Student dentist

Matt has been providing treatment for Margaret, a 75 year old patient. There were no issues with the clinical treatment that Matt had carried out, and which was of a good standard. Margaret appeared upset at the end of the last appointment. The supervisor noticed and asked how they could help. Margaret reported that, “throughout all of the appointments Matt had spoken very slowly and patronisingly to her and hadn’t fully explained the treatment.”

Margaret was reluctant to say anything further but did after reassurance from the supervisor. She felt as though she was being treated like a second class citizen due to her age, despite being an articulate, active woman with no hearing problems. She also reported that, “he talked over her and didn’t listen to what she was saying.” After the appointments he ignored her in the corridors on the exit to the clinic.

Matt’s supervisor looked at his student record and noted that this wasn’t the first time an older patient had reported this. The supervisor raised the issue with Matt who seemed surprised there had been a complaint and was dismissive.
What do you think Matt should do next?

Select an option:

- Try and avoid elderly patients in the future and perhaps think about providing treatment for mainly younger patients?
- Explain to his supervisor that Margaret was a rather anxious patient and that it wasn’t a big problem?
- Apologise to the patient and reflect on his practice?

See what Matt did next...

Matt was very defensive about the complaint. He thought he had provided good quality treatment and felt that some of the elderly patients were ‘worriers’ and over-sensitive. He conceded it wasn’t the first issue there had been with appointments with elderly patients but that he had apologised the previous couple of times and done well in an essay on discrimination and that put a line under things. What was important was how well the treatment had been carried out.

As Matt was a fifth year student he would be expected to have a well-developed approach to patient interaction and good awareness of how to treat patients from different groups. He would also be expected to have developed his reflective practice and demonstrate appropriate responses to patient feedback. The supervisor took the previous incidents into account, the lack of Matt’s insight and recognition of the importance of the patient’s needs and called Matt’s student fitness to practise into question.

Matt was required to cease seeing patients for a short period and complete further study on professionalism, discrimination, reflective practice and communication. Matt apologised to the patient who had subsequently written a letter explaining how his treatment of her had made her feel. Matt was then assessed to ensure he was ready to start treating patients again before undergoing a period of increased supervision.
GDC principles

1.1 Listen to your patients

1.2 You must treat every patient with dignity and respect at all times.

1.2.1 You should be aware of how your tone of voice and body language might be perceived.

1.6 Treat patients fairly, as individuals and without discrimination

Also...

5.1 Make sure that there is an effective complaints procedure readily available for patients to use, and follow that procedure at all times.

5.2 Respect a patient’s right to complain.

5.3 Give patients who complain a prompt and constructive response.

Other guidance

NHS complaints guidance.

Discussion points

- Think about patients you have provided care for – are you confident that you treated them as you would want to be treated yourself? If not why not and how would you change what you do next time?
- Why do you think Matt was defensive about the complaint?
- How do you think you can deal with complaints without becoming defensive?
- How difficult do you think it is emotionally for a patient to make a complaint?
- What might be the repercussions of a complaint for; the patient, the student, the training provider?

Disclaimer

These fictional case studies are for illustration purposes only and should not be relied on to make clinical decisions. Their aim is to put GDC guidance in context, exploring how some of the principles might work in practice.

The case studies cannot be relied on to be clinically accurate. Nor do the case studies intend to show the "correct" interpretation of GDC guidance, only one (or more) possible interpretation(s).