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Litch's Law Log

Good Communications Equals Good Risk Management

This article was co-written with Kathleen M. Roman, M.S., Risk Management Education Leader for The Medical Protective Company.

The Fall 2009 issue of *Protector*, a publication of The Medical Protective Company¹ featured an insightful article² on doctors' communications skills and the connection to quality care and risk management.

The article acknowledged the challenges in today's environment due to weaker conversational skills of members of the computer generation and the over-reliance on technology. For example, we have all experienced the hard way that an e-mail message does not offer the conversational give-and-take and feedback available in a live interaction, and can sometimes be misunderstood. Good communications are important to a pediatric dental practice, especially as prudent risk management:

"Experts in all areas of professional liability litigation, from underwriters to risk managers, to claim experts, to defense counsel, note poor communications skills are often interpreted as bad manners, callousness, disrespect, and lack of professionalism."³

Even highly competent clinical skills may be overlooked by a patient or a patient's family if they are offended by lack of interpersonal support. Further,

"If a physician or dentist is unable or unwilling to explain the treatment plan, the patient's surprise at an unexpected outcome may trigger a lawsuit—sometimes regardless of the fact that the actual treatment was well within acceptable standards."⁴

The Medical Protective article suggested the following four steps as part of making courteous communications a part of any dental practice's quality initiatives:

1. Make courtesy a part of staff training;
2. Educate everyone in the practice about respectful and diplomatic methods for handling challenging questions from parents or disagreements;
3. Maintain a courteous and respectful work environment for everyone associated with the practice; and
4. Routinely survey patients or families relative to their experience with doctors and staff in the practice.

This might also be a good time to review the AAPD's recently-adopted oral health policy on *A Patient's Bill of Rights and Responsibilities*. This is available in the current Reference Manual and also on the AAPD Web site at: http://www.aapd.org/media/Policies_Guidelines/P_PatientBillofRights.pdf.

The policy states that "[o]pen and honest communication, respect for personal and professional values, and sensitivity to differences are integral to optimal patient care." The policy also recognizes that good communications is a two-way street. Patients and parents/guardians have "a responsibility to keep appointments and when unable to do so, to notify the dental office as soon as possible." There is also a responsibility for "being considerate of the rights of other patients and health care workers and for not interfering with the general functioning of the facility."

Here are some real-life communications problems that have occurred in dental offices:⁵

- A child with a toothache was driven to the dentist's office by his grandmother. The dentist examined the child and

recommended a crown to save space for the eruption of the second tooth. The grandmother agreed and the dentist proceeded with the treatment. The following day the irate mother called the office and instructed the office manager to send the bill to her mother-in-law since she had no intention of paying for dental treatment that was not discussed with her and for which she had given no consent.

- Angry parents initiated a Dental Board complaint when a pediatric dentist discharged the children from her practice due to the parents' non-compliance with the treatment plan. The dentist was surprised to learn that the mother had made three separate phone calls to the dentist's office trying to obtain evening or Saturday office hours for the children's appointments. She had lost her job and due to financial constraints the family had been forced to sell her car. The receptionist had not documented any of these phone conversations and had not told the dentist about the calls. When the parents received a non-compliance warning, they responded with a letter explaining their situation and asking the doctor to work with them in scheduling appointments. This letter (of which they had kept a copy) was misfiled in another patient's record. The dentist never saw it.
- Just before a holiday weekend, a nine-year-old child had undergone numerous fillings while under minimal sedation. On the Saturday following the procedure, the child's mother called the dentist's office and left a message stating that the child was experiencing swelling and redness on one side of his face. Although the dental practice's voice message system

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told the caller to leave a message and that the doctor would return the call, no one returned the call. Later that afternoon the mother called and left another message stating that the child was running a low-grade fever. On Sunday evening the child's father called and left a message that his child was in intensive care at a nearby hospital and that he intended to sue the doctor. The dentist had gone out of town for the holiday and had forgotten to make arrangements for a local colleague to take his emergency calls. In addition, the office manager had neglected to change the voice message so that it took into account the fact that the dental staff would be out of the office for four days due to the holiday. The child was in the hospital for two weeks and suffered permanent nerve damage on one side of his face, which altered his appearance.

So, with these tips and cautionary notes in mind – make good communications a priority!

For further information contact Chief Operating Officer and General Counsel C. Scott Litch at (312) 337-2169, ext. 29, or slitch@aapd.org.

¹ *Medical Protective is the AAPD's endorsed professional liability insurance carrier.*

² *Roman, K. M. (2009, Fall). Quality measurement: doctor's communication skills are important too. Protector. 4-7.*

³ *Ibid.*

⁴ *Ibid.*

⁵ *Medical Protective.*



On March 26, 2010, the AAPD PAC Steering Committee will meet in Washington, D.C., to consider candidate support for the 2010 fall Congressional mid-term elections. If you know of current members of Congress (House or Senate) with whom you have a good relationship and who might merit AAPD PAC support, please contact please contact PAC Secretary C. Scott Litch at (312) 337-2169 ext. 29 or slitch@aapd.org. Also feel free to discuss directly with me and your PAC district representative. The steering committee membership grid is available at <http://www.aapd.org/pdf/PACSteeringCommittee.pdf>

This is your chance to assist the AAPD PAC in making important decisions about how to best allocate its funds. We will also be asking a number of advocates to assist throughout the spring, summer and fall in making PAC check deliveries. Each election cycle we have increased the number of fundraisers hosted by pediatric dentists. This allows us to combine the AAPD PAC's support with individual campaign contributions for a fundraising event that really gains the attention of campaigns. These events increase the visibility of the AAPD PAC and provide an opportunity for our members to thank key members of Congress for their support of children's oral health care. I know this from personal experience because I hosted a fundraiser in my home on Dec. 6, 2009, for **Congressman John Adler (D-3rd N.J.)**. It worked out very well and was a lot of fun. See the accompanying photo.



(l-r) Joel Elfman (pedo/ortho), Paul Pasternack (pedo), Me (handsome one), Steve Barbell (GP), John Adler (congressman), Barbara Rich (GP-Past Pres. NJ State Bd.)

Thanks again for your support and I look forward to your input.
Lewis A. Kay
 PAC Steering Committee Chair