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Research Article

Education and Assessment of Dental Students' Interpersonal Skills and its Relevance in Dentistry

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Abstract

This research aims to measure the level of patient satisfaction regarding communication skills of the dental students from University of Sharjah and identify whether or not increased emphasis regarding communication should be implemented in the curriculum. The attainment of appropriate interpersonal communication skills have been recognized as a crucial part to the dentist-patient relationship. We also aimed to quantify the effect of different parameters which play a role in communication such as: nationality, languages spoken, income, employment, level of education, age and gender. Our data was attained by having 92 individual patients, each as-signed to a different dental student, anonymously fill in a PAQ (patient assessment questionnaire) following dental treatment. The PAQ was believed to be a cost-effective tool which had been shown to obtain reliable and valid results. The average satisfaction score recorded was 4.66/5 (1 being poor and 5 being excellent). There was no significant difference between the mean satisfaction with regards to gender, age and marital status. On the other hand, variables which affected mean satisfaction score of patients were: dental students' year of study, patient income, patient nationality (Arab/non-Arab) and patient level of education ($P < 0.05$). Although our study showed excellent patient satisfaction with interpersonal skills, further research must be done with an improved method of assessment.

Keywords: *Dental Students; Interpersonal Skills; Communication Skills*

Introduction

George Bernard Shaw once said that "The single biggest problem in communication is the illusion that it has taken place." The attainment of appropriate interpersonal communication skills has been recognized as a crucial part to the dentist-patient relationship education [1]. Effective communication skills, such as decently greeting your patient, listening attentively, providing thorough explanation, maintaining eye contact, being caring, empathic and limiting the use of jargon, was found to have many advantages. These include influencing a patient's decision to select and remain with a dental practice, to seek care [2], to improve the care outcome [2], to reduce patient anxiety and to improve patient satisfaction [2]. Additional advantages such as higher patient-rated clinical proficiency, improved patient adherence to long term treatment plans and reduced risks of malpractice claims have also been recognized [2,3].

A wide range of literature emphasizes on interpersonal skills as a key factor of patient satisfaction. Furthermore, patients prefer to be interviewed by individuals who are rated highly for their skill in communication. Dentists gain patients' trust when they demonstrate the ability to communicate care and compassion [1]. To emphasise further on the importance of communication skills, evidence exists to suggest that patients infer a clinician's technical competency and knowledge based on communication abilities [4]. Moreover, in order to

achieve high quality care, health care providers have to treat the patient as an individual rather than a health problem or a disease. This concept is referred to as Patient-Centered Care. Effective communication using clear simple language and involving patients in their own care is essential to achieve this concept [2]. Therefore, effort must be undertaken to provide and challenge students with both, a sound education and assessment system of communication skills.

Communication Skills Education

Systematic development of these skills in student practitioners tends to be limited and is often overshadowed by curricular time spent teaching technical skills rather than integrating behavioural and technical abilities [2]. Hence, there is some debate about how these skills should be taught and assessed. A Further crucial question is at what stage communication skills' training can best be integrated into an already crowded curriculum [1]. In a study conducted by Hottel and Hardigan [3], at the Nova Southeastern University, College of Dental Medicine, seventy-eight third year dental students were subjected to a thirty-five-hour course that addressed recognition of anxiety, interviewing techniques, patient records, behaviour management and patient relations. Students were evaluated before and after attending the course. At the conclusion of this course, students' interpersonal skills were rated significantly higher than prior to the course, p value < 0.0001 level. This indicates that effective communication between dental students and their patients may be acquired and refined through a course that addresses basic interviewing skills [3]. Such results further supports the idea that integrating communication skills training into a school's curriculum is essential. Training in communication techniques can be beneficial in improving the scope of dental education by providing the future practitioner with increased capacity to understand and respond to the needs of patients [3].

There are several methods by which communication skills are taught: questionnaires, inter-viewing, clinically based scenarios, role playing and the most traditional method, observation [5]. It has been documented and observed that communication has been taught historically through observation of a more experienced clinician, usually an instructor for dental students. Assessment of communication abilities has then followed suit in similar subjective evaluations often by the same faculty member providing the role modelling. This leads to different students being graded with different criteria and is also a haphazard method of education [1,4].

However, in spite of the aforementioned, pioneering educators have made attempts to improve dental education in the field of communication, particularly over the past decade. Literature does state that the U.S dental schools in particular, are experiencing a growth in curricular approaches that teach communication skills in order to bridge the cultural gaps and to improve general communication between practitioners and patients [2]. Many topics can be taught, such as language, health belief systems in different cultures, values and assumptions. Avoiding the use of jargon in a smooth manner is a pivotal skill in any dental practitioners armamentarium but not one that is so easily acquired through observation alone, which is why studies show communication skills improve after purpose made courses [5]. Many of the suggested exercises, such as role-plays, case studies, critical incidents and videos are most effective in small groups. Merely watching a role play and not taking part would simply fall under the category of observation, hence not serving the purpose of actively improving communication skills. This does not mean that communication skills education cannot be taught in large groups. In the example mentioned regarding a group of students watching a role play, the group can analyse the case in terms of communication and cultural competence in set criteria. Students should also keep a journal of their observed and their own clinical experiences, this can pro-vide a framework for their observations and reflections [5].

Assessment of Interpersonal Skills

The evidence base for communication skills assessment is sparse in the field of dentistry [4]. In fact, a wide review of the literature revealed that there was no standard instrument available for assessment of the communication skills required by dental practitioners [2]. The literature did, however, reveal a number of tools that have been adapted from other health professions, most of which covered some of the issues relevant to a productive dental consultation [2]. However, oral health professionals more frequently focus on clinical treatment and the need to help patients cope with their anxiety and fear. Therefore, it is not accurate to assume that demonstrated validity and reli-

ability is transferred directly to a dental context [4]. However, an instrument that was formulated in 2004 by the National Health Service Scotland, under the title of patient assessment questionnaire (PAQ), was shown in a study to provide evidence of high levels of feasibility, reliability and validity, although derived from a medical model. It specifically addressed the issue of validity and bias in patient satisfaction questionnaires which arises due to subjectiveness of patients [6].

An assessment tool specific to the dental context was created by Theaker., *et al*. [1] known as the Dental Consultation Communication Checklist (DCCC). However, it was formulated via observation in Oral Medicine clinic and therefore compromises the generalizability across broader clinical settings. Involving real-life patients in the communication assessment is preferred as it gives feedback on patients' experience and quality of empathic communication. Repeated over the course of a period of time, assessment tools involving the patient such as questionnaires can measure the impact of any educational strategies applied.

Another method used is a simulated patient in an Objective Structured Clinical Examination assessment. The benefit of this method is that the 'patient' is standardized and objective. It also gives the student the motivation of taking part in an exam. However, simulated patients are in essence, actors. And they may therefore become socialized into relating to students, this is a key general criticism of using an OSCE format for communication assessment [7]. Further research is required to investigate whether this is the case. Van der Molen, Klaver and Duyx [8], combined several of these methods into one single program. They are: satisfaction questionnaires, role play tests, video-taped assessment and a self-journal in which one can criticize and learn from their own mistakes and experiences. Here participants took part in a course and then anxiety of patients was compared to a control group. Participants showed improvement compared to the control group in lowering patients level of anxiety. However, such an approach's validity has not been confirmed through real-world application analyses to date [1].

Assessment of communication is still in its early stages. As of now, no single method or questionnaire has been set as the gold standard. More research needs to be conducted into finding a valid and reliable method of assessing communication [1,7]. It is also important to note that real patient input has not been utilized so far in formulating communication assessment tools. In addition, many of the current assessment tools appear to be limited in evaluating student performance intra-operatively, noting that this is the time when most anxiety is felt by the patient. Moreover, the patient is unable to speak for ex-tended periods during treatment. This poses a unique communication challenge [1]. It is likely that good communication is as critical here as it is during consultation, and therefore further research should be conducted in regards to this. It is in both the public and profession's interests to adopt a level of assessment standard before attributing total 'competence' to dental students and graduates [1,7].

Factors affecting interpersonal skills

The literature available regarding how dentists' interpersonal skills are affected by patient factors appears to be sparse. An article discussing the effect of patients' socio-economic status on doctors' communication skills [9], stated that patients from low socio-economic class tend to get less effective communication from their health care providers in terms of getting less information about their health and being less involved in the decision making and care process; which is explained by the fact that physicians tend to misjudge this class for lacking the desire to be involved and for inability to comprehend the information given to them. However, this article revolves around medical practitioners rather than dentists. Hence is not a reliable source and cannot be generalized into the dental field. Further research must be conducted into how other factors affect the communication between dentist and patient. These factors include: Age, gender, socio-economic status, culture and nationality. This is a noticeable gap in the literature, thus further research must be conducted to explore these factors which may affect communication skills.

Conclusion

Effective communication has long been recognized as pivotal in the practice of dentistry. Expressive and receptive communication skills, nonverbal communication skills, professional presentation and sensitivity to culture and ethnic diversity are all essential interpersonal skills that student dentists must possess. These qualities have been shown to improve patient satisfaction. Education and assessment of these communication skills is now a necessity in the undergraduate curriculum. This review recommends the development of student communication skills to be active rather than passive. Courses that teach interpersonal skills have found to be an effective tool for this purpose. However, further research is required to validate existing methods of learning, and explore alternative and perhaps more longitudinal methods of assessment within dental curricula. There is currently no widely accepted tool for assessing communication skills in dental education. More analysis and research is required to formulate a standard assessment tool pertaining to the dental profession in specific, which demonstrates validity and reliability. Lastly, research must be conducted to evaluate the patient factors that affect the interpersonal skills of dentists.

Methodology

The study aimed to gather information regarding patient's satisfaction with students' interpersonal communication skills using a cross-sectional study design. It is implemented through a self-administered questionnaire which will be distributed randomly to patients attending University Dental Hospital Sharjah (UDHS).

Criteria for inclusion in the study is: adult patients older than eighteen years old attending fourth and fifth years' restorative, endodontic, and prosthodontic clinics and must have attended at least two treatment sessions with the same student dentist. The exclusion criteria is: patients attending the clinic for the first visit seeing as patient-dentist interaction would be insufficient to judge communication skills and patients attending oral surgery clinic due to the fact that a traumatic procedure could influence patients' judgments on communication skills.

Data collection will be conducted throughout the clinic operating hours from Sunday through Thursday. To avoid bias in the study, student dentists will not be informed about the purpose of the research and patients will be randomly selected to answer the questionnaire in a different setting away from the clinic. The participants will be asked to sign a consent form available in English, Arabic, and Urdu prior to answering the questionnaire. Over 100 questionnaires are to be completed.

The questionnaire used in this study is adopted from the study: 'The patient assessment questionnaire: A new instrument for evaluating the interpersonal skills of vocational dental practitioners' by Y. K. Hurst, L. E. Prescott-Clements and J. S. Rennie. The original questionnaire was in English language; however, it is translated to both Arabic and Urdu for UDHS patients' convenience. It consists of three parts; Appendix (A) contains questions regarding the socio-economic status of the patient by asking about monthly income and occupation. It also looks into the demographic background of the patients such as age, gender and marital status. Level of education is assessed by enquiring what level of qualification the patient holds. Other parameters including type of treatment, dentist's gender, the language spoken by both dentist and patient as well as the presence of a translator in case of language barrier are also assessed in this section.

Appendix (B) uses Likert's scale (from 1 to 5) to assess patients' ratings of communication skills of fourth and fifth year dental students in UDHS such as being friendly, listening attentively, involving the patient in the decision making process and showing courtesy.

Results

A total of 92 questionnaires were completed by patients after their clinical session. Of the 92 patients, 35 were treated by 4th year students and 57 by 5th year students. The average satisfaction score recorded was 4.66/5 (1 being poor and 5 being excellent). In order

to compare the different variables which could have had an effect on patient satisfaction, analysis of the data was completed. There was no significant difference between the mean satisfaction with regards to gender, age and marital status. However, several factors lead to statistically significant differences in mean satisfaction scores (Tables 1-6).

Gender Male Female	 65 (70.65%) 27 (29.35%)
Marital Status Single Married	 34 (36.96%) 58 (63.04%)
Nationality Arab Non-Arab	 48 (52.75%) 43 (47.25%)
Occupation No Job Labor Professional	 27 (30.68%) 21 (23.86%) 40 (45.45%)
Monthly income ≤ 6,000 DHS > 6,000 DHS	 76 (82.61%) 16 (17.39%)
Level of Education Illiterate School University	 2 (2.17%) 44 (47.83%) 46 (50.00%)
Barrier Yes No	 15 (16.48%) 76 (83.52%)
Translation Yes No	 10 (66.67%) 5 (33.33%)
Dental Procedure Explained No Yes (student) Yes (instructor) Both	 1 (1.11%) 61 (67.78%) 4 (4.44%) 24 (26.67%)
Gender of Student Male Female	 14 (15.22%) 78 (84.78%)
Year of Study BDS4 BDS5	 35 (38.04%) 57 (61.96%)

Table 1: *Patients' Characteristics.*

- *P<0.05*

	Mean
1. Greeted you in a friendly way (was not rude to you).	4.78 ± 0.488
2. Asked you questions about the reasons for your visit and listened carefully to your responses.	4.60 ± 0.839
3. Explained what he/she is going to do before starting to examine you.	4.65 ± 0.670
4. Let you know what he/she found after examining you (did not keep you in the dark or confused you).	4.67 ± 0.631
5. Talked you through the different options for your treatment (helped you to choose; did not rush you ahead or told you what to do).	4.35 ± 1.063
6. Treated you with courtesy and respect (never belittled you or made you feel ignorant).	4.89 ± 0.407
7. Was sensitive, understanding and patient with you (never rough, un sympathetic or impatient).	4.73 ± 0.697
8. Informed you of any likely pain involved and offered you ways of reducing the pain.	4.78 ± 0.551
9. Talked in plain language, used words you can understand (never was too technical or complicated).	4.74 ± 0.511
10. Inspired your trust and confidence (never appeared nervous or unsure of himself/herself).	4.65 ± 0.673
11. Advised you on how to look after your teeth & gums at home.	4.39 ± 1.058
12. Listened to any questions you had and answered you clearly (did not avoid or ignored your questions).	4.73 ± 0.631
13. Would you recommend this dental student to a friend who wants a dental student with excellent personal manner?	4.71 ± 0.545
14. Would you ask to see this dental student again?	4.77 ± 0.471

Table 2: *Patients' responses to questionnaire.*

- *P<0.05*

	Mean BDS5	Mean BDS4
1. Greeted you in a friendly way (was not rude to you).	4.74 ± 0.556	4.83 ± 0.38
2. Asked you questions about the reasons for your visit and listened carefully to your responses.	4.65 +/- 0.756	4.54 ± 0.98
3. Explained what he/she is going to do before starting to examine you.	4.67 ± 0.727	4.66 ± 0.59
4. Let you know what he/she found after examining you (did not keep you in the dark or confused you).	4.70 ± 0.603	4.63 ± 0.69
5. Talked you through the different options for your treatment (helped you to choose; did not rush you ahead or told you what to do).	4.37 ± 1.121	4.34 ± 1.00
6. Treated you with courtesy and respect (never belittled you or made you feel ignorant).	4.93 ± 0.0.264	4.85 ± 0.56
7. Was sensitive, understanding and patient with you (never rough, unsympathetic or impatient).	4.69 ± 0.773	4.77 ± 0.60
8. Informed you of any likely pain involved and offered you ways of reducing the pain.	4.89 ± 0.317*	4.60 ± 0.77*
9. Talked in plain language, used words you can understand (never was too technical or complicated).	4.70 ± 0.537	4.77 ± 0.49
10. Inspired your trust and confidence (never appeared nervous or unsure of himself/herself).	4.66 ± 0.706	4.63 ± 0.65
11. Advised you on how to look after your teeth & gums at home.	4.48 ± 0.986	4.26 ± 1.20
12. Listened to any questions you had and answered you clearly (did not avoid or ignored your questions).	4.72 ± 0.564	4.74 ± 0.74
13. Would you recommend this dental student to a friend who wants a dental student with excellent personal manner?	4.72 ± 0.529	4.66 + 0.59
14. Would you ask to see this dental student again?	4.76 ± 0.473	4.77 + 0.49

Table 3: *Patients' responses to the questionnaire, comparing BDS4 and BDS5.*

- *P < 0.05*

	Mean Arab	Mean Non-Arab
1. Greeted you in a friendly way (was not rude to you).	4.84 ± 0.496	4.69 ± 0.467
2. Asked you questions about the reasons for your visit and listened carefully to your responses.	4.71 ± 0.731*	4.42 ± 0.967*
3. Explained what he/she is going to do before starting to examine you.	4.71 ± 0.653	4.56 ± 0.695
4. Let you know what he/she found after examining you (did not keep you in the dark or confused you).	4.70 ± 0.570	4.64 ± 0.723
5. Talked you through the different options for your treatment (helped you to choose; did not rush you ahead or told you what to do).	4.41 ± 1.023	4.25 ± 1.131
6.Treated you with courtesy and respect (never belittled you or made you feel ignorant).	4.95 ± 0.227	4.80 ± 0.584
7. Was sensitive, understanding and patient with you (never rough, unsympathetic or impatient).	4.75 ± 0.720	4.69 ± 0.668
8. Informed you of any likely pain involved and offered you ways of reducing the pain.	4.88 ± 0.334*	4.64 ± 0.762*
9. Talked in plain language, used words you can understand (never was too technical or complicated).	4.79 ± 0.494	4.67 ± 0.535
10. Inspired your trust and confidence (never appeared nervous or unsure of himself/ herself).	4.67 ± 0.668	4.61 ± 0.688
11. Advised you on how to look after your teeth & gums at home.	4.43 ± 1.142	4.33 ± 0.926
12. Listened to any questions you had and answered you clearly (did not avoid or ignored your questions).	4.80 ± 0.483	4.61 ± 0.803
13. Would you recommend this dental student to a friend who wants a dental student with excellent personal manner?	4.68 ± 0.543*	4.75 ± 0.554*
14. Would you ask to see this dental student again?	4.77 ± 0.467	4.78 ± 0.485

Table 4: *Patients' responses to the questionnaire, comparing Nationality.*
• *$P < 0.05$*

	Mean School	Mean University
1. Greeted you in a friendly way (was not rude to you).	4.64 ± 0.613*	4.91 ± 0.285*
2. Asked you questions about the reasons for your visit and listened carefully to your responses.	4.41 ± 0.972*	4.76 ± 0.673
3. Explained what he/she is going to do before starting to examine you.	4.55 ± 0.761	4.74 ± 0.575
4. Let you know what he/she found after examining you (did not keep you in the dark or confused you).	4.57 ± 0.789	4.76 ± 0.431
5. Talked you through the different options for your treatment (helped you to choose; did not rush you ahead or told you what to do).	4.3 ± 1.069	4.37 ± 1.082
6. Treated you with courtesy and respect (never belittled you or made you feel ignorant).	4.84 ± 0.531	4.93 ± 0.25
7. Was sensitive, understanding and patient with you (never rough, unsympathetic or impatient).	4.61 ± 0.722	4.83 ± 0.677
8. Informed you of any likely pain involved and offered you ways of reducing the pain.	4.66 ± 0.713*	4.89 ± 0.315
9. Talked in plain language, used words you can understand (never was too technical or complicated).	4.64 ± 0.574	4.83 ± 0.437
10. Inspired your trust and confidence (never appeared nervous or unsure of himself/ herself).	4.55 ± 0.761	4.73 ± 0.58

11. Advised you on how to look after your teeth & gums at home.	4.32 ± 1.073	4.46 ± 1.069
12. Listened to any questions you had and answered you clearly (did not avoid or ignored your questions).	4.59 ± 0.816*	4.87 ± 0.341*
13. Would you recommend this dental student to a friend who wants a dental student with excellent personal manner?	4.73 ± 0.585	4.7 ± 0.511
14. Would you ask to see this dental student again?	4.75 ± 0.488	4.78 ± 0.467

Table 5: *Patients' responses to the questionnaire, comparing Level of education.*
- *P < 0.05*

	< 6000 AED	**> 6000 AED**
1.Greeted you in a friendly way (was not rude to you).	4.75 ± 0.522	4.94 ± 0.250*
2. Asked you questions about the reasons for your visit and listened carefully to your responses.	4.55 ± 0.905	4.88 ± 0.342*
3. Explained what he/she is going to do before starting to examine you.	4.65 ± 0.647	4.63 ± 0.806
4.Let you know what he/she found after examining you (did not keep you in the dark or confused you).	4.69 ± 0.657	4.63 ± 0.500
5. Talked you through the different options for your treatment (helped you to choose; did not rush you ahead or told you what to do).	4.35 ± 1.020	4.31 ± 1.302
6. Treated you with courtesy and respect (never belittled you or made you feel ignorant).	4.88 ± 0.436	4.94 ± 0.250
7. Was sensitive, understanding and patient with you (never rough, unsympathetic or impatient).	4.68 ± 0.756	5.00 ± 0.000*
8. Informed you of any likely pain involved and offered you ways of reducing the pain.	4.76 ± 0.589	4.94 ± 0.250
9. Talked in plain language, used words you can understand (never was too technical or complicated).	4.69 ± 0.545	4.94 ± 0.250*
10. Inspired your trust and confidence (never appeared nervous or unsure of himself/herself).	4.61 ± 0.718	4.81 ± 0.403
11. Advised you on how to look after your teeth & gums at home.	4.41 ± 1.054	4.31 ± 1.138
12. Listened to any questions you had and answered you clearly (did not avoid or ignored your questions).	4.69 ± 0.677	4.88 ± 0.342
13. Would you recommend this dental student to a friend who wants a dental student with excellent personal manner?	4.71 ± 0.564	4.69 ± 0.479
14. Would you ask to see this dental student again?	4.76 ± 0.489	4.88 ± 0.342

Table 6: *Patients' responses to the questionnaire, comparing Income.*
- *P < 0.05*

There was minimal difference in satisfaction scores between year 4 and year 5 students as illustrated in table 3. The only significant difference found was patient satisfaction in regards to being informed about possible pain and methods of pain control in which the year 5 students scored higher.

Minimal difference was found in the satisfaction score for the patients categorized into Arab and Non-Arab groups as shown in table 4. Significant difference was revealed for three parameters only. The first parameter was about asking and listening carefully to the patient. The second parameter was about informing the patient regarding pain involvement during the procedure and possible methods of pain control. The last parameter consisted of further recommendation of the dental student to other friends.

There was almost no difference in the satisfaction scores between the school level and university level educated patients (table 5). The two parameters; greeted in a friendly way and being heard when asking a question, showed significant difference between both patients' groups. Whereas university level educated patients showed a higher score, school level educated patients had significant results over the other group in regards to being asked about the reason of their visit and being in-formed of any possible pain involvement and ways of relieving it.

According to table 6, patients in the higher income group (> 6000 AED) were significantly more satisfied regarding the following: dental student's greeting, how well they were listened to, patience and understanding of the dental student, and simplicity of terminology used by the dental student.

Discussion

In the current study, the patients seemed to be highly satisfied with the communication abilities of the dental students who treated them. This was against what was expected as education regarding communication skills present in the students' curriculum is limited, although present. Previous studies have demonstrated that interpersonal skills will improve after completing a purpose made course [5], however, this study would suggest that a course will not be needed for University of Sharjah Dental students. Furthermore, a language barrier was expected for many of the non-Arab patients which apparently did not have a significant effect on patient satisfaction.

Although previous studies have shown that the PAQ tool is a reliable and valid way of measuring patient satisfaction regarding communications skills, this study may suggest otherwise. The high satisfaction results might have been due to certain flaws that took place while conducting the study. The questionnaires were handed out after a 3-hour session where patients were then exhausted and in most cases, in a hurry and hesitant about taking a minute to fill out the questionnaire. This might have resulted in inaccurate feedback due to wanting to finish quickly. Another factor playing a role in this was that the questionnaire in itself was perceived by some patients as quite lengthy. A possible solution to this is handing out the questionnaire before the session starts, where the patient is more relaxed and is able to answer the questions adequately. This must be done, of course, after being certain that the patient had been previously treated by the student at least twice. As for reducing the length of the questionnaire, that might not be possible as each appendix was relevant to our study.

Moreover, many patients hesitated while filling out the questionnaire in fear that their honest answers would affect the future treatment they will receive from their student doctor. Another point that added to this fear was when patients were asked to write and sign their names on the consent form, although patients were reassured that this survey is confidential, as written in the consent form, and that the student doctors lack any knowledge about it what so ever.

A way around this would be to go through the survey step by step with the patient, explaining and holding a short discussion with them regarding each question, to ensure that their answers are accurate. This will also ensure that patients fully understand the content of the survey, although writing it in the most simple language was attempted.

In agreement to the study done by Willems 2005 [9], patients from high socioeconomic class tend to display higher satisfaction rate as opposed to patients from lower socioeconomic class.

This relationship can be attributed to the misconception among health professionals that the high socioeconomic class have a better ability to understand and comprehend the information given to them. However, the subjects involved in Willems' study are medical practitioners only therefore results are not applicable to dental settings.

A similar study done by Rashid 2014 assessed the demographic characteristics of patients seeking treatment at college of dentistry, King Saudi university in relation to the interpersonal skills of the dental students. Statistically, no significant difference in mean overall

patient satisfaction score between gender and age groups. Unlike the current study nationality and level of education were found not to have any significant effect on the patients satisfaction scores. It should be taken into consideration that the study was to evaluate the overall patient satisfaction with the dental care provided including parameters other than students interpersonal skills such as timing of the appointments and infection control measures.

The interpersonal communication skills of dentists is an important factor affecting the quality of health care provided to patients. However, the sociodemographic factors affecting interpersonal skills remains an unaddressed issue in the world of literature so far. Therefore, our study attempts to fill in the gap by further investigating factors involved in influencing interpersonal skills.

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