

Editorial from a Behavioural Perspective!!!

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Many professions including our dental profession has quite often reasoned beyond narrow domains of '*preferred expertise*' where it can have a positive or negative impact towards the dentist patient relation and pediatric dentistry as the branch is no different to this.

Early observations that centred around the doctor-patient relationship almost predate over 150 years, where the earlier dentist went beyond the treatment task at hand and also considered the exact reason behind the basic concept of patient to doctor relationship and it is here the modern pediatric dentists can be a specialized lot in establishing and building a proper interpersonal relationship.

Somehow, the fear and anxiety that a child perceives when visiting a dentist for dental treatment, has remained unchanged over years. But, the earliest dentists inspite of their limited knowledge however recognised the hollow victory of a successful dental treatment which was observed in the child's reaction post treatment, and how they left the dental operatory either in tears or in anxiety. This trait of fear and anxiety is still persisting even today.

But, somewhere in the middle of 20th century, the professional opinion started varying and some newer behavioural concepts started evolving leading to some upsurge in the doctor-patient relationship. Vis-a-vis, in the modern day the behavior guidance guidelines are not just the product of today but one that has 'evolved' over the years.

Behavior management is a continuous, comprehensive and a strenuous methodology which aims in building a proper relationship between all the factors such as the child, the parent and the concerned doctor. Reporting of an Indian scenario the present day dentists are more empowered with an array of various Behavior Management Techniques which were found short for the earlier dentists. The present behavior management techniques include a hierarchy of Tell-Show-Do, voice Control, Active and Passive Restraints, Hand-Over-Mouth and a number of Pharmacological interventions such as conscious sedation, general anaesthesia and oral pre medication.

However, in an hostile and turbid world of the vile social media where they self-impose and try to regulate catalogues, treatment procedures and go to an extreme extent of creating unwanted scenarios with lots of misrepresentations which has tremendous implications to the interpersonal relationships.

Recently in 2013, AAPD (American Academy of Pediatric Dentistry) devised a continuum of the behavioural guidance symposium where some consensus was reached towards better practices for behavior guidance, educating the dental workforce on the behavioural guidance techniques and comprehensively provide appropriateness of these practices to the parents, healthcare providers and also the general public.

At the bottom line we, the pediatric dentists should:

1. Provide highest expectations for healthcare provided.
2. Achieve satisfactory levels of behavioural compliance.
3. To establish due respect within society for the quality treatment rendered.
4. To diminish the lack of mistrust existing between fellow professionals.
5. To build confidence measures amongst the society as well as social media.
6. Most importantly, parents' view per say should be a guiding light in rendering quality treatment to the child.

"The present editorial depicts only a tip of the iceberg where still we have lots of unanswered questions. Given the movement towards quality care measures in health care, training programs should prepare the next generation of pediatric dentists to recognize and be able to accommodate the modern world of 'pestering' children and 'demanding' parents whose queries still remain unanswered."

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