



## Building an effective dentist-patient relationship

Forging effective relationships with new patients is key for a successful dental practice. This relationship, based on trust and mutual understanding, must be carefully built, starting before the first visit and continuing with each patient encounter.

An effective dentist-patient relationship is mutually beneficial. Patients are more likely to attain better outcomes, and dentists are more likely to have personal satisfaction and avoid legal action.

### Timing is key

The report *Professional Liability in the Dental Practice: Lessons Learned from Closed Claims*, from Dentist's Advantage/AIG, found that when it comes to claims, time matters. For dentists who experienced claims, the percentage of patients who were treated for less than 1 year was much higher than their non-claim counterparts (47.2% vs. 10.7%). There was also an inverse correlation between claims and the length of the relationship between dentists and patients, with claims decreasing as relationship length increased.

Fortunately, dentists can take several steps to establish a strong, long-term partnership with new patients.

### Establish lines of communication

Seeing a new provider is stressful for most people. Dentists can start reducing that stress and building trust before the patient arrives for the first visit.

The dental office should, if possible, send a welcome email to all new patients. The email should be friendly, contain information about the dental provider, and include any required forms. Patients can complete the forms in the comfort of their own home instead of in the office. It is helpful to offer two formats: a PDF that can be printed out and completed by hand (for those less computer savvy) and a "fillable" PDF that patients can complete online. The latter option avoids the problem of illegible handwriting, which can lead to miscommunication between provider and patient. The forms should be located under the New Patient section of the practice's website, along with additional information such as what to expect on the first visit.

Another helpful tool is a checklist of what patients need to bring to the office for their first visit. This promotes the perception that the practice is organized and prevents delays on the day of the visit.

The person making the appointment reminder call should acknowledge that the patient is new to the practice and offer a special welcome. When the patient arrives in the office, staff should greet him or her warmly and provide information such as the location of bathrooms, reading material, and refreshments such as bottled water. Staff can also make positive statements such as, "You'll really like Dr. Smith. He's an excellent dentist." Of course, a welcoming attitude should be reflected in future visits as well.

### Communicate well at every visit

More time should be allotted for the first patient visit. Review credentials and discuss the patient's immediate needs and future goals of care. Encourage them to ask questions and speak up with any concerns. This open communication fosters patient safety and reduces the risk of legal action.

It is also important to reinforce privacy practices and verify that patients know how to contact the dentist during and outside office hours. Providing a list of expectations for both dentists and patients may be helpful as well. General guidelines on the dentist-patient relationship can be found

on the American Dental Association's website: <http://www.mouthhealthy.org/en/az-topics/d/doctor-patient-relationship>.

Communication at every visit should include a complete description of any planned procedure, with documentation of the discussion noted in the patient's dental record. Full disclosure about the risks and benefits of the procedure is essential.

During procedures, keep patients informed about what is happening during each step. Providing explanations about why certain products are used can promote a positive relationship. For example, a dentist might be using a newly released type of equipment because it is more comfortable for the patient. Sharing that with patients shows the dentist cares about the patient's comfort.

Consent forms should be in the patient's preferred language and kept in the dental record once they are signed. Remember, however, that signing a form does not complete the requirement for informed consent. It is the discussion with the patient that is key. All reasonable treatments should be mentioned.

### Evaluate and document

Dentists know to carefully evaluate patients, but that evaluation is particularly key at the first patient visit. Review what the patient has communicated about his or her medical history and add additional information as needed to ensure the history is complete. For example, if the patient has no allergies, clearly indicate that in the dental record rather than leaving it blank. Share any concerns and questions with the patient.

The patient's blood pressure should be checked and documented, and any other assessments completed as indicated by the medical history, before conducting the dental examination. Document all findings and discussions with the patient in the dental record immediately after the visit rather than at the end of the day. The record is your first line of defense in the case of legal action. Electronic dental records are strongly preferred because they encourage the provider to enter complete information in a standardized manner and remove the problem of illegible handwriting. Ensure that the electronic system is secure and backed up on a regular basis.

### Encourage follow-up

Use phone calls, texts, emails, postcards, or a combination of these and other tools to remind patients to schedule annual (or even more frequent) visits, as needed. Creativity is helpful, as is matching the follow-up strategy to the patient. An easy way to accomplish this is to ask patients on the admitting form how they preferred to be contacted. If feasible, consider sending a handwritten note, which will be certain to stand out in the mail.

Patients with a treatment plan who fail to follow up require special attention. In addition to using multiple methods (including a certified letter), it is important to document all efforts to contact the patient in the dental record.

### Remove barriers to care

Consider patient concerns that fall outside of the immediate clinical situation because they can influence patient decisions. One common barrier is cost—in 2014, about 35% of adults aged 19-64 and 62% of adults aged 65 and older did not have dental benefits. In addition, patients may not be able to afford the copay.



Patients with financial challenges may not agree to a treatment plan they cannot afford, even when it is the best option. This not only can harm the patient, it can also harm the dentist: Patients who do not have insurance have a higher incidence of claims compared with insured patients (37.6% vs. 27.9%), according to the Dentist's Advantage/AIG report. In addition, although Medicaid accounted for only 6.2% of claims, it resulted in the highest average payment (\$52,603).

Financial practices should be shared at the first office visit so expectations are clear. Provide estimates of procedure costs and explain what insurance is accepted by the practice so patients feel they are informed and in control. For patients with financial issues, consider offering a payment plan or spacing out the treatment (if it is safe to do so and the patient agrees) so costs are spread over a length of time.

### Obtain feedback

Consider sending new patients a short survey to assess satisfaction with the visit. This signals to patients that the dentist is interested in ensuring the patients are satisfied with the care they are receiving. Surveying patients on a regular basis can help identify problems before they occur.

### A matter of trust

Building and nurturing the patient-dentist relationship makes good business sense and reduces the risk of legal action. Taking the few steps outlined here can make the relationship a success for both patient and dentist.

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### Principles of effective communication

Here are some tips for facilitating patient-dentist communication.

- **Don't appear rushed.** Patients want to feel they have the dentist's (or staff member's) full attention. This can be difficult with a packed schedule, but it is essential.
- **Listen actively.** Lean forward to indicate interest, but be careful not to invade the patient's personal space, which varies by culture. Patients who feel heard tend not to file claims.
- **Make appropriate eye contact.** Most patients want the dentist to look at them, not at the electronic dental record, when talking. Know, however, that appropriate eye contact also varies by culture.
- **Provide information in more than one form.** A common mistake is engaging in information overload. Focus on the most important points when speaking; more detailed information can be in written materials. Offer information in print or as PDFs, which many people find more convenient.
- **Confirm the patient's understanding.** Consider applying the teach-back method, where the provider asks patients to explain in their own words proposed interventions or what they need to do. Learn more about teach-back at [www.teachbacktraining.org](http://www.teachbacktraining.org).
- **Use an interpreter as needed.** In addition, document in the patient's dental health record that an interpreter was used.
- **Choose words thoughtfully.** Even small words matter. Saying "You're always late for your appointment" puts the patient on the defensive. When you use the word "but" as in "I'm happy you chose our dental practice, but ...", patients are expecting something negative to follow.
- **Provide telephone numbers and emails.** Provide the information in print, if preferred, and by text or email. Electronic communication allows patients with smartphones to easily transfer the information to their contacts list.
- **Project a caring attitude.** It may seem obvious, but patients too often feel they are only cogs in the massive wheel of healthcare. Taking just a minute or two before each visit to engage the patient in conversation strengthens the dentist-patient connection.
- **Take simple steps to build trust.** Be honest. If a referral is better for the patient because of a dentist's lack of skill in a particular area, do so. Be transparent if a mistake is made.
- **Do what you say you are going to do.** This seems basic, but consider how often others do not follow through.

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### RESOURCES

Dentist's Advantage Program/AIG. Professional Liability in the Dental Practice: Lessons Learned from Closed Claims.

Nasseh K, Vujicic M. Dental benefits coverage increased for working-age adults in 2014. Health Policy Institute Research Brief. American Dental Association. October 2016. Available from: [http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief\\_1016\\_2.pdf](http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1016_2.pdf).

## When a parent says no

Most parents want the best for their children, but what happens when what a parent believes is best differs from what the dentist believes? If not handled appropriately, this situation can permanently damage the dentist's relationship with both parent and child, leading to dental harm for the child and loss of revenue for the dentist when the child leaves the practice.

To avoid potential problems, dentists must communicate effectively and keep meticulous written records that document conversations and actions taken. They also need to understand the ethical and legal implications of a parent refusing treatment for a minor.

## A matter of ethics

When faced with an ethical situation, dentists should be guided by the American Dental Association (ADA) Principles of Ethics & Code of Professional Conduct. In a 2013 article, Beard applied four ethical principles—autonomy, nonmaleficence, veracity, and beneficence—to the situation of a dentist who had the father of a 12-year-old girl refuse restoration treatment and demand tooth extraction instead. Dentists should understand these principles so they can apply them to refusal situations in their own practice.

*Autonomy* refers to “self-governance,” which indicates the dentist needs to treat the patient according to his or her desires, within the bounds of accepted treatment. In the case of a minor who cannot give consent, the parent becomes the decision maker. Yet, it is appropriate for the dentist to understand the preferences of the child as well. “Within the bounds of accepted treatment” is a key consideration. A parent may refuse a treatment plan recommended by the dentist, but not taking action may fall within “accepted treatment.” If it doesn’t, the dentist has an ethical dilemma.

In the case of *nonmaleficence*, or “do no harm,” dentists are obligated to protect patients from harm. If a dentist feels that failing to provide the recommended treatment places the child at risk for harm, the dentist needs to consider next steps. One option might be to refer the parent and child to another dentist for a second opinion. Confirmation of the treatment plan by another dental professional may cause a parent to reconsider the refusal.

When discussing the treatment plan with the parent, the dentist must adhere to the principle of *veracity* or “truthfulness.” While dentists might be tempted to overemphasize potential risks of not following the recommended treatment plan, they should instead remain scrupulously honest in their communication.

*Beneficence*, or “do good,” provides strong support for dentists to act if they feel refusal endangers the child. Dentists have a duty to “promote the patient’s welfare.” If, for example, the refusal puts the child at risk for impaired oral health, the parent is not acting in the child’s best interest.

## Legal obligations

Legal obligations to report abuse and neglect align with the ethical principle of beneficence. The American Academy of Pediatric Dentistry defines dental neglect at the “willful failure of parent or guardian to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function and freedom from pain and infection.” Refusing to grant approval for a treatment plan that is essential to the oral health of the child would fall under *parental abuse and neglect*.

Dentists are legally mandated in all 50 states and the District of Columbia to report suspected child abuse and neglect. Failure to do so can expose dentists to legal liabilities, fines, loss of license, or even imprisonment.

## A difficult conversation

When a parent refuses the treatment plan, the dentist should remain calm and avoid becoming defensive. The first step should be to try and determine the reason behind the refusal. Possibilities include not understanding the plan and barriers such as lack of money or transportation.

## Documenting the essentials

All discussions related to the refusal should be documented in the patient’s dental record. The goal is to provide evidence for “informed refusal,” where it is clear that the parent understood the treatment options and, most importantly, the consequences of not moving forward with the recommended treatment.

Document the conversation (and the presence of any witness) in sufficient detail to protect the dentist in the case of future legal action. It is best to obtain the refusal of care in writing, and retain it in the dental record, so that the dentist has documentation in the case of legal action.

## Protecting minors, promoting care

Dentists can feel frustrated when a parent does not agree to a treatment plan they feel will help the child. Remaining calm, identifying reasons for the refusal, and addressing those reasons can help resolve the situation. If not, dentists need to ensure refusal is well documented and refer the parent and child to another dentist as indicated.

### Resources for treatment refusal

Dentists may find the following resources helpful when a parent’s refusal is counter to what is in the best interest of the child.

- American Dental Association Principles of Ethics of Code of Conduct. 2016. Available for download at <http://www.ada.org/en/about-the-ada/principles-of-ethics-code-of-professional-conduct>.
- State Statutes Search (<https://www.childwelfare.gov/topics/systemwide/laws-policies/state/>) Dentists can search by state to find statutes related to child abuse and neglect for the states where they practice.

### Informed refusal

Parents who refuse treatment for a minor should be asked to sign an informed refusal form. The form should include:

- the child’s dental condition
- treatment options, including risks and benefits (or a statement that the parent understands the information he or she received about the options)
- a statement that the parent had the opportunity to ask questions and have them answered
- the risks of not accepting treatment
- a statement that the parent is voluntarily refusing treatment for the minor child.

A witness should be present and sign along with the parent. Even if the parent refuses to sign, the witness can sign and date the form to provide more support for the dentist’s actions.



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## IN THIS ISSUE

Building an effective  
dentist-patient  
relationship 1-2

When a parent  
says no 2-3



## Did you know...

...that there is a full library of Risk Management information available to NSDP members on the Dentist's Advantage website?

As a member, you have access to a full range of helpful information that you can use everyday in your practice. They include:

- **Dental Office Forms** – Our Dental Office Forms system represents one of the valuable and useful tools we provide to assist you in managing your practice in the safest way possible. Included in this library are dozens of Record Keeping Forms and Consent Forms. Some examples are:
    - Record Keeping Forms
    - Chart Review Checklist
    - Post Extraction Instructions
    - Consent Forms
    - Consultation/Biopsy Request
  - **Articles** – Browse through our articles index for a specific risk management-related topic.
  - **NSDP Newsletters** – Read past issues of the NSDP newsletters.
  - **Risk Management Webinars** – Our webinars are open to all dentists to learn about risk exposures they might face in their daily practice. Our free web-based-seminars feature presentations made by industry leaders in the insurance and healthcare fields.
  - **Risk Management Alerts** - Periodic alerts to recent changes in dental practice, dental regulation and trends in dentistry.
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