

ACD Engagement Tool

WHAT SHOULD DENTISTS SAY TO PATIENTS WHO ASK ABOUT THE ATLANTIC ARTICLE?

Goal

Patients should be able to make better decisions about their oral health after talking with their dentist. We will know this happened when the patient resolves the gap between what they are concerned about in bringing up the issue.

First Response to question “What do you think about the Atlantic article?”

“Oh, yes I read that. How can I help you better understand it?”

The dentist has only one shot at setting the right tone. First understand the patient’s reason for raising the issue. There is no advantage in answering a poorly defined inquiry. Offer to help, but invite the patient to define what they care about.

Answering the Question

Answer only the patient’s expressed concern, but answer it truthfully.

- “Are there dentists who overtreat or overcharge?” Yes, very, very few, and the profession has a moral obligation to challenge suspicious cases as was described in the article.
- “Is it true that dentists might disagree with each other because there is no real scientific base?” Sometimes dentists will have different opinions because the techniques in dentistry are improving and science is catching up.
- “A friend of mine had a problem like that . . .” [This patient is most likely signaling that they care about the qualifications of the dentist, regards himself or herself is responsible, and is asking for confirmation.] Listen and comment favorably on any accurate and positive aspect of the story.

Cautions

Avoid denying that there are problems or criticizing the article. The patient already has an opinion, and being judgmental may force the patient to choose between their own views and yours. The critical or dismissive dentists is challenging the patient’s integrity. Most likely the patient will protect themselves by remaining silent or telling a friend. Avoid technical answers; patients may see this as trying to hide.

Be Prepared

These situations will come up. Rehearse, memorize, your responses. Remember to give short, direct answers to what the patient really cares about. If the patient wants more, he or she will ask for it – but only if they trust your first response.

HOW SHOULD PROFESSIONALS DISCUSS UNWELCOME NEWS?

Understanding unwelcome news and developing an appropriate response is a process, not an event. Prematurely shortening the process carries the risk of a distorted response.

This engagement tool is intended as a guide for small group discussion about unwelcome news. It would be an excellent activity for, or sponsored by, ACD sections, dental school SPEA programs, specialty organization leadership teams, and others. Unwelcome news is generally defined as known or suspected conduct by some in a group that the group is not proud of when that has become public knowledge.

Goal

Members of a group will better understand what an unwelcome message means. The test is whether participants can create a deeper understanding by sharing views and whether new opportunities can be identified.

Participants

Any natural group, but probably no more than 25 and optimally about eight called together for an hour or more to discuss the unwelcome news. If larger groups are involved, they should be divided into smaller tables with the same process replicated modularly. In this situation the absolute minimum time should be spent reporting out from the small groups to the larger group.

To the extent practical, the group should include any who are affected by any action the group might take. For example, if insurance fraud is being discussed, it would be helpful to have patients, insurance company personnel, and staff members present. The value of a "closed panel" discussion involving only those who find the news unwelcome is uncertain. Predictably, this stalls at the denial or anger level and encourages a "victim" stance and "little speeches" by group members seeking to demonstrate their allegiance to the cause.

Facilitator

This works best with a designated facilitator. Although desirable, this person need not have formal training in that role. But they must strictly adhere to one rule: Maintain full participation (maximum process role) and refrain from making substantive contributions to content. Good facilitators say "What do the rest of you think about what X said?" Those who say "Don't you think the real issue is . . . ?" Should be warned once with a smile, and then invited to leave if they persist. (It is okay to paraphrase, "That was a complex idea. Let me try if I got it right . . . What do the rest of you think?" or to summarize, "So far, I have heard mentioned x, y, and z. Have I missed anything?")

Setting the Expectations

The facilitator says, in effect: "Our job for the next (stated time) is for you to share your thoughts and feelings about xxx. This is a complicated issue. Otherwise we wouldn't need to talk much about it. There are likely to be diverse perspectives about the credibility of the problem, who it affects, and what, if anything, should be done in response. You are here because you care. Our common job is to listen to what each of us cares about. I will direct the traffic so everyone gets a chance to be heard, but I will not

contribute to the content of the conversation. Any questions? We have all read the material or heard the complaint.”

Getting Started

Begin with personal reactions: “How did you feel when you heard xxx?” “What was your response to xxx?”

Almost always this opening will elicit negative emotions and denial of the validity of the criticism. This will often take a negative tone of venting. It is important that these feelings not be dismissed. It may be helpful to ask follow up questions such as, “And what did you do then?” or “Why did you feel that way?” Never judge or allow participants to judge each other. If everybody agrees that the bad news was an undeserved “hit job,” the wrong people are in the group. Wait it out.

Everyone should be invited to participate. The reluctant ones may be nudged off the sidelines by asking whether their responses were similar. Participants will be reluctant to participate positively in the rest of the discussion until they feel their emotions have been acknowledged. Don’t judge other’s motives, especially the motive of others who are not present. Stick to the facts.

Pivoting to Acknowledging Complexity

“Can this issue be separated into parts or would some people see this differently?”

The owning of emotional response may take up to half the group’s time. It is not a waste and cannot be hurried. Denial and anger are to be expected; otherwise it would not really be unwelcome news. Gradually the conversation turns to quibbling. This is the game of accepting some aspects of the unwelcome news, but excusing them as justifiable, unavoidable, or offset by positive actions. Participants might say, “Well, of course there are cases where xxx happened and that is regrettable, but on the whole it is unfair to overlook the good we do.”

The key here is to make this as concrete as possible. This is done with questions, “Can anyone else give another example?” If the group is appropriately diverse, this can be the most exciting part of the discussion. Costs and benefits are unlikely to be the same for all participants.

Escape

“Can someone summarize where the concern expressed in this unwelcome news is coming from?”

Some in the group will seek to neutralize the issue by making it so broad that it is unmanageable. “Well that is just human nature” or “They should know better,” “It’s a problem, but it’s not my problem.”

Such comments are rare when the group is properly constituted to include all those affected by the bad news.

Sometimes it happens that there is general consensus in the group to sidestep the issue. The facilitator might say, “I am hearing several people saying that this is unfortunate but not really anything that we can or should do anything about. Is that the consensus of the group?”

Opportunity

“Do we want to leave this problem for others to solve?”

Sometimes somebody will share actions he or she thinks might help change the unwelcome news into an opportunity. Some members will volunteer to contact others in key positions, gather more information, and engage affected others who have been left out of the present discussion. It is important to hear the suggestions and to validate the speaker. The facilitator should very quickly validate the expectation by saying, “That seems like a new idea worth considering, does anyone else have other ideas?” It is cold water to allow the group to critique anyone who wants to move forward in this kind of setting. It is sufficiently positive that those with initiative have been given tacit approval to act.

It is not the charge of the group to critique proposed initiatives and the facilitator should prevent this from becoming judgment about those trying to respond to unwelcome news. The group as a whole need not and probably should commit to collective action unless it has the recognized authority and has been called for that purpose.

General Thoughts

Notice that the facilitator makes no declarative statements. Except for setting expectations at the beginning, everything is phrased as a question. Notice as well that the discussion is focused on each individual as a self-responsible individual. How *you* feel and what will *you do* are the questions. The great danger in such engagements is deciding what those who are not present should do. That is slightly worse than not having the discussion at all because it creates an impression that complaining is a solution.

A meeting to discuss unwelcome news will be successful if those who participate have a fuller picture of what caused others to express concerns and if the legitimate parts of these concerns can be addressed to reduce future vulnerability. All participants should be enriched to the extent that their feelings were listened to, that their insights were acknowledged, that they are safe in owning part of the opportunity to respond to unwelcome news.