

Take it from the top

Dealing with patients can be a sensitive issue and problems do occur, but if your staff consult you before they offer advice, potential complaints can be avoided, says award-winning practice manager Sharon Holmes

What happens when an incident in your practice results in a patient lodging a complaint—one that makes you, as a practice manager, feel responsible because you were in the building, but weren't informed of the problem?

Perhaps there are too many colonels and not enough soldiers in your practice team? Perhaps there are too many people calling the shots, when there really should only be one, which is why you didn't find out about the problem until it was too late.

Don't let it happen

A patient enters the reception area, crying. She is in pain and asks to see her dentist, who isn't in that day. There is another dentist on duty, but he can't see the patient either, as he is too busy and fully booked. The receptionist breaks the news to the tearful patient and advises her to go to another practice in the same area, not too far up the road.

The patient starts to cry and says that she cannot handle the thought as she is in too much pain, so the nurse refers the patient to a clinic some distance away. The patient is so desperate she takes a cab to the clinic, only to be told it isn't open that day. The patient is directed to another practice where she can be seen. The dentist examines her, and informs her she has an abscess.

What went wrong?

All the while the tearful patient was in the waiting room, the practice manager was in her office, but neither the receptionist nor the nurse felt it important enough to call her. I come from a medical nursing background, so this story mortified me.

In hindsight, when I analyse the problem, several issues come to light. The receptionist was new to the dental environment and did not know that you should never turn a patient in pain, away. The nurse, although she tried to be helpful, with her lack of knowledge it meant she gave the patient the wrong information, making the situation worse. The manager was unaware of what was going on. And finally, why was the practice understaffed when it is of a substantial size? In my eyes, it all comes down to poor practice management.

Back to school

Each person involved in the lead up to the complaint should be re-educated in practice procedures and policies and monitored to ensure they have taken onboard the part they played in mistreating a patient in pain.

Nine times out of the ten, things go wrong due to staff being unfamiliar with correct practice procedures. These are a constant-

ly evolving set of rules or instructions. Their involvement should never come to an end. When a member of staff joins your practice, they must be introduced to these procedures. Practice man-

agers must never assume a new member of staff will fall into the practice procedures, because everyone else has. Failure to do this will cause stress to your patients, dentists and nurses.

Dealing with complaints

When a patient lodges a complaint there is a standard Patients Complaints Procedure to follow. These guidelines can be downloaded from the BDA, NHS or Code websites.

These steps should be followed without failure until the case is closed and filed away. Keeping a record of it will enable you to do an audit at the end of the year to monitor what your complaints are and how they were handled. The PCT

also sends you a questionnaire every year to complete, on complaints. If you follow this procedure routinely you are saving yourself a lot of time and trying to produce a report at the last minute.

The moral of the story is as a practice manager all your staff should never make decisions without consulting you first. As Winston Churchill once said: 'From the neck down is worth minimum wage. From the neck up is priceless'. [D](#)

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*Gandavadi A, Ramsay J R E, Burke F J T.
Assessment of dental student posture
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British Dental Journal; in press.

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Going public or private?

In the first of a new series, Ian Stead of Frank Taylor Associates asks whether offering private dentistry or a mixture of both NHS and private treatments is better for business

Spending money on something expensive is usually a longer and more informed process than a cheap, impulse buy. The last time you spent a significant amount of money on anything, did you accept the first option available? I think the majority of consumers would say no. Any retailer who wants your custom is going to tell you exactly how, what you're potentially buying, will benefit your life. When parting with hard-earned money, it is usual to ask questions to make sure that we are buying exactly what we are looking for.

It is a fair assumption that the number of questions asked during the purchasing process is directly correlated with the value of the purchase. Consider buying something significant, such as a new car—only a fool would part with cash before querying the fuel consumption, safety features, price etc. Any salesperson worth their salt is going to give you this information as quickly as possible, while also offering you optional extras. The point here is that you as the consumer, have a *choice*.

Where do you fit?

If we now think about this scenario in the context of your dental practice, you'll find yourself considering whether you are an NHS or private practice. If private, do you offer a full range of treatments or is it a one-level only treatment

plan? Dental professionals are aware of the difference between, say, one crown and another, but this probably isn't communicated to your patients.

A mistake many practitioners make is *assumption*. It is too easy to assume that a patient only needs or wants a certain procedure and quality without actually discussing the full options with them. A common mistake that many dentists make is to prejudge their patients in terms of their disposable income and they type of treatment they are seeking. Often the previous buying pattern of the patient is used as an indicator as to their requirement now, or in the worst case, prejudgements can be made on cars driven or clothes worn.

If we compare this again to the car sales analogy, if you were to enter a car dealership wanting a safe family car, and the salesman silently and automatically points you towards a nippy little two-seater sports model, you wouldn't think much of their service, would you?

Power to choose

Among the definitions of 'choice' in the dictionary are; an act or instance of selection, the right, power or opportunity to choose, an alternative, an abundance or variety from which to choose, something that is preferred or prefer-

able to others, a carefully selected supply.

Private dentistry is founded on providing treatment choice to your patient once their clinical needs have been established. The power then lies with them to



Where do you fit?

make their own choice according to their circumstances, personal preference and their budget.

The concept of choice is easily affiliated with private dentistry. Any consultancy courses will emphasise this fact to dentists: when quality is appreciated, the consumer (patient) will always purchase the highest quality they can

afford, when they perceive the value and are allowed the choice.

Before this can be achieved, a prior requirement is patient understanding. When you understand your patients, they will appreciate your expertise and empa-

sion when they are reclined in the chair, with a light in their eyes and you appear as a disembodied voice from elsewhere in the room—not ideal for creating a good basis to discuss treatment options and expecting them to understand.

The explanation part of this approach is very important—*why* you are offering the treatment you are, *what* you are undertaking at the time of doing it, and how it works. Building confidence in your patients is all about keeping the lines of communication open.

The third aspect of choice, as mentioned earlier, is *showing* your patient the treatment plan, the benefits and advantages of the procedure and, if you have them available, use study models to really give your patient a good mental image of what their choices are, and what they have to expect with each option.

Strapped for time?

NHS dentistry can be less about choice for the patient, and more about what is available for those on a budget. Under the NHS regime there is pressure for the practitioner to work to a very specific timescale, which can often make the dentist feel they do not have the time to be as thorough at explaining any treatments as they might like to be. Recently, budgets are much more under pressure due to Units of Dental Activity (UDAs), with some practices having to pay back substantial amounts of money to their NHS Primary Care Trusts for UDAs not being delivered. With the new dental contract making life rather difficult for NHS practitioners, the future of NHS dentistry remains to be seen.

Of course, offering *both* NHS and private dental treatment at your practice offers patients the ultimate choice of procedures according to their budget and circumstances. □

For additional information please call Frank Taylor Associates on 08456 123434

About the author



Ian Stead

As the son of a dentist, Ian possesses some empathy with dentists and dentistry. It was with this understanding and his excellent knowledge of running a successful business that Ian joined Frank Taylor & Associates in April 2006 as managing director. As the advertisement will contain the contact details I think we could also leave out. For additional information please call Frank Taylor Associates on 08456 123434

thy and develop a bond of trust towards you. Once this dialogue is established, it is easier to communicate as equals and you can begin to broach the idea of treatments without their being suspicious that you're just after their hard-earned money. There exists a preconception of private dentists as being overpaid and money grabbing, and that they use dentistry as an opportunity to charge over the odds for their own personal gains. Many patients have no concept of the varying quality of dental treatments because they have not been told—use the opportunity to educate them.

Educate the patient

The idea of choice seems like a simple concept that ought to be easy to implement in practice service, yet so many people get it wrong. The basis is educating your patients about their individual clinical needs, and also the aesthetics that can be achieved through cosmetic dentistry.

Choice stems from three main principles, and these principles apply regardless of whether you offer NHS or private treatments: firstly, communicate with and *listen* to your patient. Secondly, explain to them the procedures and options comprehensively, as after all, they probably have very limited dental knowledge so explain any jargon that can sometimes be quite intimidating. Finally—*show* your patient your proposals, and use anything you can to illustrate the information you are trying to get across.

It sounds basic, but when you verbally communicate with your patient, maintain eye contact and try and stop yourself looking around the room as you appear distracted and even a bit shifty. An important additional point to consider in this context is trying not to address your patient for a discus-

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