

A Frightening Encounter that Ended in a Smile: Professional Growth through Fearful Encounter with Patient in Clinical Set-up

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I had recently joined a private dental institute as a lecturer in the Department of Prosthodontics. One morning, during my OPD duty, I was seated beside the dental chair, examining a patient, when I noticed an unusual stir among the staff. From a distance, I could see my colleagues hurriedly retreating into the inner section of the department, whispering nervously, their heads down, as if something or someone had unsettled them.

Curious, I called over one of the junior staff members and asked about the commotion. In a hushed voice, she replied, "The old lady has arrived. She's rude and speaks harshly to the doctors almost threatening. She insists her complaints be addressed immediately. She was treated by junior doctors few times in the past and counseled by a professor too. Even then she keeps coming back intermittently demanding instant attention by any doctor present in the clinic".

I turned toward the entrance and saw her, an elderly woman standing defiantly, hands planted firmly on her hips, scanning the room with intense, unblinking eyes. Dressed entirely in black, her kohl-lined eyes fixed on me with a piercing gaze. She was frail, thin, and dark-skinned, but her presence was commanding, almost intimidating.

Without any greeting, she approached me and, in a rough tone, demanded that her dentures be made. I calmly invited her to the specialty section and seated her in the dental chair. During the preliminary conversation and examination, I discovered that she was completely edentulous and had been treated several times before by various doctors all of whom, according to her, had failed to give her a satisfactory denture.

Clinically, her edentulous ridges were severely resorbed just like her weak, emaciated frame. It became clear why the previous prostheses might not have succeeded. However, what stood out even more was the emotional burden she carried. She appeared to have received inadequate counselling and attention in the past, which only fueled her frustration and aggression.

The mental attitude of denture patients as described by MM House is an important tool in prosthodontics which helps clinicians foresee patient behaviour and modify their communication strategies and treatment procedures consequently [1]. This patient exhibited overlapping characteristics of the exacting and hysterical types as described in MM House's mental attitude classification [1] who presented with anxiety that required constant encouragement, education, and controlled handling to ensure her cooperation during treatment.

Street RL et al., stated that the 'healthcare providers and patients must enhance the therapeutic benefits of communication by consciously guiding conversations to reach transitional goals (e.g., trust, shared understanding, adherence, social support, self-efficacy etc.) which are linked to better patient health' [2]. Understanding the same, I decided to address it differently and listened to the old lady patiently, spoke politely and reassured her. I tried to learn about her background by engaging her in a cordial conversation and gathered that she was living alone and trying to support herself in old age.

Effective communication and constant encouragement and support played an essential role in the patient cooperation. During the treatment process prior explanation of every step helped to lessen her fear and create trust in the doctor which facilitated her cooperation during the procedures of impressions, jaw relations and try-in of dentures. In each subsequent appointment, some notable changes took place and her demeanor started shifting. Her tone softened and she started greeting me with a smile. By the time her final appointment, her hostilities disappeared, her behaviour reflected warmth.

Simultaneous to empathetic conversations, during the fabrication of the denture careful alterations were incorporated at each step to enhance patient comfort and satisfaction. Adjustments in the occlusal scheme, denture flanges, cameo surface refinements, and neutral zone recording, and aesthetics contributed to improved function and acceptance of the prosthesis [3,4]. Such patient-centred modifications are often necessary to achieve optimal results. The intimidating lady patient left the department with a new denture with immense satisfaction, confidence and expressed profound gratitude to the author who is a prosthodontist. Thereafter, she never returned back.

Management of severely resorbed residual ridges faces frequent challenges in terms of retention and stability. Such cases can be better treated by Implant-supported prosthesis for predictable outcomes, offering superior stability, retention, and masticatory efficiency.

However, these options were not selected in the present case due to patient's economic constraints.

This experience created a vivid and lasting impression on my mind and I realised how a gesture of care compassion and empathy can transform a dejection turned into gratitude. This re-emphasised that kind and caring attitude is an effective clinical approach which can not only induce positive behaviour but also improve therapeutic outcomes.

Such perplexing clinical scenarios can be well addressed by the amalgamation of communication skills, need based customised prosthodontic techniques, and structured clinical training which safeguards successful patient outcomes.

Young prosthodontists should be encouraged to develop strong patient communication and counselling skills, to obtain sufficient hands-on experience to widen their clinical expertise and adaptability. Additionally, witnessing and dealing complex cases under supervision builds self-confidence. Most importantly, cultivating patience and empathy is central, as these abilities are crucial in management of anxious or demanding patients and ensuring successful long-term outcomes.

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