When Patients Bite Back..!
Successfully Handling Patient Complaints and Remaining Confident

An interactive communication skills workshop for all dental professionals
Increasing pressure of legislation means that your time is a precious commodity...

Why not consider having us come to you, to assist in building your business success??

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  - Convenient because, we come to you...
- Promotes teambuilding within the group and sharing of ideas
- Non threatening which means people can speak their minds
  - We bring all the materials, you relax and have fun!!!

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We live in times of high consumerism and despite the current economic climate in the UK this seems to be continuing unabated. One of the many marketing/behavioural psychology logo’s that compete for our hard earned coin, as well as our attention is ‘Because we’re worth it!’ from the French perfume company (L’Oréal) and of course, how can we forget the ‘Just do it!’ logo of Nike!

This bombardment of marketing spin we get from all directions in various media formats has been added too by the availability of goods and services on line. We simply now have a 24 hour buying society. The existence of this trend has meant that customer’s service expectations have raised considerably. For that reason amongst others people aren’t always easily satisfied as any experienced dental professional will tell you.

The ability you and your team have to handle complaints well is paramount to your business’s success. Rewards are out there where you and your team can learn to get good at handling patient complaints, spotting dissatisfaction in your patients and ‘Heading off at the pass!’ The disquiet before it becomes a serious issue.

Many dental professionals see complaints as being an affront to their professionalism. Whether you know it or not, the majority of patients who feel you or your team have not best served them will not actually tell you. Unfortunately, they will go off and tell everyone else they know instead.

Linda Mangels 1991 found that interviews with 263 patients’ who’d sued their doctor and won, revealed that more than 50% of them had made a decision to sue the practitioner even before the act of negligence had occurred or come to light.…

Instead of seeing them as a nuisance, you can use complaining patients as a mechanism to gauge the wider climate of your patient base. At one level they may be inadvertently doing you a bigger favour than you imagined. Additionally the research also shows that you needn’t always take these occurrences personally because chances are the patient who complains didn’t really like you anyway.
Although patients who have been seriously harmed may take the matter forward, it is often the negative factors in the relationship, between the dental team and the patient that results in the patient deciding to do so. When it comes to managing patients without question, all dental team members must play a part in dealing with the early signs of unhappiness in your patients. The basic parameter for good risk management is about taking time to build relationships with your patients. As you will discover during the day with us, perception in the patients mind plays a key role as to whether or not they decide to complain or take things further passed a localised settlement and onto one of the health care governing bodies.

Patient satisfaction is more than ever linked to how well they feel you and your team has treated them when attending your clinic. Giving patients a little extra time perhaps no more than an extra 3 minutes often makes all the difference. Research demonstrates that patients are more likely to sue if they feel rushed. Additionally, explaining consultations and actively listening in order to gain a full understanding of their expectations is vital too. When the patient attending is able to relax and is confident and comfortable even to voice concerns, you are in a better position to keep the complaints under your control, and prevent the complaint from escalating and posing a far greater threat elsewhere. The major defence unions report it’s the failure to understand the patient’s expectations from the outset that often leads to problems especially in the event of an unexpected outcome.

Even when things have gone badly it’s the manner in which you communicate this and the speed at which you attempt to resolve the complaint which has a significant impact on a patients decision to take things further.

**GDC Standards for Dental Professionals**

- Do not be defensive when dealing with complaints...
- Offer an apology and a practical solution where appropriate. Remember that an apology does not mean you are admitting responsibility.
- Give patients who make a complaint about the care or treatment they have received a helpful response at the appropriate time.
- Make sure that there is an effective complaint procedure where you work and follow it at all times. Co-operate with any formal enquiry into the treatment of a patient.
What people say about their experiences of Dentistry

The Department of Health undertook a Dentistry Strategic Review in March 2009 which explored the opinions of patient about receiving treatment both privately and under NHS provisions. There were a sample of 1,000 people age ranges between 20 and 75 years.

Here is what people with negative opinions about dentistry had to say about several aspects of receiving treatment.

**Time** They felt that they will be rushed for time with the dentist and his staff, they will be rushed through rather like on a conveyor belt. Also experienced poor punctuality and inflexible booking times to fit in their working day.

**Lack of Communication.** This is relating to a lack of discussion time as if the dentist and the team weren’t really listening and being given options for treatment and care. Which makes the patient immediately feel suspicious, lacking in trust and therefore more likely to complain.

**Coercion** They have a perception that they must attend regular six monthly check ups and must to be seen by the hygienist at extra cost just to stay on an NHS list.

**Lack of softer values** Included the perception that the waiting room would always be crowded and untidy, there were insufficient pleasurable distractions to keep their minds off things and possibly there was poor soundproofing so that you could always hear the drill.

**Price** Many felt uninformed about pricing and what they could expect to pay for most common treatments. They felt that they were likely to be random charges and plucked out of the air and that they were under pressure to just accept the costs since options were limited of freedom to go elsewhere.

Those who reported positive dental experiences in the survey suggested the following to the researchers;

**Time** Most patients who report feeling satisfied usually only need to be listened too properly, for no more than 3 minutes and would be likely to pay more for the time allowed as they felt properly heard.

**Good Chair side manner** Patients want to be ‘treated well and made to feel at ease.’ Thus educating the manner and style of the dentist or his team, as to how they talk to their patients is a major point for consideration. 86% of patients link satisfaction in treatment to the teams’ ability to read their non verbal cues well.
**Options** Patients particularly appreciated being presented with options and choices in terms of treatment, approach and if relevant cost. They perceive value sometimes in the ‘Wait and See approach, or a temporary solution if possible and how this can ensure patient satisfaction and customer loyalty. They placed enormous emphasis on being involved in the decision making process in their own care. ‘Have a discussion about me but not without me is the theme here!

**Good Service** Easy recalls and reminders about appointments to encourage consistent care and good follow up, together with softer values that patients rate well too. These included helpful staff that appear relaxed and welcoming, a clean reception area and an ‘At ease’ feel about the place. (Using patients’ first names, having posters on the ceiling, maybe a plasma TV ‘bolted to the wall’ and highlighting the fact that there is lots of modern equipment too put patients in an easier frame of mind.

**Costs** A full and frank method of demonstrating what the treatment costs are likely to be and how these are arrived at. This is, in order to avoid having patients feel like they’ve been ripped off… Especially if their perceptions that the dentist and his team, have been following agreed pricing protocols i.e. menu or standard pricing.

It’s perhaps easy to see reading this that people who’s needs and expectations aren’t met are much more likely to complain. So having a plan is what were pushing towards and by this were suggesting taking time to explore risk management to ensure you are heading as a practice in the right direction.

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**GDC Standards for Dental Professionals**

- Don’t treat every complaint as a negligence case but do discuss a complaint with your dental defence organisation as soon as possible after you receive it

- Speed is a top priority when handling complaints. The longer you leave the complaint without sorting it out, the more irritated the patients may get.

- You should normally respond in writing or by phone to a complaint as soon as you receive it. If you can’t resolve the complaint immediately, you should normally send out an acknowledgement within 3 working days and respond to the complaint within 10 working days after receiving it.

- If you need time to investigate your complaint, tell your patient your acknowledgement when they will hear from you.
Risk Management Strategies and Analysis

There is substantial research available which shows certain principles are adhered to in the practice to ensure that you or your team receive few if any complaints from patients. It’s useful to explore some of these principles in more detail.

During this exercise, reflect on what your practice does in these skill sets, compare them with others and consider what change if any to reduce your risk profile you might introduce

<table>
<thead>
<tr>
<th>Risk Management Principles</th>
<th>What my practice does, or has done previously in this skill set?</th>
<th>What actions are other dentists doing in this skill set</th>
<th>What we might change?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting Patients Dignity and Privacy</td>
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<tr>
<td>Avoid high risk situations</td>
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<tr>
<td>Being Available To Consult</td>
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<tr>
<td>Being Polite and not over familiar</td>
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<tr>
<td>Respecting Patients Time</td>
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<tr>
<td>Listening patiently to what the patient is saying and confirming understanding</td>
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<tr>
<td>Creating a warm friendly atmosphere in the clinic that puts people at ease….</td>
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<tr>
<td>Risk Management Principles</td>
<td>What my practice does, or has done previously in this skill set?</td>
<td>What actions are other dentists doing in this skill set?</td>
<td>What we might change?</td>
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<tr>
<td>Ensuring patients understand the process of the visit itself</td>
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<td>A warm personality and using appropriate humour</td>
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<tr>
<td>The flexibility of arranging longer visits as necessary</td>
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<tr>
<td>Promoting a happy workplace environment</td>
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<tr>
<td>Maintaining realistic patient expectations</td>
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<tr>
<td>Giving patients control of decision making</td>
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<tr>
<td>Being straight forward about accidents and bad clinical outcomes</td>
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<tr>
<td>Good record keeping &amp; maintaining patient records</td>
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<tr>
<td>Sensitive handling of money issues</td>
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</table>
Model Feedback Form

Thank you for visiting today. It was a great pleasure to have you as a client. We hope your experience and dental treatment was excellent because we care about what you think of us.

However for us to continue to improve our service your feedback is very precious to us, so that we can take in your suggestions and improve in those areas.

Tick in front of the appropriate answer.

Thank you.

Q.1 How would you rate our Staff behaviour

- poor
- satisfactory
- good
- excellent

Q.2 What was your experience of waiting time

- more than 20 minutes
- more than 10 minutes
- 5 minutes or less

Q.3 Quality of dental treatment

- poor
- satisfactory
- good
- excellent

Q.4 Cleanliness and Hygiene

- poor
- satisfactory
- good
- excellent

Q.5 Other suggestions and comments you’d like to add…

If you would like us to reply to your suggestions would you kindly leave us the following details

Name_____________________________
Address___________________________
__________________________________
Telephone
Number___________________________
Email _____________________________

Thank you very much for your valuable suggestions and comments. We appreciate your gracious gesture.
Dear _______________

Thank you for kindly submitting your feedback to this practice. Your input is greatly appreciated and valued.

(I am sorry to learn of your concerns.) We take your comments seriously in order that we can improve the running of the practice and benefit you.

We do have a duty of care to you and have addressed the feedback raised in the following way...

[ Insert action taken here]

‘The large plant has been removed from the corridor’

‘We have allocated an extra parking bay to patients.’

We have begun redecoration of the female toilet area and this will be completed shortly.

I have relayed your kind words to Mrs Evans and her team....(Patient will also make positive comments too if asked to do so in a convenient way )

Thank you for taking the time to write back and as a mark of thanks, we’d like to offer you a 10% discount on your next treatment with us. Please bring this letter with you to reclaim the discount.

Yours sincerely

AN Other

Toothy World Dental Clinic
Dear _______________

Thank you for kindly submitting your feedback to this practice. Your input is greatly appreciated and valued.

I am sorry to learn of your concerns. We take your comments seriously in order that we can improve the running of the practice and benefit you.

We do have a duty of care to you and have addressed the feedback raised in the following way...

**Model Reply 1....**

'We have noted your comments and we will discuss the issue with the particular staff member you mentioned and having done so will write back with a note of our conclusions and suggested solutions.

We attempt to resolve matters of this nature, within 10 days whenever possible. I will however be writing to you within this time, with an update of how our enquiries are progressing. As you have kindly supplied your telephone number I assume that it will be in good order to contact you if I need to obtain more details of your enquiry.

**Model Reply 2...**

We are committed to customer service and patient satisfaction. Your comments we feel are of considerable interest and warrant further discussion. Of course you can be assured of complete discretion in this matter. Would you be kind enough to contact me or my staff at the practice in order to arrange a convenient time for us to meet and we can discuss your concerns in more detail.

We attempt to resolve matters of this nature, to your satisfaction within 10 days. In event that the conclusion of this matter is not satisfactory to you, your are quite at liberty to contact the appropriate body below;
<table>
<thead>
<tr>
<th>Private Care</th>
<th>NHS Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Dental Complaints Service</td>
<td>The Parliamentary and Health Service</td>
</tr>
<tr>
<td>The Lansdowne Building</td>
<td>Ombudsman, Millbank Tower, Millbank,</td>
</tr>
<tr>
<td>2 Lansdowne Road</td>
<td>London SW1P 4QP</td>
</tr>
<tr>
<td>Croydon</td>
<td>Telephone Number 0345 015 4033</td>
</tr>
<tr>
<td>CR9 2ER</td>
<td><a href="http://www.ombudsman.org.uk">www.ombudsman.org.uk</a></td>
</tr>
</tbody>
</table>

Telephone: 08456 120 540 at local rate (Monday - Friday 9am - 5pm)

Email: info@dentalcomplaints.org.uk

www.dentalcomplaints.org.uk

Notes
**Code of practice for Patient Compliants**

We in this practice, take complaints very seriously and try to ensure that all patients are pleased with our service. When patients complain they can expect to be dealt with courteously and promptly so the matter is resolved as quickly as possible. This procedure is based on these objectives. We aim to react to complaints in the way which we would want our own complaints about a service to be handled.

We also make a point of learning from every mistake and we respond toward our patients concerns in a caring and sensitive way.

1. The person responsible for dealing with any complaints about the service which we provide in this practice is _________________________________________

2. If a patient complains on the telephone or at the reception desk, we will listen to his or her complaint and offer to refer him or her to the practice manager or _______________ _______________ _______________ immediately.

In the event that they are not available, then the patient will be told when he/she will be able to talk to the dentist/practice manager or complaints co-ordinator and arrangements will be made for this to happen.

The member of staff approached initially will at this time take brief details of the complaint and then pass the information on. If we cannot arrange this within a reasonable period or if the patient does not wish to wait to be seen, arrangements will be made for someone else to deal with this.

3. If a patient complains in writing, the letter will be immediately passed onto _________________________________________ for an appropriate reply.

4. If any complaint is about any aspect of clinical care or associated charges, it will normally be referred to the dentist, unless the patient does not want this to happen.

5. We will acknowledge the patient’s complaint in writing and enclose a copy of this code of practice as soon as possible, normally you can expect to receive this acknowledgement in 3 working days. We will seek to investigate the complaint within 10 working days of the complaint being received to give a written summary of the investigation and its conclusions.
If the patient does not wish to meet us then we will attempt to talk with him or her on the telephone. If we are unable to investigate the complaint within 10 working days, we will notify the patient, giving reasons for the delay and a likely period within which the investigation will be completed.

6. We will confirm the decision about the complaint in writing to the patient immediately after completing our investigation.

7. Proper and comprehensive records are kept of any complaint received.

8. If patients are not satisfied with the result of our localised attempts to resolve any issues, then the complainant may refer to the following bodies for an independent review of the complaint.

<table>
<thead>
<tr>
<th>Private Care</th>
<th>NHS Care</th>
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<tbody>
<tr>
<td>The Dental Complaints Service</td>
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<tr>
<td><a href="http://www.dentalcomplaints.org.uk">www.dentalcomplaints.org.uk</a></td>
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</table>
## Model Patient Complaints Record

Patient Name………………………………………………………………………

Address………………………………………………………………………………

Contact Telephone number/s…………………………………………………

Email Address……………………………………………………………………

Complaint received by…………………………………………………………

Date of Complaint……………………………………………………………

How received? (Letter/Face to Face/In Person)

Complaint Co-ordinator name………………………………………………

<table>
<thead>
<tr>
<th>Date</th>
<th>Details of Complaint made</th>
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<th>Action Taken</th>
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<tr>
<th>Follow Up</th>
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<tr>
<th>Outcome and other comments</th>
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<table>
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<tr>
<th>Any Correspondence between practice and patient?   Details here together with paper copies attached.</th>
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</table>
The Care Quality Commission

These notes are for outline purposes only and provide a gist of the legislative requirements of new CQC regulations for the purposes of complaint handling only. In event of requiring additional information on the wider implications of the legislation, it is recommended that you consult directly with the CQC or your own Defence organisation.

Registration for service providers has been compulsory since April 1st 2011.

The CQC is an independent, corporate body established under the Health and Social Care Act 2008. It’s responsibilities are for the regulation of the quality of health and social care services in England.

Its role is to register NHS bodies and practitioners where they meet the quality requirements for registration set out in the regulations. It monitors compliance with the published registration requirements and in the event of a breach by a practitioner or NHS Trust will take action. It’s also charged with periodic reviews of NHS Trust performance on the quality of services and undertakes specialised reviews of particular quality issues of services.

CQC Compliance Outcome 17 Complaints

The CQC guidance about compliance is contained in Essentials of Quality and Safety. The CQC will use this guidance to decide whether to register a provider and also when monitoring the service after registration.

Outcomes

These are pointers about what the CQC expects people using a service will experience when the provider is meeting the essential standards.

What should people who use services expereince?

People using the services should;

- Be confident that their comments and complaints are heard properly and acted upon effectively
- Be aware that they won’t be discriminated against for raising concern or complaints

They can expect this because a compliant provider will;

Have a system in place for handling complaints and comments, including letting people know that the system exists. Furthermore the provider will support those who use the service to make comments or complaints.
There are clear procedures followed in the practice for handling complaints or comments made by patients and these are to be monitored and reviewed. It’s also essential that a named contact be available who is accountable for these roles.

The complaints procedure is available, visible, understood by all staff, well publicised, and follows established principles of good complaint management.

**Ultimately the process will ensure**

a) The details of the complaint being made are fully understood and the desired outcome is clear to all.

b) Advice and advocacy support is available to those who wish to use this

c) What is required to resolve the complaint and the likely timescale this will take is explained fully

- Investigations into the complaint are thorough and reasonable
- Documented audit trail of steps taken in reaching the decisions reached is kept
- Staff who are competent consider the complaint and the issues raised. In addition they will provide honest explanations that are factual and outline the reasons for the concluding decision.
- When possible the complaint is also reviewed by someone who is not involved in the events leading up to the complaint
- Complaints and comments are resolved and investigated to the satisfaction of the persons raising the complaint. Except where the complaint falls outside of the providers remit of responsibility or the complaint cannot be seen to be upheld
- The service provider has in place procedures for dealing with unreasonable persistent complaints in a fair manner and ensures the points the complainant makes are fully and properly considered
- The service promotes openness that ensures complaints or comments are heard properly and acted upon.
- The organisation maintains a full and thorough record of the complaint in line with the services procedures.
- The information within the complaint can be used to identify non compliance which can then be used to identify what needs to be done to return to compliance with the regulations.
- The person knows how to contact the CQC in order to inform the commission of any concerns they have about the service carrying on the regulated activities.

In the event that the patient is using more than one service they can be confident that the provider has protocols in place to ensure that the services involved cooperate to provide a complete and coordinated response.
Providers who are registered will produce a summary of complaints at a time and in the format as directed by CQC and then make the summary available within specified time frames. People who use the registered service will benefit from care provisions that takes into account relevant guidance including information for CQC’s schedule of applicable publications.

**Compliance and Outcomes**

Service providers who have sought registration must have declared compliance or non compliance with each regulation and this must be truthful. In the event that the provider was non compliant they would need to declare this and submit a detailed plan of how they will become compliant and outline the timescale involved.

In order to demonstrate compliance it is necessary to be able to demonstrate if required

- They have a complaints procedure with incorporates GDC guidance, the NHS complaints Regulations if relevant and the principles outlined by the Healthcare Ombudsman be followed.
- How the complaints procedure will be introduced to patients
- How patients will be supported and assisted when raising the complaint
- The team is well trained to handle these events
- The practice will learn from the events arising too.

When CQC monitor compliance to the regulations it will check to see if your meeting outcomes by referring to evidence which demonstrates people using the service

- Have good outcomes meaning they are safe and that this care is effective
- Are involved in their care and that their views are properly heard and acted upon

As a result of focusing on outcomes rather than policy the CQC can assess health and social care services in a people centred manner. This will involve actually considering the effect the service itself has on patients

The evidence you could use can come from people using the service, their families or support workers in the following ways;

- Survey of people using the service,
- Complaints feedback from those using the service
- Patient reported outcome measures
- Feedback from other sources

Collecting feedback from patients is an excellent way of building your practice. It allows you to monitor the views and opinions of patients and service users on the level of care and service they received.
There are many ways to collect the feedback which can include feedback forms completed anonymously, comment books in the waiting room, complaints and compliments as well as patient focus groups, telephoning patients in the days following treatment to gauge their opinions.

Once collected the feedback is a good way to help you to decide what you are doing well and in what areas you may need improvement. One important thing here is to let patients know how their feedback will be used and what changes have taken place as a result of their input. You could do this through the practice newsletter or through information displayed in the waiting room or even through corresponding directly to convey any actions taken.

When evaluating the compliance question, CQC expect the practice to focus on evidence that relates to outcomes. However CQC acknowledges that you might not be collecting outcome evidence for all services and it initially anticipates a greater emphasis on your evidence from policies, procedures and systems. So it will be appropriate to consider this in relation to the impact they have on those using your service.

As the ongoing monitoring becomes standardised and embedded, then CQC will increasingly expect you to gather evidence that directly demonstrates outcomes or comes via people who are using your service. This will help you demonstrate compliance accordingly.
What has been learned from this incident and how can we grow using the process of Significant event analysis?

Complaints are a given in this consumer world. It is useful to consider in what ways you as a practice can improve and learn from events of this nature and using significant even analysis is a good tool for reflection with a view to implementing change to deal with complaints better in the future.

There are several things to consider;

- Ensuring a no blame culture within the team is paramount so focus on what went wrong rather than who went wrong.

- Encourage your team to highlight and identify any problem areas too

- Use of reflective experiences is most important too. Consider what you wished you’d handled differently and discuss this in your SEA exercise/team reviews

- Using the feedback from your patients will help stop the issues getting out of hand too.

- Encourage open feedback from the team and patients without fear of reprisal.

Do of course bear in mind that you don’t have to act on all suggestions but where you do receive feedback which has the patients name mentioned on it, please take time to acknowledge their feedback and above all thank them for their time and point of view.

This document shown below is for the practice to avoid undesirable occurrences happening more than once in the clinic. It’s intention is not finger pointing but to identify what went wrong and how things can be done differently to avoid problems re-occuring.

This can be completed with the team or on an individual basis as necessary and kept in the practice file or with the completed Personal Development Plan.
## Significant Event Analysis Model

<table>
<thead>
<tr>
<th>REFLECTING BACK ON THE EVENT</th>
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<tbody>
<tr>
<td>Description of what occurred</td>
<td></td>
</tr>
<tr>
<td>Issues raised by the event</td>
<td></td>
</tr>
<tr>
<td>How might things have been done differently?</td>
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</tr>
<tr>
<td>Actions</td>
<td></td>
</tr>
<tr>
<td>Areas of improvement</td>
<td></td>
</tr>
<tr>
<td>Educational needs arising</td>
<td></td>
</tr>
<tr>
<td>Which needs shall I address and in what order will my educational needs be added to my PDP</td>
<td></td>
</tr>
<tr>
<td>How will I go about improving these areas and meet my educational needs</td>
<td></td>
</tr>
<tr>
<td>How will I go about demonstrating that improvement has taken place</td>
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Principles of complaint management in Dentistry

The process of complaints handling in any practice requires those involved to be flexible and the process should be patient oriented and solution focused. If handled well the complaint can become an opportunity to strengthen the patient/clinic relationship and also help to improve the overall service of the practice.

Handling of complaints should be considered a responsibility for all team members so it is worthwhile to train all the team in basic principles.

- **First Impressions Count**

When a patient approaches to make a complaint it is vital even if the staff member isn’t a complaints co-ordinator that they can give a professional response when the issue is raised. Something like them passing the complainant a copy of the complaints procedure. Explaining that the Co-ordinator/Dentist will deal with the enquiry but she’s happy to arrange for them to contact the patient at a convenient time or invite them to wait with a cup of coffee whilst they find out when the Co-ordinator will become available.

Untrained staff who are new for example should be told to direct all complaints quickly to the nearest trained complaints co-ordinator.

- **Encourage Feedback From Patients**

Most patients who are disatissfied don’t actually complain but will walk away and tell everyone else how bad your service is. Ways to encourage feedback from patients could include the following:

Commentary Cards tend to be completed by patients who are ittitated or who are particularly displeased or alternatively, even delighted. There is a model version included within this book.

Surveys don’t always reveal sufficient information but worth trying. Certainly encouraging the staff to learn about body language associated with signs of unhappiness, disgust, anger and frustration will be a useful investment as this will tell you if patients have a problem even before it becomes verbalised. Research from feedback to professional indemnity suppliers showed that 40% of respondents mentioned unsatisfactory expereinces which suggests that until the time of the complaint they had been just ‘Putting up’ with things and then the event the breaks the Camel’s back occurs.
• Acknowledging a complaint

When responding to a complaint avoid overpromising in your reply. For example if you have a compliant about a staff member who’s on annual leave, to deal with and you need their response before going ahead. Make sure when acknowledging the complaint that you take this into account when mentioning when they can expect to receive a note of your decision. Primarily speed is the key here when replying to complaints raised and bear in mind that they will probably react more favourably if they know that their complaint has been accepted and is in hand. Even if knowing a small delay in you getting back with your conclusions is certain.

When a complaint is received the complaint handler/co-ordinator if employed for this role should collate information for the principal to review in order that they can make the appropriate response to issues raised.

• Checking your Facts

As we mention on the course its probable that the complaint will become more inflamitory when replies to the complainant are either inaccurate, poorly worded, or worse still, filled with dental jargonology. Consider the possibility that any correspondence you enter into can become evidence in the case if considered at a hearing. More haste- less speed.

• Avoid being Overly Defensive where possible.

This is a natural reaction to a patient who complains about your work or service. When you have a complaint made, its really important to take time to consider the desired outcome from the event. Are you looking to retain the patient, do you want to avoid this escalating past a local resolution and reach a mutually amicable conclusion? Probably all these apply. So better to have thought this through in order that this can modify your approach to resolving the patients unrest

Failing to plan on this will probably mean you plan to fail because your initial instinctive reply if over defensive could mean that the patient then responds as though they’re crusading for all that is right!
• **Being sympathetic to your Complainant**

Remaining sympathetic to your complainant can be highly advantageous when the complaint has been dealt with. This can be the difference to the patient becoming a great future patient who will often tell their friends how well you handled their situation.

Even when a complaint is resolved without the need for a letter, i.e. a patient is given the wrong appointment time and then has it adjusted to later that day at a time convenient to her. A letter a day or two later (even though not necessary) expressing how delighted you were about being able to help her will make a significant impact in their perception of the event.

Most events will need a letter of response however, this will require an explanation of what happened, reassurance that it wont occur again, an apology, a compromise or an offer of a way forward in the relationship between you and the patient.

Consider what you are saying to them, what is the underlying message you want to convey as in this day and age, it is possible that this correspondence will almost certainly be subject to review if things were to go further.

Simple idea here might be to re-read any correspondence you’ve composed or to leave it a day or so and re-read to ensure that you are not being emotionally reactive to their allegations or complaints

• **Checking back with the patient**

Making follow up contact with a patient isn’t always easy, especially if you have had the complaint made against you personally. It may not even be appropriate in all cases either but certainly can be most helpful and beneficial to make sure you retain the patients’ confidence in your continued relationship. One way to consider this will be to imagine that your contacting your patient following a difficult extraction to make sure they are on track with recovery. It will help you to see any shortcomings in his expectations of your solution which is exactly why he complained in the first place!

• **Wisdom in Numbers**

Don’t be tempted to reply with an instantaneous return if someone who is being complained about has left the employment of the clinic either. Contact anyone who is involved in the matter and try to ascertain their side of the story to make sure you have your facts straight and any roles played in the incident are identified.
• **Significant event analysis**

Reflecting back on what has gone wrong too is useful. Research with New York firefighters has shown that they retain more information reviewing what went wrong in their dealings with a fire than when they reviewed things that go right!

Complaints are a feedback mechanism that will alert you to areas of your service that need addressing especially if the complaint leads to another more serious complaint in the future.

- Review in your analysis as to how the complaint occurred
- What steps since then have been taken to to avoid the problem reoccurring
- Was the complaint handled well.
- Did the practice achieve desired outcomes,
- Who responed well and who struggled with the situation.
- Importantly encourage a no blame culture here by examaning what went wrong i.e the process, not the people.

At a lecture on this subject, I heard one clinician presenting on this subject tell the audience that he was the ‘Weakest Link’ when a woman collapsed in the clinic’s lavatory. The following review showed that his dental nurse played a significant part and meant he had to undertake further medical emergencies CPD to compensate.

Some habitual complainers see it as being rewarding to make a difference in other patients experiences by complaining in the hope that things or process’s will get better in the clinic!

• **Communitation to the patient**

In a time when we refer to the UK as ‘Rip off Britain’ its not unsurprising to discover that patients have relatively low expectations of you dealing with their complaint.

Handling compliants fairly, transparently and with speed will ensure that more often than not the complainant will retain the perception that their complaint has been taken seriously and not swept aside.

Remind patients that their complaints are taken seriously and have been thoroughly investigated. Failing to do so could result in the patient, who perceives you as being uninterested and indolent turning into an angry, obsessive and crusading party who wants to seek vengeance against the dentist or their practice.
Successfully Building Rapport During the Complaint.

Just because a patient has complained to you about your work or that of your practice, doesn’t mean that this is the end of the relationship. Patients after the event don’t so much recall what the complaint was about, but more how you helped them through the situation. Here are some pointers to consider.

First Response- Important that all staff are aware of how complaints against your practice are to be dealt with and also who should deal with them. Remember, the smoother this is, the better the perception you build in the mind of your patient.

If face to face hand the patient a copy of complaints procedure. Let the patient know who will be attending to their claim and arrange for them to be spoken with there and then or alternatively have them invited back at a mutually convenient time. Remembering to collect initial details from the complainant in the the first instance.

Similar arrangements are possible over the phone too and if necessary anyone writing in can be invited to visit the clinic at a time convenient to them in order to discuss the implications of the claim and explore ideas for resolution.

Keeping Cool and Under Control- Remaining calm is linked to how confident you feel in situations. Where possible control the environment where you are meeting to assist the process;

- Take them to a quiet room that is set up for this purpose
- Offer tea or coffee
- Avoid disruptions like noise and others entering unexpectedly
- Use props like a rounded table and if possible sit next to the patient(s)and not appear to tower over them.
- Use your body language to reflect your professionalism
  - make eye contact use business gaze
  - dress the part too
  - mirror their behaviours and body language
  - appear interested and friendly
  - make sure your body language is congruent
  - look for signs of dissatisfaction in their non verbal cues or tones
  - be tolerant of any habits or characteristics
- Use your understanding of micro expressions to read hidden emotions or agendas and comment on these if appropriate
• Think about how you say things and how this comes across especially when on telephone too. Here are some pointers….

- adapt your speed of delivery to the situation
- same speed as the other person is important too.
- consider surrounding noise levels and if you need to speak louder to accommodate
- projecting emphasis in your words from time to time as necessary
- speaking quietly and slowly will increase your status unconsciously
- notice if your pitch in delivery changes.
- speak clearly and be concise and to the point
- you will experience nerves but convert this into energy for the situation
- mumble and you will be seen as untrustworthy
- arrogant and people will be resist your ideas.

Tester in lunch break:- What do you think these signals mean?

1 2 3 4 5 6

So you think you can read others…... Here are 6 body language gestures. Put the number next to the non verbal statement you think they mean.

I have heard enough…shut up!__________

I am worried!__________

I am am really interested tell me more!__________

I am getting stressed out now!__________

I am bored here!__________

I am beginning to doubt what it is your saying!__________

We’ll tell you the answers after lunch!
Reading Facial Expressions

We talked about the importance of spotting facial expressions that will demonstrate your patients emotional responses. Research from Paul Eckman clearly displays six basic emotions plus the more recently added expression of contempt that arose in his research in the 1980’s.

People aren’t necessarily going to tell you that they are dissatisfied but the expressions they unconsciously display tell you a great deal about what their inner thoughts are and if you can spot this stuff early you can deal with any issues arising earlier.

The Seven Universal Emotions revealed in Eckman’s research.

Micro expressions are a blend of these which pass over peoples faces in an instant and its important to be mindful of these when dealing with others in order to spot dissatisfied or potentially disgruntled patients who may go onto pursue a claim against you or your practice.
Micro expressions of dissatisfaction…

**The frown** often missed or mistaken for a smile

**Lick of distaste** mild disgust of what’s happening…

**Fluster**ing and amplified exhalation through lips demonstrates increasing arousal…

**Through gritted teeth** suggests strong anger when looking at the glare of his eyes

**Sneering**…notice the crinkle of nose suggests disgust and anger where the eye brows are pulled together

**Good heavens**, give me strength…..

**Oh get lost**…. the head toss and smirk of contempt accompanies this

These micro-expressions demonstrate a whole range of emotions that are associated with dissatisfaction and you need to act on these when evident in your patients face to avoid this escalating further.
Exploring the complaint itself with a patient

The best complaint handling is usually done when you understand exactly what the patient is complaining about. Many practitioners have attempted to resolve complaints only to find that the complainant is still not entirely happy.

Be clear too, about the importance of as well as knowing what the complainant wants, it’s also useful to know what you have in mind by way of your own priorities. This will inevitably influence how you’re going to handle the claim too.

The questions you might consider to help you understand your priorities might include

- Do you defend your practice if no blame in your actions?
- To mitigate the situation if there is responsibility?
- Do you want to avoid the complaint going further?
- Do you want to resolve the complaint amicably?

Most practitioners will have all of these in mind and above all having an approach to dealing with the patient in a way that allows the complaint to go away or at least not past localised settlement to another forum such a solicitors or a regulatory body is key.

So to encourage this it’s useful to have an idea of how to keep yourself under control when meeting with the complainant and discussing the events leading up to the complaint arising.

Things in the first instance you ought not to say might include:-

‘You cant be right, are you mad? Our work here is exceptional….Everyone else thinks our work is great, whats the matter with you?’

Or

‘You’ve left it an awfully long time to come back to us about this’ and then subject them to justifications using clinical jargonology….etc this will almost certainly cause ructions between you and your patient.
Introducing 6 Step Reframe for when patients complain….

Step 1
Use acknowledgement offering ‘Sad but glad technique…’

‘I am sorry to hear that, you’re not happy with our service but I am grateful that you brought this to my attention.

This generates empathy and recognition in the patient that you have accepted their complaint.

Step 2
Use Diplomacy….

‘Clearly you’re (upset/angry/disappointed /hurt) about what’s happened, so let me reassure you, getting this resolved the right way, is just as important to me as it is to you!’

Think about their facial expressions as a clue to spotting the emotion!

Step 3
Share your values with them and get commitment to work with you…

It’s in all our interests to reach an amicable resolution to this.

I am sure you’ll agree…. (Say nothing more until they say yes!!!!)

This is creating an unconscious contract between you and the patient and in the world of human behavioural psychology is commitment from them to work toward resolution
Step 4

Begin asking questions…

When aroused people generalise so make the complaint specific by obtaining clear facts…Check back what you heard and confirm using open questions…. (Take notes on the report form which is separate from the patients records themselves)

So I am completely clear, tell me......(Write down the types of quesitons you might ask of a patient who is complaining)

<table>
<thead>
<tr>
<th>What</th>
<th>What the problem is, really?</th>
</tr>
</thead>
<tbody>
<tr>
<td>When</td>
<td>When you raised this with my nurse, in what way did she react?</td>
</tr>
<tr>
<td>Where</td>
<td>Where did you feel the discomfort exactly</td>
</tr>
<tr>
<td>How</td>
<td>How much better will you feel once we have repaired your denture satisfactorially</td>
</tr>
<tr>
<td>Who</td>
<td>Who said this to you?</td>
</tr>
<tr>
<td>Which or Why?</td>
<td>Why did you come back and ask us to resolve this for you?</td>
</tr>
</tbody>
</table>

This not only allows time in the matter for you to think more calmly, but will give the patient an opportunity to vent their feelings about the situation. Which also permits you to retain control of yourself too especially when you are actively listening back to them.
Step 5

**Actively observe and listen to what the patient is telling you.**

Not just what is being said but what is being done too. We believe more what we see than what we hear.

<table>
<thead>
<tr>
<th><strong>Noticing their body language</strong></th>
<th>What body language will they initially display when talking with you and how do you know when they are beginning to calm down?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Facial Expressions</strong></td>
<td>What facial expressions will you see them doing?</td>
</tr>
<tr>
<td><strong>Vocal Tone</strong></td>
<td>What tone of voice might they use and how will this change as the meeting progress’s?</td>
</tr>
<tr>
<td><strong>Emotions</strong></td>
<td>What emotions will you expect from them in the meeting?</td>
</tr>
<tr>
<td><strong>Paraphrase</strong></td>
<td>‘And you feel hurt, angry or disappointed because….’</td>
</tr>
</tbody>
</table>

Give some further examples of paraphrasing that you might use.
Step 6

**Having gathered the details decide what you are going to do next** … This will boil down to what priorities you have in mind as we’d raised earlier.

Relay this information to the patient verbally and then follow up in writing to confirm.

**Actions could include some of the following**…

- Investigate further with other staff and consult your Defence Organisation.
- Apology there and then.
- Money Back or another conciliation
- Reassurance that it won’t happen again
- Offer to Repair or Replace work
- Rebut their allegations with backing from your defence body
- Invite them to obtain records for review from the other dentist.

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**Exercise 1**

In pairs work through the following two complaint situations, using the six step reframe method. One person being the complainant and the other being the treatment co-ordinator or dentist.

You’re a patient who’s had a crown fitted on your back teeth last year under the NHS it cost you next to nothing back then. Now the dentist has fitted an adhesive crown on a front tooth and is asking you to pay £280.00.

Your shocked at the cost, as you didn’t realise it was being done privately so raise a stink with your working partner over this. It’s not that you can’t afford this it’s just all come as an unexpected surprise to you and your annoyed as this is one of those things that breaks the camels back…..

---

**Exercise 2**

You’re a Denplan patient who’s paying £25 per month for their cover and you don’t come in that often except for the 6 monthly check up and hygienist visit. So you’re annoyed when you have to sit outside for 20 minutes and listen to Sarah the practice manager moaning on the telephone to one of her friends about her personal relationships in the reception area within your earshot.

You’ve been feeling for a while that your not getting the best value for money as your dental health has significantly improved in the last 18 months and you can’t see why your being charged so much for this. You had a lot more work done earlier to make you dentally fit but can’t see the justification of having to pay so much now. Maybe make a quip about the nice surgery and premises whilst you’re at it too. Watch your partner squirm under pressure.
Compensation

Monetary compensations aren’t always on the agenda with patients. Research into this area reveals that patients are looking for either an apology or explanation, reinstatement or an intent to remedy the situation. Empathy and honesty from the practice by way or reassurance that the complaint has been taken seriously will also win you favour.

In the case of a patient being avoidably harmed, the lack of an apology or explanation will likely be a reason for a patient going past localised settlement. In less serious matters this is often just what’s necessary and is not seen as an admission of guilt because it can be viewed as a way that the dentist or his team can demonstrate an understanding of any distress caused to the patient.

Good will and reinstatement are tied closely together because patients will see your willingness to assist in this favourably. Human nature thrives on acts of reciprication and kindness. Some cases may require a payment being made but this should be discussed in conjunction with your own defence body.

For some people as we mentioned earlier they crusade for the good of others too so confirmation that things in the practice have changed will often be sufficient. This may be a simple apology right through to disciplinary procedures being instigated against a staff member who acted unreasonably.

Following up to check their compliant has been satisfactorily resolved will also be a great step in the eyes of patients and is likely to secure their customer loyalty in the future too. Especially if they are reminded that they will inspite of the event, be warmly welcomed back to the clinic for their next visit.

In conclusion its also important to consider the question of your transparency in the dealings with the patient. Honesty broken is one major reason where patient will also raise the matter, if they perceveive that in some way what has been said then changes or worse still records are doctored after the event itself. This means that the issue is now now longer about the complaint but also about the integrity of the dentist or his team too.

People who have been treated honestly and fairly will be more likely to accept the outcome of a complaint process even if the outcome isnt the one they wanted.
Standing Your Ground

These approaches aren’t especially pretty they are designed to get you out of a hole with patients who fail to achieve the standards of behaviour you expect of them.

- **Reason before request**
  You enter the clinic and a little boy aged 4 is jumping up and down on the furniture.

  You could say *‘Mrs Smith, please tell your little boy to stop jumping on the furniture.’* This could be seen as a command which is then relayed to the child by the parent who thinks you’re a ‘Stupid Cow’ or you could try

  *‘Mrs Smith, your child’s welfare is really important to us in this practice and we don’t want him to hurt himself. Could you ask him to not jump up and down on the waiting room sofa please?’*

- **Path of least resistance**
  The scenario here is where a patient arrives 15 minutes late for a 35 minute appointment and wants to be seen urgently. You explain *‘Mr Smith will see you but he’s a little worried that he may not have time to complete the job properly. This is a 35 minute procedure and he only has 20 minutes available now.*

  *You are of course welcome to go on through to the clinic if you want to and he’ll see you or maybe you’d prefer to come back next week when he can give you a full allocation of time and this would avoid running late with other patients who arrive promptly.*

  (Interestingly enough some patients will still opt to take the short appointment on the day anyhow and pay full price for the visit just because they are there.

- **I was kept waiting last time**
  This is probably one of the most common reasons for patients’ complaints use when about time keeping issues. It’s important to put them into the shoes of other patients and you can do this simply by saying.

  *‘I am sorry to hear that you’re unhappy about being kept waiting again.*

  *Of course we don’t intend for this to happen however, one of the few reasons that you may be kept waiting in this clinic is that sometimes a patient might find it difficult to undergo a particular procedure when in treatment. So naturally if they were experiencing considerable discomfort we’d extend our consultation time to ensure they have a more comfortable experience. Naturally we’d extend the same courtesy to you*
• Broken Record and Partial agreement

There is nothing diplomatic in using broken record because you’re simply stating, repeatedly what you want as an outcome to the patient. It’s a real nice way to weed out patients you don’t want or forcing them to adjust future behaviour.

The scenario here might be that the patient comes rushing into surgery late and of course, this isn’t the first time either. They will more often than not complain that their car broke down or that traffic was heavy and they couldn’t get here any sooner.

Broken record comes into its own where your practice policy makes it very clear that what will happen in these circumstances.

You might say *Hi Mrs Jones, look I am really sorry but we have a practice policy that if you’re more than 10 minutes late for an appointment, you won’t be seen today.*. They will often go onto talk about how they’ve taken an afternoon off to get here and arranged a child minder. Again using the partial agreement approach this time you reply, *It’s really unfortunate when things like this happen but like I said you’re more than 10 minutes late, so we won’t be able to see you today.*

The real key is not to enter into discussions about this but simply to keep repeating your message in spite of their protestations. There are usually one of two outcomes;

**They get angry, maybe swear and threaten never to come back.** However, they won’t be sorely missed because you can get nice NHS patients who will be delighted that you will spend time helping them.

They will often be most likely to back down and take the next alternative appointment that is open for them when faced by someone who knows what they want. It’s only then you offer them an alternative and not before mind you!!!
Write their comments down…

Often when patients rant about what’s going on, their ranting is irrational as their emotions are running high.

So what better way to deal with this scenario than to simply say, ‘Hold on Mr Smith so that I can record this accurately, would you mind if I write all this down?’

Repeat their words parrot fashion,

‘You think this is the worst practice in the world, Mr James’s treatment plan is all total rubbish and I’m a silly cow for fitting your appointment in at the wrong time.’

Feeding back in this way will usually cause them to respond with:-

‘Oh sorry... No, no that’s not actually what I meant at all.’ This can be work really well as it often helps them to engage more and can snap them out of their emotionally hi-jacked state into a more reflective thought pattern

We don’t, The trust doesn’t the clinic won’t, tolerate bad language used on our premises.

Ideal when patients are swearing in the reception area.

‘I would like you to stop swearing or shouting in this clinic.’ This will serve, only to provoke a personalised response from the disgruntled patient toward you as it’s perceived as being a one on one confrontation.

You can change this to ‘We,’ which now disassociates you and them from each other and add something like;

‘We don’t ever, swear at our patients and don’t expect our patients to ever swear at us! Would you please stop swearing like this immediately or we will be forced to ask you to leave the clinic.

This works when delivered with plenty of direct eye contact and a strong tone!

Use computer mode…

People might say something like ‘

‘You know what I am fed up with this practice, you take our money and you keep us waiting it’s as though you treat us like dirt it’s so unfair. All I want is to be helped cant you see that…I know my rights you know!’

Reply in a totally non personal voice….
'It's always irritating for people when they don’t get the help they feel they need or are entitled to. It's so frustrating and nothing is more distressing than feeling like your being passed around when all you want is help.

Then stop like a locked up computer and no matter how uncomfortable the verbal rant continues to be, when you next speak, continue without emotion in spite of them being upset… This approach works especially well because it’s a neutral approach, its unexpected, your not taking the bait.

A complaining customers’ case is best served when you get angry too. It justifies in their mind why they are complaining all the more.

They want you to become emotional too. Of course what happens is that you actually begin to regain control of the situation by disarming them nicely.

**Empathy**

‘It must have been very frustrating for you to find your new dentures aren’t as comfortable as you had hoped for. I realize this has caused you great inconvenience and I am truly sorry.

If I were in your shoes I am sure I would feel the same way too…

We do try our very best to ensure that the impressions we take are correct and what we do know is that most patients who have begun wearing new dentures often find them initially uncomfortable.

Would you be willing to try them on for another fortnight, maybe for two or three hours per day and if there still completely comfortable for you then we can arrange to have them adjusted or offer you a refund.

Would you be willing to give this a try?

**Overly talkative/nervous mother with child…**

Parents and carers of children will now often need to be present during the appointment more to assuage their own fears. Occasionally they will try to offer reassurance to the child inappropriately and this can interfere with good communication between clinician, nurse and patient.

You could say to them. ‘*Mrs Jones, when you speak over me like this, your daughter listens to you and doesn’t hear me. Good communication is really important so please could you stop speaking to your daughter Ellie during the treatment? If you would prefer, you might like to wait outside and I will have the nurse pop out every few minutes to let you know how your daughter is doing. Would you like that?*
Strategies for standing your ground

In pairs, use any of the above strategies or one of your own to deal with the following problem situations.

The scenario is that you’re a patient who is angry about having to pay a deposit for dental lab work in advance, before the clinic will begin work. You express dissatisfaction and protest because you’re annoyed and it’s unusual for you to have to pay fees in advance, you haven’t ever had to do so before now.

You’re a VDP working in a training practice and you discover that the principal who is shortly to retire and sell the practice has your clinic room stocked with some composite filling material that has reached the expiry date.

You’re concerned about this but when you raise it he tells you that you needn’t worry. Of course, he may be reluctant to pay out for more at this late stage so tackle this in a way you believe appropriate.

You’re contacted by the local school who are asking whether a student of theirs who is also your patient attended for an appointment last week. The person is quite insistent about getting confirmation. What is the correct course of action and what strategy do you use to deal with their enquiry especially as they begin to try and press you for this information.

You’re in the middle of a busy morning session and you discover that a junior member of staff, whose responsibility it is to ensure that the anaesthetic cartridges stores are refilled sufficiently in your room each day, hasn’t done the job. Of course, it’s not the first time this has happened so you need to raise this with them to stop it happening again because you hate having to go on the scrounge whilst the patient is there with you.

You have a patient who is suffering from learning and physical disabilities. They are under the care of a local care home and the staff member is attempting to pressure you to undertake a procedure which you know will be, for the above reasons, difficult to undertake. On top of this you are concerned for the patients well being and ability to recover without complications. Use an appropriate strategy to deal with the enquirer.
How Assertive Are You In Your Work And Life?

Assertive Behaviour

Being assertive is standing up for your rights in such a way that we do not violate another person’s rights. Expressing your needs and wants, opinions or feelings directly, honestly and appropriately.

Submissive or non Assertive

Submissive behaviour is failing to stand up for our rights. Demonstrating a lack of respect for your own needs, wants, opinions or feelings. Behaving in a diffident, self effacing manner, or avoiding the subject altogether by ‘Taking flight’

Aggressive

This is standing up for your rights in such a way that violates the rights of others. Expressing your needs, wants, opinions and feelings in an inappropriate way. Ignoring or dismissing the needs of others, in order to win at their expense.

During the course of your everyday work, you may face a number of difficult or challenging situations. For instance have you ever experienced any of the following?

1. An unreasonable request from a superior in your practice
2. A problem to resolve with a fellow dental team member or a lack of co-operation
3. Having to relay disagreeable information to a patient
4. Objection to a point of view that is forcefully expressed
5. Dealing with an irate or dissatisfied patient without making promises that you may not be able to keep.

These situations and many like them are difficult because your needs may be in conflict with the needs of others. Conflict situations are made better or worse depending on how you handle them. You have three basic choices you can either be assertive, submissive or aggressive.
## How Assertive Are You In Your Life?

Answer the following 20 questions, putting a tick in the box which most accurately describes you.

<table>
<thead>
<tr>
<th>Question</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In a difficult meeting, with tempers running high, I am able to speak up with confidence</td>
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<tr>
<td>2. If I am unsure of something I can easily ask for help</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3. If someone is being unfair and aggressive I can handle the situation confidently</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. When someone is being sarcastic at my expense or at the expense of others, I can speak up without getting angry</td>
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<td>5. If I am being put down or patronised I can raise the issue directly without being aggressive</td>
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<td>6. If I believe I am being taken for granted, I am able to draw attention to it without sulking or getting upset</td>
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<td>7. If someone asks my permission to do something I would prefer them not to e.g. smoke I can say no without feeling guilty</td>
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<td>8. If I am asked my opinion about something I feel quite comfortable to give it even if I think my opinion will not be a popular one.</td>
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<td>9. I can deal easily and effectively with senior people</td>
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<td>10. When given faulty or substandard goods in a store or a restaurant I can state my case well without attacking the other person</td>
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<td>11. When an important opportunity is in the offing I can speak up on my own behalf</td>
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<td>12. When I can see things going wrong I can draw attention to it early without waiting until it is a potential disaster</td>
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<td>13. When I have bad news to give I can do it calmly and without excessive worry</td>
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<tr>
<td>14. If I want something I can ask for it in a direct, straightforward way</td>
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<tr>
<td>15. When someone isn’t listening to what I’m saying, I can get my point across without getting strident or feeling sorry for myself.</td>
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<td>16. When someone misunderstands me, I can point it out without feeling guilty or making the other person look small</td>
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<td>17. When I disagree with the majority view I can state my case without apologising or getting high handed</td>
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<td>18. I take deserved criticism well</td>
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<td>19. I give compliments without being embarrassed and without it sounding like empty flattery</td>
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<td>20. When I get angry, I can express my point of view without becoming judgemental or feeling that I’ve let myself down.</td>
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**Total for each section**

**Grand Total Scored**

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**5 Points for Often / 2 Points for Sometimes / 1 point for rarely / 0 points for Never**

**Scoring Profile and Action**

**75-100** – You are confident and assertive in your approach to situations

**50-75** – Although you can be assertive you would benefit further from working with your assertiveness. Actively practice assertiveness in your everyday life and make use of this manual as a guide.

**25-50** – You are unable to be consistent in your assertive behaviour. Consider doing a course specifically on assertiveness training in the future to help you improve your approaches.

**0-25** - You need some considerable work to develop assertive behaviour. Buy Ursula Markham’s book ‘How to Deal with Difficult People’ and consider as part of your CPD commitment, attending an assertiveness course, many of which are often run by the local deanery.
Handling Setbacks and Life’s Let Downs

Research from Martin Selligman professor of psychology at the University of Pennsylvania dating back from the early 1960’s showed that people react to set backs and positive events in a variety of ways. There was evidence from his research that when faced with difficult or even successful outcomes, people would explain the meaning of these events, to themselves using explanatory styles. These styles were either optimistic or negative with varying degrees. The degrees of these styles were based on explanatory factors such as:

**Personalisation (How I contributed to the event)**  ‘It was all my fault’. ‘I got it all wrong.’ Would be the language pattern of someone who held negative beliefs that were personalised to their actions. On the other hand the same event would affect someone with an optimistic outlook differently. They might say to themselves ‘It wasn’t my fault. I didn’t get this wrong, there were other factors or people that casued this.’

**Pervasiveness (How much of their life is affected by events)**  ‘All the patients have it in for me at this practice’ Would be the thought pattern of someone who held a negative explanatory style and as you can by now guess a practitioner with an optimistic style might say to themselves ‘Sometimes Mr Reece can be a difficult patient but at least the rest of them today are nice and so are the 2,000 others on my list....’

**Permanence (How long will the event effect me).**  ‘I should never have become a dentist/nurse. I am just not cut out for this kind of work, never have been, never will!’ Would be the explanatory style of a negative thinker whereas a more optimistic individual might think ‘It was a shame that filling fell out last week, Im usually good at these things still not to worry, Mr Smith will be back in again on Monday and I will help him with this then.

It was also evident that people with negative explanatory styles would apply the same principles when things went well too. Imagine passing a driving test for example. The negative thinker might say to themselves afterwards; ‘I was lucky today, good job he didn’t ask me to do a 3 point turn in a tight space as I’d never have gotten around...phew thank goodness for that.’ On the other hand a optimist might look at this situation and tell themselves ‘I passed my driving test today because I am a good driver, I knew I could do it...!’
## Working to Improve Your Explanatory Style…

<table>
<thead>
<tr>
<th>Event</th>
<th>Patient complains abruptly that your comments to her daughter weren’t polite and she ought to complain to the PCT about your conduct…</th>
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</thead>
<tbody>
<tr>
<td>Unhelpful activating thought</td>
<td>What have I done wrong this time.</td>
</tr>
<tr>
<td>Situational attribution</td>
<td>The girl wouldn’t take her headphones off in clinic. I needed to speak directly to her face to face and she wasn’t best pleased or interested in being at the clinic either.</td>
</tr>
<tr>
<td>Thoughts during the event</td>
<td>This is a bloomin nightmare..I don’t need patients and their parents going at me like this. I am stretched as it is and I still have a full list to get through</td>
</tr>
<tr>
<td>Thoughts after the event</td>
<td>I really don’t like people who act up like this and aren’t appreciative of the way we try to help them. They’re totally ungrateful</td>
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</tbody>
</table>

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<tr>
<th>Event</th>
<th>Patient complained to me that the about the cost of work and that he’d not realised that this was a private treatment. He said I was ripping him off too in a gentlemanly fashion…</th>
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</table>
Disempowering Negative Beliefs and Explanatory Styles

What evidence is there that disempowers this thought?

How can I prove these thought are true?

What would a friend of mine do in this situation?

How else could I choose to look at this situation?

What isn't a problem right now?

How will this appear to me in 18 months time?

What parts of my life aren't affected by this event?

What is the most useful way to think about this right now?

What can I do to help fix the problem

Who might I call on for advice and more perspective?

What can I learn from this episode and how much better am I now?

What is the next step?
Suggested Reading and information Sources

- **Principles of Complaints Handling** General Dental Council Standards Guidance

- **How to Deal with Difficult People** Ursula Markham

- **Body Language and The Definitive Book of Body Language** Alan Pease

- **Getting to Yes** Roger Fisher and William Ury

- **Dental Complaints Service** Web Site. In particular visit the page link below and you’ll find a prepared complaint making process which you can refer your patients onto for them to prepare a written complaint that will ask the right questions for them to fill in and it helps you work with your patient more constructively because it is designed to tell you exactly what the patient wants you to help them with.


- **Learned Optimism** Martin EP Selligman
- Here you can download the ombudsmans report on NHS complaints service which makes excellent reading  [http://nhsreport.ombudsman.org.uk/](http://nhsreport.ombudsman.org.uk/)

- **Telling Lies** Paul Eckman

- **www.changingminds.org**
  
  Web site that contains lots of useful information on verbal and, non verbal communication skills.

- CQC Publications including Essentials of quality and Safety
Outcomes and Complaints

Learning from poor or unexpected outcomes is often useful, here are some to consider...

Consider who’s listening!

A friend recommends a dentist to a patient and the patient, although very nervous about seeking dental help, knew he had to get the rough edges of a damaged tooth treated sooner rather than later.

Due to unforeseen circumstances, the dentist’s clinic was operating behind schedule when the patient arrived and he was told that the dentist would see him as soon as she could. No reasons were given for this delay and whilst the patient was waiting, he listened to the receptionist talking to a colleague about how the dentist wanted to finish on time as she was expected at a meeting.

When the patient was seen, the dentist said sorry for the inconvenience and proceeded to examine the tooth then put in a temporary filling as she was unsure how long it would survive otherwise. The patient scheduled a follow-up appointment.

In retrospect, the patient felt that the dentist had only put in a temporary filling as she needed to leave for her meeting. The patient was dissatisfied that he would have to attend a further appointment in order to have a permanent filling put in.

When complaining, the patient expressed concerns over the dentist’s course of action as well as the general demeanour of the receptionist who had not sufficiently explained why his appointment was put back. In accepting that the actual treatment he’d received was correct and carried out competently, the patient thought that the quality of care was below par due to the sequence of events in the waiting room.

The dentist was assisted by their defence society in her handling of the situation and she explained her actions to the patient in detail, saying sorry for any lack of communication which he had experienced prior to his appointment.

What do you think from a significant event analysis point of view could be learned and what changes introduced to avoid this happening again??

Cut once, measure twice, it always pays to be precise...

A patient attended an appointment and had two bitewing X-rays. He was told he would need a further appointment for a filling but discovered that he was unable to find a free slot in his work diary to accommodate the dentist’s availability.

The patient said he would see a different dentist in the practice but was unhappy about it. His next appointment was a few weeks later and the dentist administered a local
anaesthetic then prepared a cavity in his lower right first molar. When the dentist could not see any caries following the cavity treatment he was concerned. He looked at the radiographs and was shocked to see they had been wrongly mounted and the caries were located in the lower left first molar, not the right. The patient was told about the mix-up immediately and was very annoyed that a tooth which was actually healthy had been treated instead of the actually cavity.

When the dentist got in touch with Defence Society he found out that the patient had initiated a claim against the practice. The legal document from the patient gave details of the administration of a local anaesthetic which wasn’t needed, the fact that a healthy tooth had been unnecessarily prepared for a cavity and that the patient had actually lost money by having to rearrange an appointment for corrective treatment.

What do you think from a significant event analysis point of view could be learned and what changes introduced to avoid this happening again?

Professional Confidence

A dentist was giving advice to a patient who was terrified of needles. The patient had fallen and damaged her anterior teeth leading to endodontic treatment on her upper incisor. The patient had been talking to her friends about the treatment and had concluded that it would really hurt and necessitate many injections.

The patient insisted on not having endodontic treatment and agreed to the tooth being extracted if that was the only alternative. The dentist thought this was an ill-thought out course of action and knew that the endodontic treatment was the best solution.

The dentist was keen to stay in line with his patient’s request so although she had a long appointment scheduled, he thought he could put the time to the best use by going through all the possible treatments with her one more time. The patient left the practice with no pain in her tooth and with all the explanatory information about endodontics. A week later the practice received a call from the patient saying she was now keen to keep her tooth and receive the endodontic treatment recommended by the dentist.

The dentist thought about how he had dealt with this situation. Having remained respectful of his patient’s preferences and not carried on with the endodontic treatment without her agreement, he had duly spent time with her and given her all the necessary documentation which she needed to make her own choice and agree to the treatment in her own time.

What lessons can you draw from this in the way you approach patients yourself?
**Fortune favours the bold...**

A dentist was about to leave on vacation when he received a letter of complaint and rather than opening this and sending a simple acknowledgement within the 3 day period, he put the letter in his filing pile to be dealt with upon his return. Upon returning he was naturally very busy with other matters including running the surgery and the immediacy of his patients needs and like most people also had a deluge of mail to deal with too.

By the time the actual letter was opened there were another two letters having also been received and by this time the patients tone was irritated to put it politely!

The actual complaint was minor, because the patient who was a regular 6 monthly attendee, had arrived for treatment a little earlier than normal and found the staff away from the main desk having lunch. The patient then sat down to wait. Unfortunately the receptionist hadn’t noticed her in the waiting room and after some time had assumed she was not going to attend.

After 50 minutes the patient came to the desk and asked if the dentist was running late. The receptionist suggested that the problem was caused by the patient not making herself known to staff and the patient left feeling upset. The first letter of complaint arrived. The letters tone was conciliatory and merely asked why the situation had occurred. Suffice to say this had changed by letter number 3 and was threatening litigation for compensation of wasted time.

**What steps would you take to avoid the same situations occurring here and what lessons can be drawn from the way you conduct the response to the event?**

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**Game, set and match...**

A boy aged 11 had been to see his general practitioner regularly since aged 2. The boy was living at a boarding school whilst his parents worked away abroad and the nanny would accompany the boy on each visit. The school was particularly noted for its sporting success’s. The practitioner recommended an orthodontic review to consider the options for treating a missing lateral incisor and a referral was made for an opinion.

Sadly the patient didn’t attend the orthodontist and the nanny was asked to reinforce this to the parents. The child came again aged 15 and told the dentist that he didn’t mind his irregular teeth and didn’t want orthodontic treatment.

Having reached university his skills on the tennis court were widely acclaimed and he was receiving much media attention. He’d also become at age 19, extremely conscious of his appearance so his mother had sought the opinion of a second orthodontist.

‘This should have been treated much earlier’ was the phrase quoted by the lawyers in a claim against the first practitioner, for the cost of treatment that was now being proposed to put things right along with a loss of earnings from an advertising contract that this tennis star had been offered.

No details of the original referral or the warning given to the nanny were recorded in the notes and a discretionary settlement was made out-of-court. **What lessons can be drawn upon here?**
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