Text 01

In an article published in 1956, Szasz and Hollender distinguished three distinct models of doctor-patient communication: The active-passive guidance cooperation, and mutual participation models. We believe the dental practitioner-child communication pattern is best characterized as guidance-cooperation. In this model, the patient is not completely passive, as in the case in surgery where general anaesthesia is required. Neither is the child permitted to participate with the practitioner in decisions concerning the dental producer to be used. In a treatment situation characterized by guidance-cooperation, the child is expected to obey the practitioner.

This model has its prototype in the relationship of parent and child and is especially relevant for communication with a young child. Research conducted at the University of Washington Pediatric Dentistry Clinic has indicated that the use of directive guidance, a straightforward assertive statement of expectation with feedback concerning the child's behaviour, led to cooperative child behaviour. For example ″open a little wider, please, good boy″ on the other hand, permissive behaviour, such as saying "Are you ready for me to begin now? Pretty please?" and coercive behaviour, such as threats of scolding, resulted in substantial resistant and uncooperative child behaviour.

Questioning for feeling, which attempts to elicit and recognize the child's feelings, appears to be the most effective empathic behaviour. Reassurance, which may deny or ignore the feeling, such as ″Everything will be okay, don't worry.″ is followed by a greater probability of fear-related behaviour. Reassurance does not really reassure. Analysis of dentist's empathy responses shows that reassurances were used most frequently during injection, rubber dam, and drilling phases, with very few occurrences recorded infrequently in earlier phases. Reassurances are used most frequently in stressful situations and have little effect in reducing fear.

Understanding makes that dentist aware of the patient's perception of dental procedures. In turn, the patient is more willing to trust the clinician, which influences how the patient structures the situation psychologically and how he subsequently responds. put-downs and ignoring or denying fear related behaviours are ineffective and should be avoided. Interestingly, such behaviours resulted in a pattern similar to that found in extinction curves: when reinforcement is withheld, behaviour does not dramatically decrease but decreases slowly. Such dentist behaviours may contribute to the etiology of phobias.

1) Which one is not among the Szasz and Hollender's 1956 categorization of doctor-patient communication?

a. active communication

b. passive communication

c. practitioner-child communication

d. guidance communication

2) What is true about the prototype model of doctor-patient communication?

a. compulsive straightforward statements do the trick

b. to have a cooperative child, directive guidance can be applied

c. permissive actions lead to child's cooperation

d. to stop the child, we may mildly request him/her to do so

3) It was stated in the passage that ..... .

a. reassuring will make the child not to fear

b. elicitation of feelings will lead to the child's fear

c. reassurance should mostly be used during the injection

d. reorganization of the child's feelings is effective

4) As inferred by the text, mutual understanding between the doctor and child, ...

a. helps the patient trust the practitioner

b. assists the doctor trust the child

c. can not affect the structure of treatment

d. will negatively influence the responses

5) Which behavior is effective in child-doctor interaction?

a. ignorance

b. disapproval

c. noticing

d. scolding

1	c
2	b
3	d
4	a
5	c

Note: .....

Text 02

In addition to the mercury vapour hazard, a hazard of particulate inhalation is also associated with the removal of amalgam restorations. When a high-speed handpiece is used to remove an existing restoration, the amalgam is aerosolized in minute particles. These particles are circulated in the air and may be inhaled by the patient and all dental personnel that are present. Inhaled particles larger than 10 μm are generally filtered out in the nasal passages by becoming lodged onto the nasal mucosa and are removed from the upper respiratory tract by movement of the olfactory cilia into the pharynx, where they are usually swallowed. Particles of less than 10 μm are considered to be fully respirable: when inhaled, a significant number will enter the terminal bronchioles and alveoli. Inhalation of particles of 1μm is estimated at 100%.

Several problems arise when small particles become lodged in the terminal alveoli. The aerosol generated during removal of amalgams and the underlying lesions will contain varying amounts of microorganisms that, if lodged in the alveoli, may lead to infection. The time required for phagocytic cells to clear the alveoli is long because of the lack of ciliary transport. Clearance half times range from several weeks to months. In addition to respiratory diseases, aerosolized particles may be represented as a significant source of mercury that may have a half-life of only a few days but may last up to a year.

Cutright et al. demonstrated systemic uptake after the inhalation of particulate mercury in an animal model. They found that the mercury levels of the blood and the organs were markedly elevated for more than 72 hours after exposure to aerosolized amalgam particles. Musajo et al. reported similar findings in a more recent study of animals. Recently, the issue of patients being exposed to mercury vapour has drawn significant public interest. Reinhardt et al. have evaluated the level of mercury vapour to which a patient is exposed during the removal of amalgam restorations and have recommended the use of water coolant, high-velocity evacuation, and a rubber dam.

1) Which is <u>not</u> the reason of amalgam restoration danger?

a. respiration of pieces

b. evaporation of Mercury

c. filtration of particles

d. inhalation of particulate

2) If the small particles enter the body, …… .

a. it certainly causes infection

b. they will be swallowed

c. there will be indequacy of ciliary transport

d. dangerous microorganisms appear

3) What was significant about Cutright et al.'s study mentioned in the passage?

a. increase in blood mercury

b. inhalation of particles by patients

c. elevation of mercury inhalation

d. the mercury exposure time

4) What does "demonstrated" refer to in the third paragraph?

a. found

b. proved

c. performed

d. discovered

5) What was not among the suggestions made in the last paragraph?

a. using water coolant

b. rapid removal

c. rubber dam

d. high velocity evacuation

1	*c*
2	*c*
3	*a*
4	*b*
5	*b*

Note: .....