with an introduction of how communication breakdowns occur and how the application of the general principles of communication, such as organizing a message, tailoring a message to the audience, adapting to audience feedback and striving for maximum impact, affects the success of interactions. To train students learn how to overcome barriers that lead to communication breakdowns, the OCD Presentation Method™ was used to provide comprehensive resources on how to Organize a clear and concise message, develop audience centered Content, and Deliver a message with confidence to enhance a solid connection with the audience (Slye, 2020). The students learned how to apply Aristotle’s appeals, Logos, Ethos and Pathos, to their communication by being concise, anticipating pushback, layering credibility, and tailoring their message to the audience. This set the foundation for the second half of the year where the focus shifted to listening, conflict resolution, and interpersonal communication in the workplace. Students were graded based on guided reflection writing assignments and oral interviews and presentations.

Developed to provide the students a solid foundation in leadership communication, the course began with students analyzing their own communication style, to help students recognize their own strengths and areas for improvement. By taking these self-reflective steps, the focus then shifted to the importance of nonverbal exchanges and how they can prove beneficial when leading in the dental industry. This type of self-analysis focused on how to adapt to interactions with patients and staff, while understanding the importance of subtle cues, such as eye contact, posture and gestures. Embracing the natural sound of their own voice through multiple recorded speeches helped strengthen the awareness of how small shifts in tone, pitch, intensity, rate and rhythm fosters engagement and connectivity with others (Slye, 2020).

This study was reviewed and approved by the Institutional Review Board at XXX and XXXX (IRB21-0703). The directors of all AGE programs were surveyed and asked if the leadership and communication course would help their student population. A five-point Likert scale from strongly agree to strongly disagree was used to understand the reasoning and considerations. The survey was distributed to 15 AGE program directors: Research Academy, Periodontics, Prosthodontics, Dental Education, Dental Public Health, Geriatrics, Oral and Maxillofacial Pathology, Pediatrics, General Practice Residency-Veterans Administration, Endodontics, General Practice Residency-XX Hospital, Orofacial Pain, General Practice Residency-X Hospital, Implant, and Oral Medicine, in order to evaluate the importance of and need for incorporating communication in their dental curriculum. Descriptive analysis will be performed to characterize the data.

3. Results

The results of student guided reflections and interviews as coursework were analyzed, and acquisition of professional communications skills was reported by the enrolled students. Students felt that the professional communication course helped with dentist and patient communication and understanding, thus improving oral health outcomes. Based on the feedback from the enrolled students surveyed, the responses revealed the value of bringing communication training to dental education. The communication skills development class was well received, and the students were eager to use the tools and techniques provided during these for their future presentations, interactions, and patient interactions. Students felt that the course was useful not only for private dental practice but also for academic leadership positions.

As shown in Table 1, all program directors for the 15 AGE programs either agreed or strongly agreed that the leadership and communication course would help their student population. One hundred percent of program directors either agreed or strongly agreed this type of course would help in developing students’ communication abilities as they take future leadership roles in the field of dentistry. A narrative comment suggested that these skills will foster global leaders and promote self-confidence.
Table 1. Advanced Graduate Education Program Directors Survey

<table>
<thead>
<tr>
<th>A leadership communication course would benefit your student population.</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Neutral</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>50%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>This type of course would contribute to the knowledge of your students as they take on future leadership roles in the field of dentistry.</td>
<td>62.5%</td>
<td>37.5%</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Building student confidence in their public speaking skills and preparing them for giving formal presentations would enhance their experience.</td>
<td>100%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Learning how to become more effective in their ability to articulate and communicate clearly would foster a beneficial learning environment, and improve the presentation of treatment plans to the patient.</td>
<td>57.1%</td>
<td>42.9%</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Leadership skills such as public speaking, navigating conflict, listening, interpersonal communication in the workplace, persuasion, motivation, inspiration, storytelling, and effective communication skills are all necessary in the field of academic dentistry.</td>
<td>62.5%</td>
<td>37.5%</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Based on the description of skills training listed above, all of which are included in this course, leadership communication qualities should be part of a dental education curriculum.</td>
<td>62.5%</td>
<td>37.5%</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I believe this course should be a required component of the curriculum.</td>
<td>62.5%</td>
<td>25%</td>
<td>12.5%</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

All program directors strongly agreed that the course will help student confidence in their public speaking skills and help to prepare them to give formal presentations. It was also suggested that the course will help to provide better interpersonal communication and will set an expectation of professionalism. All the respondents either agreed or strongly agreed that the communication course would also help in the presentation of treatment plans to the patients and in clear communication between dentists and patients.

All program directors either agreed or strongly agreed that the communication course and leadership training should be a part of the dental curriculum. However, when asked whether this course should be a part of the curriculum at XXXX, 62.50% strongly agreed, 25% agreed and 12.50% remained neutral. The challenges that were seen in including the communication course in the AGE curriculum were student time and scheduling, as the students are already overcommitted.

As shown in Figure 1, 55% of respondents suggested that one of the major benefits of including the course in the AGE curriculum was that it would lead to professional development in academic dentistry and set the expectation of professionalism. Thirty percent of respondents suggested that the course would help create future leaders in specific specialties and align with the mission of the school in creating global leaders.
In addition, 15% of respondents suggested that the course would be beneficial in developing student presentation skills and help them to deliver seminars better. It was also suggested that this course would promote confidence in students by giving them some lifelong skills. Some other topics discussed in the interview process included the benefits students derived from the course, such as some important skills for interviews and lectures, and the perception that completing the course would help in furthering their career. It was also suggested that all students should take the course as either a program requirement or elective.

The challenges of including the leadership and communication course in the AGE curriculum, as shown in Figure 2, were mainly time constraints. Fifty percent of program directors indicated that the students did not have any unoccupied time during their program and would not be able to dedicate much time and energy to the course. About 20% believed that students were being overcommitted and course scheduling is a concern across all AGE programs. Seventeen percent of respondents thought that the course material’s relevance to dentistry was not adequate. Lastly, 13% of respondents suggested that implementing this course may be a duplication of effort, as other institutions may have the course already. It was also observed that finding high quality faculty to lead the program is a huge challenge.
4. Discussion

Training on public speaking and the types of speeches that need to be delivered as an industry leader is not being provided to dental students, and they may not be adequately prepared to use listening skills or navigate conflict. During this initial introduction of coursework, students shared the fear behind presenting to various audiences for professional presentations and interactions with patients. It was noted that this fear could be detrimental to the overall delivery of the content. Students come from diverse backgrounds and this may add another barrier to effective communication (Ayn et al., 2017). Given specific techniques to better organize a presentation, students were enthralled with the simple concept of using an organizational speech pattern to better plan, practice, and execute the process of presenting. The course was learner-centered and constant student feedback was taken for this piloted curriculum.

Negotiating the challenges faced by any business or institution requires a full understanding of how to listen, navigate conflict, respond empathetically in a leadership role. Many students in other studies have suggested that communication is one of the most salient skills in clinician-patient relationship and should not be overlooked (Neville, Zahra, Pilch, Jayawardena, & Walen, 2019; Chandu, 2011). The students in this course took a close look at their natural approach to conflict management and problem solving and were introduced to different modes of conflict resolution using various exercises. By strategically focusing on leading with authenticity and compassion, students learned how to foster collaboration and support to facilitate growth and progress. During the course, analyzing, recording, practicing, and implementing these techniques allowed the students to establish trust amongst each other and see the result of their work in real time. This collaborative effort between the students fostered even more purpose and commitment, with each student clearly taking their leadership skills to the next level.

Directions for future research include restructuring of the curriculum and time allocation for a robust communication and leadership course to be incorporated, keeping in mind the changing roles of future medical and dental educators and clinicians.

5. Conclusion

Incorporating formal training in communication in dental education could be useful in acquiring professional communication skills for both academic leadership roles and clinical practice. The study suggests that communication within the dental profession is essential and there are substantial benefits for the course being added to dental education programs. The newly developed communication course may help students develop the necessary skills as they enter a collaborative workforce and patient clinician relationship and it warrants further consideration as an initiative in dental education.

References


Roller, D., & Eberhard, L. (2012). Quality over quantity – development of communicative and social competence in dentistry at the Medical Faculty of Heidelberg. GMS Journal for Medical Education, 8(3). Doc60. https://doi.org/10.3205/zma001456


---

**Copyrights**

Copyright for this article is retained by the author(s), with first publication rights granted to the journal.

This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.