Key Stone Entity in Paediatric Dentistry: Tell Play Do

Sabari Lavanya, PonnuduraiArangannal, Jeevarathan J, Amudha S, AarthiJ, Vijayakumar M

[1]Post Graduate Student, Department of Pedodontics, [2]Professor and Head of the Department, [3]Professor, [4] Reader, [5]Reader, [6]Senior Lecturer, Sree Balaji Dental College, BIHER, Pallikarani, Chennai

Abstract

The child behaviourmanagement in paediatric clinic is the way by which the dental health care team effectively and efficiently performs treatment for a child. To provide dental care for children good communication skills are necessary.Dental fear is a common, essential, and inevitable emotion that appears as a response to the stressful situation, which raises children's anxiety level, resulting in reduced demand for paediatric dental care. Behaviour management is widely agreed to be a key factor supplying dental care for children. TSD technique was modified into Tell-Play-Do (TPD) technique, using the concept of learning by doing in reducing children's fear and anxiety to dental treatment and promoting adaptive behaviour.

Key Words: *Fear,Anxiety,Behavioural modification,Children,Tell Play do*

Introduction

Behaviour management is considered a keystone entity in Paediatric dentistry[1,2,3].Disruptive behaviour can interfere significantly with providing quality dental care. Non-pharmacologic tell-show-do technique which consists of verbal explanation of the procedure to the patient, demonstration for the patient of the (visual, auditory and tactile) aspects of the procedure and completion of the procedure, remains the most commonly used technique in paediatric dentistry. Many children experience distress when visiting a doctor or undergoing needle procedures. Children's experiences can have bothshort-andlong-termconsequencesontheirmental and physical health.Providing accurate information may result in more positive emotional and physical outcomes for children[4].

Corresponding author
Ponnuduraiarangannal MDS
Department of Pedodontics & Preventive Dentistry
Sree Balaji Dental College & Hospital'
Narayanapuram, Pallikaranai,
Chennai 600100, E-mail: drapdurai66@gmail.com

Methodology

Articles were collected using Pubmed database, hand search. The search words include Fear, Anxiety, Behavioural modification, Children, Tell Play do. Articles were collected from year 2016-2019. Of which 3 articles emphasized the significance of using. Tell Play Do technique in reducing the fear and anxiety of children were considered for this short communication.

Tell Show Do

This method is extensively used to familiarise a new procedure to the patient[5,9]. This is the verbal explanations of procedures in the way the child could understand (tell); presentation of the visual, auditory, olfactory and touching aspects of the procedure is carefully done without threatening (show) and then, without deviating from explanation and demonstration, the procedure has to be done (do). The tell-show-do technique is used with verbal and non-verbal communication skills and positive reinforcement. Other measures will be needed depending on whether the child has communication problems or disorders. This technique has been an effective way for reducing previously formed anxiety in the child patient [6,7]. In the tell phase the dentist gives an explanation about the procedure depending upon the age of the patients. The show phase is used to illustrate

the procedure, example demonstrating with a slow hand piece on a finger.

TSD technique introduced by Addelston in 1959 dictates that before any procedure is done, the child is to be well informed and a demonstration should be given using a simulator exactly what will happen before the procedure is started.

TSD technique is based on the principle of learning theory[8,9] and is performed by the dentists themselves in the operatory room.

TELL PLAY DO

It is important to communicate with the child patient briefly at the beginning of a dental appointment to establish rapport and trust.[3]

Only by explaining, demonstrating, or observing a model, instead of it make them to play with dental imitating instrument toys, which provides more explanatory concept.

With this idea, TSD technique was modified into Tell-Play-Do (TPD) technique, using the concept of learning by doing in reducing children's fear and anxiety to dental treatment and promoting adaptive behaviour.

The child was directed to the play room, where the room was arranged with customized dental instrument toys and a cartoon character with mouth wide open.The trained dental personnel explained all the customized dental objects using appropriate euphemisms and procedures in phrases appropriate to the developmental level of the child and allowed to hold dental imitating instruments including syringe to play and perform dental procedure on the cartoon character.

The airotor noise was incorporated in the dental object resembling clinical sound effect.The duration of whole procedure was standardized for 20 min; then, the child was taken to clinical area and oral prophylaxis was performed in first visit.The second treatment session was set 1 week later. The treatment protocol was the same for all the participants.The child entered the operating room alone.Then, the occlusal cavity was prepared for restoration of the teeth. During deep cavity preparation, the required injection including the use of topical anaesthesia and a local infiltration was performed by the dentist.

In all children, parameters such as the attending dentist, his/her assistant, the working environment, time and duration (30 min for each child) of work, and the type of dialogues and euphemisms were all the same. Care was taken to make sure that the children were not tired and hungry.

Mean heart rate at different intervals was significantly lower among children in Group II (TPD) than among those in Group I (live modelling) during first visit (after intervention and during procedure) $P = 0.038$ and 0.026, and also in second visit (during procedure), $P = 0.001$

The results of this study showed that TPD technique was more effective than live modelling on child anxiety levels and increased the cooperative behaviour during dental treatment among 5–7-year-old children, reducing the heart rate and mean change in the heart rate.

TSD technique remains the most commonly used technique in paediatric dentistry and is still considered the technique with which the dentists and the parents are comfortable[1] and justifies being the method of choice as the backbone of child education and behaviour guidance during first dental visit.[10]

The competent modification of TSD to TPD is significantly effective than live modelling in reducing not only the heart rate (physiological index) but also the cooperative behaviour.

Number of children showing positive response and cooperation had reasonably increased from first visit to second visit among TPD group than live modelling group.

According to study, TPD technique among 5–7-year-old children is impressively effective and can create an extremely good patient at this stage of life as 40 (81.6%) were definitely positive during second visit of restorative procedure.

Conclusion

By simple modification, TPD can have a greater impact on younger children, so that they can feel comfortable and accept the dental treatment.

This is especially important in our set up as parents are increasingly apprehensive and less willing to allow the use of conscious sedation or undertake general anaesthesia.

Ethical Clearance – Not required since it is a review article

Source of Funding – Nil

Conflict of Interest – Nil

Refrences

1. Wilson S, Cody WE; An analysis of behavior management papers published in the pediatric dental literature. Pediatr Dent 2005; 27(4):331–38.
2. Kuhn BR, Allen KD; Expanding child behavior management ichnology in pediatric dentistry: a behavioral science perspective. Pediatric Dentistry: 1994; 11(16):13-17
3. C. L. Von Baeyer and L. J. Spagrud, "Systematic review of observational (behavioural) measures of pain forchildren and adolescentsaged3–8years,"Pain, 2007:vol.127,pp.140–150
4. C.M.McMurtry, R. Pillai Riddell, A. Taddio et al., "Far from'justapoke':commonpainfulneedle proceduresand the development of needle fear,"TheClinicalJournalofPain, ,2015:vol.31, supplement10,pp.S3–S11
5. T.Jaaniste, B.Hayes, and C.L.vonBaeyer, "Providing children with information about forthcoming medical procedures: a review and synthesis," Clinical Psychology: Science and Practice ,2007 vol.14,no.2,pp.124–143
6. Mc Knight-Hanes, C., Myers, D.R., Dushku, J.C. and all The use of Behavior management techniques by dentist across practitioner type, age, and geographic region. Pediatric Dent (1993)15:267-271
7. Carson, P. and Freeman, R. Tell show do: reducing anticipatory anxiety in emergency pediatric dental patients. Int J Health prom and Education (1998)36: 8790.
8. Wright GZ, Stigers JI. Non-pharmacologic management of children's behaviors. In: Dean JA, Avery DR, McDonald RE, editors. Dentistry for the Child and Adolescence. 9th ed. St. Louis: CV Mosby Co.; 2011. p. 30.
9. Townsend JA. Behaviour guidance of the paediatric dental patient. In: Casa Massimo PS, Fields HW, McTigue DJ, Nowak AJ, editors. Paediatric Dentistry – Infancy through Adolescence. 5th ed. Philadelphia: Elsevier Saunders; 2013. p. 358.
10. Humphris GM, Morrison T, Lindsay SJ. The modified dental anxiety scale: Validation and United Kingdom norms. Community Dent Health 1995;12:143-50.