Behavioral Science II

Year 3 — Bachelor of Dental Surgery

Reference and Resource List — Chapters 1 to 13

Supporting the MCQ, SBA, SAQ and flashcard question bank

BM Education FZE

Disclaimer

Questions in this bank were generated with the assistance of artificial intelligence and reviewed against the references listed. They are provided for educational revision only, are not a substitute for prescribed textbooks, clinical guidelines or supervised clinical training, and no warranty is given as to their accuracy or completeness.

References are presented in Vancouver style. Part 1 lists the core sources that apply across the whole subject; Part 2 lists, for each chapter, the relevant sections of those core texts together with sources specific to that chapter. Numbers in square brackets in Part 2 refer to the core list in Part 1.

PART 1 — CORE REFERENCES (ALL CHAPTERS)

1.1 Principal texts — behavioural science and health psychology

1. Mostofsky DI, Fortune F, editors. Behavioral Dentistry. 2nd ed. Hoboken (NJ): Wiley Blackwell; 2014.
2. Ramseier CA, Suvan JE, editors. Health Behavior Change in the Dental Practice. Ames (IA): Wiley-Blackwell; 2010.
3. Ogden J. Health Psychology: A Textbook. 6th ed. London: Open University Press; 2019.
4. Morrison V, Bennett P. An Introduction to Health Psychology. 4th ed. Harlow: Pearson Education; 2016.
5. Sarafino EP, Smith TW. Health Psychology: Biopsychosocial Interactions. 10th ed. Hoboken (NJ): Wiley; 2020.

1.2 Clinical communication and the consultation

6. Silverman J, Kurtz S, Draper J. Skills for Communicating with Patients. 3rd ed. Boca Raton (FL): CRC Press; 2013.
7. Kurtz S, Silverman J, Draper J. Teaching and Learning Communication Skills in Medicine. 2nd ed. Oxford: Radcliffe Publishing; 2005.
8. Brown J, Noble LM, Papageorgiou A, Kidd J, editors. Clinical Communication in Medicine. Chichester: Wiley Blackwell; 2016.
9. Stewart M, Brown JB, Weston W, McWhinney IR, McWilliam CL, Freeman TR. Patient-Centered Medicine: Transforming the Clinical Method. 3rd ed. London: Radcliffe Publishing; 2014.

1.3 Behaviour change, motivational interviewing and health promotion

10. Miller WR, Rollnick S. Motivational Interviewing: Helping People Change and Grow. 4th ed. New York: Guilford Press; 2023.
11. Rollnick S, Miller WR, Butler CC. Motivational Interviewing in Health Care: Helping Patients Change Behavior. 2nd ed. New York: Guilford Press; 2022.
12. Michie S, Atkins L, West R. The Behaviour Change Wheel: A Guide to Designing Interventions. London: Silverback Publishing; 2014.
13. Naidoo J, Wills J. Foundations for Health Promotion. 4th ed. Edinburgh: Elsevier; 2016.
14. Daly B, Batchelor P, Treasure E, Watt RG. Essential Dental Public Health. 2nd ed. Oxford: Oxford University Press; 2013.

1.4 Clinical dental texts providing the applied context

15. Welbury R, Duggal MS, Hosey MT, editors. Paediatric Dentistry. 5th ed. Oxford: Oxford University Press; 2018.
16. Newman MG, Takei HH, Klokkevold PR, Carranza FA, editors. Newman and Carranza's Clinical Periodontology. 13th ed. Philadelphia: Elsevier; 2019.
17. Zarb GA, Hobkirk JA, Eckert SE, Jacob RF, editors. Prosthodontic Treatment for Edentulous Patients: Complete Dentures and Implant-Supported Prostheses. 13th ed. St Louis: Elsevier; 2013.
18. Glick M, Greenberg MS, Lockhart PB, Challacombe SJ, editors. Burket's Oral Medicine. 13th ed. Hoboken (NJ): Wiley Blackwell; 2021.

1.5 Ethics, law, consent and professional standards

19. Beauchamp TL, Childress JF. Principles of Biomedical Ethics. 8th ed. New York: Oxford University Press; 2019.
20. General Dental Council. Standards for the Dental Team. London: GDC; 2013. Available from: https://www.gdc-uk.org
21. General Dental Council. Preparing for Practice: dental team learning outcomes for registration. Rev ed. London: GDC; 2015.
22. General Medical Council. Decision making and consent. Manchester: GMC; 2020. Available from: https://www.gmc-uk.org/professional-standards

23. Montgomery v Lanarkshire Health Board [2015] UKSC 11.
24. Gillick v West Norfolk and Wisbech Area Health Authority [1986] AC 112.
25. Mental Capacity Act 2005. London: The Stationery Office; 2005.
26. General Medical Council, Nursing and Midwifery Council. Openness and honesty when things go wrong: the professional duty of candour. London: GMC and NMC; 2015.
27. Dental Council of India. Bachelor of Dental Surgery (BDS) Course Regulations, 2007 (as amended). New Delhi: DCI.

1.6 Guidelines, classification and public health sources

28. National Institute for Health and Care Excellence. Shared decision making. NICE guideline NG197. London: NICE; 2021. Available from: https://www.nice.org.uk/guidance/ng197
29. National Institute for Health and Care Excellence. Behaviour change: individual approaches. Public health guideline PH49. London: NICE; 2014. Available from: https://www.nice.org.uk/guidance/ph49
30. National Institute for Health and Care Excellence. Behaviour change: general approaches. Public health guideline PH6. London: NICE; 2007. Available from: https://www.nice.org.uk/guidance/ph6
31. National Institute for Health and Care Excellence. Oral health promotion: general dental practice. NICE guideline NG30. London: NICE; 2015. Available from: https://www.nice.org.uk/guidance/ng30
32. National Institute for Health and Care Excellence. Tobacco: preventing uptake, promoting quitting and treating dependence. NICE guideline NG209. London: NICE; 2021. Available from: https://www.nice.org.uk/guidance/ng209
33. National Institute for Health and Care Excellence. Patient experience in adult NHS services. Clinical guideline CG138. London: NICE; 2012. Available from: https://www.nice.org.uk/guidance/cg138
34. Office for Health Improvement and Disparities. Delivering better oral health: an evidence-based toolkit for prevention. London: OHID. Available from: https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention
35. Scottish Dental Clinical Effectiveness Programme. Clinical guidance in dentistry. Dundee: SDCEP. Available from: https://www.sdcep.org.uk
36. World Health Organization. Global oral health status report: towards universal health coverage for oral health by 2030. Geneva: WHO; 2022. Available from: https://www.who.int/publications/i/item/9789240061484
37. World Health Organization. ICD-11 for mortality and morbidity statistics. Geneva: WHO. Available from: https://icd.who.int
38. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed., text revision (DSM-5-TR). Washington (DC): American Psychiatric Association Publishing; 2022.

1.7 Key journals for currency

Community Dentistry and Oral Epidemiology · British Dental Journal · Patient Education and Counseling · Journal of Dentistry · International Dental Journal · Journal of Dental Education · European Journal of Dental Education · Journal of Public Health Dentistry · Health Psychology · Social Science & Medicine · Journal of Clinical Periodontology · BMC Oral Health

PART 2 — CHAPTER-SPECIFIC REFERENCES

Chapter 1 — Foundations of Behavioral Science in Clinical Dentistry

1.1 Why behavioural science matters: adherence, anxiety, outcomes, complaints, safety · 1.2 Patient-centred care principles: respect, empathy, shared decision-making · 1.3 Communication models in healthcare (intro): patient-centred interview structure · 1.4 Determinants of health behaviour: capability, opportunity, motivation (intro frameworks) · 1.5 Cultural competence and bias awareness in clinical care · 1.6 Professionalism: boundaries, confidentiality, trust-building

Core texts: [1] Sections on biobehavioural processes and on professional practice · [3] Chs. on health beliefs, health behaviour and the practitioner–patient relationship · [9] Chs. defining the patient-centred clinical method · [12] The COM-B model and the behaviour change wheel · [20] Principles 1, 2 and 3 · [21] Learning outcomes for professionalism, communication and management

Additional

- Michie S, van Stralen MM, West R. The behaviour change wheel: a new method for characterising and designing behaviour change interventions. Implement Sci. 2011;6:42. Available from: https://doi.org/10.1186/1748-5908-6-42
- Mead N, Bower P. Patient-centredness: a conceptual framework and review of the empirical literature. Soc Sci Med. 2000;51(7):1087–110.
- Bandura A. Self-efficacy: toward a unifying theory of behavioral change. Psychol Rev. 1977;84(2):191–215.
- Stewart M, Brown JB, Donner A, McWhinney IR, Oates J, Weston WW, et al. The impact of patient-centered care on outcomes. J Fam Pract. 2000;49(9):796–804.
- FitzGerald C, Hurst S. Implicit bias in healthcare professionals: a systematic review. BMC Med Ethics. 2017;18(1):19.
- Tervalon M, Murray-García J. Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education. J Health Care Poor Underserved. 1998;9(2):117–25.
- Watt RG. Strategies and approaches in oral disease prevention and health promotion. Bull World Health Organ. 2005;83(9):711–18.
- Sabbah W, Folayan MO, El Tantawi M. The link between oral and general health. Int J Dent. 2019;2019:7862923.

Chapter 2 — Clinical Communication Skills (Core)

2.1 Building rapport quickly in dental clinics · 2.2 Active listening: verbal and non-verbal cues · 2.3 Open vs closed questions; funnel approach · 2.4 Empathy skills: naming emotion, validating concerns, supportive language · 2.5 Explaining diagnoses and procedures in plain language · 2.6 Teach-back method to confirm understanding · 2.7 Managing time while maintaining patient-centred communication · 2.8 Documentation of communication and consent discussions

Core texts: [6] The Calgary–Cambridge guide in full · [7] Chs. on teaching and assessing each skill set · [8] Chs. on the structure of the consultation and on explanation and planning · [9] Chs. on exploring the illness experience · [20] Principle 2 (communicate effectively with patients) · [33] Recommendations on communication and information

Additional

- Kurtz SM, Silverman JD. The Calgary–Cambridge Referenced Observation Guides: an aid to defining the curriculum and organizing the teaching in communication training programmes. Med Educ. 1996;30(2):83–9.
- Makoul G. The SEGUE Framework for teaching and assessing communication skills. Patient Educ Couns. 2001;45(1):23–34.
- Marvel MK, Epstein RM, Flowers K, Beckman HB. Soliciting the patient's agenda: have we improved? JAMA. 1999;281(3):283–7.
- Schillinger D, Piette J, Grumbach K, Wang F, Wilson C, Daher C, et al. Closing the loop: physician communication with diabetic patients who have low health literacy. Arch Intern Med. 2003;163(1):83–90.

- Silverman J, Kinnersley P. Doctors' non-verbal behaviour in consultations: look at the patient before you look at the computer. Br J Gen Pract. 2010;60(571):76–8.
- Ha JF, Longnecker N. Doctor–patient communication: a review. Ochsner J. 2010;10(1):38–43.
- Yamalik N. Dentist–patient relationship and quality care 3. Communication. Int Dent J. 2005;55(4):254–6.
- Zolnierek KB, DiMatteo MR. Physician communication and patient adherence to treatment: a meta-analysis. Med Care. 2009;47(8):826–34.
- Faculty of General Dental Practice (UK). Clinical Examination and Record-Keeping: Good Practice Guidelines. 3rd ed. London: FGDP(UK); 2016.

Chapter 3 — Health Behaviour Change and Patient Adherence

3.1 Why patients don't adhere: barriers (time, cost, fear, beliefs, literacy) · 3.2 Behaviour change theories (applied intro): Health Belief Model · Theory of Planned Behaviour · Transtheoretical model · 3.3 Goal setting: SMART goals for oral hygiene and diet · 3.4 Motivational interviewing (MI) basics: spirit, core skills (OARS) · 3.5 Brief interventions: tobacco cessation "Ask–Advise–Assess–Assist–Arrange" (intro) · 3.6 Habit formation and reinforcement strategies (intro) · 3.7 Managing relapse and sustaining behaviour change

> **Core texts:** [2] The whole text, particularly the chapters on the clinical application of MI · [10] The four processes and the OARS skills · [11] Brief MI in time-limited consultations · [12] COM-B, intervention functions and behaviour change techniques · [3] Chs. on models of health behaviour and on adherence · [29] and [30] NICE recommendations on behaviour change at individual and population level

Additional

- Rosenstock IM. Historical origins of the health belief model. Health Educ Monogr. 1974;2(4):328–35.
- Ajzen I. The theory of planned behavior. Organ Behav Hum Decis Process. 1991;50(2):179–211.
- Prochaska JO, DiClemente CC. Stages and processes of self-change of smoking: toward an integrative model of change. J Consult Clin Psychol. 1983;51(3):390–5.
- Gollwitzer PM. Implementation intentions: strong effects of simple plans. Am Psychol. 1999;54(7):493–503.
- Lally P, van Jaarsveld CHM, Potts HWW, Wardle J. How are habits formed: modelling habit formation in the real world. Eur J Soc Psychol. 2010;40(6):998–1009.
- Michie S, Richardson M, Johnston M, Abraham C, Francis J, Hardeman W, et al. The behavior change technique taxonomy (v1) of 93 hierarchically clustered techniques: building an international consensus for the reporting of behavior change interventions. Ann Behav Med. 2013;46(1):81–95.
- Newton JT, Asimakopoulou K. Managing oral hygiene as a risk factor for periodontal disease: a systematic review of psychological approaches to behaviour change for improved plaque control in periodontal management. J Clin Periodontol. 2015;42 Suppl 16:S36–46.
- Ramseier CA, Suvan JE. Behaviour change counselling for tobacco use cessation and promotion of healthy lifestyles: a systematic review. J Clin Periodontol. 2015;42 Suppl 16:S47–58.
- Renz A, Ide M, Newton T, Robinson PG, Smith D. Psychological interventions to improve adherence to oral hygiene instructions in adults with periodontal diseases. Cochrane Database Syst Rev. 2007;(2):CD005097.
- Marteau TM, Hollands GJ, Fletcher PC. Changing human behavior to prevent disease: the importance of targeting automatic processes. Science. 2012;337(6101):1492–5.
- Fiore MC, Jaén CR, Baker TB, Bailey WC, Benowitz NL, Curry SJ, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville (MD): US Department of Health and Human Services; 2008.
- Marlatt GA, Donovan DM, editors. Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors. 2nd ed. New York: Guilford Press; 2005.

Chapter 4 — Patient Education and Health Literacy

4.1 Health literacy: definition and impact on outcomes · 4.2 Assessing understanding without embarrassing the patient · 4.3 Designing simple patient instructions: clarity, steps, visuals · 4.4 Risk communication: explaining probabilities and uncertainty (intro) · 4.5 Counselling for oral hygiene: brushing technique, interdental cleaning,

fluoride (structured approach) · 4.6 Dietary counselling: sugar frequency reduction and practical tips · 4.7 Special groups: children, elderly, special needs—tailoring education

Core texts: [2] Chs. on oral hygiene education and dietary counselling · [13] Chs. on health education methods and communication · [14] Chs. on oral health education and prevention · [34] The prevention toolkit's age-banded advice on toothbrushing, fluoride and diet · [15] Chs. on prevention and on the child patient · [31] NICE recommendations on advice given in practice

Additional

- Nutbeam D. Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. Health Promot Int. 2000;15(3):259–67.
- Sørensen K, Van den Broucke S, Fullam J, Doyle G, Pelikan J, Slonska Z, et al. Health literacy and public health: a systematic review and integration of definitions and models. BMC Public Health. 2012;12:80.
- Lee JY, Rozier RG, Lee SY, Bender D, Ruiz RE. Development of a word recognition instrument to test health literacy in dentistry: the REALD-30. J Public Health Dent. 2007;67(2):94–8.
- Horowitz AM, Kleinman DV. Oral health literacy: a pathway to reducing oral health disparities in Maryland. J Public Health Dent. 2012;72 Suppl 1:S26–30.
- Gigerenzer G, Edwards A. Simple tools for understanding risks: from innumeracy to insight. BMJ. 2003;327(7417):741–4.
- Trevena LJ, Zikmund-Fisher BJ, Edwards A, Gaissmaier W, Galesic M, Han PKJ, et al. Presenting quantitative information about decision outcomes: a risk communication primer for patient decision aid developers. BMC Med Inform Decis Mak. 2013;13 Suppl 2:S7.
- Moynihan PJ, Kelly SA. Effect on caries of restricting sugars intake: systematic review to inform WHO guidelines. J Dent Res. 2014;93(1):8–18.
- World Health Organization. Guideline: sugars intake for adults and children. Geneva: WHO; 2015. Available from: https://www.who.int/publications/i/item/9789241549028
- Walsh T, Worthington HV, Glenny AM, Marinho VCC, Jeroncic A. Fluoride toothpastes of different concentrations for preventing dental caries. Cochrane Database Syst Rev. 2019;3:CD007868.
- Worthington HV, MacDonald L, Pericic TP, Sambunjak D, Johnson TM, Imai P, et al. Home use of interdental cleaning devices, in addition to toothbrushing, for preventing and controlling periodontal diseases and dental caries. Cochrane Database Syst Rev. 2019;4:CD012018.
- Ganss C, Schlueter N, Preiss S, Klimek J. Tooth brushing habits in uninstructed adults—frequency, technique, duration and force. Clin Oral Investig. 2009;13(2):203–8.

Chapter 5 — Dental Anxiety, Fear, and Phobia (Clinical Management)

5.1 Definitions: anxiety vs fear vs phobia · 5.2 Recognizing dental anxiety: behavioural and physiological signs · 5.3 Causes: past trauma, pain memory, control issues, embarrassment · 5.4 Non-pharmacological anxiety management: Tell–Show–Do · behavioural rehearsal and desensitization · distraction and guided breathing · enhancing patient control · 5.5 Pain control and its impact on anxiety (communication + LA technique) · 5.6 Referral awareness: severe phobia, trauma history, special care pathways (intro)

Core texts: [1] Section on anxiety, fear and dental pain · [3] Chs. on stress, coping and anxiety · [15] Chs. on behaviour management and on the anxious child · [38] Diagnostic criteria for specific phobia, blood–injection–injury type · [37] The ICD-11 entry for specific phobia

Additional

- Corah NL. Development of a dental anxiety scale. J Dent Res. 1969;48(4):596.
- Humphris GM, Morrison T, Lindsay SJ. The Modified Dental Anxiety Scale: validation and United Kingdom norms. Community Dent Health. 1995;12(3):143–50.
- Armfield JM. Development and psychometric evaluation of the Index of Dental Anxiety and Fear (IDAF-4C+). Psychol Assess. 2010;22(2):279–87.
- Armfield JM, Heaton LJ. Management of fear and anxiety in the dental clinic: a review. Aust Dent J. 2013;58(4):390–407.

- Gordon D, Heimberg RG, Tellez M, Ismail AI. A critical review of approaches to the treatment of dental anxiety in adults. J Anxiety Disord. 2013;27(4):365–78.
- Wide Boman U, Carlsson V, Westin M, Hakeberg M. Psychological treatment of dental anxiety among adults: a systematic review. Eur J Oral Sci. 2013;121(3 Pt 2):225–34.
- Kvale G, Berggren U, Milgrom P. Dental fear in adults: a meta-analysis of behavioral interventions. Community Dent Oral Epidemiol. 2004;32(4):250–64.
- Locker D, Liddell A, Dempster L, Shapiro D. Age of onset of dental anxiety. J Dent Res. 1999;78(3):790–6.
- Newton T, Asimakopoulou K, Daly B, Scambler S, Scott S. The management of dental anxiety: time for a sense of proportion? Br Dent J. 2012;213(6):271–4.
- Appukuttan DP. Strategies to manage patients with dental anxiety and dental phobia: literature review. Clin Cosmet Investig Dent. 2016;8:35–50.
- Dailey YM, Humphris GM, Lennon MA. Reducing patients' state anxiety in general dental practice: a randomized controlled trial. J Dent Res. 2002;81(5):319–22.
- Intercollegiate Advisory Committee for Sedation in Dentistry. Standards for Conscious Sedation in the Provision of Dental Care. London: Royal College of Surgeons of England and Royal College of Anaesthetists. Available from: https://www.rcseng.ac.uk/dental-faculties/fds/publications-guidelines
- American Academy of Pediatric Dentistry. Behavior guidance for the pediatric dental patient. In: The Reference Manual of Pediatric Dentistry. Chicago (IL): AAPD.

Chapter 6 — Managing Difficult Interactions and Challenging Behaviours

6.1 Common challenging scenarios: angry patient, demanding patient, anxious patient, non-adherent patient · 6.2 De-escalation skills: calm tone, boundaries, acknowledging feelings · 6.3 Managing complaints in the moment: listen, apologize (where appropriate), explain next steps · 6.4 Handling unrealistic expectations (aesthetics, pain-free guarantees, "quick fixes") · 6.5 Managing "doctor shopping" and repeated emergency attenders (intro) · 6.6 Managing language barriers: interpreters, avoiding family-only translation for sensitive issues (intro)

> **Core texts:** [6] Chs. on handling emotions and on communicating in difficult circumstances · [8] Chs. on conflict, complaints and challenging consultations · [1] Section on interpersonal communication in dental practice · [20] Principle 5 (have a clear and effective complaints procedure) · [26] The professional duty of candour

Additional

- Hardavella G, Aamli-Gaagnat A, Frille A, Saad N, Niculescu A, Powell P. Top tips to deal with challenging situations: doctor–patient interactions. Breathe (Sheff). 2017;13(2):129–35.
- Bismark MM. The power of apology. N Z Med J. 2009;122(1304):96–106.
- Chapman HR, Chipchase SY, Bretherton R. Understanding emotionally relevant situations in primary dental practice. 3. Emerging narratives. Br Dent J. 2015;219:491–6.
- Karliner LS, Jacobs EA, Chen AH, Mutha S. Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature. Health Serv Res. 2007;42(2):727–54.
- Flores G. The impact of medical interpreter services on the quality of health care: a systematic review. Med Care Res Rev. 2005;62(3):255–99.
- Newton JT, Buck DJ. Anxiety and pain measures in dentistry: a guide to their quality and application. J Am Dent Assoc. 2000;131(10):1449–57.
- National Institute for Health and Care Excellence. Violence and aggression: short-term management in mental health, health and community settings. NICE guideline NG10. London: NICE; 2015. Available from: https://www.nice.org.uk/guidance/ng10
- Hall JA, Roter DL, Katz NR. Meta-analysis of correlates of provider behavior in medical encounters. Med Care. 1988;26(7):657–75.
- Mercer SW, Reynolds WJ. Empathy and quality of care. Br J Gen Pract. 2002;52 Suppl:S9–12.

Chapter 7 — Informed Consent and Shared Decision-Making (Behavioural Angle)

7.1 Valid consent components: capacity, information, voluntariness · 7.2 Explaining options: benefits/risks/alternatives including no treatment · 7.3 Consent for high-risk procedures: endodontics, surgery, sedation awareness (intro) · 7.4 Managing uncertainty and explaining prognosis · 7.5 Written vs verbal consent and documentation standards · 7.6 Consent in minors: parent/guardian consent and assent concepts

> **Core texts:** [19] Chs. on respect for autonomy and on informed consent · [22] The GMC consent guidance in full · [23] The material-risk test set out by the Supreme Court · [24] Competence of a minor to consent · [25] The five statutory principles and the capacity test · [28] NICE recommendations on shared decision making and risk communication

Additional

- Elwyn G, Frosch D, Thomson R, Joseph-Williams N, Lloyd A, Kinnersley P, et al. Shared decision making: a model for clinical practice. J Gen Intern Med. 2012;27(10):1361–7.
- Makoul G, Clayman ML. An integrative model of shared decision making in medical encounters. Patient Educ Couns. 2006;60(3):301–12.
- Charles C, Gafni A, Whelan T. Shared decision-making in the medical encounter: what does it mean? (or it takes at least two to tango). Soc Sci Med. 1997;44(5):681–92.
- Stacey D, Légaré F, Lewis K, Barry MJ, Bennett CL, Eden KB, et al. Decision aids for people facing health treatment or screening decisions. Cochrane Database Syst Rev. 2017;4:CD001431.
- Sokol DK. Update on the UK law on consent. BMJ. 2015;350:h1481.
- Royal College of Surgeons of England. Consent: Supported Decision-Making — a good practice guide. London: RCS England; 2018. Available from: https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/good-practice-guides/consent
- General Medical Council. 0–18 years: guidance for all doctors. Manchester: GMC. Available from: https://www.gmc-uk.org/professional-standards
- Chan SW, Tulloch E, Cooper ES, Smith A, Wojcik W, Norman JE. Montgomery and informed consent: where are we now? BMJ. 2017;357:j2224.
- Faculty of General Dental Practice (UK). Clinical Examination and Record-Keeping: Good Practice Guidelines. 3rd ed. London: FGDP(UK); 2016.

Chapter 8 — Professionalism, Ethics, and Boundaries

8.1 Dentist–patient boundaries: gifts, social media, dual relationships (intro) · 8.2 Confidentiality and exceptions (safeguarding, serious harm – intro) · 8.3 Honesty and transparency: error disclosure principles (intro) · 8.4 Respectful care and non-discrimination · 8.5 Handling sensitive topics: smoking, alcohol, obesity, oral cancer risk (non-judgmental approach) · 8.6 Ethical marketing and communication (intro awareness)

> **Core texts:** [19] The four-principles framework and Chs. on professional–patient relationships · [20] All nine principles, particularly 1, 4, 6 and 8 · [21] Professionalism and ethics learning outcomes · [26] The professional duty of candour · [27] Regulatory requirements governing undergraduate conduct

Additional

- General Dental Council. Guidance on using social media. London: GDC. Available from: https://www.gdc-uk.org
- General Dental Council. Guidance on advertising. London: GDC. Available from: https://www.gdc-uk.org
- General Medical Council. Confidentiality: good practice in handling patient information. Manchester: GMC; 2017. Available from: https://www.gmc-uk.org/professional-standards
- Data Protection Act 2018. London: The Stationery Office; 2018.
- Nash DA. Ethics, empathy, and the education of dentists. J Dent Educ. 2010;74(6):567–78.
- Zijlstra-Shaw S, Robinson PG, Roberts T. Assessing professionalism within dental education; the need for a definition. Eur J Dent Educ. 2012;16(1):e128–36.
- Puhl RM, Heuer CA. Obesity stigma: important considerations for public health. Am J Public Health. 2010;100(6):1019–28.

- Kaldjian LC, Jones EW, Rosenthal GE. Facilitating and impeding factors for physicians' error disclosure: a structured literature review. Jt Comm J Qual Patient Saf. 2006;32(4):188–98.
- Committee of Advertising Practice. The CAP Code: the UK Code of Non-broadcast Advertising and Direct & Promotional Marketing. London: CAP.

Chapter 9 — Stress, Burnout, and Wellbeing in Dental Training (Intro)

9.1 Recognizing stress and burnout signs in clinicians/students · 9.2 Performance anxiety and imposter feelings (intro) · 9.3 Coping strategies: sleep, planning, support systems (intro) · 9.4 Team communication and seeking help early · 9.5 Maintaining professionalism under pressure (intro)

Core texts: [1] Chs. on the psychobiology of stress · [3] Chs. on stress, appraisal and coping · [4] and [5] Chs. on stress, appraisal and health outcomes · [37] The ICD-11 entry on burn-out as an occupational phenomenon (QD85) · [21] Learning outcomes on self-awareness, reflection and seeking support

Additional

- Maslach C, Leiter MP. Understanding the burnout experience: recent research and its implications for psychiatry. World Psychiatry. 2016;15(2):103–11.
- Maslach C, Schaufeli WB, Leiter MP. Job burnout. Annu Rev Psychol. 2001;52:397–422.
- Collin V, Toon M, O'Selmo E, Reynolds L, Whitehead P. A survey of stress, burnout and well-being in UK dentists. Br Dent J. 2019;226(1):40–9.
- Collin V, O'Selmo E, Whitehead P. Stress, psychological distress, burnout and perfectionism in UK dental students. Br Dent J. 2020;229(9):605–14.
- Toon M, Collin V, Whitehead P, Reynolds L. An analysis of stress and burnout in UK general dental practitioners: subdimensions and causes. Br Dent J. 2019;226(2):125–30.
- Alzahem AM, van der Molen HT, Alaujan AH, Schmidt HG, Zamakhshary MH. Stress amongst dental students: a systematic review. Eur J Dent Educ. 2011;15(1):8–18.
- West CP, Dyrbye LN, Erwin PJ, Shanafelt TD. Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. Lancet. 2016;388(10057):2272–81.
- Clance PR, Imes SA. The imposter phenomenon in high achieving women: dynamics and therapeutic intervention. Psychother Theory Res Pract. 1978;15(3):241–7.
- Gorter RC, Eijkman MA, Hoogstraten J. Burnout and health among Dutch dentists. Eur J Oral Sci. 2000;108(4):261–7.
- World Health Organization. Guidelines on mental health at work. Geneva: WHO; 2022. Available from: https://www.who.int/publications/i/item/9789240053052
- General Dental Council. Mental health and wellbeing in dentistry: a rapid evidence assessment. London: GDC; 2021. Available from: https://www.gdc-uk.org

Chapter 10 — Teamwork and Interprofessional Communication

10.1 Dental team roles: dentist, nurse, hygienist, therapist, admin · 10.2 Four-handed dentistry and communication in procedures (intro) · 10.3 Handover skills: SBAR awareness (intro) · 10.4 Managing conflict in the dental team (intro) · 10.5 Interprofessional referrals: writing clear referral letters and expectations

Core texts: [20] Principle 6 (work with colleagues in a way that is in patients' best interests) · [21] Team learning outcomes across the dental team registrant groups · [8] Chs. on communication between professionals and on handover · [35] SDCEP practice guidance on referral and record keeping

Additional

- World Health Organization. Framework for action on interprofessional education and collaborative practice. Geneva: WHO; 2010. Available from: https://www.who.int/publications/i/item/hrh-hpn-10.3
- World Health Organization. Patient safety curriculum guide: multi-professional edition. Geneva: WHO; 2011. Available from: https://www.who.int/publications/i/item/9789241501958
- Haig KM, Sutton S, Whittington J. SBAR: a shared mental model for improving communication between clinicians. Jt Comm J Qual Patient Saf. 2006;32(3):167–75.

- Müller M, Jürgens J, Redaelli M, Klingberg K, Hautz WE, Stock S. Impact of the communication and patient hand-off tool SBAR on patient safety: a systematic review. BMJ Open. 2018;8(8):e022202.
- Salas E, DiazGranados D, Klein C, Burke CS, Stagl KC, Goodwin GF, et al. Does team training improve team performance? A meta-analysis. Hum Factors. 2008;50(6):903–33.
- Ross MK, Turner S, Ibbetson RJ. The impact of teamworking on the knowledge and attitudes of final year dental students. Br Dent J. 2009;206(3):163–7.
- Reeves S, Pelone F, Harrison R, Goldman J, Zwarenstein M. Interprofessional collaboration to improve professional practice and healthcare outcomes. Cochrane Database Syst Rev. 2017;6:CD000072.
- Bailey E, Tickle M, Campbell S, O'Malley L. Systematic review of patient safety interventions in dentistry. BMC Oral Health. 2015;15:152.

Chapter 11 — Behavioural Aspects of Common Oral Conditions (Applied)

11.1 Caries: diet behaviour, sugar frequency, parental influence (intro) · 11.2 Periodontal disease: smoking, daily plaque control adherence, motivation · 11.3 Bruxism and parafunction: stress link, habit awareness (intro) · 11.4 Oral cancer prevention: tobacco/areca counselling; stigma-free communication · 11.5 Denture adaptation: expectation management and habit change

> **Core texts:** [2] Chs. on oral hygiene, tobacco and dietary counselling · [16] Chs. on plaque control, smoking as a risk factor and patient motivation · [17] Chs. on patient adaptation to complete dentures · [18] Chs. on oral mucosal lesions and orofacial pain · [34] Toolkit advice on diet, fluoride and tobacco · [32] NICE recommendations on treating tobacco dependence

Additional

- Pitts NB, Zero DT, Marsh PD, Ekstrand K, Weintraub JA, Ramos-Gomez F, et al. Dental caries. Nat Rev Dis Primers. 2017;3:17030.
- Adair PM, Pine CM, Burnside G, Nicoll AD, Gillett A, Anwar S, et al. Familial and cultural perceptions and beliefs of oral hygiene and dietary practices among ethnically and socio-economically diverse groups. Community Dent Health. 2004;21(1 Suppl):102–11.
- Genco RJ, Borgnakke WS. Risk factors for periodontal disease. Periodontol 2000. 2013;62(1):59–94.
- Chambrone L, Preshaw PM, Rosa EF, Heasman PA, Romito GA, Pannuti CM, et al. Effects of smoking cessation on the outcomes of non-surgical periodontal therapy: a systematic review and individual patient data meta-analysis. J Clin Periodontol. 2013;40(6):607–15.
- Carr AB, Ebbert J. Interventions for tobacco cessation in the dental setting. Cochrane Database Syst Rev. 2012;(6):CD005084.
- Lobbezoo F, Ahlberg J, Raphael KG, Wetselaar P, Glaros AG, Kato T, et al. International consensus on the assessment of bruxism: report of a work in progress. J Oral Rehabil. 2018;45(11):837–44.
- Manfredini D, Lobbezoo F. Role of psychosocial factors in the etiology of bruxism. J Orofac Pain. 2009;23(2):153–66.
- International Agency for Research on Cancer. Betel-quid and areca-nut chewing and some areca-nut-derived nitrosamines. IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, vol. 85. Lyon: IARC; 2004. Available from: https://publications.iarc.who.int
- Warnakulasuriya S, Dietrich T, Bornstein MM, Casals Peidró E, Preshaw PM, Walter C, et al. Oral health risks of tobacco use and effects of cessation. Int Dent J. 2010;60(1):7–30.
- Fenlon MR, Sherriff M. An investigation of factors influencing patients' satisfaction with new complete dentures using structural equation modelling. J Dent. 2008;36(6):427–34.
- Critchlow SB, Ellis JS. Prognostic indicators for conventional complete denture therapy: a review of the literature. J Dent. 2010;38(1):2–9.

Chapter 12 — Cultural and Social Determinants in Dentistry

12.1 Socioeconomic status and access to care: barriers and solutions awareness · 12.2 Cultural beliefs about oral health and traditional remedies (intro) · 12.3 Stigma and shame in oral health presentations (communication

implications) · 12.4 Special populations: refugees/migrants, disability, elderly—access and communication tailoring · 12.5 Trauma-informed care principles (intro)

Core texts: [1] Ch. on cultural issues in dental education and practice · [14] Chs. on oral health inequalities and the social determinants of oral health · [13] Chs. on tackling inequalities in health promotion · [36] The inequality and coverage data in the WHO global report

Additional

- World Health Organization Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Geneva: WHO; 2008. Available from: https://www.who.int/publications/i/item/WHO-IER-CSDH-08.1
- Marmot M, Allen J, Goldblatt P, Boyce T, McNeish D, Grady M, et al. Fair Society, Healthy Lives: the Marmot Review. London: Institute of Health Equity; 2010.
- Watt RG, Sheiham A. Integrating the common risk factor approach into a social determinants framework. Community Dent Oral Epidemiol. 2012;40(4):289–96.
- Sheiham A, Watt RG. The common risk factor approach: a rational basis for promoting oral health. Community Dent Oral Epidemiol. 2000;28(6):399–406.
- Peres MA, Macpherson LMD, Weyant RJ, Daly B, Venturelli R, Mathur MR, et al. Oral diseases: a global public health challenge. Lancet. 2019;394(10194):249–60.
- Watt RG, Daly B, Allison P, Macpherson LMD, Venturelli R, Listl S, et al. Ending the neglect of global oral health: time for radical action. Lancet. 2019;394(10194):261–72.
- Riggs E, Gibbs L, Kilpatrick N, Gussy M, van Gemert C, Ali S, et al. Breaking down the barriers: a qualitative study to understand child oral health in refugee and migrant communities in Australia. Ethn Health. 2015;20(3):241–57.
- Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. Rockville (MD): SAMHSA; 2014. Available from: https://store.samhsa.gov
- Raja S, Hoersch M, Rajagopalan CF, Chang P. Treating patients with traumatic life experiences: providing trauma-informed care. J Am Dent Assoc. 2014;145(3):238–45.
- National Institute for Health and Care Excellence. Oral health for adults in care homes. NICE guideline NG48. London: NICE; 2016. Available from: https://www.nice.org.uk/guidance/ng48
- Wallace BB, MacEntee MI. Access to dental care for low-income adults: perceptions of affordability, availability and acceptability. J Community Health. 2012;37(1):32–9.

Chapter 13 — Safeguarding and Vulnerable Patients (Behavioural Interface)

13.1 Recognizing safeguarding concerns (children, domestic violence, neglect) · 13.2 Responding appropriately: document, escalate per local policy, maintain safety · 13.3 Communication strategies for sensitive disclosures · 13.4 Consent/capacity and best-interest decisions awareness (intro) · 13.5 Professional duty of care and confidentiality limits

Core texts: [25] The five statutory principles and the best-interests checklist · [20] Principle 8 (raise concerns if patients are at risk) and Principle 4 (confidentiality) · [21] Safeguarding learning outcomes for the dental team · [22] Consent where capacity is absent or fluctuating · [15] Chs. on child protection and dental neglect

Additional

- National Institute for Health and Care Excellence. Child maltreatment: when to suspect maltreatment in under 18s. Clinical guideline CG89. London: NICE. Available from: https://www.nice.org.uk/guidance/cg89
- National Institute for Health and Care Excellence. Child abuse and neglect. NICE guideline NG76. London: NICE; 2017. Available from: https://www.nice.org.uk/guidance/ng76
- National Institute for Health and Care Excellence. Domestic violence and abuse: multi-agency working. Public health guideline PH50. London: NICE; 2014. Available from: https://www.nice.org.uk/guidance/ph50
- HM Government. Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children. London: HM Government; 2023. Available from: https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

- Harris JC, Elcock C, Sidebotham PD, Welbury RR. Safeguarding children in dentistry: 1. Child protection training and experience in dentists. Br Dent J. 2009;206(8):409–14.
- Harris JC, Elcock C, Sidebotham PD, Welbury RR. Safeguarding children in dentistry: 2. Do paediatric dentists neglect child dental neglect? Br Dent J. 2009;206(9):465–70.
- Harris J, Sidebotham P, Welbury R, Townsend R, Green M, Goodwin J, et al. Child Protection and the Dental Team: an introduction to safeguarding children in dental practice. Sheffield: COPDEND; 2006.
- Royal College of Paediatrics and Child Health. Safeguarding children and young people: roles and competencies for healthcare staff. Intercollegiate document. 4th ed. London: RCPCH; 2019. Available from: https://www.rcpch.ac.uk
- General Medical Council. Protecting children and young people: the responsibilities of all doctors. Manchester: GMC. Available from: https://www.gmc-uk.org/professional-standards
- World Health Organization. Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. Geneva: WHO; 2013. Available from: https://www.who.int/publications/i/item/9789241548595
- Department for Constitutional Affairs. Mental Capacity Act 2005: Code of Practice. London: The Stationery Office; 2007.
- Adults with Incapacity (Scotland) Act 2000. Edinburgh: The Stationery Office; 2000.

Compiled for BM Education FZE. Editions were current at the time of compilation; readers should consult the most recent edition of each text and the current version of each guideline.