

# Dental Student

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2021 | Issue 21



## Communication counts – but why does it matter?

Influencing the outcome of a patient complaint

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A round-up of 2021

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Another busy year

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We look at why a patient might want to record a consultation and whether it matters



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# Welcome

From Dental Protection

**Kara Stokes**  
Business Development Executive  
kara.stokes@dpla.com.au



**W**elcome to your latest edition of *Dental Student* magazine!

2020 was an exceptionally challenging year for everyone, and although we still have some further challenges ahead, it feels like we've come a long way since then and are moving full steam ahead in 2021.

Dental Protection is a proud ADSA sponsor and supporter of all of the dental schools across Australia, and although virtual meetings are part of our 'new normal', it's also been great being able to attend events again in person. I recently enjoyed catching up with students at James Cook University and The University of Queensland, as well as Griffith University. We have many new student members who have joined over the past few months and if we haven't met yet, I look forward to seeing you at a uni event sometime soon.

I would like to remind all of our members about the benefits of being a Dental Protection member. We have been supporting dental practitioners in Australia for more than 50 years and, on top of access to professional indemnity, you also receive educational support and expert dentolegal advice. We have recently launched a new online hub for dental students, so I encourage you to hop on to our website for guidance and support on everything you need to know to help you navigate through the challenges of dental school: [dentalprotection.org/australia/hub/students](https://dentalprotection.org/australia/hub/students)

I would like to thank ADSA's president, Joanne, and all of the ADSA liaisons for contributing to this edition of *Dental Student*. I am confident that our readers will find it an interesting and valuable resource.

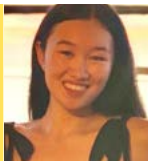
Wishing you the very best for the remainder of the year.

Kara

# Hello

from ADSA!

**Joanne Ling**  
ADSA President



**W**e are the national body working closely with your local dental student society to provide you with a range of incredible opportunities through past, present and upcoming programs, resources and events. While 2020 was not the year that anyone hoped for, 2021 has seen new opportunities and enhanced connections because of it.

With you, our ADSA members, in mind, my committee and I have been working hard on introducing CPD events to universities, a dental advocacy program, a rural volunteering trip, fundraising events, eBook publications, practical demonstration sessions, webinar series and brand new merchandise! This year, we've also kicked off our mentoring program and 'Dentist for a Day' observation program. This is all on top of current projects such as our outreach program, blood drive, podcast series, volunteering opportunities, ADSA talks, ADSA blogs, graduation series and wellness week events. Reflecting on the past few months, I'm so proud of what ADSA has achieved, but it feels like this year is only just getting started! We have even more exciting initiatives lined up, so now is the perfect time to get involved and make the most of everything that ADSA has to offer.

We have received so many questions about our highly-anticipated 2021 ADSA Convention, since it could not go ahead last year. I am thrilled to announce that it will be

in-person this year, with a full week of activities meticulously curated by our convention team. Thanks to COVID-19, we have had almost three years to plan this one event – our loyal convenors have organised academic lectures and workshops featuring some of the most influential and motivating leaders, as well as social events to establish a strong connection among fellow students and with professional networks.

This year, our National Annual Convention will be held in Melbourne from 5-11 December, so save the date and buy your ticket to join hundreds of students across Australia for a week you won't forget! I am confident that this convention will be our biggest one yet.

ADSA is here to support you and give you the best university experience possible, by helping you make lifelong friends from all around Australia and providing valuable resources, advice and up-to-date information on all things dentistry. If you would like to bring anything up with the ADSA team, you can speak to your ADSA university representative, or head to our advocacy tab on our website at [adsa.org.au](https://adsa.org.au). We value your feedback and we'd love to help answer your questions or listen to your ideas, so don't hesitate to contact us – we're here for you!

Joanne





# School Reports Update

Read what other dental students from all over Australia have been up to so far in 2021



# A

## The University of Adelaide

2021 has been a very busy year for the students at the University of Adelaide. We kickstarted the year with festivities of O-Week, which included the Freshers BBQ and Freshers Rooftop party. This was a great way for us to welcome the new first year students!

We've also created a Buddy Mentoring Program, through which we provide opportunities for seniors to provide advice and guidance to the newbies on 'tips and tricks' to get through dental school. This helps ensure a smooth and enjoyable beginning to their dental journeys. We are excited for the yummy bake sale that will be hosted by BDS3 students which will raise funds for the Half-BDS graduation ball.

The end of April saw our dental students driving all the way to Normanville for the highly anticipated DENT CAMP 2021. It was a weekend filled with educational and leisure activities in the day and back-to-back parties at night. The themes this year were 'Anything but Clothes' and 'Scrubs'.

This year, Community Aid were able to successfully run the eighth sleep out, where students experienced what it would be like to sleep in an overcrowded homeless shelter. This wonderful opportunity enabled the school to raise over \$4,000 for the Community Outreach Dental Program, a not-for-profit organisation dedicated to providing dental services for individuals suffering homelessness.

May was also a very busy month. Eight students trekked out to a remote primary school to initiate the launch of the Outreach Program in SA (very exciting). We organised a great day, where the 36 students at the school received an insight into general oral hygiene and educated them through fun activities like the plaque disclosing extravaganza.

**Uday Sen**  
BDS3

CSU's lucky members of the Student



# C

## Charles Sturt University

Dental Association (SDA) have a huge year ahead of them! We kicked off the year by introducing 'First Impressions', a mentoring program targeted at our 1<sup>st</sup> year students. These students were partnered with senior students to help ease the transition into a difficult degree and strengthen the social ties between all year groups, with specialty social events provided throughout the year for those who opt in.

We then held the Crown Cup in March, which is a new annual event that commenced in 2020, where each dentistry year group and a staff team compete in three different sports to earn the Crown Cup Trophy for their year. A huge congratulations to the 5<sup>th</sup> year students for winning the Crown Cup title for 2021!

The annual Roland Bryant Cup was then held in May, which is a fiercely competitive tournament between USYD and CSU students, where both sides competed in five different sports to earn the prestigious trophy. Well done to USYD for taking the trophy home this year, but watch out as CSU will win it back next year!

The Half Way Ball is another great occasion to celebrate our 3<sup>rd</sup> year students' achievement of reaching the halfway point of their degree. At the event each student is awarded with half of their final degree as a symbolic representation of their continued success in the course.

Later in the year, we have even more exciting events such as Dent Revue, to showcase the talents of creative dental students in the form of visual media. We're also looking forward to the Dentistry Ball and Graduation Ball to celebrate the year and success of our dental students!

**Quyen Vo**  
Bachelor of Dental Science (4<sup>th</sup> year)



# G

## Griffith University

GUDSA Icebreaker marked the start of an exciting, jam-packed year at Griffith University, where we welcomed the first years and danced the night away at the uni bar. This year, we welcomed a record of 130 GUDSA Gold Members!

In April, GUDSA hosted an incredible Scrub Crawl in Surfers Paradise, where hundreds of dental students toured popular nightclubs in matching scrubs and enjoyed the coast's nightlife. This was followed by a three-day, two-night retreat at Koonjearre in Springbrook National Park, where we were immersed in nature and enjoyed some wholesome team building across the cohorts, and a superhero themed night around a cosy campfire.

We had the opportunity to mingle and network with dental students from UQ at our UQDSA x GUDSA Beach Day and Cocktail Mixer. UQ students made their way down to the Gold Coast and joined our students for a fun day of sports and beautiful weather at Main Beach.

The ADSA Blood Drive has been in full swing at Griffith, and we are so proud of our students for absolutely smashing it with over 70 donations and counting! Our merch this year includes the classic GUDSA hoodie, cute socks and exciting new scrunchies.

Our academic committee has been working hard with preparing Tooth ID workshops, lectures, and new fortnightly tutorial sessions to help out our first years.

GUDSA has more huge events lined up for the second half of the year, which include a movie-themed boat party, a stunning Dent Ball and our first ever GUDSA's Got Talent for our students to showcase their creative side!

**Cheree He**  
Year 2



# J

## James Cook University

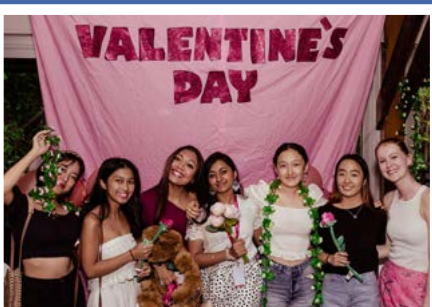
The James Cook University Dental Student Association (JCUDSA) have always done a great job to provide fun social events to students whilst doing their degree. This year, so far, has been no exception.

O'Week, consisting of a barbeque night, a mixer night across all year levels, a 'speed dating' night, an amazing race and the Cairns Party Bus was a time for everyone to make new friends across different year levels and create unforgettable memories! First years were especially made welcome to their new dentistry family. More opportunities to mingle occurred at the Rhino x JCUDSA Mixer Night, where people could eat pizza, dance the night away and raise money for the Royal Flying Doctors Service.

Although Cairns is relatively hot naturally, each year level brought the heat up with their competitive spirits for many of the competitions lined up this semester. Students had their running shoes and team colour shirts on for the Inter-year Sports Carnival, where there was plenty of friendly competition and lots of banter.

Students have eagerly tried hard to donate plasma for the ADSA Blood Drive Challenge. This year's Trivia and Games Night was also a success, raising over \$900 for the Cairns Regional Domestic Violence Service. Fighting for a free Dentistry Ball ticket, students have to be the last one standing in the new 'Assassins Competition' by hitting their designated targets with a sock. Even holding watermelons throughout the day in order to save themselves, students have been desperate to push through the competition.

Laura Vu  
Year 3



# L

## La Trobe University

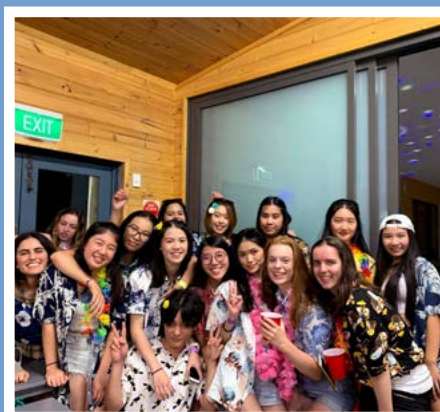
After a year of being locked down due to COVID-19 restrictions, Bendigo Oral Health and Dentistry Society (BOHDS) is excited for a new year packed with fun events. We started 2021 with O'Week festivities (Market Stall Day, pool party and bowling night) to welcome our newcomers to their second home.

Not long after that, the annual BOHDS camp was organised in Creswick, involving three days of themed parties and outdoor activities. These events were not only an icebreaker for first years, they also allowed students from different year levels to get to know each other and catch up after a long year of home isolation. We also had our BOHDS week in April consisting of exciting events such as laser tagging, go-karting, a sports competition and a pub crawl with PJs as the theme this year.

As the first semester of the year came to an end, the long awaited BOHDS ball was held on a Saturday evening in May. As part of BOHDS tradition, each year level showcased their short films on the night to recap their university experience and memorable stories.

Coming up is the annual Dental Sports Victoria competition against Melbourne Uni Dental School, the halfway dinner for our third years, cocktail night and more. Semester two will be just as action packed and we cannot wait for everything it has in store for us!

Lilian Yu  
Year 3



# M

## The University of Melbourne

After a turbulent year of lockdowns, virtual learning and Zoom social events, the Melbourne Dental Students' Society (MDSS) kicked off the year with the iconic Scrub Crawl, a fantastic opportunity for freshmen to scrub up and meet each other as well as their upperclassmen.

Following this, as each cohort was acclimatising to new on-campus learning schedules, Teddy Bear Hospital COVID-safe edition happened – TBH is an initiative run by the University of Melbourne Department of Paediatrics, aiming to educate and familiarise children with healthcare through their teddy bears! Our very own DDS and BOH student volunteers turned up in great numbers with fantastic attitudes, and made sure every child's furry friends went home with brighter smiles and improved oral hygiene habits.

After a year's absence, the famous MDSS boat cruise left the beautiful shores of Docklands yet again. 'Dentchella' was an absolute blast, with everyone enjoying a long-awaited boogie with their fellow students. World Oral Health Day on campus followed, where a stall outside the Sidney Myer Asia Centre was set up to promote good oral health to the wider community. Members of the public received Colgate toothbrushes, toothpaste, ADAVB flyers and the best oral hygiene advice – the whole package. Who doesn't love freebies?

Before semester one came to a close we held an orientation camp in Allambee with the theme 'Athletes vs Mathletes'. In semester 2 there will be another chance to glam up with Cocktail Night, the elite sporting showdown between DDS and La Trobe BOHDS, where Melbourne will hope to retain their undefeated DSV Cup title, battle of the brains aka Trivia Night and, of course, the grand MDSS Ball at the end of the year.

With so much going on both inside and outside the classroom, we cannot contain our excitement for what the MDSS and ADSA have in store for us over the next few months.

Vincent Hou  
Year 3

# Q

## The University of Queensland

We kicked off this year welcoming our new first year cohort, who thankfully weren't stuck overseas due to COVID-19, with big smiles and lots of sausages. The new improved dining and retail discount benefits of being a UQ Dental Student Association (UQDSA) member, were enjoyed by many new students.

In the usual UQ fashion, we've already had a jam-packed first semester, including bringing back an old favourite, a boozy boat cruise along the Brisbane river, in our best jungle fashion. We've also enjoyed dodgeball, a beach day out with Griffith and social sports such as netball and volleyball, and had some amazing guest speakers for academic seminar evenings. Each event always with food and drink to go around. Our very first lawn bowl Sunday took a raincheck but our white clothes are ironed and ready to go!

With our academic changes regarding the use of dental eyewear, the Loupes Tradeshow was a massive success with pack-up finishing over an hour after the event was scheduled to end.

In semester 2 we hope to see some exciting returns of events post-2020 COVID-19 lockdown such as our ball, Halloween party, social basketball, board games night and RUOK day, just to name a few.

It's been very exciting seeing everyone in our minimal and sleek 2021 merchandise this year. Be sure to tune into our Instagram @uqdsa for event details and all the fun we get up to!

**Lisa Zhu**  
Year 4



# S

## The University of Sydney

With the ever-changing COVID-19 restrictions, the start of dental school at USYD was a rough one. This was especially a profound one for the incoming first years as there was no traditional annual welcome, in-person orientation or Dent Camp held to ensure a smooth transition into postgraduate dental school. This meant that many first years were unable to meet their peers as lectures and tutorials continued to be held online with minimal on-campus classes. Nonetheless, the first-year reps were able to hold a scavenger hunt early on in the semester as an icebreaker event. We saw the start of new friendships and a great turnout with the majority of DMD1 students under the one roof, tackling scavenger hunt riddles.

The first official Sydney University Dental Association (SUDA) event was held together with the ADA as an ADA DMD1 welcome night. The event was an informative and invaluable night for students in talking to ADA members and partners about the facets of the dental profession. Students were introduced to programs such as the 'Filling the Gap' charity and the ADA NSW podcasts.

The 2021 Roland Bryant Cup was hosted by CSU. Despite the freezing cold weather, both universities fought head-to-head in soccer, basketball, netball and ultimate frisbee. This year USYD took the win. USYD is looking forward to hosting the cup in 2022.

The next big events on SUDA's calendar are the Dent Cruise, with the theme being 'Washed Up', and the DMD1 Dent Camp, which is currently being organised by the DMD2 year reps, with hopes of being held sometime in September.

SUDA meetings are now officially approved to return to campus. This is exciting news, especially for the DMD1 reps, who now will have the opportunity to meet the SUDA committee in person. There are a number of events in early organisation, with hopes of closing the year on a positive note.

**Aynaz Hosaini**  
DMD1

# W

## University of Western Australia

The start of 2021 was ushered in with the 'Introduction to Dentistry' seminar by the University Dental Student Society (UDSS) Education team to familiarise incoming students with the different specialties of dentistry. We were mind-blown by the different possible avenues that dentistry can take us post-graduation!

Next, 'Prime and Bond' was the first social event of the year! This unforgettable night was an amazing opportunity for DMD students to welcome the first years to dental school and interact with fellow classmates across all year levels.

In addition, UDSS Education hosted two Journal Club sessions throughout semester 1. Highly esteemed guest speakers enlightened students about neuropathic pain and the modes of sedation. There will be more sessions throughout the year to broaden students' knowledge of the different facets of dentistry.

Just before the Easter break, a successful bake sale was held with funds going to St Patrick's Community Support Centre – which is a centre assisting those who are homeless or at risk of homelessness. The funds are going towards the purchase of dentures for some of their clients. Dentures can have a huge impact on one's quality of life by not only opening up so many food options but also giving people the confidence to smile and re-engage with the community.

UDSS Sport's inaugural dentistry vs podiatry badminton competition and successful week-long table tennis tournament in the common room kept us all on our toes. The end of the semester concluded with an ice-skating event in the evening, which was a relaxing way for students to unwind before preparations for exams began!

Semester 1 of 2021 was brimming with excitement and we are looking forward to getting involved in many more events for the rest of the year; follow @udssuwa on Insta for updates.

**Lilly Liu**  
DMD2





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## Recording consults: Things to consider

These days, recordings can be made at just the touch of a button, meaning practitioners and patients now have an extra tool at their disposal. **Dr Colm Harney**, Dentolegal Consultant at Dental Protection, discusses how this will affect consultations

**R**emember those old spy movies? It was cutting-edge technology to conceal a lapel microphone so that HQ could listen in as the evil genius revealed their plans for world domination. Nowadays most patients entering our rooms carry a potentially much more advanced recording device in just their pocket or handbag – a smartphone.

This technology makes it increasingly easy for patients to record conversations whether we like it or not – most phones have a record function and there are also increasingly sophisticated apps designed specifically for recording voice conversations.

What does this mean for dental practice, especially if the idea of having a consult recorded seems invasive, suspicious or threatening?

### Reinforcing patient-centered care

The first and most important point is to approach this phenomenon with a degree of acceptance. We need to be mindful of the possibility and indeed embrace the fact that if every conversation with a patient might be recorded then this can be an incentive to ensure that we always communicate efficiently, effectively and compassionately with the wellbeing of our patient first and foremost.

It is also important to take the patient's perspective and understand how recording conversations could be beneficial for them. Patients don't always understand or recall all the information given during appointments and recordings offer the opportunity for increased engagement and adherence by reviewing the discussions at a more convenient time.

Throw into the mix barriers to effective communication that we encounter in practice everyday such as anxiety, cognitive decline, English not being a first language and even simple distractions such as the noisy dental environment – then it is easy to see how a recorded conversation could be a significant assistant to effective communication with our patients.

Additional weight can be given to use of recordings for conversations where the stakes are higher - discussion of complex treatment plans such as full mouth rehabilitations for example, procedures with serious risks like orthognathic surgery and where there is an increased potential for an emotional response shutting down the thinking part of the brain, such as giving an oral cancer diagnosis.



To this end, apps have been developed in medicine such as **Abridge**, which will not only record the conversation, but use AI to transcribe and define medical terminology and highlight key points such as medication instructions and follow-up times. This can also give an opportunity for family members or significant others to be involved in the process and facilitate support and understanding, as required.

### Maintaining trust within the dentist-patient relationship

We have until now considered overt recording but what about covert recording, done without our knowledge? Again, I go back to the point where the dental team should always behave in a responsible and professional manner and consequently any recording should provide evidence of that.

It is important not to let knowledge that you could potentially be recorded create a sense of distrust or defensiveness towards all patient interactions. At the same time, it is understandable that if you discover, later, that a specific conversation has been recorded, it has the potential to alter the trust base of that dentist-patient relationship, especially if you believe it was done with negative intentions.

There is a legal component to consider and with federal and state legislation regulating the making and use of audio recordings, challenging the patient can be a complicated process. Consent and privacy stand as the most obvious issues but also relevant is how the recording is used, such as sharing with third parties, publishing or posting on social media, or editing or using selective excerpts.

The legislation is not consistent across all states and territories and should an issue arise then specific advice should be sought based on your individual circumstances.

### What should you do if a patient asks to record a consultation?

First, be appreciative that they have asked and then consider the reason or intention for the request. If you agree, you may ask for a copy of the recording so that it can be placed in their dental records. You should verbally date and time stamp the recording and state who is present so it can act as a contemporaneous record.

It may be important to set some context on the information given, just as you might do on a written treatment plan – the advice you are providing is based on the circumstances and information you have to hand at that time and may be subject to change as more information becomes apparent.

If you feel that the recording could be brought to a third party such as another dentist for a second opinion, then it may be wise to acknowledge that different dentists might have different opinions or treatment philosophies, for example variations in orthodontic opinions and treatment modalities between practitioners.

You need to be mindful that the non-verbal part of the communication will not be captured by the recording so any diagrams, pamphlets, written plans given need to be attached. You may also need to specifically verbalise parts of the interaction that can't be conveyed by voice recording alone, such as: "I'm showing Mr Smith a model of a cracked tooth, a pamphlet on RCT and a demo model of a crown."

In summary, the potential for recorded conversations should not be viewed as a threat but, crucially, a motivation for better communication. If we follow the 'as if' rule, and act 'as if' there is a smartphone with the record button on, that should act as an incentive to efficient, effective and courteous communication with our patients at all times, and any overt or covert recording should provide evidence of that.





# Communication counts – but why does it matter?

**Kristin Trafford-Wiesel**, Case Manager at Dental Protection, looks at how and why communication can influence the outcome of a patient complaint

**T**he role of good communication in the delivery of safe healthcare is beyond doubt, but how does communication factor in how we respond to patient complaints? Can the tone of the response impact on the resolution of the issue?

In our previous *RiskBites* podcast “You’ve received a complaint – where did you go wrong?” we detailed the process of responding to a complaint, such as trying to look at things objectively to review the details surrounding the issue or appointment, and trying to remove unhelpful feelings such as the negative or defensive emotions that generally arise as a consequence of receiving a complaint. We also offered some helpful advice on compiling a complaints folder to ensure you can assess patterns in complaints received, to enable you to grow and evolve in how you communicate with your patients and grow as a practitioner.

But there’s even more to a good complaint response.

## Style and tone in your response

Another aspect of dealing with the complaints process, and the intricacies of how to respond appropriately to a patient, is getting the tone and overall ‘vibe’ of your response right. In this article we’ll look at why this matters to:

- the patient,
- your colleagues,
- a critical third party such as the dental board, fair trading conciliator or solicitor, and
- you.

As we’ve previously explored, every person has the right to be heard. If your patient has taken the time to bring a concern to





you, they obviously genuinely feel they have a vital issue that they would like addressed, whether you believe so or not. No-one appreciates having their concerns belittled or ignored and doing so is a sure-fire way of issues escalating, rather than moving towards being resolved.

Many patients want the opportunity to be heard and perhaps are craving further clarification and information about what has happened and why things have progressed as they did. As you will be aware, the time we have with our patients can be limited, with patients often suffering an overload of information, or even difficulty absorbing information if they are in pain, anxious or sleep deprived. Replying to a patient with an “I told you so” response without acknowledging the difficulties they have obviously experienced, and your concern for their wellbeing, is not a helpful way to proceed to a positive outcome.

When responding to a patient complaint, it is always helpful to acknowledge the patient’s worry. Offer genuine concern for the issue and put forward a positive view that now you have been made aware of this, you will be able to work through the process together.

It may be helpful to provide a brief summary of what happened as you recall it, being careful not to sound rude and condescending. Then, a suggestion of how you feel you could move forward – that is fair to everyone when considering the facts – is also recommended.

This process of showing genuine concern for your patient and taking the time to go through the matter can sometimes be all that is required. I was recently working with a Dental Protection member who had experienced this exact scenario.

A patient had attended for an emergency appointment and though the clinical situation was explained at the time, the patient was unable to recall the particulars and this resulted in a complaint regarding the temporary restoration that had been provided. The member talked to the patient, taking the time to show his concern and explain his decision-making process, with the wellbeing of the patient his number one concern.

He very kindly offered a refund to allow the patient the opportunity to have his treatment redone should he wish. This resulted in a response from the patient thanking the practitioner for and politely declining the offered refund, as this was not his main concern; however, acknowledging that what he really appreciated was the time the practitioner had taken to provide a genuine response and not ‘fobbing off’ his concerns.

### How does a complaint affect the wider team?

Handling patient complaints can be quite stressful, and that of course flows on to those around us. We are generally such small and close-knit teams in the dental environment, and what is affecting one of us really has the potential to affect the whole practice. I know that when I can see my colleague is stressed and anxious, it can be quite upsetting as it is easy to absorb other people’s stress and worry.

Also, when the practice is dealing with a patient with a complaint, it is not just the practitioner that is dealing with the situation. It’s also the front of office colleagues, reception or practice manager. It is important to remember that if we are dealing with an unhappy patient, those frontline colleagues are often the ones who are on the receiving end of much of that dissatisfaction, and unfortunately I understand that it is often the case that they receive the brunt of that frustration even worse than we do as clinicians. We need to be mindful of how we are handling the situation and that the repercussions of whether the situation is escalating or deescalating can affect everyone on the team. Everyone needs to feel supported in dealing with these difficult situations, so education and a complaints handling protocol can be really helpful.

### Why complaints matter to a critical third party

The case I outlined earlier showed a great outcome as a consequence of an appropriate response to the patient. Had the response not been appropriate, and the matter escalated to a critical third party such as the dental board or a lawyer, the nature of the communication would certainly have come under scrutiny.

Let us revisit the case and assume that the practitioner had instead provided his response along with a good portion of eye-rolling and a ‘tough luck’ attitude. The patient is now thoroughly incensed. Not only was he genuinely concerned about the filling he had been provided, he has been made to feel silly about his concerns to boot. An angry Google search reveals two appealing options – the first being a nasty online review outlining his exact opinion of the practitioner and his attitude towards his patients’ concerns, which he follows through on with great zeal and flair.



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The next option is to proceed to escalate his ‘unacceptable filling’ to the Health Consumer Complaints Commission. Unfortunately, the HCCC reviews the patient’s complaint and feels that as this is a clinical issue that is beyond them, it requires them to refer the complaint on – and now we find ourselves in receipt of a notification from the Dental Council. Not where any practitioner wants to find themselves.

The notification from the Dental Council requests a response outlining how the practitioner treated the patient and also how the practitioner addressed his patient’s concerns. The practitioner is now left explaining his treatment to colleagues whose job it is to judge the appropriateness of the said treatment, as well as viewing the appropriateness of among other things – the records, consent and communication, and billing, as well as the overall professional conduct in providing that treatment and duty of care to the patient.

A high-handed response to his patient’s communication, which has not engaged with the patient or attempted to address their concerns, is unlikely to be seen in a favourable light. I am sure you could imagine the added anxiety that comes with this scrutiny, even if the practitioner has conducted themselves in line with expectations and standards. As you know, we as health practitioners are held to a high standard when it comes to engaging with our patients and what is expected of us and our conduct with that position of care, knowledge and responsibility is really central to our values.

### Why good communication matters to us

How do we want to perceive and conduct ourselves in our profession of caring for our patients? The complaints process can be a hard slog to deal with, and the defensive emotions that can come with it can really rock us and our sense of self. We did not get into the profession to hurt or make our patients unhappy, and having it brought to our attention that we might not be perceived as we thought can be really hurtful. This is the time for us to dig deep and try to reframe the negatives in a positive way, on how we can improve and how we can respond with care and grace. Obviously not every complaint will necessarily have a basis in fact or be valid, but how we respond in these situations can be a real test of character.

Research has also shown us that apologising has many benefits on our relationships with patients, and it has been shown to decrease anger and blame and positively impact on the trust between the patient and practitioner.<sup>1</sup> If you are not completely sold on apologising as an appropriate communicative step in the complaints process, in *The Power of the Apology*, Beverly Engel states that an apology is crucial to our mental and even physical health.<sup>2</sup>

She goes on to say how research shows that receiving an apology has a noticeable, positive physical effect on the body. An apology actually affects the bodily functions of the person receiving it— blood pressure decreases, heart rate slows and breathing becomes steadier. She also highlights that apologising is good for the health and wellbeing of the person who gives the apology too. So definitely some food for thought there.

As we all know, complaints handling can be a difficult process for us, our patients and the practice. How we conduct ourselves and respond in these situations can be crucial in how the matter progresses and how it affects those around us. We hope that by taking the time to consider this process from all viewpoints, you can positively engage in these difficult interactions to facilitate their resolution, in a way that is a testament to your core values as a health professional.

### Find out more

For more on this topic, listen to our two podcasts in the *RiskBites* series:

- Saying no to patients
- Communication counts, but why does it matter?

Listen now at [dentalprotection.org/australia/podcast](https://dentalprotection.org/australia/podcast)



### REFERENCES

1. Robbenolt, 2009. *Apologies and Medical Error*. Clinical Orthopaedics Related Research, Feb 467 (2) Pp.376-82
2. The Power of the Apology, Beverly Engel. *Psychology Today*. July 2002



# Critical content – the risks of auto templates

Auto-templates are often used by dental practitioners to increase the efficiency of their dental records. However, they can lead to inaccuracies. **Dr Annalene Weston**, Dentolegal Consultant at Dental Protection, considers the consequences

**M**rs C attended Dr D with a tooth ache in her 37. She reported that the pain was continuous, keeping her awake at night, and unresponsive to pain medications. Dr D assessed the tooth and found it to be unrestored and caries free, but with a distal pocket of 8mm and grade 1 mobility. The periapical radiograph was unremarkable, and Dr D offered Mrs C several options including debridement of the pocket only and referral to a specialist for an assessment; on the day, Mrs C opted to try the debridement. However, she failed to attend the scheduled review appointment, leading Dr D to believe that all was not well.

Regretfully, Mrs C attended approximately two weeks after the review was planned with exquisite pain associated with tooth 37. Dr D retook all of the diagnostic tests, and a distal crack was identified. Dr D again offered referral, and also extirpation of the tooth as an option. Mrs C preferred an extraction as, simply put, she had had enough.

The extraction did not go well. Dr D luxated the already mobile tooth, getting some reasonable movement, but on the application of the forceps the tooth decoronated. Dr D spent a fruitless 40 minutes attempting to remove the remaining roots piecemeal, until eventually admitting defeat. Mrs C, tired and overwhelmed, preferred to not proceed with a surgical approach on that day, and refused a referral. She wanted to go home.

Dr D did not enter notes immediately, intending to come back later in the day, as he was now running very late. At the end of what had been an arduous day, it slipped his mind, which meant that the auto-template note only was entered as follows:

**311: 2 x 2% lignospan. Simple exo. Luxators and forceps. HAEM. POIG.**

Not only did this not reflect the truth of the extraction, but also critical discussions with Mrs C were missing.

Listed, in no particular order of importance, the records missing are:

- The reason for attendance
- The patient's symptoms
- The special tests undertaken
- The diagnosis
- The treatment options given, including the risks and warnings of each
- The mode of administration of the local anaesthetic
- The fact the tooth fractured when the forceps were applied

- The fact that the roots were chipping and extracted piecemeal
- The fact the roots were retained, and that Mrs C was advised of this
- The fact Mrs C declined a surgical approach
- The offer of a referral both before the commencement of the extraction, and after the retained roots could not be removed.

Mrs C suffered with pain after the extraction and went to see another dentist. They took a PA and uncovered the retained roots, a fact that Mrs C had either forgotten in the distress of the appointment, or perhaps never truly understood at the time. This discovery, and the new dentist's reaction to Mrs C's apparent ignorance to the facts, prompted her to complain to the regulator.

On this occasion, the regulator chose to meet with Dr D to talk through their concerns. They were clear with him that the failed extraction in itself was not the reason they were considering disciplinary action, but rather the seeming inaccuracy of his records. In the absence of accurate notes reflecting what actually happened, Dr D could not defend himself against Mrs C's allegations that he had not assessed her properly, and that he had not told her of the retained roots, nor offered to refer her to a specialist colleague for management.

Pleasingly, the regulator accepted that Dr D had undertaken appropriate pre and postoperative steps, and that his management of Mrs C was appropriate – he just couldn't prove it. They counselled him regarding accurate record keeping in the future.

### Learning points

- While they can increase our efficiency, auto-templated records must be modified for each patient to accurately reflect the unique circumstances of their treatment.
- Inaccurate or inadequate records do not enable continuity of patient care, as the next practitioner is not party to what really happened on the day.
- Inaccurate records impact on our ability to defend ourselves against allegations.
- Inaccurate records reflect poorly on our professionalism as we are breaching the standard required by our regulator.
- You can check how your records stack up using this **self-reflective tool**.

# Who doesn't love a crown?



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**D**r K was a recently graduated dentist working in a private practice. Miss A, six years old, presented with her mother for a check-up as she was concerned about a possible hole on a back tooth. Examination and bite wing radiographs revealed that Miss A had a large carious lesion on her 75. Miss A's mother was very keen to try to keep the tooth until natural exfoliation and, after extensive discussion of the options, it was decided to undertake pulpotomy and restoration with a stainless-steel crown. To ease Miss A into the treatment, a clean and polish was completed that day, and the patient was reappointed to complete the treatment on the 75.

Miss A returned in the school holidays, accompanied by her father, to complete treatment. The appointment proceeded with no issues and a great final result. Miss A seemed excited about returning to school after the holidays to show all her friends her new 'princess crown' tooth.

Dr K completed her morning of patients and, while writing the records for her final patient, she was interrupted by the practice manager who informed her that Miss A's mother was on the phone, wanting to discuss Miss A's treatment that morning. Thinking this call was likely to check on how treatment had proceeded, Dr K happily took the call, ready to report how well things had gone.

Unfortunately, Miss A's mother was not calling for an update. She was calling as she was quite distressed about the appearance of the stainless-steel crown in her daughter's mouth and to complain that she had not been informed prior to treatment about the lack of aesthetics of the definitive restoration.

Dr K was somewhat surprised by these statements due to the extensive discussions they had had prior to the appointment as part of the consent process and the mother's insistence on wanting the best option for the long-term maintenance of Miss A's tooth. The mother maintained that she did not realise that a stainless steel crown would look black in her child's mouth and would never have proceeded had she been aware.

Dr K felt quite unprepared to respond and so invited Mrs A to come to the clinic for a discussion about the situation, to give them both time to gather their thoughts. She wanted to respond in the best way to ensure a positive outcome for everyone. Dr K called Dental Protection to discuss what had happened and to get guidance on the best way to proceed.

Mrs A arrived at lunchtime and was invited into the practice manager's office to openly discuss the situation. Dr K began by acknowledging that there had been a miscommunication and apologised for the situation they now found themselves in.

Mrs A had had a chance to collect herself on the way to the clinic and they were able to calmly talk through the options again and the best course of action to ensure a functional, pain-free tooth for Miss A until her tooth exfoliated.

After processing the information, Mrs A agreed that she wanted the best treatment for her daughter and though not optimal aesthetically, she accepted a stainless-steel crown was the best long-term option. The meeting was concluded with Mrs A feeling 'heard' and reassured that her daughter was receiving the best treatment for her overall health and wellbeing.

### Learning points

- It is critical to have a clear and thorough consent process, where even things that seem obvious to you are discussed.
- Consider the use of written information pamphlets to complement the consent process.
- This case underlines the importance of inviting an open communication pathway to deal with the resolution of complaints.



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