Trust me, I’m a dental student

Would you follow the advice of someone you don’t trust? Probably not, says Mike Wanless who discusses how developing rapport with clients is being taught

Sometimes when we meet people, we just click with them. We get along with them without any effort. Yet there are other people who seem nice enough, but we do not develop the same bond with them. We develop a rapid and strong rapport with some and not with others. Trust develops hand-in-hand with rapport.

Expressing yourself

Neurolinguistic programming (NLP) gives us insight into why we click like this and how we can develop a strong and lasting rapport with our patients. We all have five senses that we use to make sense of the world as we experience it. These are touch, taste, smell, sight and hearing. In dentistry, we don’t do much licking or sniffing of our patients although they might do it to us. The main senses we use are visual, auditory and kinaesthetic (feelings). Rapport is quickly developed when we express ourselves using the same sense as the predominant or leading sense that the other person uses. We trust people who perceive things the same way we do.

Tuning in

Kay and Tinsley (2004) report that although we all use all these senses, 35 per cent of us are primarily visual, 25 per cent are auditory and 40 per cent are kinaesthetic. The words people use indicate their perception. If we can tune into these and give similar signals back to them through our words, they will realise that we can perceive things as they do. This in turn enables them to trust us and develops a strong and lasting bond.

A visually orientated person will tend to use visual words like ‘I see’, ‘It looks like’. They will also be motivated by potential visual improvement, find visual aids such as models or follow-up leaflets helpful, but he easily distracted by unwanted visual stimuli such as messy hair or something else that they can see going on.

An auditory person will benefit from being told information as they will remember how things sounded to them. For such a person spoken instruction should accompany written data, preferably following shortly after it. They will be easily distracted by background or extraneous noise. A kinaesthetic person may be motivated by the smooth feel of our dental work or of a plaque-free mouth. They may benefit from touching models and the feel of practising toothbrushing.

It’s all about trust

Developing this trust is also essential in patients adopting the behaviours we suggest. Would you follow the advice of someone you don’t trust? We can use the patients’ preferred mode in our oral health education, increasing the likelihood of adoption of our recommendations and at the same developing our relationship with them.

Reference

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