Mary H. Osborne, Resources

PRACTICE RENEWAL

A Leadership Guide for Dentists

View from the Other Side

I have been involved in health care all of my adult life — as a hygienist, a patient facilitator, and a consultant to dentists and their teams. Recently, I had the opportunity to immerse myself in the health care system from another perspective, that of a patient. I learned a lot from the other side of the street.

I know a lot about health care — about what works well and what does not work as well, but I know it now in a very different way. While I will not pretend to be objective in my assessment of the process, I was able to observe and experience it from a completely different point of view.

My experience was one of hospitalization for significant surgery, but the connections to dentistry were clear to me. There are ways in which our patients experience medical and dental treatment similarly.

My thoughts, feelings, and responses were similar in many ways to those of patients in a dental practice. There are also ways in which they are different. For example, in dentistry we are not often dealing with life threatening situations and long-term hospital care.

What became very clear to me is that our patients' experiences with the medical system often shape their expectations of dental care, for better or for worse. I saw connections between two aspects in particular which I believe are important for us to pay attention to: the Caregivers and the Systems.

An Emotional Experience

I have to begin by acknowledging that my experience was deeply personal and emotional. Having been gifted with good health during my lifetime, I had never personally moved through the gamut of emotions connected with being diagnosed and treated for significant illness.

I had been a part of the process for family members and friends but never for myself. The old joke that "minor surgery" is what happens to other people and "major surgery" is what happens to you, became very real for me. I am also pleased to report that the end result of my process is that I am again blessed with good health. However, from the time when a growth was discovered on my pancreas through post operative recovery, I felt as if I was living in a parallel universe. I was in this world, but not part of it.

Clearly, my diagnosis and treatment had to do with life or death, but I came to understand that it was only different by degrees from what patients experience in dentistry. My denial, confusion, fear, and attempts to make sense of the information are not unlike those of our patients.

Denial

I understand denial now in a way that I could not have before. I realize the depth of that process now that I have experienced it. Although I consistently pursued diagnosis and treatment, my deep awareness and ownership of the problem came and went. Typically the denial was unconscious. I would only recognize I had been in denial when I had a powerful gut reaction to information that was really not new to me. I am amazed at what the mind can do.

When a friend and client told me that Steve Jobs, founder of Apple® Computers, had recently had surgery on his pancreas, I said I did not know that. I went on to tell my friend that I had read and enjoyed a commencement address Jobs gave at Stanford. When I pulled out my file copy of that address, I saw that Jobs had spoken at length about his pancreatic cancer, but I had no memory of it. His situation was different from mine in that his tumor was malignant, but he described in detail the same diagnostic procedures I was having, and I thought I had never heard of them before. I was shocked. I had read that address a number of times and forwarded copies of it to friends. I told stories to groups about what he said, but I had somehow blocked his pancreatic surgery from my memory.

Denial is a powerful process. Sometimes my denial was more conscious. I found myself segmenting my emotional and intellectual responses to information, knowing that I could not deal with it all at once. I avoided medical stories on television or in the movies because I knew I could not deal with the drama. I put a stop to some conversations about what other people had experienced because there were times I did not want my mind to allow it in.

Confusion

I felt confused on so many levels. Even though I knew there were few certainties in medicine, I wanted certainty. Even though I knew that ultimately I was the only one who could make decisions about treatment, I wanted to be more sure about those decisions. Everyone tried to help — friends, colleagues, my primary physician, and specialists all had opinions. The choices were pretty clear, and the advice I heard was not typically in conflict, yet still I felt confused.

In discussing diagnosis, prognosis, and options for treatment, I learned to listen for what was not being said. I tried to interpret what people meant by what they said, how much they really knew, and whether they were trying to protect me.

Mary H. Osborne's *Practice Renewal* is published by Mary H. Osborne, *Resources.* This leadership guide is designed to challenge, inspire, and support dentists and their teams.

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Even chance comments, informed or not, affected me. In spite of my health care background, I felt like I was learning a new language. I sometimes heard familiar terms which I thought I understood, then found myself researching their meaning in this context that was so new to me: my own health. I learned about technology that was new to me and sometimes new to the medical community at large. Cutting edge equipment and techniques both fascinated and bewildered me.

Research & Reason

I wanted to understand everything and to make sense of it. Intellectually, it was interesting to me. I knew the importance of using good judgment and common sense. I made lists of questions and asked my husband, Jim, to help me listen to the answers from the doctors. Then we made more lists of questions. I wanted to know what to expect and to prepare in whatever way I could prepare.

We consulted with specialists for diagnosis and treatment planning, each had his own expertise. We tried to learn from one and apply that to what we were learning from others. We looked for the similarities and the differences in how they described what they were seeing. I explained what I was learning to family, friends, and colleagues, and their questions and comments also helped frame our process. Sometimes they reinforced the beliefs we had, and sometimes they called them into question. All contributed to the process.

Fear

The fear was at times overwhelming and all encompassing. Would I survive this? Of course, that was the ultimate fear, but sometimes that was overshadowed by other fears. How much pain would I experience? How would I handle it? How would those closest to me deal with the situation? What if post-operative treatment was necessary? What kind of a patient would I be? How would I be different as a result of the surgery? What changes might I have to deal with long-term?

It became clear to me that the fears of those who cared about me had an effect on me also. I knew that the words “tumor” and “pancreas” in the same sentence had the power to strike terror in my heart and to lead me to assume the worst.

I knew I had no control over the way others reacted to the news, but I could control the way I communicated about it. I chose to put information out in a way that was as positive as what I was hearing from the doctors. Everything we were hearing was as encouraging as it could be. I wanted that sense of hope to go out to those who cared for me.

My fear for my physical safety caused me to feel vulnerable in a way I had not experienced as an adult. I was acutely aware of the way in which I was entrusting my well-being to the surgical team, and I wanted desperately for them to honor that trust. I wanted to be confident that they would not just perform their tasks well, but that they would also do their work with respect and care for me as a person. I made that request of my surgeon, and he reassured me that he would tell his residents that he was treating me as if I was a member of his own family.

Appreciation

The depth of my appreciation matched the depth of my fear. I was acutely aware of all the things I have to be grateful for: family and friends who love me, work that I love, evidence that I make a difference in the lives of others, a beautiful place to live. I found myself overflowing with love for my life and the people in it. I appreciated the technology and the knowledge of the medical profession. I understood how fortunate I was to be experiencing this condition at this time, in this culture.

I appreciated the dedication to the art and the craft of healing from the professionals with whom I interacted.

I could never have imagined how much I would appreciate the support I received from others. I noticed that each person supported me in his or her own way. Some used humor to shake me out of the morass of medical information. My friend who told me about Steve Jobs also told me that Jobs developed the iPod Nano and the video iPod after his surgery. My friend said he wanted to spend time with me after my surgery because he could not wait to see how smart I would become.

Some friends sent heartfelt thoughts and prayers and engaged others in praying for me. Some friends knew they should not be around me, that their burden of fear was too heavy. Some knew they had a strength I needed which they could offer at that time.

My sense of appreciation was like nothing I had ever experienced. I was humbled and gratified to feel the genuine care that was out there for me, sometimes from people I did not know well. Visits, notes, flowers, emails, phone calls, cards, and gifts each brought a new insight, a new sense of gratitude and appreciation.

The Care Givers

My contact with the people who cared for me was profound. The nurses and technicians who I depended on for nine days in the hospital were incredible. They were all skilled but some went beyond skill to mastery.

Connection

The best of them connected through their words and their touch. They seemed to recognize that an invasive procedure leaves one feeling wounded and their touch was gentle and reassuring. They did not shy away from the difficult tasks, but accomplished them with compassion and respect. The best of them listened carefully to my concerns and asked questions to better understand me. In addition to providing physical support, they worked with me to solve problems. They entered into partnership with me and asked questions instead of just giving answers.

They treated me as an individual with needs and wants that were unique to me, even as they reassured me about reasonable expectations given the surgery I had had. They were willing to give me advice that took into consideration both the experiences of others and my unique experience. The best of them encouraged me to ask questions of the doctors, and they didn’t hesitate to advise the doctors about how to help me when they had an insight or opinion.

Competence

The best of the caregivers also demonstrated their competence. They were highly skilled at the tasks they performed, and their skill was reassuring. They were also knowledgeable. The best of them could talk about not just *what* they were doing, but *why*.

Some nurses and technicians were not just there to carry out doctors’ orders, but were willing and able to suggest changes when it made sense to do so. They were informative, even when they had heard our questions before. They worked hard to give us the *appropriate* information. They seemed to know how much was enough, when we wanted more, and when we did not. The best of them tailored their information to our intellectual level and our emotional level. They personalized the information, rather than generalizing.

Although at times we joked that the surgeon’s response to almost every question was “sometimes that happens,” we also understood that every question does not have an answer. The best of them did not allow their skill and knowledge to prevent them from continuing to learn. They did not see themselves as the only experts. They questioned me, the doctors, and each other without concern for their egos. They did not worry about *looking* knowledgeable because they *were kn*owledgeable. They demonstrated their competence by the questions they asked: probing, insightful, thoughtful questions.

The best of them were experienced. Some had served on the general surgery floor for many years. They had seen the post op situations I was experiencing before, and they knew how to handle them. Others had life experiences that contributed to their competence.

I remember being disappointed one evening when I met a very young nurse who would be caring for me that night. The day nurse was experienced and exquisitely competent, and I had felt very well cared for by her. I was concerned that this young nurse did not have the experience that would help her provide for me in the same way.

During a routine nighttime visit the nurse asked me about my medication, and I mentioned that I was having some hallucinations. I expected her to dismiss my reaction as “to be expected” with the drugs I was being given. Instead, she slowed her pace and asked me what I was seeing. She listened carefully as I described it to her. We laughed together, and I was comforted by the connection. Her ability to be fully present with me at that moment was exactly what I needed at the time. She was competent in ways even she may not have realized.

Confidence

It was also important to me that my caregivers demonstrated confidence. The best of them conveyed the impression that they were okay, and I would be okay. I was reassured when the surgeon I was working with told me he would put his reputation for success with this procedure up against any in the country. We had already checked out his credentials which were impressive, but I did like hearing his belief in himself. It was also clear that others believed in him. The person from his office who scheduled the surgery exuded confidence. She helped us understand what to expect in regard to the logistics of the hospital stay. She seemed clear about the surgeon’s ability to perform the procedure and about her ability to gently help us through the process.

After my surgery the best of the caregivers knew when to call in others on their team for support. When I was faced with a potentially painful procedure, one of the nurses suggested we call for a different nurse who performed that procedure more frequently. Her suggestion did not undermine my confidence in her abilities, but caused me to feel safer because of her confidence in her colleague. I appreciated the sense of team that I observed.

My room had a white board on which to write the name of the nurse and the technician who would be caring for me that shift. The best of them remembered to write it first thing, along with a morning or evening greeting. They also talked about their care partner by name and with respect. Some let me know how happy they were to be working with that person, and how lucky I was to have him or her care for me that day. Their sense of shared competence relieved some of my stress and concerns.

Compassion

One of the most important qualities of the caregivers I encountered was compassion. The best of them seemed to understand how vulnerable I felt and never failed to demonstrate that they understood. They brought a sense of warmth to their care that transcended their skill, their knowledge, and even their gentleness. They understood that each person’s discomfort is different and uniquely personal.

I remember one of the residents who stopped by just to see how I was doing after he had been transferred to another service. Since he had been the one who had performed a painful procedure on me earlier, he had not been one of my favorite people. I didn’t let him know that, and I appreciated his thoughtfulness in coming by. As we chatted, he remarked on how painful that procedure must have been for me and mentioned specifics he recalled about the timing of it. I was moved by his recognition and acknowledgement of my unique experience of a procedure he probably performed several times a day. His compassion, even after the fact, touched me.

The *American Heritage Dictionary* defines *compassion* as

> "the deep feeling of sharing the suffering of another, together with the inclination to give aid or support . . ."

Compassion goes beyond empathy, in which we understand the feelings of another. Compassion includes "the inclination to give aid or support." The distinction seems important to me. Even when we cannot take away someone's pain or fear, *a desire* to comfort them can make a difference.

Health care providers sometimes have no choice but to inflict pain in order to achieve a positive result. As health care providers, we can become dismissive of that pain in the interest of the greater good. My experience is that just knowing that the person inflicting the pain would rather be doing otherwise makes a difference. It feels respectful, and honors the dignity of the individual.

Compassion shows up in the way information is delivered as well. All of the caregivers I saw were very thorough in providing us with information; some did that with compassion and some did not. The best of them did not shy away from the difficult conversation. They approached it courageously, even as they conveyed that they knew how difficult it was for us to hear.

I noticed that when the surgeon came into my room he stood at the foot of my bed and willingly answered any questions I had. He was thorough and thoughtful in his responses. When my internist came into my room he sat or stood by the side of my bed and made it clear that he was there to listen. He paid as much attention to *my response* to information as he did to the accuracy of *his response* to my questions. His compassion was unmistakable.

The Four C's

I have always brought the gifts of Connection, Competence, Confidence, and Compassion to my work in dentistry. Knowing what I know now, I see opportunities I might have missed to connect with patients on a deeper level. The worst of the caregivers I met were not unskilled; they just did not convey that they cared about me. Their professional indifference caused me to feel diminished and made a difficult situation more difficult.

- ***Greater Care:*** Knowing what I know now, I would touch my patients, both physically and emotionally, with even greater care. I would remind myself of the courage it takes for them to entrust their physical well-being to me.

- ***Greater Patience:*** Knowing what I know now, I would bring greater patience to the process of helping patients make difficult choices about their health.

  I recognize a difference now between indifference and denial. I know I sometimes judged people unfairly for the choices they made, or failed to make. I am aware of times when educating patients was more about my ego than their need to know. I sometimes thought the information I had to give them was more important than hearing their concerns.

- ***Exceptional Competence:*** Knowing what I know now, I would make certain that everyone involved in patient care was trained well enough to be exceptionally competent.

  I would work to help my team develop the skills they needed to deliver care with confidence. I would make sure they know that asking questions helped them deliver better care, and identified areas in which they could become more competent. I would look for opportunities to do what I could do to authentically build their confidence.

- ***Strengthen the Chain:*** Knowing what I know now, I would be more aware of the effect of weak links in the chain of patient care and do whatever was necessary to strengthen the chain.

- ***Abolish Assumptions:*** Knowing what I know now, I would remember that however routine a diagnosis or procedure is to me, I cannot assume anything about my patients' reactions.
  I know there were times in the past when I took their physical or emotional responses to care personally. Instead of validating their unique experience I sometimes judged their perceived discomfort in comparison with the way other patients responded in similar situations.

- ***Express Sympathy:*** Knowing what I know now, I would not hesitate to express regret for any discomfort a patient experienced.

  Knowing it is not my *fault* that they are uncomfortable would not stop me from saying I am sorry they are in pain. I would not limit my compassion to those who express their fears; I would bring my compassion to my interaction with "brave" patients as well.

The Systems

The other side of the health care system where I saw parallels between medicine and dentistry had to do with systems. I have always seen our systems as very different, but I now recognize the way they can be connected in the minds of our patients. Having had first hand experience of working through the maze of the medical model, I understand differently the expectations patients may bring to the systems in a dental practice.

Referrals

I have a different understanding of the complexity of the referral process. Although all the offices I visited were cordial and efficient, I found myself feeling anxious about each new diagnostic procedure and consultation. Each office had different systems, different technology, and different personnel. I was uncertain what information they had and what I was responsible for providing.

I sometimes thought I understood what the referring doctor had told us, but felt inadequate in my ability to explain it to the next person. In spite of the wonders of technology, the transfer of data sometimes came down to the arrival of a courier. When all the necessary information for a consultation was not available, it was disappointing to say the least.

My personal physician's office was the one place I knew I could call when I felt confused by the process. His staff was helpful, and they made sure I had access to him when necessary. He never dismissed my questions as insignificant or pawned me off on another doctor to get my answers. If he could not answer my question, he called the specialist on my behalf and called me back to talk about it further. He conveyed a sense of partnership with me in working though the process.

I have thought since then about how often I had referred patients to specialists in a casual way. I now realize that what might have seemed to me to be a "routine" referral to a periodontist or endodontist was probably anything but routine to my patient.

- ***Support Patients Through the Referral Process:*** Knowing what I know now, I would pay more attention to their reaction to the referral. I would slow down and ask them how they felt about going to another office. I would make sure they knew they could call us if they had questions or felt confused about any part of the process.

  I would probably contact them after their appointment with the specialist, just to touch base and let them know we were thinking of them.

Prescriptions

Another system I was surprised by was the one for prescribing medication. In most cases I was told that I was being "put on" a particular medication without much information of how it worked or what it was designed to do. It appeared certain drugs were routinely prescribed following the type of surgery I had undergone.

There was little or no conversation about whether or not I *wanted* the drug or thought that I would use it. There was no mention of the cost of the drug or how much of it I wanted to buy. It was assumed that would be handled by the pharmacy and my insurance.

Some medications which I never had a need to take were outrageously expensive. My medical insurance paid for them, but I was distressed to think of people who needed those drugs and could not have them because of the cost. The waste built into the system was appalling.

I think now of how easy it is to simply ask a question about how the patient feels about taking a medication that we prescribe.

- ***Support and Information with Medications:*** Knowing what I know now, instead of telling a patient we were "putting her on" a medication, I would use language that conveys a recommendation, and look for a response to that recommendation. I would pay more attention to the cost of the drug and to how many doses are really necessary. I would let a patient know if there were options, and I might ask if they had concerns about the cost.

Finances

Financial systems in general were the most elusive in the medical model. Fees were never quoted or discussed. Since the whole process was foreign to us, we wanted to have some idea about what to expect from a financial standpoint. When we called to ask about the surgeon's fees, his staff seemed surprised by the question and could not give us a clear answer. As a patient I felt quite removed from the financial aspects of my care.

I have a better understanding now of why our dental patients are sometimes put off by our discussions about fees and financial arrangements. They may see us as putting money before their health, as being overly concerned about money.

The message they get from the rest of the medical community may be that payment is not important. Having been through the process, I know that there is plenty of attention paid to finances *after the fact*, but patients may not know that going into it.

- ***Support Through the Financial Process:*** Knowing what I know now, I would be more understanding of my patients' processes of dealing with the money issues up front. I would make sure to let them know that we take the time to be clear about finances before we offer services because we want to help them plan and to avoid surprises.

  I would acknowledge that this process might be different from what they had experienced in other situations and allow for a conversation about that. I would reassure them that we are happy to talk with them about any concerns they have regarding fees or financial agreements at any time in the process.

Insurance

Of course, the system that influences all the other systems in medicine is the insurance system. It is the most mysterious system of them all. As my husband and I worked through the labyrinth of fees, discounts, deductibles, and payments, we sometimes had to laugh at the absurdity of it all. The paperwork we got from the insurance companies would have us believe that they were knights in shining armor who had convinced wealthy doctors to discount their fees, often by as much as half, even before the insurance had paid their portion of the bill. Although it seems clear to me that the fees are inflated so they can be discounted, I can now understand why our patients might expect us to discount our dental fees.

We have also noted how slowly the wheels grind in processing claims and how unconcerned the health care providers seemed to be with that. Six months after my surgery, I still had not received any medical bills, and the bills totaled close to $100,000! We knew we would have to pay something, but the medical community seemed fine with waiting indefinitely, while the insurance claim process slowly ground on. I now understand why our patients might be confused by our expectation for prompt payment.

- ***Listen to Patients' Other Medical & Dental Experiences:*** Knowing what I know now, I would ask patients to talk about their experiences in the medical system. Beyond learning about their medical symptoms and diseases, I would encourage them to talk about how they feel about the care they receive and the cost of the care.

  Whether their experiences have involved major surgery, pediatric care, alternative health care, or simple prescriptions for medication, we can learn about our patients through their stories. We can learn about what they like and don't like. We can learn about their level of trust in the systems and in health care providers in general. We can learn about their expectations of insurance and their understanding of how it relates to their decisions about their own health.

Deeply Personal & Universal

I know I am not the first person to have an experience like this. You may have been through significant health challenges of your own and had similar or different experiences. I came to understand that the feelings I had were both deeply personal, and universal. I

recall having read articles in the past by doctors who became patients and wrote about the way it changed their perceptions. I think I assumed that they must have been pretty insensitive before their experiences. Now I understand it as a matter of degrees of understanding, a further depth of compassion that is possible.

I know that what I experienced has been experienced by others for generations. I know that I will always pay attention in a different way when I hear about others' health challenges. I have a deeper understanding now than I had before. My understanding of the process goes beyond critical illness and major surgery. The universality of what I experienced applies to anyone who is fearful for his/her physical safety.

It applies to anyone who has heard a diagnosis they did not want to hear, to anyone who has to figure out the intricacies of the medical system, to anyone who has difficult choices to make about their health, to anyone who finds medical language confusing, to anyone who has to put their physical well-being in the hands of others, to anyone who has ever needed support while they work through this process.

My learning for dentistry is that we have both a challenge and an opportunity to enter into that process for our patients. However "routine" a procedure we recommend may be to us, our patients may be as fearful as I was, as prone to denial, and as confused by the process. They may feel extremely vulnerable and turn to their friends for support, some of which will be helpful and some of which will not.

In any case, we have the good fortune in the dental profession to touch the lives of those we serve in ways we may never fully understand. Find a way to share your stories. Listen to the stories of your patients, and allow our collective "view from the other side" to influence our ability and our commitment to improve patient care in dentistry.

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PRACTICE RENEWAL

Meeting Planner

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View from the Other Side

1. Recall an experience of undergoing a significant medical or dental problem. If you haven't undergone such a situation yourself, then ask a friend or family member to talk openly about his or her emotional process throughout that medical event.

    - How vulnerable did you feel?
    - How did your denial manifest itself?
    - How much confusion did you feel and in what way?
    - How much did you research and try to reason out the problem?
    - How great was your fear?

    How does thinking about your answers and/or listening to another person's answers to these questions encourage you to more fully express compassion for your patients?

2. Talk with your team about your analysis of the above questions and invite feedback and discussion about similar experiences. Brainstorm ways you and your team can create more caring in your practice. How can you each bring the gifts of connection, competence, confidence, and compassion more fully to your work in dentistry?