

Key Stone Entity In Paediatric Dentistry: Tell Play Do

(A SHORT COMMUNICATION)

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ABSTRACT:

The child behaviour management in paediatric clinic is the way by which the dental health care team effectively and efficiently performs treatment for a child. To provide appropriate dental care for children good communication skills are necessary. Dental fear is a common, essential, and inevitable emotion that appears as a response to any kind of 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, Tell show 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 for completion of the procedure, remains the most frequently used technique in paediatric dentistry. A lot of children experience distress when visiting a doctor or undergoing needle procedures. Children's experiences can have both short and long-term consequences on their mental and physical health. Providing accurate information may result in more positive emotional and physical outcomes for children^[4].

Methodology:

Articles were collected from Pubmed , cochrane and embase databases with search words - Fear, Anxiety, Behavioural modification, Children, Tell Play do, Tell show do. The remaining articles from year 2016-2019 were hand picked and included in this communication. Among the included articles, 3 articles emphasized the significance of using Tell Play Do technique in reducing the fear and anxiety of children.

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 applied 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]

Apart from explaining, demonstrating, or observing a model, the child is made to play with dental imitating instrument toys, which provides more explanatory concept.

Considering this ideology, a modification was done in Tell Show Do (TSD) technique, using the concept of learning by doing in reducing children's fear and anxiety to dental treatment and promoting adaptive behaviour. This modified technique was referred as Tell-Play-Do (TPD) technique.

According to this technique, a room was arranged with customized dental instrument toys and a cartoon character with mouth wide open. The child was directed to that play room. The trained dental personnel explained all the customized dental objects and procedures in phrases appropriate to the developmental level of the child using euphemism. The child was allowed to hold the dental imitating instruments including syringe to play with it and perform dental procedure on the cartoon character.^[10]

To resemble clinical sound effect, the noise of airtor was incorporated in the dental object .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 remained the same for all the participants. The child was asked to enter 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.^[10]

The parameters were the same for all the children which included 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. Care was taken to ensure 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 (during the procedure and after intervention) $P = 0.038$ and 0.026 , and also in second visit (during the procedure), $P = 0.001$

The study results stated 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, with reduction in the heart rate and mean change of the same.^[10]

TSD technique remains the most commonly employed 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.^[10]

CONCLUSION:

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

Tell Play Do technique is especially important in paediatric dental set up to promote child's behaviour, as parents are increasingly apprehensive and less willing to allow the use of conscious sedation or undertake general anaesthesia.

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REFERENCES

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 technology 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 for children and adolescents aged 3–8 years,” *Pain*, vol. 127, pp. 140–150, 2007.
4. C.M. McMurtry, R. Pillai Riddell, A. Taddio et al., “Far from ‘just a poke’: common painful needle procedures and the development of needle fear,” *The Clinical Journal of Pain*, vol. 31, supplement 10, pp. S3–S11, 2015.
5. T. Jaaniste, B. Hayes, and C.L. von Baeyer, “Providing children with information about forthcoming medical procedures: a review and synthesis,” *Clinical Psychology: Science and Practice*, vol. 14, no. 2, pp. 124–143, 2007.
6. Mc Knight-Hanes, C., Myers, D.R., Dushku, J.C. and all (1993) The use of Behavior management techniques by dentist across practitioner type, age, and geographic region. *Pediatric Dent* 15:267-271
7. Carson, P. and Freeman, R. (1998) Tell show do: reducing anticipatory anxiety in emergency pediatric dental patients. *Int J Health Prom and Education* 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.