Parents in the Operatory

by Fred S. Margolis, DDS

For some, it’s no big deal, but for others who have even gone so far as to develop parental behavior guidelines, it is. Whatever your stance, the decision of whether or not a practice should allow parents in the operatory is one of the most debatable topics in dentistry today. Go on the message boards of Dentaltown.com some time and search for the key words “parents” and “operatory.” Dozens of message boards featuring hundreds of posts on this topic come up. Some offices allow parents to come back with their child, others are staunchly against it – and they all have their reasons. Do you prefer having parents in the dental operatory when you are treating children? Do you know how to keep parents out of the operatory if you prefer treating their children without the parent present? Are there times when you would like to have a cooperative parent present?

Assessing Patients’ Potential Behavior

When your assistant or hygienist goes to the reception room to bring your next new patient into the operatory, it only takes a matter of seconds to assess that child’s potential behavior in the dental operatory. In that brief moment, you can quickly decide if you would like to invite the parent to accompany his/her child. If the child is clutching the parent’s hand and sitting next to the parent or on the parent’s lap, you can assume that the child is anxious about the dental appointment. If, on the other hand, you see the child sitting by himself/herself and reading a book or playing a game, then that child is more likely to be a more cooperative patient.

If the parent is invited to accompany the child into the operatory, it is important to set the ground rules immediately. I look the parent(s) in the eyes and tell them that they need to be silent observers. For example, I’ll say, “Your child can only listen to one person at a time, and I need your help in allowing me to be that person.” Or I’ll say, “I appreciate your willingness to help, but right now I need to speak to your child to establish a relationship with him/her.”

If you would rather not have the parents come into the operatory there are several ways of politely communicating this to them. We send a welcome package to the parents prior to the child’s first appointment. Among the items in the welcome package is a letter to the parents explaining what will take place at the first visit. If you send out a new patient letter, you might want to add the following, “We need to establish a friendly relationship with your child and we find what works best for most of our patients is for mom/dad to stay in the reception room. If we need your help in making your child’s visit a successful one, we will invite you into the dental operatory.”

When do I like to invite parents into the operatory?
1. When I have assessed that a particular child needs the support (even if it’s just visual) of the parent sitting nearby, in view of the child.
2. My special needs patients often feel more comfortable when the parent can hold their hand during the dental visit. Many of my special needs patients need someone to stabilize their hands and/or feet during the dental visit.
3. Many of my younger special needs patients sit on the parent’s lap during the dental visit. This has several positive effects including the child feeling more secure having physical contact with the parent. Also, the parent can hold the child’s arms and wrap his/her legs around the child’s legs. This is the best stabilization system for many young children.

Second opinions are common in healthcare; whether a doctor is sorting out a difficult case or a patient is not sure what to do next. In the context of our magazine, the first opinion will always belong to the reader. This feature will allow fellow dentists to share their opinions on various topics, providing you with a “Second Opinion.” Perhaps some of these dentists’ observations will change your mind; while others will solidify your position. In the end, our goal is to create discussion and debate to enrich our profession.

— Thomas Giacobbi, DDS, FAGD
Dentaltown Editorial Director
4. If a child needs a physical restraint, such as a pedi-wrap, I have the parent help place the child into the restraint and have the parent stay in the operatory. From a liability standpoint, this has the benefit of showing the parent that we are not hurting the child and that we use the least amount of restraint necessary to prevent injury to the child and the dental team.

Making First Visits Successful

Most children have a “fear of the unknown.” In addition to the letter sent to the parents in the welcome package, we send a My First Visit book by Dentasaurus (www.dentasaurus.com) to all of the children under age six. This book is customized with the child’s name and the dentist’s name throughout the book. The book is sent by the Dentasaurus company to your child with a welcome letter for your patient and a letter to the parent. The parent letter requests that they read the book to the child several times prior to the first visit. Also, the child is encouraged to bring the book to the visit to receive a sticker from the dentist and his/her autograph. Dentasaurus even sends the dentist stickers to place in the book when your patient brings the book to the visit.

Use your office Web site to your advantage. We created a video called “First Visit” on our Web site. This five-minute video was created for our autistic and first-visit patients. It shows my partner and I each performing a brief oral exam, the hygienist performing an oral prophylaxis, taking radiographs, and a fluoride treatment. The welcome package includes a letter explaining how our patients can go to our office Web site at www.kidsmyl.com and click on the First Visit section and view the video.

New Patient Research Form. This form was adopted from our experiences at Dental Boot Kamp for pediatric and special care dentistry for obtaining pertinent information about the new patient prior to the first visit. At each morning huddle we review these forms and discuss our patients prior to the start of the day. This gives our team a “heads up” if we know that a certain new patient has a behavior problem and we can discuss what methods we can try to alleviate this problem.

Call each new patient prior to the first visit. “Hello Mrs. Smith, this is Dr. Soandso. I am calling to confirm your son’s appointment with us next Tuesday at 9 a.m. Do you have any questions or concerns prior to this appointment?” When you call your patients prior to the first visit, the response you’ll typically receive is, “Wow!” Not only does this start you off on the right foot, but it allows you to discuss what you (and the parent and child) can expect at the upcoming first visit. You have the opportunity to “set the ground rules” in a non-threatening environment.

What’s the bottom line? To have a friendly team of dedicated professionals who are always asking themselves how they, or their family member, would like to be treated. Please feel free to contact me at kidzdr@comcast.net with your questions or comments.

Author’s Bio

Dr. Fred Margolis received his BS and DDS degrees from The Ohio State University and his certificate in pediatric dentistry from the University of Illinois College of Dentistry. He is a clinical instructor at Loyola University’s Oral Health Center and an Adjunct Clinical Assistant Professor at the University of Illinois College of Dentistry. He is a fellow of the Pierre Fauchard Academy, International College of Dentists, American College of Dentists, Academy of Dentistry International, and the Odontographic Society. He has Mastership from the Academy of Laser Dentistry. He is the International Editor of the Alpha Omega Dental Fraternity. He is director of the Institute for Advanced Dental Education and has lectured both nationally and internationally. Dr. Margolis is in full-time private practice of pediatric dentistry in Buffalo Grove, Illinois. He can be reached at kidzdr@comcast.net or by phone at 847-537-7695.