

# Dental Complaints Management – A practice workshop

## Part 1

### Purpose

This guidance is intended to assist you in delivering a complaints management training workshop within your practice. It comprises a facilitator's guide with:

- a) discussion topics and scenarios,
- b) questions that could be asked by the PM/GP/training leads to focus discussion,
- c) questions that could be asked to widen discussion and,
- d) suggested answers along with rationales.

### Materials

- Essential: a copy of these instructions
- Essential: enough copies of scenario and feedback sheets for each group (*attached*)
- Desirable: a flipchart to record identified issues and agreed actions from each group's feedback/discussion

### Preparation

Before commencing training, the facilitator should where numbers permit, separate participants into groups. Ideally these should be no larger than eight people. A multi-disciplinary approach can be helpful, however it is for the facilitator to decide what mix will be best for your practice. If numbers are limited, the team can be split into an administrative group and a clinical group. If the team is larger, groups could be split further, perhaps administrative/reception, nursing, hygienist and dental groups.

## **Group management**

Most staff will be engaged and keen to learn about issues around complaints management, together with practical ways of dealing with common scenarios. However, you may encounter people who want to have a moan about specific things. If so, it is a good idea to let them have their say early on, allowing you to move forward into the learning. Have a flipchart handy to record any relevant issues raised and to note any matters that cannot be addressed or dealt with during the session that should be picked up later. It can be helpful for each group to identify a scribe, someone to take the lead on moving discussions along, and perhaps also a time-keeper.

Occasionally, and despite your best efforts as a facilitator, you may encounter an individual or group who find it difficult to focus on the issues at hand and in such circumstances you may find the 'Circle of Influence' can help bring them back on course in a non-judgemental way (see page 4 below).

## **Handling feedback and discussion**

Each group should be asked to feed-back their points in turn, along with their reasons and constructive suggestions for improvement.

All points should be acknowledged and discussed with the whole group with a view to agreeing any reasonable actions to address them, if appropriate.

When the groups are feeding back to the rest of the team, make sure that individuals are being listened to by everyone. Once they have fed back it can be helpful for you to then summarise their findings and record on the flipchart.

## **Using the discussion guides and scenarios**

The discussion guides and scenarios in [Part 2](#) have been sub-divided into the headings of 'Complaints generation', 'Dealing with face-to-face complaints', 'Conducting a complaints investigation', and 'Responding in writing to complaints'. These should be printed and handed out to the groups after the introductions.

If you are running a training session lasting for 2-3 hours you will probably have time to consider each one in turn. Otherwise choose the most relevant ones for your group. By splitting the attendees into groups it will allow you to give each one a designated topic area to consider.

Ask the group(s) to record their answers on the provided feedback answer sheet.

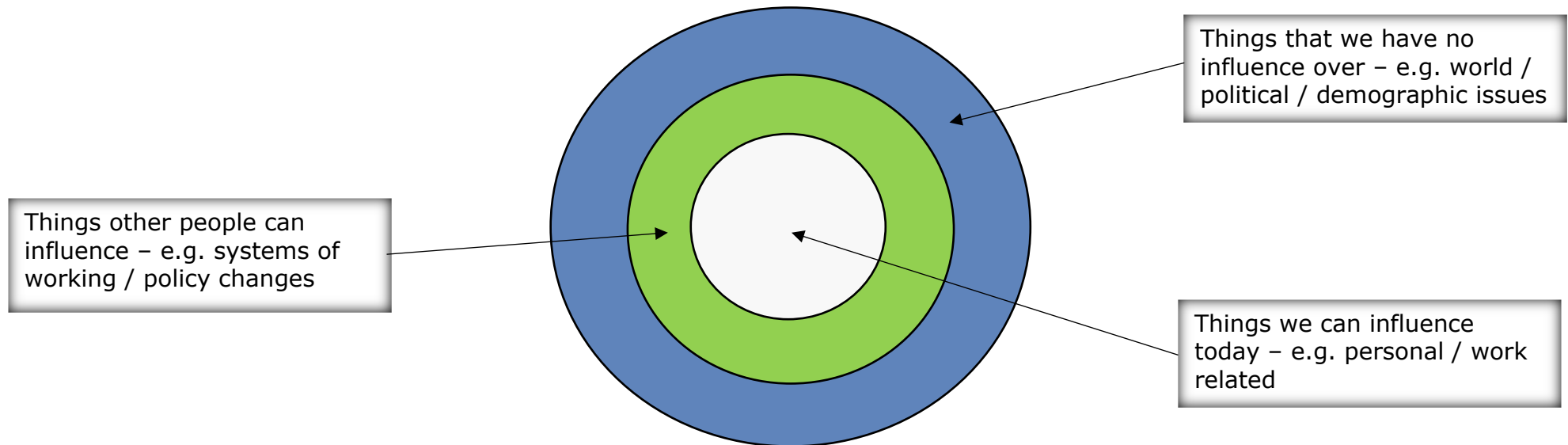
Part 3 provides a facilitator's resource comprising the scenarios, questions and suggested responses, and also questions which can be used during the feedback session to either focus on specific issues or widen the conversation for further discussion. This section also contains hyperlinks to other related resources which may be useful. MDDUS resources require a member login.

The scenarios do not purport to cover all possible circumstances and advice from MDDUS should be sought where appropriate.

### **Risk assessment**

- Appendix 1 contains an action plan template which allows you to document any identified actions/changes you would like to make within each subject area as a result of the discussion/exercises. You can also add in who is responsible for leading the agreed actions.

## The Circle of Influence



At the start of the session, when you are introducing the topic under discussion and outlining the layout of the session, it might be helpful to draw the 'Circle of Influence' diagram above on the flip chart and explain each circle, pointing out that the centre circle is the one we need to be in to learn. The second circle is about things that can go on the flip chart for consideration by the partners and/or practice manager, and finally, there is little point in being in the outer circle as we can do nothing today to change those issues.

*(Adapted from S Covey, (1989) The Seven Habits of Highly Effective People.)*

## **Introduction to the training theme**

This sets the scene for the rest of the learning session and influences how participants will respond. The better prepared you are, the more confident you will feel. While it may seem very obvious, it can help to explain the nature and relevance of the session to the group and what will be expected of them. Smaller group work allows all members of staff to contribute to scenario-based learning, and someone should be prepared to act as the spokesperson when feeding back conclusions. It's important to value the experience within the group and explain that you want them to share their experiences during the session and draw out the best ideas.

## **Relevance of the programme**

It is helpful to explain the relevance of the training session in relation to managing complaints within the practice setting. Here are some suggestions:

- It is both a legal and professional responsibility to listen, respond and learn from comments and complaints from patients. This is part of high quality care delivery within the NHS and it should be actively encouraged. As it cannot be avoided in the complex practice of modern dentistry, it is best to have a positive approach and be well informed. At MDDUS we advise dental professionals undertaking private work to follow the same standards that apply in the NHS complaints management frameworks.
- Receiving a complaint can be both stressful and upsetting. Staff can feel unsupported and fearful of consequences, including litigation. Everyone makes mistakes but it is how they are dealt with that makes the difference. Making a complaint can be equally difficult for the complainant as they may be worried about possible consequences for their future care

Hopefully all participants will be well known to each other, but if there are other individuals present make sure that people introduce themselves before you go any further.

## **Exercise**

*While not compulsory it can help break the ice to now ask participants what their expectations are of the training they are about to undertake. Record their answers on the flipchart and return to them at the end of the session to see what has or has not been fulfilled.*

Explain to the attendees that you will be using complaints management as a basis for discussion. You will provide these in the form of a handout, after which they will be asked to separate into the agreed groups to discuss each scenario in turn, recording their deliberations or conclusions where indicated. They will then reform into a single group where a spokesperson for each sub-group will be identified to feed back their answers. Your job is to facilitate this process with the aid of the discussion and answer sheet provided.

**Alan Frame, Risk Adviser**

# Part 2

## Complaints scenarios and discussion points

### Complaints generation

#### 1. Why do people complain?

When we obtain services of any kind expectations can run high, but the gap between this and the reality can often be huge. Simple imperfections can lead to big disappointments.

Can you identify possible reasons and motivations behind why people feel compelled to complain about a service, and record these in the box below?

#### 2. What do complainants want?

It is our experience at MDDUS that complainants want and expect many different things, usually commencing with an apology!

What do you think a complainant may be trying to achieve or gain by making a complaint? Record your responses in the box below.

3. Name some common reasons complaints arise in a general dental practice setting.

Consider any identifiable trigger points that you are aware of, perhaps from previous experience. Record your responses in the box below.

## Managing face to face complaints

1. 'Active listening exercise'. Please listen to the instructions given to you by the facilitator, carry out the task and then enter your answer in the box below when prompted.

2. 'Sorry seems to be the hardest word'

Do you think that saying 'sorry' to a complainant amounts to an admission of liability?

Please enter 'Yes' or 'No' in the box below, along with your reasons for this.



### 3. Sending positive signals

In your group, please consider and discuss how as individuals you can send positive signals to someone you are communicating with face-to-face.

Record your responses in the box below.

### 4. Negative signals and behaviour – what to avoid

Just as there are positive behaviours and strategies that can be employed to manage a face-to-face complaint, there are also things that have been shown to inflame situations which may already be emotionally volatile. In this type of situation it is difficult to change our thoughts and feelings, but we can modify our own behaviour.

Imagine that you are dealing with an angry complainant face-to-face. Their voice is raised as they try to explain their complaint to you, but they apologise and make it clear that it is nothing personal, but they're absolutely furious about their experience.

What kind of things do you think you should avoid doing under these circumstances? Also consider any phrases you think might exacerbate the situation. Please make a note of these in the box below.

## 5. Questioning styles

While it is important to be able to listen actively to what a complainant is telling you, it can sometimes be difficult to make sense of how they are explaining themselves. While you should avoid interrupting the complainant unnecessarily, you may have to intervene to gain a proper understanding of what they are trying to tell you.

The use of different types of questioning styles may assist you with this.

Please record in the box below any distinct styles of questions that you are aware of.

## 6. Dealing with unacceptable behaviour

Most people will make a face-to-face complaint in a perfectly reasonable manner, but some individuals may feel frustrated, angry and upset, and perhaps even hostile towards you or the organisation/service. It's important to remember that anger is a legitimate emotion in such circumstances and the signs are usually easy to spot, e.g. via body language or facial expressions. Anger in itself should not preclude you from dealing with a complaint.

However, on rare occasions angry individuals may become aggressive or threatening. There are a number of common behavioural pointers that can help identify an individual who is losing control or on the verge of physical violence.

In your groups please identify any 'warning signs' in an individual's behaviour which suggest they could pose a under threat and enter these in the box below.

7. Explain clearly and quickly

A prompt and thorough explanation can work wonders. Can you think of a time when you had cause to complain about something? Did the explanation you were given help or hinder your understanding of what had happened or gone wrong. Did it sound plausible and genuine?

Please discuss together what you think is important and why?

A large, empty rectangular box with a thin black border, intended for participants to discuss and write their responses to the questions above.

## Investigation of complaints

This section of the module is aimed at individuals who have a recognised role or responsibility to investigate complaints.

1. Please indicate in the box below whether the following statements are 'true' or 'false'
  - a) The main aim of a complaints investigation is to establish what happened and where to apportion responsibility.
  - b) The primary purpose of a complaints investigation is to establish the known facts.
  - c) An investigation of a complaint can include the offer of a face-to-face meeting with the complainant and/or representatives

**Please circle your answer:**

- |    |      |       |
|----|------|-------|
| a) | True | False |
| b) | True | False |
| c) | True | False |

2. In your groups, consider what you would do to investigate a complaint and what are the most important elements?

3. Complete the following multiple choice complaints investigation quiz. Circle the correct response to each question.

*Q1 The complainant has not clearly stated the grounds of their complaint.*

- a) Investigate the issues you are clear about, and see if the rest begins to fall into place as you progress.
- b) Summarise in writing or verbally to the complainant, the points you think that they are trying to make.
- c) Tell the complainant that you can't progress your investigation until they make themselves clearer.

*Q2 The complainant is making heavy personal demands on time and resources for the staff dealing with the complaint.*

- a) Restrict their chosen method of contact e.g. email, letter, phone.
- b) Inform them that they are taking up too much staff time and that repeated contacts will delay their complaint response.
- c) Try to 'fast-track' the complaint so that you can close it as quickly as possible.

*Q3 The complainant does not agree with or accept your proposed conclusions or remedy.*

- a) Advise them that the offer represents your final remedy.
- b) Advise the complainant that you have noted their comments, but plan to implement the proposed remedy regardless.
- c) Ask the complainant what they would accept and consider offering a (further) face-to-face meeting.

*Q4 A key piece of information seems to be missing.*

- a) Continue with your investigation without that piece of information.
- b) Advise the complainant that you cannot complete your investigation as you don't have a crucial piece of information/evidence.
- c) Advise complainant of the situation and delay. Answer what you can and seek the missing information to complete the complaint.

*Q5 The complainant raises further allegations whilst the original complaint is still under investigation.*

- a) Add them to the original complaint if relevant, but advise the complainant that it will take longer to complete.
- b) Advise the complainant that they must make a new complaint.
- c) Advise the complainant that you can't investigate their new concerns until you have completed your current investigation.

#### 4. Case study

The patient, Mr B, attends with a fractured lower molar crown and complains of a 'food trap'. The dentist, Ms D, undertakes crown preparation and arranges for Mr B to return for a final fitting. At the fitting, Mr B is asked to 'bite down' on the new crown to check the fitting but he does so with such force that he fractures the new ceramic crown. Mr B was due to travel abroad the next day so a temporary crown is fitted and an arrangement is made to have the new crown sent directly from the laboratory to Germany where it will be fitted by a dentist locally. A letter requesting payment is sent but Mr B replies with a complaint stating that the original problem of trapped food is still present.

What issues does this raise in relation to addressing the complaint? Please discuss and record your findings in the box provided.

## Responding effectively to complaints in writing

1. The Health Service Ombudsman has identified five key areas of concern in the way organisations initially respond to complaints. See if you can identify what these might be and record your answers in the box below.

## 2. Writing a formal written response

The components below are all important elements of a formal complaint letter of response, but not necessarily in the correct or most logical order. Please consider each in turn and order them in what you consider to be the correct sequence in the box below.

- a) Details of your findings and decisions.
- b) Detail the extent and nature of the investigation undertaken.
- c) Inform complainant about accessing independent advice and resolution.
- d) Give details of any corrective actions taken by you to prevent a recurrence.
- e) Suggest further conciliation if matter remains unresolved.
- f) Explain the views of any clinicians / staff involved.
- g) Summarise the complaint and clarify chronology of events.

a)
----

b)
----

c)
----

d)
----

e)
----

f)
----

g)
----



### 3. Helpful v hindrance

Things which can help when formulating a letter of response:

- Address all the issues raised.
- Be objective and factual with your responses.
- If in doubt seek help (e.g. from a senior colleague, dental defence organisation).
- Respond within timescales – there are deadlines!

While all of the above can have a positive impact on a complaint response letter, can you identify some things that could be unhelpful or more likely to inflame the situation? Record your responses in the box below.

## Part 3 - Facilitator's guidance

### Complaints generation

#### 1. Why do people complain?

When we obtain services of any kind expectations can run high, but the gap between this and the reality can often be huge. Simple imperfections can lead to big disappointments.

Ask delegates to identify possible reasons and motivations behind why people feel compelled to complain about a service, and record these in the box below.

#### Supplementary questions:

It may help to ask delegates to think about an occasion where they felt like complaining themselves, and consider the reasons behind this?

#### Answers and rationales:

- Their expectations are not being met. *As I'm paying for it I will not settle for anything less than the best.* This attitude can arise when individuals feel that that because they are paying for NHS services indirectly through their taxation, they deserve a top quality service.
- A sense of entitlement. There is a wide range of customer/patient charters, consumer watchdogs and free legal advice available making patients better informed than ever about their rights.
- Because they can and to be difficult! Fault finding comes naturally to this particular group who seem to want to make things as difficult as possible for themselves and others. They may harbour a seemingly permanent sense of outrage, so trying to appease this group may be difficult.
- They think that they are being helpful. Conversely there are people who have seen, done and understand everything, and sincerely believe that it is their mission and right to show others how things should be done. They think they have great ideas and see themselves as constructive critics. i.e. *If you had another receptionist we wouldn't have to stand waiting as long.*
- It's their "job". Individuals who are acquainted with the law in some way and have made it their primary purpose to demonstrate that you have fallen below acceptable standards. They may have excellent communication skills.

### Answers and rationales continued ...

- Seeking compensation. If they can find a fault with your service they will seek redress by means of compensation.
- The 'Do you know who I am individual'? This is the experienced praying on the inexperienced through intimidation, often quoting influential or powerful people "my solicitor acted for a famous actor" or "my husband plays golf with the local MP".
- And finally – because on this occasion there is appropriate cause for concern.

*(This final point is an important one to focus on and conclude the discussion with, as it is often the one that is overlooked when a complaint is received. It is easy to be annoyed or offended when a complaint about you or you service / team is made and we can sometimes lose sight of the fact that something may indeed have gone wrong that requires a proper investigation and response)*

## 2. What do complainants want?

It is our experience that complainants want and expect many different things, usually commencing with an apology!

What do participants think a complainant may be trying to achieve or gain by making a complaint? Record their responses below.

### Supplementary questions:

You can start this discussion off by suggesting that 'honesty and transparency in investigation' are crucial and ensuring that any confidentiality concerns are addressed.

### Answers and rationales:

The Health Ombudsman has highlighted key themes and reasons which emerged from their investigations into complaints. These include:

- An acknowledgement from the organisation of the wrong that has been done.
- Confirmation that they were right to raise a complaint in the first place.
- To gain an understanding of what did go wrong.
- An acceptance of responsibility from someone.
- A reassurance that the problem has been addressed and will not happen again.
- A reconciliation of the relationship – strange as it may seem, patients often wish to pick up where they left off with the health professionals whom they have complained about.

3. Name some common reasons complaints arise in a general dental practice setting?

Ask participants to consider any identifiable trigger points that they are aware of, perhaps from their own experience. Record responses in the box below.

**Supplementary questions:**

Consider both clinical issues and practice systems and processes.

**Answers and rationales:**

The causes of dental complaints are multi-factorial and commonly include concerns about poor attitudes, communication failures, appointment availability, long waiting times and breaches of confidentiality.

Patients can also often feel anxious and vulnerable when visiting their dentist. Relatively small matters can take on greater significance and create unrealistic expectations.

In MDDUS' experience, primary care complaints often stem from the following trigger points:

- Requests for an urgent appointment due to toothache
- Removal of registration from a practice (often where proper process has not been followed).
- Dissatisfaction with treatment outcomes and dental charges
- Poor management of the patient through the practice from presentation to conclusion, often involving administration or process-driven issues.
- Failure to obtain valid consent for a proposed treatment or intervention, where something subsequently goes wrong.

*The above suggestions are by no means comprehensive but should provide enough material to facilitate a discussion about the types of complaints that are commonly made and why these may occur.*

## Managing face-to-face complaints

### 1. 'Active listening exercise'

The moment of 'first contact' with an individual making a face-to-face complaint can be vitally important. First impressions are formed within the first few seconds of an encounter, and how the member of staff behaves and responds can shape the encounter either positively or negatively.

The ability to listen actively and to demonstrate it is an important skill in this respect, and the following exercise may help participants manage the first contact scenario.

#### Setting the scene:

Split the participants into pairs and ask them to tell each other something about themselves. (60 seconds each)

Ask delegates to return to their original seats and write down their partner's name, and **without looking at them** again, the **colour of their eyes**.

If they don't know or are unsure then ask them to leave blank.

Go round each delegate in turn and ascertain answers and compare if they are correct or not.

*The important aspect of this exercise is that delegates will probably be expecting to listen to their partner and then provide some feedback about what they have been told. While the ability to hear and listen and make sense of what the complainant is telling you is important, it is also helpful to demonstrate that you have engaged with them and are listening actively. This is normally achieved by establishing appropriate normal eye contact at the outset.*

#### Answers and rationales:

Conclude either:

- An important part of connecting with someone else is looking the person straight in the eye. Simply noting their eye colour can help ensure that we are really connecting.

or

- Many/some of you accurately determined your partner's eye colour, which is an important part of creating an immediate connection

## 2. 'Sorry seems to be hardest word'

Ask participants if they think that saying 'sorry' amounts to an admission of liability?

Compare their answers before opening up the discussion further!

### Supplementary questions:

Now suggest the following for participants' consideration:

Once you have listened carefully to their complaint, express regret that the patient is dissatisfied/unhappy/upset. This is not an admission of liability and is often all that the patient needs. But it must sound genuine.

Do they think that this is reasonable?

### Answers and rationales:

- An apology or expression of regret that something appears to have gone wrong does not amount to an admission of any blame or liability. Say 'sorry' and mean it!
- Be sincere, the complainant will detect a forced or automatic response.
- Avoid falling into the trap of apologising on someone else's behalf. This can be tempting, especially if the complainant is angry or upset, but they may end up feeling 'fobbed off' and even unhappier than before. It is also unfair on the other person.
- Be aware of the power of using the 'we' word! As in "*Let's see how 'we' can try to resolve this*". It implies working together to solve the issue at hand and it may encourage the complainant to positively re-evaluate their opinion of you.
- As well as apologising, consider thanking the complainant for bringing this matter to your attention. They will probably not be expecting this and it serves to personalise and frame the encounter positively.
- Conclude this part by again emphasising that a sincere apology is a desirable and positive thing to do. The important part is in the wording e.g. "*I'm sorry that something has gone wrong*" or "*I am sorry that there has been a delay in your diagnosis*" These are not statements of liability.

### 3. Sending positive signals!

In your allocated group please consider and discuss how as individuals we can send positive signals to someone we are communicating with face-to-face.

#### **Setting up the exercise:**

Split the participants into two or three groups as appropriate and ask them to consider the above question. You can provide them with some pointers. e.g. 'body language', 'control of voice', 'physical positioning' and 'use of the environment'.

Ask each group to identify a spokesperson to provide feedback and allow them 5 – 10 minutes to come to their conclusions.

#### **Answers and rationales:**

Once feedback has been obtained and discussed, you can explore the topic further by considering some of the following if they have not already been discussed:

- Re-enforce the lessons from the previous active listening exercise and emphasise the importance of 'showing that you are interested'.
- The member of staff may be behind a reception or other barrier but if not try to stand (or sit) at a 45 degree angle to the complainant. This avoids a face-to-face confrontational position and creates a feeling of open space.
- Try to maintain at least a couple of feet distance between you and the complainant. This may be difficult in the environment you are operating in but it is important not to invade their personal space and to be aware if they are invading yours. You will know if this is happening as you will feel uncomfortable.
- Try to maintain 'normal' social eye contact, which amounts to no more than a few seconds before we naturally glance away briefly. This may be difficult if the complainant is being intimidating themselves, but it is an important signal to send out.



### Answers and rationales continued:

- Sit down with the complainant if possible. This tends to reduce tension, and signals that you are prepared to stop and listen, thus acknowledging the importance of the situation. You may have to ask the complainant if they would like to sit down, or even lead by example yourself. If they refuse to follow or get back to their feet and appear upset or angry, you need to consider your own vulnerability and personal safety and get back to your feet!
- Monitor your body language, especially your posture and facial expressions. What are these conveying? Could it be indifference or anxiety? This is a huge subject area in itself to cover in this workshop, but we are all aware when someone's body language is open and welcoming compared to closed and defensive.

#### 4. Negative signals and behaviour – what to avoid.

Just as there are positive behaviours and strategies that can be employed to manage a face-to-face complaint, there are also things that have been shown to inflame situations which may already be emotionally volatile. In this type of situation it is difficult to change our thoughts and feelings, but we can modify our own behaviour.

Imagine that you are dealing with an angry complainant in a face-to-face situation. Their voice is raised as they try to explain their complaint to you, but they apologise and make it clear that it is nothing personal, but they're absolutely furious about their experience.

What kind of things do you think you should avoid doing under these circumstances? Please make a note in the box below.

#### **Supplementary considerations:**

Please be vigilant when conducting this part of the workshop. Individuals who have previously been on the receiving end of verbal abuse and/or aggression/violence may react badly to thinking about and discussing this particular aspect of dealing with face-to-face complaints. They should not be forced to talk if they feel uncomfortable.

#### **Answers and rationales:**

Explain that it is impossible to be completely prescriptive in this area, as human beings can and do behave in irrational ways when upset, angry or fearful. However there are some pointers that staff should be aware of and try their best to avoid in a face-to-face situation.

- Resist the temptation to raise your voice to the complainant. Instead use the tone of your voice to convey a sense of increased concern and try to 'match the energy levels' of the complainant. Conversely, remaining very subdued and even-toned in the face of obvious hostility could be interpreted as lack of concern or interest in their complaint.
- Some believe meeting any anger with anger could force the complainant to 'back down', however this is an extremely risky strategy and would be very difficult to justify in a professional context.
- Avoid getting drawn into an argument and taking things personally. This is very difficult if you feel that your own actions or that of the service is being called into question. Try to remain objective and do not talk over the complainant when they are speaking.

### Answers and rationales continued ...

- Watch the tone of your voice. Feeling lectured or patronised is a common 'aggression trigger' for people. Think about how you would feel in the same position.
- When people feel trapped or cornered their instinct may be to try to leave or escape. You do not want to be in a position where they are going to have to 'come through you' to achieve this. Make sure there is an unobstructed exit route for both parties.
- Remember, this is a situation where the complainant, rightly or wrongly, believes that they are justified in voicing their complaint or dissatisfaction. It is not a competition the professional has to win, or be seen to win at any cost. Most arguments or conflict situations start with both parties assuming they are 100% right and the other party 100% wrong.
- The situation cannot be resolved if this stance is maintained.
- Otherwise the risk is that a win/lose outcome transpires, with one party left feeling aggrieved and possibly vengeful.
- A lose/lose outcome is equally unsatisfactory, where both parties fail to achieve their objectives. Try instead to seek a win/win outcome where both parties achieve as favourable an outcome as possible under the circumstances.

## 5. Questioning styles

While it is important to be able to listen actively to what a complainant is telling you, it can sometimes be difficult to make sense of how they are explaining themselves. While you should avoid interrupting the complainant unnecessarily, you may have to intervene to gain a proper understanding of what they are trying to tell you.

The use of different types of questioning styles may assist you with this.

Ask the participants if they are aware of different types of questions and, if so, how these may be employed in a face-to-face context.

### Supplementary considerations:

Some participants may be aware of the existence of different questioning styles. You could explore this further by asking under what circumstances they have used these in the past and to what effect.

### Answers and rationales

Explain that there are different recognised ways to ask a question, and that it is important to choose the correct one for the correct situation.

1. Closed
2. Open
3. Leading

Closed questions are useful in situations which demand a straightforward 'yes' or 'no' response, and can always be softened by showing respect and a sincere smile. They can be useful where the complainant is perhaps going on at some length, and you wish to establish something of a factual nature. They are also useful for checking your own understanding of what you have been told, e.g. *"Can I just confirm that you were told to phone after 3pm?"*

Closed questions should not be overused, however, because you are then likely to lose potentially useful information by closing a conversation down too quickly.

Open questions are designed to do the exact opposite i.e. encourage the complainant to 'open up' and offer more explanation or information to assist your understanding of the situation. Open questions commence with the following: who, what, where, why, when and how?

To illustrate this, the following are all framed as 'closed questions' i.e. they are designed to obtain either a 'yes' or 'no' answer. You can ask the participants to change them into an open type format and record the answers on a flipchart for discussion.

### Answers and rationales continued ...

1. Have you read my suggestion?
2. Are you feeling better today?
3. Are you concerned?

The correct responses will look something like:

1. What do you think about my suggestion?
2. Tell me how you are feeling today?
3. What concerns do you still have?

In reality, most people can interchange between these questioning styles appropriately and easily, but it is useful to be aware of how they can be most effectively employed during a face-to-face conversation.

In reality the best quality information can be obtained by skilfully using a blend of both open and closed questions as appropriate.

Caution!

Try to avoid using 'leading' questions. These are questions that are 'pre-loaded' with the assumption that you already know the correct answer and are merely trying to get the complainant to confirm this.

e.g. *"So you are saying that you were told that the pain would settle in a few days?"*

We sometimes resort to this type of questioning if we are short of time or impatient to get to the end of the encounter. The problem is that it might elicit a false or incomplete answer.

## 6. Dealing with unacceptable behaviour:

Most people will make a face-to-face complaint in a perfectly reasonable manner, but some individuals may feel frustrated, angry and upset, and perhaps even hostile towards you or the service. It's important to remember that anger is a legitimate emotion in such circumstances and its signs are usually easy to spot e.g. via body language or facial expressions. Anger in itself should not preclude you from dealing with a complaint.

However, on rare occasions, angry individuals may become aggressive or threatening. There are a number of common behavioural pointers that can help identify an individual who is losing control or on the verge of physical violence.

Split the participants into groups and ask them to identify any 'warning signs' in an individual's behaviour which suggest they could pose a threat, and record these in the box below.

### Supplementary questions:

If participants are having difficulty coming up with things, ask them how they would describe an 'angry man'.

### Answers and rationales:

Once you have obtained feedback, reassure people that, while it does happen, it is relatively rare to be the victim of an assault. One of the contributing factors to this is that staff sometimes stay in situations far longer than is safe or wise to do so, despite reliable indicators that the individual is about to lose control.

Let the participants know that if they do feel threatened or at risk of attack, their priority is to remove themselves from the encounter, get themselves safe and raise the alarm with colleagues. Link this discussion into any practice policies relating to managing people's health and safety at work.

There are 'tell-tale' signs and behaviours in individuals contemplating violent behaviour:

#### Visible changes – body language

These changes can be both obvious and quite subtle and can be seen in:

- Tension in the facial muscles, particularly around the jaw and eyes.
- Flaring of the nostrils and changes to breathing patterns.
- Staring or 'eyeballing' as a means of threat.
- Changes to skin colour. May be red, but also becoming pale.
- Clenching of fists.

## Answers and rationales continued ...

### Tonal changes:

Obvious changes to the tone, pitch and volume of the person's voice can also be another reliable indicator:

- Raising of voice level (could involve shouting).
- Change in tone and pitch of voice – usually becomes higher.
- Pressure of speech – talking quicker and sometimes with breathlessness.

### Behavioural changes:

These can often provide the most reliable clues that you are under threat:

- The use of repetitive language and/or increased use of profanities.
- Questions are put to you in an obviously hostile manner.
- Raising of hands and increased gesticulations. Pointing, jabbing and clenching/shaking of fists are all reliable indicators of potential violence.
- Sudden pacing or standing up from a seated position.
- Moving into your 'personal space' with no good reason causing you to feel anxious or intimidated.
- Throwing or hitting inanimate objects – highly suggestive of an imminent physical attack.

While any of the above signs alone do not necessarily mean that you are in danger, the risk increases the more that are present. Trust your intuition in such situations and act accordingly. Your body's internal alarm system (fight or flight response) will have kicked in. Don't ignore it!

## 7. Explain clearly and quickly

A prompt and thorough explanation at the end of dealing with a face-to-face complaint can work wonders. Ask participants if they can think of a time when they had cause to complain about something themselves? Find out if the explanation they were given helped or hindered their understanding of what had happened or gone wrong. Did it sound plausible and genuine?

Ask them to discuss together what they think is important and why?

### **Answers and rationales**

It may be possible to offer a quick and concise explanation to the complainant about what has happened. Here are some key points, most of which also apply to written explanations:

- While listening to what you are being told, try to focus on the key issues that the complainant is concerned about. Try to summarise the main points in your head so that you are in a position to confirm your understanding of their complaint.
- When feeding back to the complainant with your explanation or suggestions, use clear unambiguous language and avoid any use of technical or medical jargon.
- Once you have provided your explanation check that the complainant has understood.
- Ask the complainant if they have any further questions and respond accordingly.
- Ask the complainant if your explanation has answered their concerns.
- If appropriate, reassure them that any required or agreed actions will be dealt with promptly. Remember that wherever you are working in the UK there are designated timescales in place for responding to NHS contract complaints.



## Investigation of complaints

This section of the module is relevant to individuals who have a recognised role or responsibility into investigating received complaints.

1. Ask participants to indicate in the box provided whether the following statements are 'true' or 'false'
  - a) The primary purpose of a complaints investigation is to establish what happened and where to apportion responsibility.
  - b) The primary purpose of a complaints investigation is to establish the known facts.
  - c) An investigation of a complaint can include the offer of a face-to-face meeting with the complainant and/or representatives.

### Answers and rationales

- a) False
- b) True
- c) True

#### *Discuss:*

- Investigations are best undertaken in a climate of openness and dispassion, with the aim being to establish the facts, not apportion blame.
- Remember, an investigation will sound biased if it simply assumes that the dental professional's version of events is the correct one.
- If the complaint involves clinical matters the relevant clinician(s) should be given a copy of the complaint and encouraged to respond with written comments, which can later be included in a formal response.
- A meeting with the complainant in the presence of the complaints officer and relevant staff can often assist in resolving matters amicably.
- Make sure staff understand that complaints relating to NHS treatment must be investigated and responded to in line with the relevant complaints management standards in England, Scotland, Wales and Northern Ireland. These all include specific timescales for responding in writing.
- Patients who have received private care may raise a complaint with the Dental Complaints Service who are based at 37 Wimpole Street, London and funded by the General Dental Council. Their purpose is to mediate between private patients and dentists to try to reach an acceptable resolution. The Dental Complaints Service can, where appropriate, refer concerns to the General Dental Council to commence a 'fitness to practise' investigation.

2. Split participants into pairs or their groups, and ask them to identify what they consider to be important elements of a complaint investigation. Ask them to record their answers in the box provided.

### Discussion:

Encourage feedback and open up a discussion on why they consider their identified elements to be important. Also consider if there could be any potential disadvantages to their reasons.

### Answers and rationales:

The following elements can act as suggestion points to assist discussion. They are all important components of a complaints investigation procedure:

- Interview all team members involved, or ask them for written statements.
- Record all aspects of the investigation, including any conversations with individuals.
- The objective should be to provide a full and honest explanation of what happened, with an agreed action plan if appropriate.
- Do not be unreasonably critical of colleagues or protect them from the truth either – *and never alter case notes*.
- When all relevant facts have been considered, respond to the complainant *i.e. offer face-to-face meeting/provide a written response*.

In addition, the Parliamentary & Health Service Ombudsman in England also makes the following observations concerning a complaints investigation:

- The objective is to establish what happened? What should have happened? Where are the gaps?
- Was there maladministration or service failure involved?
- Uphold complaint if a material injustice or hardship arises.
- Share your provisional reviews internally in a draft report and seek comments.
- If hardship or injustice remains unresolved, make specific recommendations.
- Check compliance with all suggested recommendations.

### 3. Complaints Investigation Quiz

Ask the participants to complete the following multiple choice complaints investigation quiz, and compare their answers.

#### Supplementary considerations:

Explain to participants that these scenarios were compiled by the Scottish Public Service Ombudsman (SPSO) and explore difficulties commonly encountered during complaints investigations. They are accompanied by suggestions and rationales for the correct responses.

**Answers and rationales:** *the correct answer is highlighted in yellow*

**1. The complainant has not made clear what the grounds of their complaint are**

- a. Investigate the issues you are clear about, and see if the rest begins to fall into place as you progress.
- b. Summarise in writing or verbally to the complainant, the points you think that they are trying to make.
- c. Advise the complainant that you can't progress your investigation until they make themselves clearer!

**2. The complainant is making heavy personal demands on time and resources for the staff dealing with the complaint**

- a. Restrict their chosen method of contact i.e. email, letter, phone.
- b. Inform them that they are taking up too much staff time and that repeated contacts will delay their complaint response.
- d. Try to 'fast-track' the complaint so that you can close it as quickly as possible.

**3. The complainant does not agree with or accept your proposed remedy**

- a. Advise them that the offer represents your final remedy.
- b. Advise the complainant that you have noted their comments, but plan to implement the proposed remedy in any case.
- c. Ask the complainant what they would accept and consider offering a (further) face-to-face meeting.

**4. A key piece of information seems to be missing**

- a. Continue with your investigation without that piece of information.
- b. Advise the complainant that you cannot complete your investigation as you don't have a crucial piece of information/evidence.
- c. Advise the complainant of the situation and delay. Answer what you can and seek the missing information to complete the complaint.

**Answers and rationales continued:** - *the correct answer is highlighted in yellow*

**5. he complainant raises further allegations whilst the original complaint is still under investigation**

- a. Add them to the original complaint if relevant, but advise the complainant that it will take longer to complete.
- b. Advise the complainant that they must make a new complaint.
- c. Advise the complainant that you can't investigate their new concerns until you have completed your current investigation.

#### 4. Case Study

A patient attended with a fractured lower molar crown, and complaining of a 'food trap'. The dentist undertook crown preparation & the patient attended the Practice for a final fitting. The patient was asked to 'bite down' on the new crown to check fitting, however, he did so with such force that he fractured the new ceramic crown.

The patient was due to travel abroad so a temporary crown was re-fitted and an agreement was reached to have the new crown sent directly to Germany from the laboratory, for fitting by a dentist there.

When payment was requested a letter of complaint was received stating that the original problem of trapped food still existed and payment was refused'

#### **Answers and rationales:**

Discuss participants' responses, and draw out any additional learning from the list below.

*From a dento-legal perspective, the following may be considered important in this particular case:*

- Have all the complainants' issues been clearly identified from the letter of complaint, or would there be benefit in offering a face-to-face meeting to clarify anything, bearing in mind the patient is now abroad?
- Patients have the right to question the treatment and service provided by dental practitioners.
- Had the patient been provided with a copy of the practice's complaints procedure?
- Had the patient been provided with clear information in advance about the treatment plan and possible costs?
- Are all the concerns contained in the letter of complaint accurate? A careful review of the dental records may be required.
- If the complaint is going to take some time to fully respond to, the complainant should be kept informed of any delays and the likely timescale for a full response.
- Consider offering to meet with the complainant, and highlight access to local patient support services and the right to refer to the Ombudsman?

## Responding effectively to complaints in writing

1. The Health Service Ombudsman has identified five key areas of concern in the way organisations initially respond to complaints management. See if you can identify what these might be and record your answers in the box below.

### Answers and rationales:

You can develop this discussion by pointing out the identified issues that are commonly raised about complaints responses:

- Poor explanations being provided by the responder.
- Response was incomplete and did not address all raised issues and concerns.
- Unnecessary delays in responding to a complaint.
- Factual errors are contained in the response.
- No acknowledgement of errors / mistakes were made.

## 2. Writing a formal written response

The components below are all important elements of a formal complaint letter of response, but not necessarily in the correct or most logical order. Ask the participants to consider each in turn and order them in what you consider to be the correct sequence in the box below.

- a) Details of your findings and decisions
- b) Detail the extent and nature of the investigation undertaken
- c) Inform complainant about how to access independent advice and resolution.
- d) Give details of any corrective actions taken by you to prevent a recurrence
- e) Suggest further conciliation if matters remains unresolved
- f) Explain the views of any clinicians / staff involved in the complaint
- g) Summarise the complaint and clarify chronology of events.

### Answers and rationales:

The following is the suggested correct sequence order when formulating an effective letter of response. Provide the correct answers on a flip chart and allow the delegates to consider and discuss why.

- Summarise the complaint and clarify chronology of events.
- Detail the extent and nature of the investigation undertaken.
- Explain the views of any clinicians / staff involved in the complaint.
- Details of your findings and decisions.
- Give details of any corrective actions taken by you to prevent recurrence.
- Suggest further reconciliation if matters remain unresolved.
- Inform complainant about how to access independent advice and resolution.

### 3. Helpful v hindrance

#### *Things which can help when formulating a letter of response*

- Address all the issues raised.
- Be objective and factual with your responses.
- If in doubt seek help (e.g. from a senior colleague, dental defence organisation).
- Respond within timescales – there are deadlines!

While all of the above can have a positive impact on a complaint response letter, ask participants if they can identify some things that could be unhelpful or more likely to inflame the situation? Record responses in the box provided.

#### **Answers and rationales:**

- Writing an emotional, hasty response and sending it off without reflection
- Referring to an 'unblemished record'. This can appear to question the veracity or honesty of the complainant's concerns
- Being unnecessarily confrontational or defensive. This can include being dismissive about the nature or substance of the complaint,
- Inappropriate use of dental jargon, terminology or acronyms. This serves no useful purpose and may only prompt the complainant to seek further clarifications.
- Remember that refunding a patient for their treatment may be appropriate where care has been unsuccessful or in some cases where the patient simply remains dissatisfied. This is not an admission of liability or negligence, and although there is no official vehicle in which to provide compensation, from the view of the dentist it is appropriate in attempting to resolve the complaint and allowing the patient to seek care from another practitioner.



**For further information and resources please visit: (Requires member log-in)**

**Managing Face to Face Complaints (MDDUS video module)**

<https://www.mddus.com/account/login?redirectTo=%2ftraining-and-cpd%2ftraining-for-members%2fvideo-presentations%2fmanaging-face-to-face-complaints>

**Dental Complaints Handling (online course)**

<https://www.mddus.com/training-and-cpd/training-for-members?filters=BA8A82F6A100493582A1CF75335E899C|2924899C6C2F46CEB77CF6F2D019C94E>

**Complaints Handling Checklist (MDDUS checklist)**

<https://www.mddus.com/training-and-cpd/training-for-members/risk-checklists/consent-checklist>

**Complaints – Dental Toolbox**

<https://www.mddus.com/training-and-cpd/training-for-members/dental-risk-toolbox>

## Appendix 1

	Action Points – Complaints generation	Timescale	Owner
1			
2			
3			

## Appendix 1

	Action Points – Managing face to face complaints	Timescale	Owner
1			
2			
3			
4			

**Appendix 1**

	Action Points – Managing face to face complaints	Timescale	Owner
5			
6			
7			

## Appendix 1

	Action Points – Investigation of complaints	Timescale	Owner
1			
2			
3			
4			

	Action Points – Responding effectively to complaints in writing	Timescale	Owner
1			
2			
3			