

# Enhancing pediatric care with the tell-show-do communication method

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Care for pediatric patients requires a certain amount of tact and understanding for the way children and adolescents view the world. To enhance treatment acceptance and ensure the best possible compliance with prescribed home care, our practice is a strong advocate for the “tell-show-do” communication method, developed as a means of helping children who are anxious about receiving dental care. A combination of verbal and nonverbal communication skills and positive reinforcement, we use this method to teach the patient about the dental visit, familiarize them with the dental setting, and help shape his/her response to procedures through desensitization and well-described expectations.<sup>1</sup>

We have found that the tell-show-do communication method is especially effective when we’re administering common pediatric sealant cases, as we can demonstrate the application on the patient’s finger to acclimate the child with the dental procedure and instruments and establish trust between the dentist or hygienist and the patient. The engaging give-and-take approach helps us to achieve our goals of patient education, comfort and compliance.

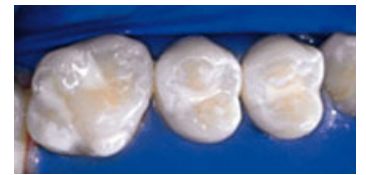
Sealant applications with 3M™ Clinpro™ Sealant are especially interesting to demonstrate with children because of the product’s unique color-changing formula. The Clinpro Sealant gel applies pink on teeth and cures to natural white under the 3M™ Elipar™ S10 LED Curing Light. As kids watch the color transformation, we explain how the sealant works to protect and strengthen their teeth. With girls in particular, we liken the pink application process to finger nail polish; the sealant protects their teeth and beautifies their smile just as polish does with their nails and hands. Plus, the LED curing light emits a radiance we compare to nail salon drying lamps to make it more relatable.

When our pediatric patients ask what a dental sealant actually does, we describe that Clinpro Sealant converts their tooth’s chewing surface from that of a bumpy mountain range to a smoother ice skating rink, to provide a flatter surface that’s easier to clean and brush food debris from. This gives us a good segue into discussing the importance of consistent at-home oral care.

Parents respond well to our preventive care approach and appreciate the attentiveness given to their children. Active and reflective listening with patients helps establish rapport and trust. With tell-show-do, our dentists guide and shape the patients’ behavior to assess their comfort and pain level and deliver quality dental treatment safety.



Goes on pink.



Cures to white.

## Case Presentation

The 12-year-old female patient presented with deep pits that were picking up stains and food. As a preventive measure, we sealed her premolars and linguals #10 and #12.

To best prepare premolars for restoration, we first thoroughly clean them to remove plaque and debris from the enamel surfaces and fissures (Fig. 1). We then isolate the area with cotton rolls before etching the tooth surface (Fig. 2).

Once the tooth is etched, it is thoroughly rinsed and air dried, until the enamel forms a chalk-like consistency. We make sure that the etched surface isn't contaminated after being fully dried, since moisture contamination can lead to sealant failure. We next bond the fissure sealants with 3M™ Scotchbond™ Universal Adhesive (Fig. 3), then apply 3M™ Clinpro™ Sealant onto the clean, dry tooth surfaces (Fig. 4). We slowly introduce the sealant to the tooth, careful not to flow beyond the etched surfaces. Clinpro Sealant's low-viscosity formula helps it flow naturally into the pits and fissures while staying in place during application. As it is placed, we also stir it with the syringe tip to eliminate any possible bubbles while enhancing the flow into the desired portions of the enamel.

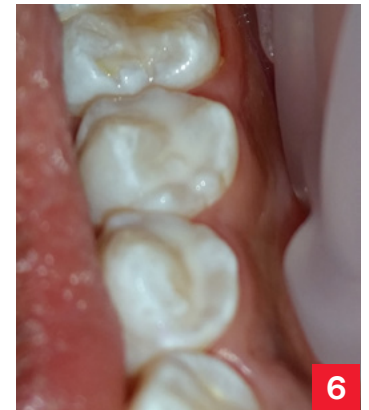
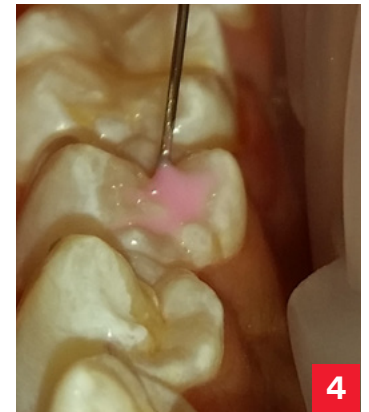
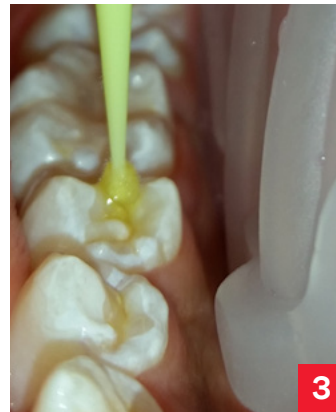
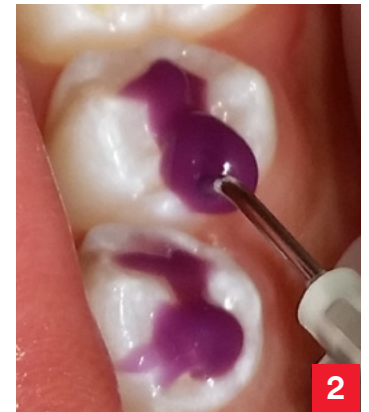
After the sealant is applied, it is cured with the 3M™ Elipar™ S10 LED Curing Light for 20 seconds to form a hard, opaque, off-white film (Fig. 5). The Elipar light provides a focused light output with a comfortable, ergonomic grip.

Following the sealant placement and light cure, the tooth is inspected for complete coverage and voids. The sealant is wiped with a cotton applicator in order to remove any additional film, and the occlusion is checked, finalizing the procedure (Fig. 6).

Following treatment with dental sealants, we typically check the patient every six months and guarantee the sealant for three years. At each six-month check, we apply 3M™ Vanish™ 5% Sodium Fluoride White Varnish with Tri-Calcium Phosphate. For our more high-risk patients or for those who do not receive fluoride from their drinking water, we also prescribe 3M™ Clinpro™ 5000 1.1% Sodium Fluoride Anti-Cavity Toothpaste up to three times a week. We stress the importance of recharging areas in the child's mouth that may be weak from a lack of fluoride, and we help justify use of the prescription toothpaste by reminding them that it's many times stronger than what they can purchase at the store.

## Conclusion

Thorough and consistent communication with children is key to providing the best pediatric dental care. With its unique color-changing technology, Clinpro Sealant accommodates easy application and material placement for the dentist or hygienist, plus amusement for the child. Using vivid descriptions and analogies, we "tell" about the procedure in an interesting way. We "show" an example of the sealant application first on their finger, and "do" the procedure when the patient has established rapport with the care provider and developed an understanding of the procedure steps and objectives.



## About the author

Dr. Margaret Moore ("Dr. Margaret") graduated from dental school at the Medical College of Georgia. She then completed two additional years of training to become a pediatric dentist and is now a diplomat of the American Board of Pediatric Dentistry. As a parent herself, Dr. Margaret understands parents' desire to be involved in their children's dental care decisions. She always encourages parents to ask questions and be present during dental visits. Dr. Margaret resides in Georgia with her husband Cory.

Dr. Margaret has received honorarium from 3M Oral Care.

## Reference

<sup>1</sup> Feigal, R.J. (2001). Guiding and managing the child dental patient: A fresh look at old pedagogy. *Journal of Dental Education*, 65(12):1369-77.

# Clinpro™ 5000

## 1.1% Sodium Fluoride Anti-Cavity Toothpaste

### HIGHLIGHTS OF PRESCRIBING INFORMATION INDICATIONS AND USAGE

Clinpro 5000 Anti-Cavity Toothpaste is indicated for use as part of a professional program for the prevention and control of dental caries.

### DOSAGE AND ADMINISTRATION

- Use once daily in place of conventional toothpaste unless instructed otherwise by a physician or dentist.
- Apply a thin ribbon or pea-sized amount of Clinpro 5000 Anti-Cavity Toothpaste using a soft-bristled toothbrush and brush teeth for at least two minutes.
- After brushing, adults should expectorate. Children 6 to 16 years of age should expectorate and rinse mouth thoroughly with water.

### DOSAGE FORMS AND STRENGTHS

White toothpaste containing 1.1% sodium fluoride

### CONTRAINDICATIONS

Do not use in children under 6 years of age unless recommended by a dentist or physician.

### WARNINGS AND PRECAUTIONS

- Do not swallow.
- Keep out of reach of children under 6 years of age.
- Repeated ingestion of high levels of fluoride may cause dental fluorosis.

### ADVERSE REACTIONS

Allergic reactions and other idiosyncrasies have been rarely reported.

To report SUSPECTED ADVERSE REACTIONS, contact 3M ESPE Dental Products Division at 1-800-634-2249 or www.3MESPE.com, or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

### USE IN SPECIFIC POPULATIONS

#### Pregnancy

Prescribing physicians and dentists should consider total fluoride exposure (dental care plus food, water and other sources) when prescribing the product for use in pregnant women or women who may become pregnant.

#### Nursing Mothers

Prescribing physicians and dentists should consider total fluoride exposure (dental care plus food, water and other sources) when prescribing the product for use in women who are nursing.

#### Pediatric Use

The primary adverse effects of fluoride are fluorosis of dental enamel and of the skeleton; these effects occur at exposures below those associated with other adverse health effects. The population most at risk for dental fluorosis is children during the period of tooth formation, i.e. from birth to 8 years of age. For this population, the Institute of Medicine (IOM) established Fluoride Upper Limits of intake based on the risk of dental fluorosis. In populations with permanent dentition, skeletal fluorosis is the greatest risk from excessive fluoride. For this population the Institute of Medicine established Fluoride Upper Limits based on the risk of skeletal fluorosis.<sup>1</sup>

#### Population

Infants 0-6 months old  
Infants 7-12 months old  
Children 1-3 years old  
Children 4-8 years old  
Children > 8 years old

#### IOM Fluoride Upper Limit

0.7mg/day  
0.9mg/day  
1.3mg/day  
2.2mg/day  
10mg/day

Prescribing physicians and dentists should consider total fluoride exposure (dental care plus food, water and other sources) when prescribing the product for use in children.

#### Geriatric Use

No studies of Clinpro 5000 Anti-Cavity Toothpaste have been conducted to determine whether subjects aged 65 and over respond differently from younger subjects.

#### OVERDOSAGE

Ingestion of large amounts of fluoride may result in abdominal pain, stomach upset, nausea, vomiting and diarrhea. These symptoms may occur at overdosages of 5 mg/kg of body weight. Fluoride doses of 16 mg/kg have been fatal.

#### Treatment for Overdose of Clinpro 5000 Toothpaste

##### Ingested fluoride dose

Less than  
5mg/kg

##### Amount for 10kg (22 pound) child\*

This equals less than  
½ ounce (or less than  
and 3 teaspoons).

##### Recommended action to take

Do not induce vomiting. Give 1-2 glasses of milk and observe for symptoms of stomach upset. If symptoms persist more than a few hours, seek medical attention or contact a poison control center. Do not induce vomiting. Give 1-2 glasses of milk and seek medical attention or contact a poison control center. Seek immediate medical attention. Do not induce vomiting. Give 1-2 glasses of milk.

5mg/kg  
or more

This equals about  
½ ounce (about 1  
tablespoon) or more.

15mg/kg

This equals 1 ounce  
or ¼ of the tube.

\*The amount to reach the fluoride dose will be proportionately larger with older children and adults. A thin ribbon or pea-sized amount of Clinpro 5000 Anti-Cavity Toothpaste weighs approximately 0.3 g and contains approximately 1.5 mg of fluoride ion. A 4 oz. tube contains 564 mg of fluoride ion.

1. IOM. Dietary Reference Intakes: The essential guide to nutrient requirements. National Academies Press 2006.

#### Storage

This product is designed to be stored and used at room temperature. Do not freeze or expose to extreme heat. See outer package for expiration date.

Manufactured for:

**3M ESPE**  
Dental Products  
St. Paul, MN 55144-1000 USA  
Revision date: 01/11/2012

#### Rx Only

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This is a summary of the prescribing information. For complete prescribing information, please visit [www.3M.com](http://www.3M.com).



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