

Learn to love complaints

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British Dental Conference & Exhibition 2015 Manchester Central Convention Complex 7-9 May 2015 www.bda.org/conference

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Good and ongoing communication promotes patient engagement and reduces serious complaints. This article and the associated session at the 2015 British Dental Conference & Exhibition will review how complaints arise and how they can be used to improve the services provided to patients. The article and session will also provide tips and techniques for responding to complaints and concerns in ways that minimise escalation.

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Patients make complaints for a number of reasons and it's important to understand what makes a patient want to complain. If we know more about that a successful outcome becomes more likely. Complaints come in a variety of shapes and sizes and the session at the British Dental Conference & Exhibition will use case studies to demonstrate what can be done to reduce the likelihood of a complaint getting out of hand. In addition, delegates will take away some practical tips on how to respond to complaints and concerns in ways that will minimise escalation. The underpinning messages are that good and ongoing communication promotes patient

engagement and reduces serious complaints. In addition, complaints are an important part of continuous service improvement. In an ideal world a dental practice would have no complaints but instead lots of feedback from patients. Complaints would not need to be made because patients would feel true partners in their own care. They would know their feedback was welcomed and helped to make their practice even better. I know we don't live in an ideal world but we can still keep trying to get there.

BACK TO BASICS

During the conference session delegates will consider the underpinning ethics of complaints and why it is neither desirable nor possible for a practice to receive no complaints. The two ends of the complaint continuum, ie no complaints or tens of complaints, are almost as bad as each other.

Janine Brooks runs her own coaching and training consultancy Dentalia which provides leadership coaching to dental professionals and a broad range of training covering reflective practice, ethical practice, leadership skills, under performance and communication skills. In addition. Janine is also Associate Postgraduate Dental Dean in the Oxford and Wessex Deanery where she is responsible for working with dentists in difficulty. She is also an educational inspector for the GDC, a visiting fellow for the University of Northampton Foundation Degree in dental nursing and a lead clinical tutor developing a Law and Ethics module for Bristol University BUOLD programme. Before this, Janine, a qualified dentist, spent her whole clinical career in community dentistry. In 2003 she was appointed as the first dental adviser to the National Clinical Assessment Authority and went on to become Associate Director (Dentistry).

If a patient receives a service that they are not happy with then they have a right to complain about it. As dental professionals providing a service to our patients we have a duty to respond positively to a complaint when it is made. Complaints are feedback and they are an important aspect of patient engagement and patient-centred dental care. Complaints help us to quality assure what we provide. Each complaint offers the opportunity to look at what we offer through different eyes.

ANATOMY OF A COMPLAINT

A complaint is received... here comes that sinking feeling! Why not choose to think about complaints in a different light? Yes they are criticism, but think of them as constructive criticism. If patients didn't care they would just move on to another practice. I don't mean that small number

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of patients who are chasing the money, I mean the majority of patients who complain because they want things to be different.

By changing the way you think about complaints to viewing them as useful feedback, you realise that you receive feedback (complaints) regularly. You work with that feedback, resolve problems and learn all the time. You might not even be aware of the process.

A complaint is the way patients express their dissatisfaction with the service provided to them and it requires a response, (from dental professionals). The underlying reasons why a patient (or their carer or family member) complains are many. They include:

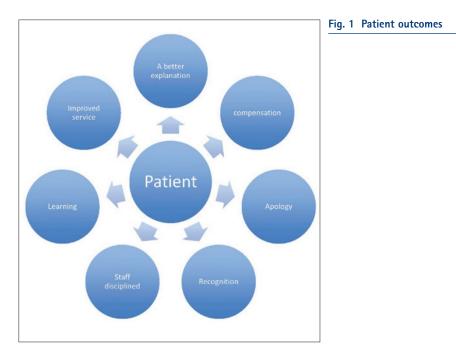
- Lack of understanding (for example, poor communication)
- Poor treatment
- Poor service (for example, attitude of staff, poor time keeping)
- Insufficient information (for example, consent failure).

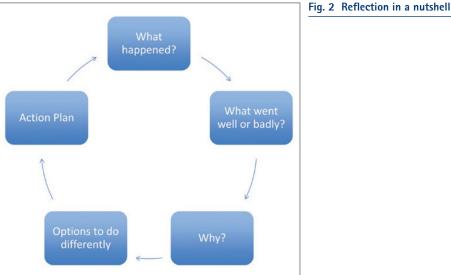
Complaints are essential if the practice is to develop and improve, and when dealt with quickly and positively they can be a practice builder. Working to minimise complaints leads to improved team motivation and better team working, which increases morale. Complaints foster quality assurance. People who complain are seeking an outcome; however, it will not be the same for each person. The sorts of outcome that patients may be seeking are shown in Figure 1.

There can be times when complaints are vexatious or malicious but this is not common. If you ask the patient what they would like to see as the outcome of their complaint then you are much more likely to successfully resolve the complaint locally in the practice. Also you can reduce the possibility that the patient will be unsatisfied and take their complaint further, perhaps to the General Dental Council (GDC), the Health Service Ombudsman or the Care Quality Commission.

USING REFLECTIVE LEARNING TO MAKE COMPLAINTS WORK FOR YOU

Reflective learning is a powerful source of education where you are your own teacher. It's an excellent way to find the learning from a complaint or concern and to use that to strengthen and improve the service provided. To get the most from reflection you need to be honest with yourself, brutally honest. If you try to deceive yourself there is nothing to learn. This can sometimes be hard, sometimes painful, but always rewarding. In addition to being honest, you need to be open to the fact that there are other ways





of thinking about or doing things. There is always something you can learn from every complaint and if you start from that premise, looking at complaints positively instead of being defensive or fearful, you will improve your practice. There are few dental professionals who don't want to improve what they do for their patients. There are a number of different reflective models you can use that will help you take stock of what happened, make sense of it and take the learning forward. During the conference session I will introduce you to a reflective model and use a case study to show how it works. Complaints are not really the problem, it's not learning from them that is, as shown in Figure 2.

Patients who feel you listen to them and act upon what they say are less likely to feel they must resort to writing to the GDC. Complaints, when viewed as positive feedback, should not be avoided, quite the reverse, they should be welcomed. If we are to reduce serious complaints then it is really all about good communication. Communication between staff and communication with patients, their carers and their family.

Key points

- · Complaints are good feedback
- Good communication reduces complaints
- Complaints foster quality assurance
- Using reflective learning models can increase the learning from a complaint
- Dental practices must have an effective complaints procedure.

Janine Brooks will be presenting on this subject on Thursday 7 May 2015 at 4:30 pm at the 2015 British Dental Association Conference and Exhibition in Manchester. Register online at: www.bda.org/conference. Three-day VIP conference passes are free to Extra and Expert BDA members.