Keeping the peace in the practice

Priya Sharma¹ discusses challenging patient interactions and the best ways for the dental team to manage them.

Patients are often incorrectly labelled as 'difficult' or perhaps 'high maintenance'; this is true of the healthcare realm and perhaps particularly so in dentistry. There is a vast amount of literature, case

studies, continuing professional learning and anecdotes citing the 'difficulty' these patients pose and how best the dental team can manage these situations.

The fact remains that at some point these patients are wrongly labelled and to a certain extent stigmatised when they arrive at the practice, in turn unfortunately creating a stereotypical view of these patients. It is prudent to remember that the patient is not 'difficult' but the interaction poses a challenge. Categorically labelling patients as 'difficult' leads to a 'blaming the patient' point of view. Additionally it will colour all future interactions with a particular patient as 'difficult'.

Generally people hope that all their daily interactions, including ones with the dental team, will be smooth and uneventful. However, often many patient factors are interwoven within these interactions such as unrealistic expectations, not taking

responsibility for their own dental health, medical health conditions, assumptions, cultural/language barriers and confusion, among others.

Often the first points of contact for a patient is a dental care professional (DCP), therefore it is important that they confidently manage to de-escalate the challenging interaction. It will not be easy but if handled appropriately all parties will be satisfied with the conclusion.

At the heart and soul of a successful DCP and patient interaction is transparent and seamless communication; this includes both verbal and non-verbal. Be mindful that each interaction will be unique hence a general paintbrush approach cannot be used for all challenging interactions

Active listening

The first element of a successful interaction, whether challenging or not, is to actively listen to the person. You must give your full

¹ Priya Sharma BA (Dist.), BSc (Pharm.), RDN, FRSA, FRSPH is a dental nurse and dental practice manager in London and a GDC fitness-to-practise panellist. Priya graduated as a pharmacist and sociologist in Canada. Her work experience includes pharmacy, medical information, pharmacovigilance, teaching at university, presenting at national conferences and medical writing.

attention to them respectfully at all times. Use positive communication skills such as 'May I suggest to you...' or 'I realise there was a lot to take in...' as opposed to 'You did not...' or 'You should have...'. This will ensure that the patient does not become reactive, leading to a calmer interaction.

It is vital not to change the degree of active listening, especially if the conversation is longer than perhaps you had anticipated. It is possible to attempt to politely re-focus the conversation to the original issues.

Verbal communication

At no point interrupt the flow of the patient and obviously do not argue or be defensive.

It may be that you feel you need clarification; if so, ask open-ended questions encouraging honest feedback. Be mindful not to raise your voice; remain polite and neutral whilst taking professional control without superiority of the interaction. Both parties are equal in the interaction; DCPs should not assume that they are somehow superior. Do not attempt to be demanding or lay the blame on the patient.

Empathy will play a key role and most DCPs will find if the patient truly feels that they have been listened to they in turn are more willing to listen to what you have to say.

Non-verbal communication

At all times be fully aware of your own non-verbal communication. Often it is what you do not say that the patient will remember the most, for example visual cues such as facial expressions and gestures (kinesics) and the distance between both parties (proxemics). Making every effort to be conscious of your non-verbal behaviour will ensure that you are not communicating mixed messages.

Eye contact for a few seconds at a time ensures that you are engaged with the patient, but do not stare at the patient as they may feel confronted or intimidated. In addition, maintain comfortable personal space so they do not feel threatened.

Issue identification

It is mandatory to identify the issues succinctly which is probably the first time in the entire interaction that a bridge is created. Remain neutral, that is, state the patient's concerns and do not accept liability or blame. Acknowledging how they feel does not equal agreeing with them. This will be a very helpful step in the entire interaction.

Apology

Never underestimate the power of an apology. Simply saying sorry for the inconvenience

caused will often put the patient at ease. It does not mean that the patient is right and a dental member was wrong but it does show the respect of the DCP and in the patient relationship.

Asking the patient how they would like the issue to be resolved will prove to be insightful and may actually result in a simple solution. Often it is just pure acknowledgement of the miscommunication and a simple apology which resolves the matter.

ensure that the patient's best interest is central in the interaction.

Albeit a very demanding interaction, professionally, consider it to be a learning experience. Reflect on the interaction and take away learning points that will improve future interactions.

As Albert Einstein said 'In the middle of every *difficulty* lies an *opportunity*'.

**'AT THE HEART AND SOUL OF A SUCCESSFUL
DCP AND PATIENT INTERACTION IS
TRANSPARENT AND SEAMLESS COMMUNICATION;
THIS INCLUDES BOTH VERBAL AND NON-VERBAL.'**

Patient complaints

Remember that the vast majority of patient concerns will not lead to formal patient complaints. However, be prepared that if a patient would like to file a formal complaint, have the practice policy on complaints to hand. All members of the dental team should be trained in how best to manage complaints.

Future

The end of the conversation will demand possible options going forward. This must include the patient's perspective. At all times

Want to know more?

To find out more about dealing with complaints, why not read Priya's BDJ Team article 'The professional approach to handling complaints' from February 2017 - <https://www.nature.com/articles/bdjteam201730>

bdjteam2018105