

HOW TO PROFIT FROM...

Endodontics

Communicating with the endo patient

An old marketing maxim is that confused customers don't buy. Plain English delivered in a warm and confident manner will enhance your effectiveness in educating patients, motivating them to have the dentistry they need, and projecting a professional, caring image.

Having endodontic treatment performed can create anxiety in many patients. To minimize your patient's anxieties — and to explain any problems that might come up during treatment — requires skillful and clear communication on your part.

How do you know what to say when?

For starters, observe your patient's body language. Often, patients can be assessed quickly, before any words are spoken. "Wahl's Observation" states that any patient not fully seated in the dental chair when you enter the operatory — that is, the patient is standing up or even sitting askew — is a phobic patient.

Perhaps the most important aspect of dealing with a phobic patient is to acknowledge the patient's feelings. When the patient says, "I'm nervous that it might hurt," resist the temptation to state, "But it won't hurt." The message received by the patient could be: "I don't care how you feel," or "Your opinion doesn't matter." A more effective approach is to lightly touch the patient's shoulder and say, "I know how you feel. Your comfort is my first concern." Make the patient who is afraid of the needle feel accepted. Say, "We have a word for people who don't like needles — 'normal.'"

Painting a picture with words

Root canal treatment usually is preceded by a simple case presentation, because the patient has a toothache and just wants it taken care of. Sometimes, however, a tooth needs endodontic therapy, even though the patient is not feeling

any pain. Remember to keep the explanation simple. Marty Levin responds to these patients in this way: "I know you're not feeling it, but it is hurting you. The infection is eating away at the bone, and eventually it will swell up on you — maybe when you're on vacation!"

Some patients question the need for root canal therapy when there is no cavity. Explain that you don't know "which straw broke the camel's back," but the nerve inside the tooth is irritated after years of trauma. "It had a deep cavity before, and that was irritating to the nerve. The deep filling was another irritant. We chew thousands of times a day without even thinking about it. We eat ice cream and then drink coffee. All of these things are irritating to the nerve. And now, this tooth needs therapy."

Avoid asking the patient to look at the X-ray. "Our patients never went to dental school," says Dick Barnes. "They don't know how to read X-rays." Patients often will claim they understand what the film shows just to avoid embarrassment.

Explain the whole treatment

Tell the patient what is needed. Remember: Informing the patient before treatment has begun is considered an explanation, but anything you say after treatment will be considered an excuse! If the tooth needs a crown, do not begin the root canal treatment before explaining this. "The root canal therapy takes care of the pain and infection, but it also 'hollows out' the tooth, leaving what's left susceptible to splitting. It is very important that we cover the tooth with a cap or crown to protect it from breaking. This is a back tooth with a lot of biting force. We'll also need to build the tooth up to hold the crown on. You might have some friends who say they had a root canal and then lost the tooth anyway. Well, that's usually because they didn't get the crown."

ENDO: WAHL AND WEATHERS

Many patients want to know how long the tooth will last after treatment. Although you're only a dentist — and you're not Nostradamus — you can answer in relative terms. "Generally, the tooth will last longer than a new car or a trip to Hawaii." Mike Goldstein, an instructor at our Root Camps, tells his patients, "After your tooth is properly restored, it will be as healthy as any other tooth in your mouth."

What's going on?

When placing the rubber dam, it is imperative that you explain its use in terms of the benefits to the patient. "We're going to put something around the tooth now so that you won't have to swallow the disinfectants we'll be using a little later. It can be a little awkward to put on, but once it's on, you'll be very comfortable. You still will be able to breathe right through your mouth if you want to, and through your nose, too."

Be very careful how you refer to the "rubber dam." We say, "For your comfort, I'm going to place a rubber shield over your tooth." For kids, we call it a "raincoat." Whatever you do, don't refer to the dam clamp or the dam clamp-holder. If you do, the patient may think you're cursing!

Avoid any objections to necessary radiographs by giving an explanation in advance. "We take several X-rays during treatment in order to see inside the tooth where we're working." If the patient asks how many (which is unlikely), Steve Buchanan replies, "Only as many as necessary."

Don't wait for the patient to object to necessary radiographs after you've started treatment. If the patient complains about the number of X-rays, you can reply that you just want to make sure you give patients their money's worth.

Above all else, every 15 minutes, tell the patient, "Everything is coming along great" — even when it seems like nothing could be further

from the truth! Train your assistants that any mishap always is routine, and never to act surprised or upset in front of the patient. Throughout the treatment, ask the patient, "How are you doing?"

When treatment is completed, refrain from writing a prescription. The prescription can send the message to the patient, "You're going to have a toothache!" On the other hand, you do want to explain that a little soreness is normal. "You will be a little sore when the anesthesia wears off from all the injections and the work that we did and from keeping your mouth open. Take what you normally take for a headache. If you need something stronger, I've written my home phone number on the back of this card ... don't hesitate to call me." Sharing your home number may sound risky, but patients with your home number will go out of their way not to bother you.

Goldstein is careful to tell his patients after treatment that a very small percentage of patients may have a "reaction" to the treatment. He asks patients who notice any swelling or are running a fever to call him right away. "By using the term 'reaction,'" he says, "any complications will seem to be caused by a normal body response, and not by something the dentist did wrong."

Even after the best treatment and every sign of a successful outcome, an occasional patient will return a year after treatment and complain that she still feels "something" when she "taps on the tooth." Remember that you're not God; you're only a "repairman." Explain that the tooth had all kinds of treatment over the years. Although it seems to be doing well, it would be normal for the tooth to feel a little bit different than other teeth do.

When things go wrong

If an instrument separates in the canal during treatment, the first thing you should say is nothing. You

will be very emotional, so it's best to be quiet for a moment. Finish your work for the visit, and then sit the patient up and establish eye contact. Do inform the patient before he or she is dismissed.

Be matter-of-fact, rather than apologetic. "Mrs. Smith, let me tell you about what happened today. Root canals are curved and tortuous. While we were working, a tip of one of our sterile instruments, one of those little files that we use, separated off inside the canal."

Depending on the situation, explain that you don't think it will be a problem, or you think that you can get it out. Otherwise, explain, "You may need what's called a surgical procedure," or simply recommend that an endodontic specialist be consulted. The good news about separated nickel-titanium rotary files — and they do break on occasion — is that they almost never cause treatment failure. They almost always can be left as is without affecting the prognosis of the case.

If you perforate during treatment — and we all have — explain that while you were searching for the canal, "an extra opening was created in the tooth." Depending upon the situation, explain that you repaired this opening and would like to monitor the area, or that you think a periodontist should be consulted.

Teeth with perforations have a guarded prognosis at best, and immediate treatment is critical. It is often best to explain that this root probably cannot be saved, or that the tooth is too weakened to save. Explain the options to consider, such as a bridge or an implant.

Let's say you are condensing gutta-percha, and you hear a loud "crack." The patient underneath the rubber dam asks, "What was that?" Steve Cohen responds, "Mrs. Smith, I think we've located the fracture line." Although this response may sound humorous, any tooth that frac-

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MONEY, MR. MALONEY, AND ME

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approach, just like looking at the patient rather than at the floor. Pay more attention to people and continually refine your surroundings. You can do this without catering exclusively to the Rolls-Royce crowd.

"But be yourself. You can't change your personality or successfully pass yourself off as something you aren't for very long. You can't succeed with every patient or every social contact, but you can succeed substantially more without compromising yourself. You'll get better at these things in time. Now I can't choose your words for you, but I can give you some ideas. How about making one change for a starter?"

"Why not? Let's have it!"

"Why not plan out your approaches to people just as you would plan treatment? Don't get me wrong. I'm not asking you to write speeches for each patient, but develop an accurate idea, maybe even an outline, of what you're going to talk about, be it professionally or socially, and no matter how briefly. It really is as important as your treatment plan."

"Look on each patient as a paying guest," he continued. "Each patient is a paying guest and will, if you let him, enable you to live handsomely and happily. Your job is to make him want to do this and still feel he's getting more than his money's worth. Certainly, it would

be nice if we didn't have to talk about money. But, it is a fact of life, and if you approach it matter-of-factly, the patients will accept it. *They do expect to pay.* It's your job to have them conclude — on their own — that your services are worth the fees. Making them feel important goes a long way in that direction.

"Again, when you're about to quote a fee, look straight at them, tell them what they'll get and mention the amount. Then right away continue with what they're going to get out of it. Don't ever say a figure of so many dollars and then stop. In fact, I don't even use the word "dollars." They know what the number alone means and it does soften the statement somewhat.

"Dave, part of the reason you're an associate is to get experience and that you will do. You may realize how painful some of that experience will be. You will learn more from your own mistakes than from anything else. I'm telling you this so you can learn some things less painfully. You see, I've made every blunder in the book, and I'd like some of your experience to come second-hand."

Well, the Reuben wasn't very tasty that day and it wasn't the cook's fault. But Dr. Hawkins' ramblings provided more nutrition for my patient relations than a porterhouse steak would have for my body. A good trade-off.

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tures during obturation almost certainly contained a microfracture before treatment.

Informing a patient of a procedural accident does not immunize the clinician from malpractice litigation. It does maintain rapport with the patient and make any such litigation less likely and negligence more difficult to establish. Simple gestures, like

calling your patients the night of treatment, will build your practice and are part of being a caring professional.

Show your patients that you care — that's what all customers are looking for! Patients, after all, will never remember what you said or even what you did. But, they always will remember how you made them feel. **DE**

Mr. Maloney came in today to begin the new inlay. I shook his hand when he entered and asked what he thought of the Expos' chances this year. Then I apologized for upsetting him at the last visit and told him how complimented I was that he came back.

He shrugged it off, saying that Beth, our secretary, office manager, and general-office expert had sensed something, called him at home, explained it kindly and told him what a marvelous dentist I was. So I got another chance. How could I let Beth down? **DE**

MORNING HUDDLE

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the assistants had identified previously recommended dentistry that had never been completed. The doctor said he was astonished to discover a large amount of unfinished dentistry. During the busy day-to-day rush, he had assumed that all of the patients were up-to-date with their dental work.

I see millions of dollars of this unfinished dentistry in every dental office. In addition to the doctor's production above, hygiene production had increased by 37 percent. The hygienists were auditing patient records for overdue FMX, uncompleted dental treatment, tooth whitening, and other hygiene services, as well as identifying patients due for full-mouth periodontal examinations.

As you review the "basic rules of the planning meeting," please keep in mind that the daily huddle does not replace regular staff meetings. The purpose of the daily meeting is to engineer the day to run as smoothly and as stress-free as possible. Finally, end the meeting with a thank-you to everyone and a reminder of one of my basic rules for building a great team. We agree to "catch" each other doing something right everyday! **DE**