The patient is always right?

Anyone with any training in dealing with the public has heard the saying, “The customer is always right.” But does that hold true in the dental office? Every dental professional will recognize this scenario. The patient comes in and tells the clinician what they do want, or more often times, what they do not want done. The request might sound something like, “I know I haven’t been in for a cleaning in a really long time, but I don’t want any X-rays taken today because I can’t afford them.”

Then the patient continues with comments such as: “Don’t spray any water in my mouth,” “my teeth are sensitive to cold so don’t scrape at them,” and “don’t polish my teeth, the paste is too gritty.” How is the clinician supposed to respond to these patients such as these?

There are two ways to approach this situation. One is for the dental professional to make a case for what “needs” to be done. This begins with the clinician making a case for the necessity for X-rays, water, scraping and polishing. This is followed by the patient reiterating that he doesn’t want any of those things done in a slightly louder and firmer voice.

At this point, the struggle has begun. This scenario will usually end up with one of the individuals being upset over the turn of events, and can even lead to the loss of a patient. Worse, yet, it can lead the patient sharing a less-than-glowing opinion of your practice to other potential patients. The result of this approach may be lose-lose for all parties involved.

What would happen if the clinician would say, “OK” when the patient lays down the ground rules? There is a camp that would say, “Give the customer what they want and keep them happy.” If the patient is happy, would it not be a more enjoyable appointment for all involved?

Taking baby steps to get this patient educated may be the best way to approach this dilemma. The focus here is on making the appointment pleasant enough to get the patient to come back for future appointments so progress can be made toward better oral health. This approach may result in a happy patient who is willing to return and a clinician who feels fulfilled because she was able to work with this patient and make progress.

As with all things, there are pros and cons to each scenario. Because there is no clear-cut answer to this predicament, the office needs to have a policy in place about how it will handle such patients. Is the office going to stand firm in its treatment procedures or is the office going to work with patients who present with these challenges?

Once the policy is put into motion, team members know what is expected of them and they are to act accordingly. This will certainly cut down on the drama and complaining these types of patients usually cultivate in the office.

Best Regards,

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Editor in Chief

‘With modern parenting styles, children may be ill-equipped with the coping skills and self-discipline necessary to deal with new experiences such as a dental visit.’

verbal praise and appropriate physi- cal demonstrations of affection.

• Distraction: Diverting the patient’s attention from what may be perceived as an unpleasant procedure. Giving the patient a short break can be effective. We can also add live modeling, which a recent study found to be more effective than tell-show-do. Live modeling in which the child’s mother underwent treatment first resulted in lower heart rates for children than either live modeling with the father or tell-show-do.

Customizing these techniques, along with keeping up a constant stream of information and never letting anything be a surprise, are the best ways I’ve found for dealing successfully with anxious children. For example: “Tyler, take a look at my special brush. See how it goes around in a circle? Let’s touch your finger. Is it buzzy and ticky? That’s how it’ll feel on your teeth. I’ll start right here on the side, so you’ll know how it works. Is it ticky? Don’t laugh too hard.

“Here’s my water squirter, remember? Here comes the water, and here comes the straw to suck away the extra. Hey, you’re really good at this, Tyler. Look, Mommy’s proud of you. Stay put, we’re going to do the other side next.”

Dealing with parents

As we all know, parents can help or hinder. The AAPD points out that with modern parenting styles, children may be ill-equipped with the coping skills and self-discipline necessary to deal with new experiences such as a dental visit.

Sometimes it helps to ask the parent to let you do the talking. “Tyler can only listen to one person at a time, and right now that needs to be me.” This establishes you (with both parent and child) as the person in control.

Another technique is to make the parent’s presence contingent on good behavior. “Tyler, if you can be a good boy and sit quietly, without fussing, Mommy can stay here and watch. If you’re going to fuss, she’ll have to wait for you out front. Which do you want her to do, stay or go?”

Pediatric behavior management can work well if you begin carefully. Establish a comfortable, caring relationship; exhaustively describe everything that will happen before it happens; and be firm, calm and authoritative about the behavior you expect.

References

About the author

Cathy Hes- ter Seckman is a dental hygienist, speaker, writer and index- er. She is a 1974 graduate of West Liberty State College.

As a hygienist, she has been in general and specialty practices for 29 years, including three years as a temporary hygienist. Since 2005, she has worked in a pediat- ric practice.

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