Parents in the Operatory

Friend or Foe?

by Jeanette MacLean, DDS
In the August 2015 issue of *Dentaltown Magazine*, I discussed dealing with problematic parents and spoiled kids. I want to expand on this topic and discuss the challenges associated with having a parental presence in the operatory. It is understandable why we, as dentists, would be reluctant to have a “snowplow” or “helicopter” parent hovering over us as we try to work on his or her child. We fear the parent may distract us, or the child, and make the appointment more difficult and time-consuming.

We have all likely seen firsthand the children who actually do better without their parents present in the operatory. The problem is, unfortunately, that an increasing number of parents distrust us.

In some respects, the Internet and tabloid TV have poisoned the parents against us. Stories on social media go viral, putting fear into parents’ heads regarding fluoride, X-rays and sedation. Sensationalized reports of isolated instances of “bad apples” create a phenomenon where an aberration becomes the perceived norm.

Whether it was on CNN, Inside Edition or Facebook, we likely all saw the recent headlines about a pediatric dentist in Florida accused of child abuse. If these terrifying tales flood the newsfeed of your patient’s parent’s smartphone, don’t be surprised if he or she refuses to let you bring their child back to the operatory alone.

**Flip the script**

Let’s look at this from a different perspective. What if it’s the patient and/or parent that we shouldn’t trust? I have had teenage patients who drive themselves to their appointment, who then have their angry parent call back later with very
imaginative stories of what was said at the appointment. One young lady claimed an assistant told her that her shorts were too short and she wore too much mascara. Never happened! I have had grade-school patients who did amazing for treatment, all smiles and high-fives, walk out to the reception room, see their mother and then burst into tears as though they were tortured.

This is beyond upsetting; it’s actually infuriating. I have a colleague who went so far as to install surveillance cameras in the operatories after false accusations of abuse. It’s sad that we live in a world like this, but it is the reality. Having the parent present allows him or her to see exactly what goes on during the child’s appointment. It protects you from little imaginations running wild and allows the parent to see exactly how the child behaves and what was done.

**Times have changed**

Fresh out of dental school in 2003, I had been trained in the manner of “parents kept out of the operatory.” They were unwelcome. They were the enemy. When I first went into private practice, I joined a well-established office that had been in business for decades. Old-school rules were still in place, and the kids came back alone for just about everything.

As we transitioned and I became the only full-time doctor, things really began to change. More and more parents insisted on coming back with their children and I became more comfortable with it. I think a huge turning point for me was when I became a mother, myself. No pediatrician has ever asked me to send my children back alone for their physicals. That would be ridiculous.

So then the light bulb went on—why the heck are we leaving the parent out in the waiting room? Instead of getting defensive about parents demanding to be present, we can take this as an opportunity to show them what we do best, and earn their trust.

Now I want all parents in the back for the exam. I want to show them what we are looking for and what we’re noting in their children’s charts, such as watch areas or erupting and exfoliating teeth. I want to answer their questions and provide anticipatory guidance. The best way to educate parents on prevention is to have them right there, watching your exam. Show them the plaque, the decalcification, the deep grooves, the tight contacts. Show them the goldfish crackers packed in the molars. They see it, they get it, and they appreciate it.

Parent presence is also a great opportunity to strengthen the doctor-patient-family bond. This is one of the most enjoyable aspects of treating children—getting to see them year after year, watching them grow, and hearing about their family trips, activities and school accomplishments. I also find this to be one of the most important aspects of patient loyalty to my practice. They don’t care that I put the most beautiful anatomy on their child’s occlusal composite—they care that I take the time to answer all of their questions and get to know them as a family.

**Getting down to business**

Exams are pretty simple and parents are not much of a distraction. Treatment, on the other hand, can be a whole different story. Since communication is fundamental to a successful relationship, you must identify the parent’s goals and expectations for the child’s dental care. It is important to figure out what sort of parent you are dealing with before you start any treatment. “Git ’er Done” Dad may happily read *Motor Trend* out in your reception area, while “My Poor Baby” Mom may form a human blanket over her child, right on your chair.

In my office, we try to figure this out at the new-patient exam. The treatment coordinator reviews the procedure and provides the parent with a copy of our practice terminology sheet, like a glossary of kid-friendly terms. We ask that Dad (and Mom) refrain from using trigger words such as “drill” or “pull.” “Shot” is a four-letter word in my office. We encourage Mom (and Dad) not to over-prepare the child and to never use dental care as a threat.

On the day of the restorative appointment, the assistant reviews the treatment plan and confirms that the parent received the practice terminology sheet. She then asks the parents (or guardians) if they would like to take a seat in the waiting room (some jump at the opportunity for a moment alone with a hot coffee and their smartphone). If not, they are welcome to come back with their child. I don’t mind “My Poor Baby” Mom in the
operator as long as she understands some basic guidelines: sit in
the corner and be a silent partner, and use our practice terminol-
ogy. Don’t be afraid to tell a parent that too many generals and not
enough soldiers may sabotage the mission.

If the parent chooses not to stay in the room, I have a staff mem-
ber get him or her immediately if the child’s behavior goes downhill
or there is a change in treatment. Quite frankly, it’s much easier
having the dad (or mom) right there to show him an exposed pulp
that now warrants a pulpotomy, since you’re not wasting any time
waiting for him to come back. Having him present during treatment
is also the best opportunity for him to witness his child’s behavior.

If the child is uncooperative, the parent is more likely to
understand why you may recommend sedation. If the child is a
rock star and has an amazing visit, the parent just might think that
you and your staff walk on water.

When you eliminate the smoke and mirrors, parents have the
opportunity to see exactly what’s going on in your office, from
the patient education to the joy their child experiences and the
satisfaction of a successful visit.

We have an open-door policy in my practice for any treatment
that includes nitrous oxide and oral conscious sedation. I tell
parents I have nothing to hide and no problem with them being
present for treatment, but I warn them that their presence may
prove to be more of a distraction than a benefit if they fail to be
a silent partner. However, when it comes to intravenous sedation,
they are able to hold and comfort their child during the induction
of anesthesia, and then they need to take a seat out in the waiting
room for the duration of the treatment. Ultimately they have to
trust that I will care for their child as if he or she were my own.

I think it’s safe to say that the trend of parents insisting on
being present for treatment is not going away, and may actually
become more of the norm. You can change the way you view
a parent’s presence in the operatory. Don’t look upon it as a
distraction, but rather embrace it as an opportunity to shine.
Like me, you might be pleasantly surprised to see the increased
patient loyalty, a greater appreciation of your skills and fantastic
word-of-mouth referrals.

What are your thoughts on allowing parents in the operatory?
Comment on this article at Dentaltown.com/magazine.aspx.

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