Get Out and Socialize
An analysis of social media platforms and opportunities for dentists.

You’re Hired!
A systematic approach to hiring the right people for your practice.

Discover Snowcaps
Why they should be your dental solution.

Overcoming Case Rejections
Effective methods for handling patient objections.
Trust Is a Must

Trust is a must that you have hired to make your vision a reality. Often, dentists mistakenly think that going to the right school, developing the right clinical skills and opening a practice in the right town are the fundamental aspects of building a highly productive office. In a rush to act on such assumptions, many dentists make the mistake of delegating the development of an effective team to merely recruiting warm bodies with some experience in the dental field. But that action negates an essential truth: your ability to thrive as a dentist is more dependent on your team than on any other factor. While it is important to ensure that you have the right people in place, it is just as important for you (as the dentist) to create the right environment.

You can hire the best staff in the world, but if your practice is devoid of leadership and empowerment, you will have no better result than if you simply hired the first people who applied for the job. In my experience, creating a good office environment largely depends on one principle factor. A dental office should be a place where people can “possess,” in other words, a place where team members can take ownership of processes within the practice. If your office culture is characterized by a sense of ownership among the team, then you are free from the minutiae of office management and can focus on delivering life-changing dentistry. You should enable and empower your team to do their best, both for the practice and for your patients. The most successful practices are those in which the team acts as if they “own the place.” And you can help foster this environment.

As a leader, the first thing that you should encourage is a culture of trust. A high-functioning dental team must trust one another if each team member is accountable for their respective assignments. Recognize the diverse abilities of team members and tap into resources that can supercharge your team and your practice. The second thing you should do is realize that no individual is as smart as the collective team. The art of true leadership is found in liberating the team to do what is required in the most effective and humane way possible.

In a rush to act on such assumptions, many dentists make the mistake of delegating the development of an effective team to merely recruiting warm bodies with some experience in the dental field. But that action negates an essential truth: your ability to thrive as a dentist is more dependent on your team than on any other factor. While it is important to ensure that you have the right people in place, it is just as important for you (as the dentist) to create the right environment.

You can hire the best staff in the world, but if your practice is devoid of leadership and empowerment, you will have no better result than if you simply hired the first people who applied for the job. In my experience, creating a good office environment largely depends on one principle factor. A dental office should be a place where people can “possess,” in other words, a place where team members can take ownership of processes within the practice. If your office culture is characterized by a sense of ownership among the team, then you are free from the minutiae of office management and can focus on delivering life-changing dentistry. You should enable and empower your team to do their best, both for the practice and for your patients. The most successful practices are those in which the team acts as if they “own the place.” And you can help foster this environment.

As a leader, the first thing that you should encourage is a culture of trust. A high-functioning dental team must trust one another if each team member is accountable for their respective assignments. Recognize the diverse abilities of team members and tap into resources that can supercharge your team and your practice. The second thing you should do is realize that no individual is as smart as the collective team. The art of true leadership is found in liberating the team to do what is required in the most effective and humane way possible. A sign of a high-performing dental practice is found in liberating the team to do what is required in the most effective and humane way possible. A sign of a high-performing dental practice is found in liberating the team to do what is required in the most effective and humane way possible.

In order to be good leaders, we should let go of some things and allow team members to “own” their responsibilities. In other words, we need to trust them.

I can honestly say that a perfect team member doesn’t exist, just as the perfect dentist doesn’t exist. Instead of fixating on perfection, create a culture in which your team feels a certain amount of ownership at the practice. When team members feel trusted, believe that their opinions matter and are empowered with their own diverse talents, they become dream team members. Look within and start building an office culture in which the dream team can emerge. Make a conscious effort to create the right environment, or your dream team may remain only that—a dream.
TAKE COMMAND
Join us to celebrate Arrowhead’s 40th anniversary at the Arrowhead World Symposium, 2016. Take time next summer to elevate your practice and leadership skills!

Keynote Speaker
Michael Abrashoff
Former Commander of the USS Benfold

Feature Entertainment
The Passing Zone

Enjoy the Fourth of July in Park City and bring your family to celebrate! The Canyons Village at Park City is a year-round resort destination that offers world-class recreational activities.

More information is coming soon about the symposium—including session details, accommodations and activities. Participants will qualify for CE credit.

The Canyons Village at Park City, Utah
July 1-2, 2016
Call 1-877-502-2443 for information and registration.
A Full Mouth Reconstruction Eliminates a Lifetime of Pain.

For as long as I can remember, I have suffered from daily headaches. They started in my early childhood and as I grew older, they intensified. In my mid-to-late twenties, the pain was almost unbearable by the end of a workday. A background headache usually lingered with me throughout the day. By the time my shift as a dental assistant was over, the pain was just about intolerable.

When I arrived home, I would stumble into the house and retreat to a pillow-laden, secluded closet where it was dark, cool, and quiet. I would sit in solitary confinement, sometimes for hours, until my headache—and often-severe nausea—subsided. I had all the classic symptoms: severely over-closed Class II bite, poor occlusion, forward head posture, and frequent headaches (amongst many other things).

As a new wife and mother, spending several hours in a dark closet every night wasn’t an ideal situation. But it was the only way that I could cope with the severe headaches that plagued me throughout my life.

Not only did I experience headaches, I also had a bevy of other ailments. Sometimes my arms and hands were numb and tingling. A persistent and annoying ringing noise sounded in my ears. And when I walked, my hips would often make a popping sound. None of these issues seemed normal, but after I visited a physician, I was diagnosed with fibromyalgia and instructed to take a barrage of medication every day to help control the pain. Medication wasn’t the best course of action for me. Popping pills only masked the pain and I wasn’t getting to the root of the problem. There was something wrong, but what was it?

The Answer Is Dentistry

I never imagined that I would find an answer to my health issues within my own field of work. Who would have thought that dentistry would have anything to do with my problems? Since the age of nineteen, I’ve been employed as a dental assistant. During that time, I worked for about ten years at a practice in Topeka, KS, with a local dentist, Dr. Anthony Beckler. Shortly after my diagnosis of fibromyalgia, my family and I moved to Las Vegas, NV. When we arrived, several dentists interviewed me for employment and I decided that one office was a particularly good fit for my situation.

Not long after I started work at the practice, I realized why I was drawn to that specific dentist. The dentist, Dr. Gregg Hendrickson, happened to be a specialist in neuromuscular dentistry. Fortunately, his advanced training gave him the exact expertise to diagnose and resolve the health issues that I had been suffering from for my entire lifetime. Therefore, Dr. Hendrickson not only became my new boss, he also became my doctor and miracle worker.

With just one look, Dr. Hendrickson determined that the source of my problems wasn’t fibromyalgia but rather a dental malady called temporomandibular joint disorder (TMD). I had all the classic symptoms: severely over-closed Class II bite, poor occlusion, forward head posture, and frequent headaches (amongst many other things).

With the Class II bite, my upper teeth protruded slightly forward and so my top molars didn’t meet my bottom molars in the ideal Class I position. We immediately began splint therapy and he fitted my lower jaw with an orthotic. I wore it twenty-four hours a day, seven days a week. The headaches and numbness in my arms would return, and my hips would start to pop as I walked. Because of the dramatic reduction in symptoms, I wore the orthotic constantly. It literally became an extension of myself—my best friend, you might say.

Most people will have their splint realigned in about three months with splint therapy. In that time frame, they’ll be symptom free and pain free. Mine took about a year to get the right fit.

We had to constantly readjust and refit the orthotic to get my teeth to a place where my muscles were comfortable. Even after everything was properly aligned, I wore it religiously for the next ten years so that the teeth wouldn’t return to their old position.

At a Crossroads

About that time, I felt like I was at a crossroads in my career. I returned to Kansas after living in Nevada and tried to decide what to do next with my life. With my specific level of training as an assistant in a neuromuscular dentistry office, I knew that I wouldn’t be happy working in general dentistry again. I wanted to stretch and grow in my career and I wasn’t sure that I could replicate the advanced experience of working with a specialist in Las Vegas. At the time, I considered looking for work in another field altogether, possibly medical aesthetician work.

I was only about two weeks away from starting classes to become a medical aesthetician when I received a telephone call from Dr. Ryan L. Brittingham, a dentist whom I had worked with years before. When I worked in Topeka (prior to my move to Las Vegas), the dentist often utilized the help of Dr. Brittingham when the schedule was too full. I was impressed with Dr. Brittingham’s advanced skill level and his devotion to comprehensive dentistry. In the past, my sister worked as his dental assistant for a while. I followed his career even after I left Topeka. I knew that if I ever worked with a dentist again, it would be with Dr. Brittingham...
Of course, Dr. Brittingham wasn’t calling just to chitchat. He wanted to know if I would come on board at his practice and be his chief assistant. I was faced with a conundrum; I had already decided to leave dentistry altogether, and he placed a very attractive offer before me.

I told Dr. Brittingham of my dilemma and he asked me to take some time and give the offer some serious thought before answering. He said that I had a lot to offer the field of dentistry and it would be a shame for me to leave.

So I spent several days thinking and praying about it. Then I finally made a decision—I would take the job. However, I would only do so after a bit of negotiation.

The Terms

As part of the terms of agreement, I asked Dr. Brittingham to fix my teeth. A full mouth reconstruction would resolve the issues with my health. Now that my TMD was properly addressed, new crowns would “seal the deal” and make my bite perfect. I would no longer need to wear the splint anymore if I had the procedure done properly. At my previous job, I had veneers placed on my teeth. At the time, I was happy with my smile. However, years later, my margins became visible due to my bite being off. As a result, they no longer had a pleasing appearance.

When I saw Arrowhead Elite restorations for the first time, I was immediately impressed with how normal looking and beautiful they were. As a long-time reader of Aesthetic Dentistry magazine, I always admired the smiles of the people who were featured. I dreamt of having a beautiful smile just like the cover models.

I guess you could say I was a bit of a diva! I wanted it all. I wanted to be pain free and I wanted beautiful teeth. But as a person who assists others in getting beautiful teeth every day, was that really too much to ask? I didn’t think so.

And fortunately, neither did Dr. Brittingham. He willingly and excitedly agreed to my proposal. And with the agreement finalized, I happily joined his team. (For more information on this case, see page 30.)

My Treatment Plan

As a part of the dental industry, I was uniquely situated to make specific requests regarding my treatment plan. I knew exactly what I wanted and how I wanted it done.

One difference in my case (as compared to a typical case) is that we left my temporaries on for about a year. We did so for a crucial reason; we wanted to make sure that my bite was perfect and that I was 100 percent pain free before placing anything permanently.

Ironically, some of the health problems in my twenties were because I had veneers placed on my teeth. This eventually locked my teeth in an improper place and ended up exacerbating the existing problems. We didn’t want a reoccurrence of this issue, so this time taking the time to observe how the teeth would respond to the temporaries was necessary before placing the permanent restorations.

I remember the day that I received my temporaries. I was so excited. I knew what I wanted, but to actually see the results when I looked in the mirror was a very emotional experience. Tears flowed—not tears of sadness—but tears of absolute joy.

My reaction caused my husband to start crying and then Dr. Brittingham and the assistant joined in! We had quite the waterworks spectacle going on in the office that day! It is a moment that I will always remember, the day that I received my new smile, even though it was only the temporaries.

I have often been asked why I choose to get the treatment. I am the patient rather than the dental assistant during the prepping and seating of a full mouth case. To be honest, it was actually quite uneventful! I didn’t experience any moments of pain or discomfort during any part of the procedure. I didn’t have any fear or anxiety, either.

I chose to do it as part of my job. I had been a dental assistant for many years and took care of all the prerequisites before he worked on me. He visualized the case procedure many times before he actually performed the work, so the process went like clockwork. It felt like I sat down in the chair and only minutes later, I looked in the mirror at a set of brand new teeth.

But in reality, the procedure began days before the main event, and a few hours later I was all done and walking out the front door. I only took one break during the procedure. Dr. Brittingham gave me a mild steroid that caused the muscles to relax. Then, he seated me in a comfortable chair and the assistant snuggled a blanket around me. I was totally relaxed and calm the entire time. I couldn’t have asked for a more ideal experience!

A True Metamorphosis

Over the years, I have witnessed several life-changing transformations by assisting full arch and full mouth reconstruction procedures. However, I honestly didn’t think that my life would be too different after getting my full mouth reconstruction. I was already a fairly outgoing and positive person who smiled a lot and thoroughly enjoyed life. But since that time, my life has completely transformed. The health conditions that plagued my earlier are now completely resolved, which has brought numerous benefits to my life.

When I see the before-and-after pictures and think of how much my life has changed, I know that it’s because of my new teeth. I look completely different. I feel completely different. I am completely different. My smile is big and bright and I exude confidence. I’m definitely not the same person.

My new smile inspired me to start taking better care of my health overall. When you feel crummy, you don’t feel like taking care of yourself. But when you feel great, you want to feel even better. That’s exactly what happened. After receiving my new smile, I started making some significant lifestyle changes. I stopped smoking. I started drinking more water and eating healthier foods. I started going to the gym.

At 40 years old, I entered my first fitness competition. I didn’t win, but in rare did turn some heads. There I was, up on the stage, competing against twenty-somethings who were half my age! I wouldn’t trade my smile and my new, improved health for anything.

The Voice of Experience

If you suffer from frequent headaches, don’t feel yourself into thinking that it is an unavoidable part of life. Visit a dentist who specializes in TMD and see if you too, have the disorder. The splint therapy treatment won’t difficult or painful and it truly worked miracles for the quality of my life.

Also, if you have ever dreamed of doing a full mouth reconstruction, I tip my hat to you! I love my new smile! All of the full mouth and full arch patients that I have worked with over the years feel the same way. The only common thread of regret seems to be that they all wish they’d done it sooner. And I agree! This procedure can change your life in more ways than you can imagine. And who knows, maybe you’ll even end up on the cover of Aesthetic Dentistry one day, too!
A CLOSER LOOK ■ KENT GARRICK

AD: How closely do the Snowcaps compare to the final restoration?
KG: It’s not identical. It’s a different material, so you don’t get the translucency that you do with porcelain. A lot of doctors say that a patient is happy with the temps, they’re worried that the patient is not going to come back! But the intent of the material is short term (up to two years).

A benefit of Snowcaps is being able to segment out a large case and make it more comfortable for the doctor, for the lab, and for the patient. It decreases the amount of chair time required in one sitting. The patient doesn’t have to be in the chair for up to five or six hours continuously to have a full mouth completed. The other main benefit for the patient is financial. If a patient cannot afford to do a full mouth restoration all at once, or they want to do quadrant dentistry, Snowcaps are a perfect option.

AD: Are there special considerations when caring for the material?
KG: Often, Snowcaps are connected in quadrants. It’s important that patients floss or use a Waterpik®, because hygiene is compromised slightly. After Snowcaps are cemented, the doctor can take a disc and cut through the contact and make it single units. The reason they are connected is because they’re floating on top of tooth structure and it’s easier to cement a quadrant at a time.

AD: Are they cemented, bonded, or adhered with some other material?
KG: It depends on the situation. Dentists can use temporary cement if it’s going to be a quick transition. If it is going to be prolonged, most doctors do a permanent bond.

AD: Can dentists bond them without damaging the tooth substructure?
KG: Dentists are going to prep the tooth down eventually anyway, so it is required to go through that etching technique when they do a permanent bond. However, they don’t need to do that procedure with a temporary. We typically do not recommend conventional cement as it tends to be thicker and we don’t build in a die spacer like we would for a crown. Snowcaps are placed over existing tooth structure, so you want something as thin as possible.

AD: What are some advantages of Snowcaps?
KG: They’re advantageous for more advanced techniques. Often, dentists find that when they need to do an upper arch or lower arch, it usually turns into a full mouth restoration because of the vertical decrease. When they use Snowcaps, they can finish the upper arch, put Snowcaps on the lower, and let the patient test it out for a period of time. The dentist can make simple adjustments to the lower Snowcaps and not damage the upper crowns. The dentist can fine-tune the occlusion before he or she finalizes the case and restores the lower arch. This approach removes a lot of the unpredictability of a complex case and it allows for fine adjustments without a lot of extra lab costs.

AD: Do you recommend that new dentists use Snowcaps when they start practicing full arch dentistry?
KG: Even veteran dentists see the value in Snowcaps. If a doctor prep a full mouth and the occlusion is off, it could be an expensive remake. With Snowcaps, instead of having everything perfectly dialed-in at the moment of bonding (which can be time-consuming and stressful), you can make slight alterations over time to ensure the perfect fit and function. It’s basically an insurance policy.

AD: Is Radica® always the material used in Snowcaps?
KG: Yes—approximately 99 percent of the time. There is a resin material that the removable department can make, too. It’s more durable but the aesthetics are compromised. When I design cases, I only go with the Radica®. You can add on to it, you can polish it, and the durability of it is predictable.

AD: Are there special techniques for handling Snowcaps?
KG: Just like any restoration, before you do the bonding tech- nique, make sure that everything is cleaned out. You will get some contamination if you do a try-in and then go directly to bonding without ensuring that the bonding surface is properly prepared.

AD: What is the intended lifespan of Snowcaps?
KG: The lifespan really depends on the application and the patient. Ideally, six months is a good time frame, but I’ve personally seen it used quite regularly for periods of up to two years. Some of the biggest factors are the patient’s eating and chewing habits. If a patient chews on ice or is a bruxer, the longevity of the Snowcap will be diminished.

AD: Are there any implications to keeping the Snowcaps in place for a longer duration?
KG: Yes—Radica® material is not as durable as porcelain, so it’s going to wear quicker. In prolonged use cases, such wear can result in losing the vertical, and the jaw position could change based on the patient’s chewing habits. Further, if patients are comfortable with a 17 mm Shimabash and they start wearing down the Snowcaps to a 16 mm Shimabash, headaches or joint pain may return, because they’re putting pressure on their joints and muscles again.

AD: Do dentists bond them without damaging the tooth substructure?
KG: Dentists are going to prep the tooth down eventually anyway, so it is required to go through that etching technique when they do a permanent bond. However, they don’t need to do that procedure with a temporary. We typically do not recommend conventional cement as it tends to be thicker and we don’t build in a die spacer like we would for a crown. Snowcaps are placed over existing tooth structure, so you want something as thin as possible.

AD: Are there special techniques for handling Snowcaps?
KG: Just like any restoration, before you do the bonding tech- nique, make sure that everything is cleaned out. You will get some contamination if you do a try-in and then go directly to bonding without ensuring that the bonding surface is properly prepared.

AD: What is the intended lifespan of Snowcaps?
KG: The lifespan really depends on the application and the patient. Ideally, six months is a good time frame, but I’ve personally seen it used quite regularly for periods of up to two years. Some of the biggest factors are the patient’s eating and chewing habits. If a patient chews on ice or is a bruxer, the longevity of the Snowcap will be diminished.

AD: Are there any implications to keeping the Snowcaps in place for a longer duration?
KG: Yes—Radica® material is not as durable as porcelain, so it’s going to wear quicker. In prolonged use cases, such wear can result in losing the vertical, and the jaw position could change based on the patient’s chewing habits. Further, if patients are comfortable with a 17 mm Shimabash and they start wearing down the Snowcaps to a 16 mm Shimabash, headaches or joint pain may return, because they’re putting pressure on their joints and muscles again.
You should carefully consider the length of time you intend to use them, relative to what you are trying to accomplish.

AD: Are Snowcaps used in small cases? If so, when?

KG: A small case can turn into a segmented case, which will eventually be a full arch. The patient may have four, five or six units at a time, and the dentist can start building it out in segments, as opposed to waiting a year until the patient has the resources to do it. The dentist can actually alleviate the immediate problem and get the patient on the road to better health.

AD: Is Radica® ever used long term for single-unit cases?

KG: We’ve done that in unusual circumstances. For example, if a patient is going on a cruise in a couple of weeks and they don’t have time to get back to the dentist for a new impression. Radica® can help a doctor out of a bad spot. Or if a patient is tight on funds and the doctor knows that the patient can afford to replace it once a year, they can do that, too.

AD: What types of restorations can you make from the Snowcap material?

KG: Really there are no limitations. We can make everything from a crown to a bridge. For larger span restorations, we add metal or Ribbond® reinforcement to it. We also frequently do inlays and onlays. Snowcaps can also be done as veneers, either on preps or over existing tooth structure. Snowcaps are a great multi-purpose tool that dentists can use to solve a number of problems.

AD: What cases are Snowcaps particularly effective for?

KG: For a patient who needs a full mouth case, focus on the uppers first. Snowcaps on the lowers and then transition. That’s your insurance policy. Doing the Snowcaps, letting the Shimbashi (or vertical dimension) get dialed in, adjusting the occlusion with the T-Scan® and then progressing into the final restorations at the very end.

AD: Beyond full arch reconstruction and implants, could dentists use Snowcaps instead of a removable appliance?

KG: Yes. While it is slightly cheaper to do a removable appliance, it comes with a number of drawbacks: speech patterns may be compromised, it’s often bulky and uncomfortable, it’s difficult to eat, and requires nightly maintenance. With Snowcaps, a living splint allows the patient to see the aesthetic benefits. Plus, you don’t have to remove it every night or when you eat. It’s anatomical, so the patient can comfortably chew and speak. It’s a bit more expensive, but most patients report that the benefits exceed the additional cost.

AD: How compliant are patients with wearing removable appliances?

KG: We find the majority of the time they’re not. Maybe 20 percent of the time they are, but 80 percent of the time, they’re just not wearing the appliance like they should. With Snowcaps, it’s essentially 100 percent compliant, because they have no options. A lot of patients can’t even tell that Snowcaps are in their mouth after a while. With a bulky appliance, patients always know it’s in the mouth. For the doctor, this is a huge benefit because noncompliance has a direct correlation to the time required to complete a treatment on a patient. Additionally, noncompliance also increases the complexity of some cases and dramatically increases the likelihood of a compromised outcome.

AD: Snowcaps put the dentist in the position of being a no-holds-barred solution provider. Is that correct?

KG: Absolutely. Snowcaps are tools that create options for both the dentist and the patient. They offer options for large-case dentistry, small-case dentistry, and effective and economical ways of providing solutions to patients.

AD: Dentists who do full arch reconstructions often comment, “I have to spend so much time and effort trying to get everything perfect, otherwise I’ve got a problem.” Are Snowcaps a good solution to this problem?

KG: Yes. Snowcaps are a way for dentists to create predictability. When a dentist bonds the upper arch, he or she can then put Snowcaps on the lowers. With the Snowcaps, the dentist can make alterations on the lowers and account for anything that wasn’t done perfectly on the uppers. Instead of worrying about being perfect the first time out, dentists can start building in control points where they can improve their skills and elevate their practice, without many of the risks associated with that.

AD: Are there any other aspects of Snowcaps that might be helpful for doctors who aren’t familiar with this option?

KG: Snowcaps are good for confirming aesthetics and speech. A patient may ask for something that he or she saw in a magazine or on TV, but it doesn’t always work well. It is similar to the concept of test-driving. Before patients spend $40,000 on a case, with Snowcaps, you can verify that they’re going to look good with (a particular) shade. It is a really good tool that ensures that when the case is done in permanent materials like Empress® or e.max®, everything is perfect.

Kent Garrick is Director of Technical Services at Arrowhead Dental Lab, where he has worked for 23 years. He specializes in assisting dentists in comprehensive case design.

AD: Are Snowcaps used in small cases? If so, when?

KG: Absolutely. Snowcaps are tools that create options for both the dentist and the patient. They offer options for large-case dentistry, small-case dentistry, and effective and economical ways of providing solutions to patients.

AD: Dentists who do full arch reconstructions often comment, “I have to spend so much time and effort trying to get everything perfect, otherwise I’ve got a problem.” Are Snowcaps a good solution to this problem?

KG: Yes. Snowcaps are a way for dentists to create predictability. When a dentist bonds the upper arch, he or she can then put Snowcaps on the lowers. With the Snowcaps, the dentist can make alterations on the lowers and account for anything that wasn’t done perfectly on the uppers. Instead of worrying about being perfect the first time out, dentists can start building in control points where they can improve their skills and elevate their practice, without many of the risks associated with that.

AD: Are there any other aspects of Snowcaps that might be helpful for doctors who aren’t familiar with this option?

KG: Snowcaps are good for confirming aesthetics and speech. A patient may ask for something that he or she saw in a magazine or on TV, but it doesn’t always work well. It is similar to the concept of test-driving. Before patients spend $40,000 on a case, with Snowcaps, you can verify that they’re going to look good with (a particular) shade. It is a really good tool that ensures that when the case is done in permanent materials like Empress® or e.max®, everything is perfect.

Kent Garrick is Director of Technical Services at Arrowhead Dental Lab, where he has worked for 23 years. He specializes in assisting dentists in comprehensive case design.

AD Magazine}

Arrowhead’s New Dentist Continuing Education (CE) Plan:

Special pricing for new dentists (1–10 years in practice).

- Full Arch Reconstruction: Only 30 percent of dentists offer this innovative procedure in their practices—you can be one of them!
- Total Team Training: Give your entire team the tools they need to help build a more profitable practice.
- Implant EZ I: Reduce the number of patients you refer out and keep valuable revenue in your practice.
- Everyday Occlusion: Help a large number of your patients achieve improved dental health by applying these specialized concepts and techniques.
- Know Your Numbers: Master business principles that will give you the competitive edge in dentistry.
- Airway-Conscious Dentistry: Learn how to integrate sleep dentistry and the treatment of obstructive sleep apnea for your patients.

Get Started Today! www.ArrowheadDental.com

Dr. Cody Bauer, Mansfield, TX

With Arrowhead I was doing full arch dentistry my first year.

And you can too!

Arrowhead Dental Lab and the Dr. Dick Barnes Group have developed a CE plan specifically designed to make new dentists more successful. Dr. Cody Bauer used this plan to more than double his income in his first three years of practice, and triple overall production in his office. Bauer says, “Arrowhead’s plan really works! It’s so easy, dentists don’t believe it!”

Get the skills and support you need for success and keep your patients coming back by providing the latest in dentistry. Sign up today for Arrowhead’s New Dentist CE Plan by visiting our website at www.ArrowheadDental.com or by calling 1-877-369-2343.

12

Aesthetic Dentistry Fall 2015

ARROWHEAD
DENTAL LABORATORY
Have a Plan
Getting started with a social media strategy can be a bit overwhelming if you don’t have a good plan. Here are a few tips to keep in mind:

• **Social media should include a conversational, relationship-driven approach.** It is not best served with an overt sales approach.

• **With social media, make sure your profile has a personal touch.** Try to aim for a ratio of 20 percent of your own content and 80 percent of content that is created by others. According to Hymas, “The biggest thing is being current on trends in your industry, sharing that information to your audience, and not just throwing promotions and talking about yourself all the time.”

• **The rules of the Health Insurance Portability and Accountability Act (HIPAA) apply on social media.** Always obtain consent to refer to a specific patient online, and never conduct business directly with a patient through social media (appointment reminders, for example). Consent form templates can be found online, but consult with legal counsel regarding any questions before sharing information with or about patients online.

• **Everything you post on social media should connect your practice to people in a personal, relevant way.**

### The Platforms

Set aside a few minutes each day to familiarize yourself with each social media platform and ask your network of friends how they use them. Each platform is unique and the requirements of engagement vary. In the pages that follow, I’ve chosen four popular social media sites to highlight. I’ve included some of the pros and cons of each platform and why dentists should take a closer look.

**FACEBOOK**

Facebook is a behemoth that cannot be ignored. While on the site, Facebook users are typically connecting with friends, family, brands, and even strangers. Senior users (ages 55 years and older) are the fastest-growing segment on Facebook, but it’s still incredibly popular among Millennials (people born between 1980 and 1995). Nearly half of Millennials check Facebook in the morning, much the way previous generations read a printed newspaper.

Unlike other social media platforms, Facebook makes a dental practice’s information readily available. “Users can look at the reviews of a particular business, find the address, and get information, whereas [on] some other platforms you can’t get that,” said Hymas.

Contests and coupons are highly attractive to Facebook users, and they are a good way to incentivize likes and shares. But be aware that every piece of content you share is an opportunity for people to respond—positively or negatively.

Respond to comments in a timely manner and quickly diffuse negative comments by asking the dissatisfied person to take the conversation offline. Once the conversation is offline, maintain an understanding demeanor and willingness to address the problem, no matter how passionate the user may be.

**Facebook for Dental Practices**

Facebook is the best platform for cultivating a community of prospective patients.

Facebook does not make your content visible to everyone who likes your page. Instead, the platform uses an algorithm to predict what content people want to see when logging in. Instead of showing every post from every friend and business they follow, Facebook shows users only certain items. Each platform is unique and the requirements of engagement vary. In the pages that follow, I’ve chosen four popular social media sites to highlight. I’ve included some of the pros and cons of each platform and why dentists should take a closer look.

**FACEBOOK**

Facebook is the best platform for cultivating a community of prospective patients.

Facebook does not make your content visible to everyone who likes your page. Instead, the platform uses an algorithm to predict what content people want to see when logging in. Instead of showing every post from every friend and business they follow, Facebook shows users only certain items. Each Facebook user is a potential patient or advocate.

Like any community, it takes a mix of content to keep things interesting. Promote your practice with before-and-after photos, new services, and testimonials. Also include aspects of your practice’s personality, such as biographies of your staff and recaps of community service and volunteering. Mix in some educational material, too—oral care tips, links to new studies, and other informational content.

Photos are the most popular form of content on Facebook, so try to attach a visual of some sort to every post, even if it’s merely a thumbnail from a linked article. If you do this, Facebook will reward your profile by making your content visible on the News Feed (a list of stories on a user’s home page) of a higher percentage of your fans.

Facebook is the best platform for cultivating a community of prospective patients.

Facebook does not make your content visible to everyone who likes your page. Instead, the platform uses an algorithm to predict what content people want to see when logging in. Instead of showing every post from every friend and business they follow, Facebook shows users only certain items. Each Facebook user is a potential patient or advocate.

Like any community, it takes a mix of content to keep things interesting. Promote your practice with before-and-after photos, new services, and testimonials. Also include aspects of your practice’s personality, such as biographies of your staff and recaps of community service and volunteering. Mix in some educational material, too—oral care tips, links to new studies, and other informational content.

Photos are the most popular form of content on Facebook, so try to attach a visual of some sort to every post, even if it’s merely a thumbnail from a linked article. If you do this, Facebook will reward your profile by making your content visible on the News Feed (a list of stories on a user’s home page) of a higher percentage of your fans.

Facebook is the best platform for cultivating a community of prospective patients.

Facebook does not make your content visible to everyone who likes your page. Instead, the platform uses an algorithm to predict what content people want to see when logging in. Instead of showing every post from every friend and business they follow, Facebook shows users only certain items. Each Facebook user is a potential patient or advocate.

Like any community, it takes a mix of content to keep things interesting. Promote your practice with before-and-after photos, new services, and testimonials. Also include aspects of your practice’s personality, such as biographies of your staff and recaps of community service and volunteering. Mix in some educational material, too—oral care tips, links to new studies, and other informational content.

Photos are the most popular form of content on Facebook, so try to attach a visual of some sort to every post, even if it’s merely a thumbnail from a linked article. If you do this, Facebook will reward your profile by making your content visible on the News Feed (a list of stories on a user’s home page) of a higher percentage of your fans.
People are searching for dentists.

Will they find you?

SEO.com can help.

Use our digital marketing services to attract new patients.

Internet Marketing  Web Design  Social Media  Search Results  Reputation Management

Call us for a free consultation: 855.864.3391
sales@seo.com  seo.com/dental

Aesthetic Dentistry  Fall 2015

Will they find you?

People are searching for dentists.

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?

Will they find you?
INSTAGRAM

Instagram is a virtual photo and video album that you can share with your followers. In addition to photos, the service is built around short videos, with brief messages attached. The platform is designed for mobile devices, with a minimal presence on the web for desktop computers. Instagram’s demographics tend to skew younger than other social networks, with a heavily devoted base of teenagers and twenty-somethings who check Instagram religiously—even more often than Facebook or Twitter.

Instagram allows you to showcase the cases you are most proud of:

On Instagram, users share selfies and other photos, and also hit the “Like” button on other people’s content, but at a much more rapid pace than on Facebook. Like Twitter, hashtags are popular on Instagram and are a great way to increase visibility.

**Instagram for Dental Practices**

Instagram is an artistic, multimedia-oriented network. It provides a visual platform for you to show your work on patients, the smiling faces of your staff, and much more. Instagram allows you to showcase the cases you are most proud of.

Every dental practice should have great photography of outstanding case outcomes. Post those images on Instagram and patients will see the results and initiate questions about outstanding case outcomes. Post those images on Instagram and patients will see the results and initiate questions about outstanding case outcomes. Instagram allows video uploads—but they must be fifteen seconds or less. No one expects a highly polished video. Dental offices can use videos to their advantage by making brief before-and-after clips, or describing a new service.

**PINTEREST**

Pinterest is essentially an Internet scrapbook, or as the name implies, a virtual backboard. The platform is built around users sharing links to content they find interesting or useful, called pins. People sort their pins by topic or theme on virtual boards. Each pin is assigned an image pulled from its page. The result is a board full of images, and a user’s page full of boards—all full of related images.

**Pinterest for Dental Practices**

Unlike Instagram, Pinterest requires more than a single photo to be effective. Yes, the imagery is crucial to getting users to click on your content, but there has to be something of interest on the other end of that click.

That means blogging and sharing your expertise and success. It means creating online case studies and instructional videos. And it means giving each piece of content a compelling image to complement it. These posts position you as an expert healthcare provider doing extraordinary work.

Much like Instagram, the imagery is what captures people’s attention, so it’s worth hiring a professional photographer to spend a day in your practice capturing your staff at work and smiling patients. Or purchase a nice camera and periodically ask someone to use it to document your day and the details of your practice. Use these photos on your blogs, Instagram posts, contest pages, and with other content. Also, use them as the primary images while sharing pieces of content on Pinterest (not to mention on Facebook and other social networks, which also rely heavily on imagery).

Since 83 percent of Pinterest users are women between the ages of 18 and 34 years old (according to Pinterest), gear your content toward them. Add some words or a headline to your imagery to increase the quick “get it” factor.

Like other social media platforms, Pinterest offers promoted pins to increase exposure to new people. For example: ask patients to post a photo of themselves or their teeth with the hashtag #smile Friday and tag your practice in the photos. Then select a random winner for a free whitening session or giveaway.

Offer a free whitening session to a user who likes a particular post, also chosen at random. Ask followers to use your practice’s hashtag when they post their smiles for a freebie (people will gladly post photos for the chance of winning an inexpensive, branded T-shirt or swag). The text that you add to a photo can also include a link to wherever your contest is hosted, whether it’s on Facebook or your own website.

Once you have visual content, simply add in a few hashtags—for example, location (#Columbus), topic (#dentistry), and description (#smileweekend). Add two or three hashtags to each post, and you’ll be surprised at the strangers who discover and like your content.

**Cost:** Free

**Number of Users:** 72.8 million

**Most Active Age Groups:** 18 to 34 years old, 35 to 54 years old

**Platform Specific Terms:** Pin, Board, Repin, Follow, Like

**Primary Audience:** Women sharing their aspirations and discovering fresh ideas.

**Time Requirement:** Medium

**Difficulty Level:** Medium

**Strengths**

• Visually appealing content can spread quickly.

• Devoted user base primarily of women who repin to encourage others on the site per visit.

• Content is easy to discover and share on Pinterest.

**Weaknesses**

• Compelling visual content is more difficult to acquire.

• Lots of spam and useless content.

**Referenced**

The Curious Question

Help Patients Find Life-Changing Dentistry.

Curiosity may be dangerous to cats, but it can be a lifesaver for the dentist/patient relationship. Simply put, curiosity can inspire questions that have the potential to transform your practice from an ordinary one into an extraordinary one. In the 37-plus years that I have been going to the dentist, I can’t remember ever being asked questions beyond the usual, “What brings you in?” or “Any tooth pain?” Most of my interactions with the dentist have been limited to a few, brief exchanges as he or she checked my teeth after a cleaning and then remarked, “Everything looks good! We’ll see you in six months.”

“Why would dentists short-change themselves by neglecting to ask such a simple question? If you never ask, you’ll never know what you and your patients want?”

Matthew Cook, DDS, a general dentist in Denver, Colorado, provides a glimpse into the value of asking good questions to inspire questions that have the potential to transform your practice. His background in aesthetic dentistry makes him a natural fit to discuss the topic of curiosity and the importance of asking good questions. In the book entitled, If Off the Tee: Targeting Success, author Lorri Meyers wrote, “Don’t build roadblocks out of assumptions.” One of the most powerful questions a dentist can ask is, “What brings you in?” or “Any tooth pain?” While there’s nothing wrong with asking basic questions, dentists often make mistakes people can make is to assume they have a solid understanding of a customer’s expectations or desired experience. In business, this is called a customer bias and it is behind some of the biggest business failures of all time.

A classic example of customer bias is the “New Coke” disaster of the 1980s. In 1985, The Coca-Cola Company reformulated its signature product to taste more like its biggest competitor (Pepsi). A loud and immediate backlash soon followed, as customers and newspapers ridiculed the new formulation. The Coca-Cola Company clearly misunderstood what a significant number of their customers wanted. Thirty years after introducing New Coke, the company announced the return of the old formula.

In dentistry, our patients are our “customers” and the same rule applies: dental professionals should keep assumptions out of their practice, and listen to how the patient responds.

“Afterwards, you will get a better understanding of a patient’s circumstances and what he or she values. With this understanding, a dentist is in a better position to offer patients what they want. It expands opportunities for the patient and dentist alike.”

The assumption problem is pervasive because for most people, curiosity is automatic. Although assumptions may appear to save time, they shortcut interactions that lead to health-promoting procedures for the patient and potential professional opportunities for the dentist.

In dentistry, such assumptions usually take two basic forms: first, as noted previously, dentists focus on presenting treatment options that they feel the patient is likely to accept or can afford rather than the optimal course of treatment. Second, dentists present treatment options in a way that is representative of a limited perspective. For example, I know a dentist who told a patient that he just needed to have some veneers added to address some cosmetic issues. The doctor didn’t ask the patient about what additional considerations there might be—functional problems, headaches associated with malocclusion, or anything else. The result is that often patients are robbed of the opportunity to understand and experience the highest quality of treatment available, and dentists are robbed of the opportunity to provide that kind of dentistry.

Here’s a scenario of what that interaction might look like:

Doctor: [Patient Name] I am glad to see that you take care of your smile. Frankly, until I started working in the dental field, I wasn’t aware that much could be expected from my smile beyond an occasional cleaning or bleaching. Unfortunately, my experience is not unique. Dentistry has the potential to change patients’ lives for the better. But many patients don’t experience that kind of dentistry.

In dentistry, such assumptions usually take two basic forms: first, as noted previously, dentists focus on presenting treatment options that they feel the patient is likely to accept or can afford rather than the optimal course of treatment. Second, dentists present treatment options in a way that is representative of a limited perspective.
When Arrowhead opened for business in 1975, things were a little different. We originally set up shop in southern California, in a one-room office with a single technician. Today, at our current location in the Wasatch Mountains of Utah, we’ve grown to include several hundred employees in a state-of-the-art facility. But some things never change—like brilliant artistry, unsurpassed quality and a commitment to service.

For forty years, we’ve provided creative solutions for discerning dentists. And you have rewarded us by making Arrowhead your partner. The Arrowhead experience provides some of the most precise, artistic, and innovative cosmetic solutions in the world—all handcrafted from the finest materials and finished by expert technicians in the U.S.A.

During the past forty years, Arrowhead has offered dentists more than just products. Our unwavering commitment to personalized service means that we provide education, one-on-one mentorship and individual attention every step of the way. Our goal is simply to help dentists become better and more productive.

As we celebrate this milestone, we offer our thanks for making Arrowhead a trusted part of your practice. Going forward, we promise to maintain our commitment to the success of your practice, the well-being of your patients and our shared endeavor of elevating the art of cosmetic dentistry.

Together, we look forward to making the future beautiful—one smile at a time. Thank You.
Hire Ground


If you’ve ever hired the wrong person, you know how stressful, awkward, and costly that mistake can be. As a practice development trainer, I have visited with thousands of dentists over the years and I can say without hesitation that hiring the right person is a universal challenge. I am constantly asked about it when I travel around the country. As a practice development trainer, I have visited with thousands of dentists over the years and I can say without hesitation that hiring the right person is a universal challenge. I am constantly asked about it when I travel around the country.

The challenge is further complicated by the fact that creating an effective dental team is probably the single most important factor you can do. It determines your productivity, the level of productivity and thus directly affects the bottom line. The team is probably the single most important factor you can do. It determines your productivity and directly affects the bottom line.

The human resources expert! The human resources expert! If you’re like many dentists, you probably approach hiring as a series of independent tasks, whereas you should consider hiring as an integrated process. Many of the daily procedures that dentists do are based on a progression of linked activities to create beautiful outcomes for your patients. Similarly, standardizing the hiring process is a way to bring about results that are consistent, predictable, and repeatable.

Overcome the Obstacles

Hiring dental staff involves a couple of basic challenges. First, hiring is not something that dentists do every day. Everyone becomes good at the things they do often. Second, much of the hiring that I have seen is based on intuition rather than established criteria. Dentists usually interview candidates and ask them about their work history, skills, and qualifications. Then they review each individual’s performance and simply hire someone.

This approach to hiring, though very common, can lead to disappointing results. Dentists tell me all the time that hiring a dream team staff member is impossible. Well, it doesn’t have to be. The power of having the right people in the right positions is a competitive advantage. To find the best team members, dental practices should adopt a system when hiring.

Find What You’re Looking For

Hiring the right person starts well before the interview. I recommend that every dental practice create clear criteria for each of their team roles. This criteria is defined in “team member profiles.” I’m not talking about run-of-the-mill job descriptions. If you are looking for dream team members, get specific with these descriptions.

A team member profile is both an exercise and a tool designed to clearly identify what you are looking for, so that you can recognize it when you see it. Team member profiles should include:

• a brief description of the position, including its responsibilities,
• the work expected,
• the kinds of personality traits required to be successful,
• any specialty skills or certifications required, and
• key performance indicators (KPIs), which measure a person’s success in the job.

At right, a chart shows the traits that each dental team member must have to be effective. It can be modified to fit the needs of your particular practice.

What Can Be Taught?

With each position, identify characteristics and/or skills that are trainable versus non-trainable. This is important because you don’t want to become blind to near-perfect candidates, who may only need a little training to become perfect candidates. Near-perfect candidates may be only missing one skill that can be learned.

A good example of a trainable skill is proper phone etiquette. You can teach someone how to answer a phone properly with a prepared dialogue and with scenarios of how to address conflicts that may arise.

However, an example of an untrainable skill is friendliness. Either a candidate is naturally warm and friendly with others or they find it difficult to convey a sense of friendliness (and may come across as reserved or aloof). It’s not something that can necessarily be taught (but it is critical to certain positions).

Knowing which skills can be trained versus which characteristics cannot be trained may help you spot a candidate with potential. It’s important to keep in mind that even though you may identify trainable skills versus non-trainable skills, you also need to identify candidates who are teachable and willing to be trained.

Some final things for every team member profile are indicators that show how success in the position will be measured. In business, such measurements are called key performance indicators (KPIs). For example, a good KPI for the front office person would be to look at the number of people on the recall list. A highly effective front office person will never have more than 50 to 60 people across all recall lists.

Identifying KPIs helps you set expectations when you bring a new staff member on board. It also allows you to quickly identify if employees are performing their duties well or not.

Hiring Is a Process

As noted previously, most dental practices follow a basic, intuition-based process when filling a vacant position. Although my model for hiring contains some similar elements, there are also significant differences.

My hiring process consists of three main steps: to identify (step one), to verify (step two), and to quantify (step three) each candidate and their potential for success in your office. Each step acts as a filter that allows you to evaluate potential employees, and spend your time and effort where it offers the most benefit for your team.

<table>
<thead>
<tr>
<th>CHARACTERISTICS</th>
<th>Front Office</th>
<th>Schedule Coordinator</th>
<th>Financial Coordinator</th>
<th>Dental Assistant</th>
<th>Hygienist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassionate</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • •</td>
</tr>
<tr>
<td>Diplomatic</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • •</td>
</tr>
<tr>
<td>Effective Communication</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • •</td>
</tr>
<tr>
<td>Empathetic</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • •</td>
</tr>
<tr>
<td>Extraverted</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • •</td>
</tr>
<tr>
<td>Friendly</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • •</td>
</tr>
<tr>
<td>Gentle</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • •</td>
</tr>
<tr>
<td>Good Listener</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • •</td>
</tr>
<tr>
<td>Good Phone Voice</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • •</td>
</tr>
<tr>
<td>Interpersonal Coordination</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • •</td>
</tr>
<tr>
<td>Highly Organized</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • •</td>
</tr>
<tr>
<td>Numbers-Oriented</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • •</td>
</tr>
<tr>
<td>Positive Attitude</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • •</td>
</tr>
<tr>
<td>Professional</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • •</td>
</tr>
<tr>
<td>Proactive</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • •</td>
</tr>
<tr>
<td>Problem Solving</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • •</td>
</tr>
<tr>
<td>Teachable</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • •</td>
</tr>
<tr>
<td>Team Player</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • • • •</td>
<td>• • •</td>
</tr>
</tbody>
</table>

Aesthetic Dentistry n Fall 2015
When reviewing a candidate’s work history, don’t limit your work experience to dental offices only.

**STEP ONE: IDENTIFY THE CANDIDATES**

The first objective is to find a candidate that meets the requirement set by the position. After the requirements have been determined, your list of candidates must focus on those who are a good sign of individual’s résumé. Keep in mind that résumé listings only offer a narrow view of the candidate. Therefore, the primary focus should be to quickly verify that the candidate has the experience, work history, and any certifications or licensing required.

While reviewing each candidate’s previous work history, don’t limit your work experience to dental offices only. People who work in the business office (such as the front office person, schedule coordinator, and financial coordinator) don’t necessarily need dental experience to effectively fulfill their role.

Other details, such as how the résumé is organized, worded, and formatted may also provide critical insight. For example, if you are looking for a scheduling coordinator, pay special attention to how the résumé is organized. A poorly organized résumé is a red flag that perhaps this candidate might not have the skills that he or she needs to be a successful scheduling coordinator.

**The Interview**

The interview is where the rubber meets the road. Meeting with candidates in person and interacting with them is a great way to assess their personality and compare it with the traits in the team member profile.

When I interview candidates, I always make note of four specific qualities: their professional appearance, their ability to make eye contact, their listening skills, and their body language. These four qualities tell me a lot about a person and whether or not he or she will be a good candidate for the dental office.

How a candidate presents himself or herself at the interview is important. Does he or she hold himself or herself in the ideal posture, but allow them to quickly locate candidates that might be worth talking to.

**Listen Up!**

Good listening skills are also imperative for dream team members. They need to listen to other team members, to the dentist, and to patients.

During an interview, test prospective employees’ listening skills by paying attention to how well they answer the questions. Do they listen to what you’re asking and respond with an appropriate answer? Or do they “go off on a tangent”?

If candidates are unsure about what is being asked, do they follow up with questions? Or do the candidates assume they know the question? A real flag is raised when candidates assume that they know what I am asking and interrupt me before I finish asking a question.

Such behavior identifies a person as having poor listening skills and in most situations, this could be a dealbreaker for certain positions, such as a financial coordinator, a dental assistant, or a hygienist.

**Signs and Signals**

Body language is a great way to get insight on potential candidates. How well the candidate is able to make eye contact with patients tells you how confident the candidate is, and how well they can build a relationship of trust. If people can maintain good eye contact with you during an interview (usually a very stressful time for prospective employees), it speaks volumes about their ability to communicate with others in a similar way. If they can’t, this is likely not a person you want to work closely with patients.

**STEP TWO: VERIFY THE RÉSUMÉ**

When hiring new employees, it is absolutely crucial that you not only get references and look at credentials, but that you actually verify them! It is surprising how often claims made by candidates on résumés and during interviews go unanswered. The implications of not checking on résumé details can lead to legal and operational disaster.

Before hiring a candidate, check references and verify any and all credentials. For example, if you are hiring for a clinical position that requires state licensing, you must take the steps to verify that the license is valid.

I know a dentist who, many years ago, hired a hygienist but didn’t check her credentials. The dentist just assumed that she had them. After the new hire had been working for him for a while, the dentist learned that the hygienist had never even passed her boards! Because the dentist failed to verify the hygienist’s credentials, he failed to meet his requirements as an employer. This oversight opened him up to a large liability that he would have cost him his practice had something gone wrong with a patient.

In most cases, verification is done simply by contacting your state’s Department of Professional Licensing and asking for proof. The prospective employee should present a copy of the license for proof if you don’t, request a copy of the license before making any hiring decisions.

Once you hire a verified candidate, add the licensing documentation to their employee file. Also, make note of expiration or recertification dates, so that you can follow up with the employee and make sure the license remains in good standing.

Finally, always make sure that serious candidates have all of their continuing education (CE) hours up to date. Credentials and licensure of prospective employees must be checked, documented, and kept in good standing.

Verification of references is important, too. References are a great way to obtain additional information about a potential employee. Make sure, however, that you have quality references. I recommend asking for only professional references. Every prospective employee should have some kind of reference that he or she can give you.

If they are right out of school and this is their first job, they might not have work-related references in the dental industry. Hopefully, they should have someone who can vouch for their abilities in the field, such as an instructor, mentor, or trainer.

Always ask candidates for references, and don’t be shy about requesting professional references if they have provided only personal ones. Then check the references using the criteria established in the team member profile to ask very specific questions related to the candidate’s past performance and personality traits.

Test Skills and Personality

Verifying skills and traits is important. After the first round of interviews, invite good candidates back for a second interview. When hiring, ask dentists, “Don’t be in too big of a hurry!” Take your time to find the right person. A little extra time in hiring can make a big difference in ensuring that a candidate will be a good fit.

During a second interview, you have the opportunity to check the candidate’s professionalism, as well as your role-playing exercises. Standardized testing is a well-established exercise in many human resource departments.

Some tests identify personality traits and compare them to the job requirements. The Myers-Briggs Type Indicator® and the DISC® personality assessment are widely used tests that can measure compatibility with your culture and the specific position.

**Scenario and Role-Playing Exercises**

Scenario and role-playing evaluations are great ways to determine if a candidate has the skills you need. With these exercises, verification is intuitive, quick to administer, and easy to customize to the needs of your practice. Here are some examples:

1. **Front Office Assistant/Receptionist**
   - Ask the prospective candidate to take a call, to see how he or she handles an interaction with a patient.
   - Then ask a member of your staff to call the office from a cell phone and run the candidate through a predefined scenario like a cancellation or an emergency caller.
   - Watch how the candidate handles the situation and compare this behavior to what you would normally expect.
   - For further confirmation, ask the prospect if it’s okay to call his or her current office sometime. This gives you a chance to hear how the candidate answers the phone at the office. It will give you an idea of how the candidate will treat the people who call your office.

2. **Team Member**
   - Ask a candidate to role-play a situation in which the patient is angry or upset. Ask the candidate to handle the situation in a professional manner.
   - Ask the candidate to role-play a situation in which the patient is happy or satisfied. Ask the candidate to handle the situation in a professional manner.

3. **Scenario and Role-Playing Exercises**
   - Ask the prospective candidate to role-play a situation in which the patient is angry or upset. Ask the candidate to handle the situation in a professional manner.
   - Ask the candidate to role-play a situation in which the patient is happy or satisfied. Ask the candidate to handle the situation in a professional manner.

In addition to personality tests, pre-employment tests are available that are specifically customized for the dental profession. Some employee testing companies with dental tests include:

- **Criteria Corp.** (www.criteriacorp.com) and **Optimize Hire** (www.optimizehire.com). These companies test primarily for cognitive ability, motivation, and personality.
2. Schedule Coordinator
a. Provide prospective candidates with a productive schedule and an unproductive schedule.
b. Ask candidates which schedule they think is more productive and why (for Dr. Dick Barnes Group attendees, a sample schedule is available in the Total Team Training Manual).
c. Ask candidates to identify problems associated with confined and unconfined procedures (this shows how deep their understanding of proper scheduling is and also where additional training might be required).

3. Financial Coordinator
a. Setup a role-play exercise in which a patient is in need of a large amount of dentistry. Use a full arch reconstruction as the hypothetical case.
b. The fee for the case is $40,000. Ask the candidate to present the fee to the patient (you).
c. Watch how the candidate responds—it reveals a lot about whether or not he or she is comfortable presenting financing for large cases.
d. Consider—does the candidate communicate clearly under pressure?
e. Does his or her body language express caring and empathy?
f. Does he or she review financing options? Or does the candidate simply present the fee?

STEP THREE: QUANTIFY THE RESULTS
If you haven’t vetted candidates appropriately in the identify and verify phases, the quantify phase can be frustrating and/or disruptive. The quantify phase begins once you hire a candidate.

This period of time is also when the value of the team member profile becomes apparent, especially if you have defined KPIs for each of the roles. KPIs allow you to focus on key measures of success in terms of concrete results rather than feelings or “gut” impressions.

With these measures, you can quickly evaluate the performance of a new hire and determine if he or she is indeed the right person for the job. The profile will also show you specific areas where ongoing training and improvements may be needed and how well the employee is doing with that training.

A good hygiene candidate should notice the patient’s concern and develop additional information. Such action shows that the candidate can identify additional procedures like implants that the doctor might wish to discuss with the patient.

Before using scenarios or role-playing, create a scoring system so that candidates can be consistently evaluated and compared. Without a scale, you may resort to relying upon how you felt they performed rather than accurately comparing one candidate against another.

These verification exercises measure what the candidates know and give you insight into what, if any, additional training may need to take place.

You’ll have higher productivity, better care for your patients, and more time to focus on the dentistry you want to be doing.

4. Dental Assistant
a. For this position, ask the interviewee to identify various dental tools to confirm that he or she is proficient with all instrumentation and its functions.
b. Quiz the candidate on how he or she would handle various situations, like dealing with a fearful patient.
c. Consider asking a candidate to set up one of your operatories that isn’t in use for a specific procedure.

5. Hygienist
a. For this position, ask the hygienist to set up the operatory for a hygiene appointment.
b. Make sure that all the requisite tools and supplies are pulled and in the proper quantity.
c. Ask a member of your team to play the role of a patient. In the course of the role-play, ask the patient to reject what I call a patient “wish”—and see how the candidate responds.

For example:
Candidate: So [Patient Name], how is everything going?
Patient: Everything seems okay. I haven’t noticed any problems with my teeth. It would be nice if I didn’t have to wear this thing any more [patient points to a removable partial denture in her mouth] but I guess that is just part of getting older.

Take a good look at the patient. You will see that you have the kind of patient that you want to see. The candidate should see the same thing. You might ask questions like:

Everything seems okay. I haven’t noticed any problems with my teeth. It would be nice if I didn’t have to wear this thing any more [patient points to a removable partial denture in her mouth] but I guess that is just part of getting older.

As you encourage your team members to advance and improve their skills, each member of the team will become more effective. And therefore, you will all be on the higher ground together.

Experience ELITE
BY ARROWHEAD DENTAL LABORATORY

Turn your waiting room into a powerful case presentation tool! Get your free copy of the Elite before-and-after DVD. This looping DVD features cases from Aesthetic Dentistry magazine and will show your patients the transformational possibilities of dentistry. Your patients will ask how they can get an Elite smile!

To receive your FREE Elite DVD, call 1-877-502-2443.


Tawana Coleman has been a practice development trainer with the Dr. Dick Barnes Group for more than twenty years. She has worked with thousands of dental practices. The structure that she teaches has empowered dental practices across the country to dramatically increase production. For hiring questions, email Tawana at etcoleman@cox.net.
When I met Jenny Kelley more than fourteen years ago, I knew she would be a great dental assistant. Years later, I asked her to join my team in Lawrence, KS. What I didn’t know was that in addition to being a great dental assistant, she would also be a patient of mine for a full mouth reconstruction. Over the years, Jenny reported that she had temporomandibular joint disorder (TMD) and headaches. In September 2012, we conducted a TENS (transcutaneous electrical nerve stimulation) bite registration on Jenny. I used the ultra-low-frequency TENS device for 45 minutes to stimulate and fatigue (and thereby relax) Jenny’s jaw muscles. Once the jaw was relaxed, I took a bite registration. I used the swallow bite technique, placing wax over her first set of molars and then applied the TENS treatment again to “tap” in the bite until I arrived at the correct vertical dimension. The splint was adjusted several times to get it into the proper position. After wearing the splint for only a short time, her conditions (including her debilitating headaches) reportedly improved. She wore the splint continuously (day and night), for the next eleven years.

Case Analysis

**The Root of the Problem**

When Jenny had her original veneers placed (numbers 5–12) in the mid-1990s, the dentist did a fine job on the aesthetics with the materials available at the time. However, he didn’t take into consideration the vertical component of her occlusion. Because of that, her already tight bite became even tighter, and with the new veneers, she was firmly locked into a place that was not comfortable. As a result, Jenny’s headaches became even more severe after the procedure was completed. Splint therapy worked wonders for Jenny. But the splint eventually needed to be replaced. In August 2012, the splint broke down Jenny’s smile be beautiful with the new restorations, but the functionality of her bite would be fully addressed and she would no longer need to wear a removable appliance.

**Preliminary Treatment and Prepping**

In September 2012, we conducted a TENS (transcutaneous electrical nerve stimulation) bite registration on Jenny. I used the ultra-low-frequency TENS device for 45 minutes to stimulate and fatigue (and thereby relax) Jenny’s jaw muscles. Once the jaw was relaxed, I took a bite registration. I used the swallow bite technique, placing wax over her first set of molars and then applied the TENS treatment again to “tap” in the bite until I arrived at the correct vertical (Shimbashi) measurement in the wax. I had set the goal of 18 mm as my target vertical dimension for Jenny’s case. At that time, I repaired and relined the splint at 18 mm. Jenny wore the splint for another five months to verify that her symptoms would not return at the new vertical dimension.

In March 2013, we completed the full mouth wax-up for Jenny set at 18 mm Shimbashi. I choose 18 mm rather than the 17 mm from the neuromuscular K7 bite registration because it gave me up to 1 mm to adjust her bite and get everything balanced. However, as it turned out, Jenny was more comfortable more opened up, which does not always happen.

A wax-up is particularly important in full mouth cases because it allows us to achieve the ultimate in precision in the final product. Anything we plan to do to the patient’s mouth, we do to the wax-up first. This gives the patient an idea of what the final teeth will look like before we actually do the work. The following month, we began the restoration process by prepping her entire mouth, in one sitting. This procedure took about five hours and because of the length of time, I gave her a mild sedative to help keep her comfortable and relaxed. We prepped her upper arch teeth (numbers 2–15) and lower arch teeth (numbers 22–27) and then seated the temporaries. In addition, we added Snowcaps (temporar-}
**CASE TIMELINE**

**Mid 1990s**
Original veneers placed. Patient reported daily headaches.

**2012**
3/2012 Patient presented with a mandibular splint being worn twenty-four hours a day. She complained of being unable to lift her head from 13 mm to 17 mm.
8/2012 Sylkelt breaks. Symptoms (headaches) soon followed.
9/2012 TENS bite registration to 18 mm and we repaired and relieved the splint.

**2013**
3/2013 Request for full mouth temps was-up set to 18 mm Shimbashi.
4/2013 Prepared upper arch (tooth numbers 2–15) and lower (tooth numbers 22–27). Composite overlay of tooth numbers 18–21 and tooth numbers 28–31. Patient wore full mouth temps (without a splint). Goal was to have months symptom free at new vertical. Adjusted bite with T-Scan®.
9/2013 Took upper and lower alginate. Adjusted bite with T-Scan®. Lower alginate being worn twenty-four hours a day. Most patients will not notice something so drastic when a tooth chips, but patients as sensitive as Jenny definitely will.

**2014**
4/2014 Temp bridges (numbers 2–4 and numbers 13–15), with SpeedCEM™. Anterior teeth were cemented with Variolink®.

**2015**
4/2015 Finally cemented the upper teeth on numbers 2–15. It proved very durable and almost looking the temps were because the patient was fine in the temps. Checked all with T-Scan® again.
4/2015 Tooth numbers 3 and 14 implants placed both required sinus bumps. New temp bridges made for both restorations (numbers 2–15) for the healing period.
5/2015 Patient remained asymptomatic throughout the entire process. At time of publication, we are going on three years of treatment time. It shows how sensitive can stage out treatment for a patient, if needed.

A Year in Temporaries

We left Jenny’s temporaries on for nearly a year. This is much longer than normal for temporaries with an average patient. However, in Jenny’s case, we needed to make absolutely sure that her Shim­bash was correct and that she was 100 percent symptom free before we seated the permanent.

Jenny is an extremely sensitive patient and her Shimbash had to be exactly right, otherwise her symptoms would return. Once, during the time Jenny was wearing the temps, she slightly chipped one. Within twenty-four hours, her headaches returned. Once we fixed the temp, though, the headaches immediately went away. Most patients will not notice something so drastic when a tooth chips, but patients as sensitive as Jenny definitely will.

Seating the Permanent Elite Restorations

When doing full mouth restorations, I recommend working with two assistants: one who works directly with the doctor and one who specifically handles the restorations. Before seating the crowns, my first job is to make a visual confirmation of the color of the final restorations to the temporaries. I do this, of course, when the temporaries are still in place.

In Jenny’s case, we seated fourteen permanent teeth in two appointments (October 2013 and May 2014). The other teeth still needed some work, so we left the Sixocaps and other temps in place. Jenny had bridges (numbers 2–4 and numbers 13–15), since tooth number 3 and tooth number 14 were extracted years ago. The missing teeth caused bone loss in that area, so we needed to complete a sinus bump surgery before proceeding.

In April 2015, we removed the temps on tooth numbers 2–4, 13–15, and 17. Then we completed both the sinus bump and implant placement on the same day. Jenny expressed no pain or soreness afterwards. She currently has a new temporary bridge in both areas while the sites heal. Once it does, we will place the permanent crowns on all remaining teeth later this year and give her back individual teeth again.

Jenny’s Treatment Plan

The cementation process can be challenging in a full arch case. For this reason, I approach the anterior and the posterior segments using different strategies, which are outlined below.

Cementation Process:

1. Visually confirmed the color of final resto­rations compared to temps, which are still in place.
2. Applied anesthetic.
3. Carefully sectioned the temps and removed.
4. Cleaned the preps with peroxide to remove any debris or the “black smudge,” which is actually a Staphylococcus (“staph”) bacteria.
5. Tried on all restorations starting with the centrals and working outward.
6. Made adjustments to fit until all units seated freely.
7. Posterior teeth were carefully cemented with SpeedCEM™. Anterior teeth were cemented with Variolink®.

Make sure you take care of the dental needs of the people on your team!

Your team members become walking billboards for your practice.

During the year that Jenny wore temporar­ies, we periodically checked her occlusion with a T-Scan®, and made any necessary adjustments to her bite. A T-Scan® is particularly helpful in showing force as a function of time and if a dentist is still using the old-school, carbon paper method for checking occlusions in full mouth restorations, he or she should seriously consider upgrading. A digital scanner shows exactly what is going on with a patient’s occlusion; it shows which tooth hits first when the jaw closes; it shows the percentage of impact on the bite by the right molars versus the left molars, etc.

The T-Scan® data gave me the information I needed about Jenny’s bite from right to left and front to back. Results from the T-Scan® were much more accurate compared to the patient’s own perspective. Several times, Jenny insisted that there was a problem was with a tooth on the right, but the T-Scan® reported that the issue actually resulted from a deflection in another part of her mouth. Every time we adjusted according to the results of the T-Scan®, the symptoms abated.

Another reason that Jenny spent so long in temps was because we scheduled her appointments whenever we had time in the office. She wasn’t desperate to get out of the temps—she was happy with how they looked and felt. So we took our time and scheduled Jenny’s appointments in when we could throughout the year.

In October 2013, we seated her lower permanents (numbers 5–12), prior to the Sixocaps. Then we completed both seatings, we checked her bite again with the T-Scan®, and made any necessary adjustments afterwards. She currently has a new temporary bridge in both areas while the sites heal. Once it does, we will place the permanent crowns on all remaining teeth later this year and give her back individual teeth again.

Posterior Cementation Protocol:

Two assistants were available, which was a great advantage—one worked with the doctor, the other handled the restorations. I typically do teeth (numbers 2–4, 13–15, 18–21, and 28–31) as IPS e.max® Pressed restorations.

1. Cleaned temps in the quadrant again with peroxide.
2. Controlled any bleeding with Ultradent Astringedent®.
3. Applied Telio® CS Desensitizer to all teeth we were cementing in the quadrant.
4. Dry seated the most anterior tooth not being cemented at that time.
5. Ex. Cemented teeth (numbers 2–4) so we held tooth number 5 on the prep without any cement to control the contact point with tooth number 4.
6. Applied Mondobond Plus (silane) to the interior of all crowns being cemented. Allowed to set for 30 seconds and dry thinned with air.
7. Applied SpeedCEM™ to the interior of the crowns.
8. Used dry angles and cotton rolls to control moisture in the mouth around temps. (I turned the overhead light away and turned off the light that I had on my loopes).
9. chessed crown to be cemented with SpeedCEM™. Anterior teeth were cemented with Variolink®.
10. Did the initial tack cure with curing light.
11. Performed the initial cement clean-up and foosed interproximal.
12. Did the final cure with Defo® on the margins.
13. Removed the “dry” crown on tooth number 5.
14. Cleaned up final cement.
15. Placed the crown individually to the doctor, starting with the central incisors and working outward. The doctor used dry angles and cotton rolls to control moisture around temps. (I used the OptraGate™ instead of a rubber dam or cotton rolls because I had a cooperative patient who understood the process). The OptraGate™ retracts the lips and doesn’t close off the throat, which freed up my left hand to hold the seated crowns and kept my right hand free to receive the new crowns.
• Occlusion data represented on both arches
• Digital impressions with contact forces and timing
• Implant loading alerts
• More tools and features to help you fine-tune the bite

Dr. Ryan L. Brittingham received an undergraduate degree in Human Biology from Kansas University. He later attended Creighton University School of Dentistry, graduating with a D.D.S. in 2001. As a general dentist, Dr. Brittingham specializes in comprehensive dentistry and he regularly completes CE courses to maintain his technological and clinical expertise. His desire to deliver high-quality dentistry combined with a gentle chairside manner creates an ideal environment for long-term dental health.

The Benefits of Using an Aesthetic Release.

Whether in digital or print, all dentists are required to keep a certain amount of paperwork. As a dentist, you already know the various requirements for mandatory dental records, including a dental history, a medical history, treatment records, a notice/acknowledgement of privacy practices (HIPAA), informed consent forms, financial records, and more. But consider adding an additional form to the pile. A specific type of informed consent form that you may not be familiar with (but you likely should) is called an aesthetic release form. The aesthetic release is a document that patients sign prior to delivery or bonding of any cosmetic or prosthetic dental work.

Basically, patients acknowledge that the dentist will deliver an aesthetic look that meets their expectations as defined in the form. In my document, I designate the specific color and the shape of the restoration as well as any additional restorations that will be completed.

The document states that the patient releases us (the dental office) from any extra changes the patient may want after bonding. It helps my office meet and exceed patient expectations.

My dental office takes every effort to ensure that we give the patient releases we (the dental office) from any extra changes the patient may want after bonding. It helps my office meet and exceed patient expectations.

My dental office takes every effort to ensure that we give the patient releases we (the dental office) from any extra changes the patient may want after bonding. It helps my office meet and exceed patient expectations.

My dental office takes every effort to ensure that we give the patient releases we (the dental office) from any extra changes the patient may want after bonding. It helps my office meet and exceed patient expectations.

My dental office takes every effort to ensure that we give the patient releases we (the dental office) from any extra changes the patient may want after bonding. It helps my office meet and exceed patient expectations.

The Benefits of Using an Aesthetic Release.

Whether in digital or print, all dentists are required to keep a certain amount of paperwork. As a dentist, you already know the various requirements for mandatory dental records, including a dental history, a medical history, treatment records, a notice/acknowledgement of privacy practices (HIPAA), informed consent forms, financial records, and more. But consider adding an additional form to the pile. A specific type of informed consent form that you may not be familiar with (but you likely should) is called an aesthetic release form. The aesthetic release is a document that patients sign prior to delivery or bonding of any cosmetic or prosthetic dental work.

Basically, patients acknowledge that the dentist will deliver an aesthetic look that meets their expectations as defined in the form. In my document, I designate the specific color and the shape of the restoration as well as any additional restorations that will be completed.

The document states that the patient releases us (the dental office) from any extra changes the patient may want after bonding. It helps my office meet and exceed patient expectations.

My dental office takes every effort to ensure that we give the patient releases we (the dental office) from any extra changes the patient may want after bonding. It helps my office meet and exceed patient expectations.

My dental office takes every effort to ensure that we give the patient releases we (the dental office) from any extra changes the patient may want after bonding. It helps my office meet and exceed patient expectations.

My dental office takes every effort to ensure that we give the patient releases we (the dental office) from any extra changes the patient may want after bonding. It helps my office meet and exceed patient expectations.

The aesthetic release is a fairly straightforward document (for an example, see www.AdentMag.com/AestheticRelease)—the one I use is one page and includes the following information:

• Description of the Procedure. The form includes a place to describe which procedure is being done, anything the patient specifically requests (including tooth color, shape, and size), and a place for notes.
• Any Changes. During the treatment, if anything changes (either on the temporary or the wax-up), it is noted.
• Name and Date. The document is dated and the patient’s name is listed.
• Statement of Acceptance. In the document, the patient agrees that they accept the dental work and that we’ve met their expectations with respect to color, shape, arrangement, etc.
• Statement of Release. The document releases the dental office from any cosmetic changes in the future.

It helps my office meet and exceed patient expectations.

• Provision for Maintenance. The patient agrees to maintain their dental health (they agree to come in regularly for cleanings).
• Warranty for Dental Work. The aesthetic release also includes a provision that if I prescribe an appliance, such as an orthotic or night guard, to help protect the dental work, the work is guaranteed for three years.

I put the document in layman’s terms and try to make it as simple as possible, because it’s easier for the patient to understand and accept. Similarly, I try to use the patient’s words and...
Sometimes what I think looks great (versus what the patient thinks looks great) is completely different. The aesthetic release helps ensure that dentist and patient are on the same page.

Once patients have determined what they want, we write down their expectations and ask them to sign the release. After the patient signs the release, I sign it and then we also have a witness sign it (it can be the patient’s spouse, a significant other, or a member of my staff).

When to Introduce It

I introduce the idea of the aesthetic release early in the treatment process. I learned to bring up the release at the beginning of the procedure, so the patient has input and control over the design of their teeth. We bring up the aesthetic release at the get-go, so that it’s not a surprise at the seat appointment.

Initially, when I meet with a patient, I just mention the aesthetic release. I don’t personally show the physical document to the patient, but I let them know I’ll be bringing it up. I don’t want to make the patient feel like I’m forcing anything on them. I talk about it as part of the process. I mention that I will detail everything that the patient wants done in a written document.

To show the patient how the treatment will proceed, I use a wax-up and photos. I assure the patient, “We’re not going to deliver anything until you’re happy with the results.”

At the seat appointment, I give the patient time to evaluate the shape and color, and to consider their choices. I usually ask patients to bring up a spouse or significant other with them to the appointment, so that we can get their input, too.

I don’t recommend sedating patients for this procedure, if at all possible, because I want patients to say whether they like the final work and to be competent to make that determination.

During the try-in process, we use a try-in paste that gives a bit of stick to the teeth. We clean it out afterwards—before we reuse anything back to the lab for any changes. I add notes regarding all of this information to the aesthetic release, which becomes part of the patient record.

Trial and Error

I got the idea for an aesthetic release early on in my career, when I worked with a dentist who implemented it into the practice. Unfortunately, it took a lot of value up to the point of release the hard way: At the time, I had a patient with a fairly large diastema. When we proceeded with the work, we closed the diastema and the patient said, “Actually, I really love that space between my front teeth and I still want that.”

As a result, I learned to ask patients very specific questions and to put that information directly into the release. Your practice will greatly enhance the design by asking very focused questions and getting the patient’s word on it.

Using the aesthetic release for the past nine years, the number of patients requesting changes has dramatically decreased. Only once has a patient returned after a procedure to request additional changes.

Since using the aesthetic release, the patient is more comfortable engaging with patients in this type of conversation, and the care and attention they feel from their dentist would be greatly enhanced.

The Curious Question (continued from page 21)

In this short interaction, the patient provides a large amount of information. First, the patient shares the perceived cost for dental care is a concern. This information is invaluable because the patient allows me to really zero in on the expectation and what the patient expects. And in return, I think it has helped patients become more accepting of their treatment and has led to an increase in over-all patient satisfaction.

Once a dentist asks the question, the information gained is worth its weight in gold. If you understand a patient’s motivation and what they value, creating a case presentation that delivers their lifestyle improvement becomes much easier.

Had any of my previous dentists been curious about what I wanted or needed, it could have opened my eyes to dentistry’s amazing potential at a much earlier time. Remember, let curiosity guide your interactions so you can help your patients discover the many incredible options that are available. If you never ask, you’ll never know what you and your patients may be missing out on.

Matthew Cook has been a dental technology consultant for more than sixteen years, specializing in the creation of technology-enhanced business processes. In 2004, he joined American Dental Group as Director as the head of their IT Department.
I Object!

Getting Patients to Say YES to Treatment.

When case presentations are difficult, it’s generally because dentists assume the worst and anticipate three main objections: money, confusion, or fear. By preparing in advance, case presentations can become much easier. The following tips will help you set the stage for effective case presentations, so you can overcome the most common patient objections.

Have a Strategy

I’m often surprised when I ask dentists about their strategy for overcoming patient objections. A lot of dentists don’t have one! But my experience shows that thinking strategically improves the acceptance rate—sometimes by as much as 50 percent. Once you establish a strategy, you can engage in dialogue that leads to successful case acceptance.

Present the Best Dentistry Possible from the Beginning.

Some doctors utilize the following strategy: a patient comes in and the doctor doesn’t want to overwhelm him or her with too much dental work. So they just tell the patient one thing to build their trust. As a result, the doctor becomes great at doing one-sie-two-sie cases. Unfortunately, the patient doesn’t understand that ultimately, he or she needs more than a quick fix. Therefore, the patient never buys in to more than one small procedure at a time. Instead, you need to present comprehensively so that your patients get the best possible care from the get-go.

Show Self-Confidence.

You need to have the best self-esteem possible. This is very important. When I teach my course with the Dr. Dick Barnes Group, I ask the doctors, if you had to put a number on your forehead to represent your level of self-esteem, what would that number be? (0 is zero self-esteem and 10 is optimal self-esteem?) Remember, self-confidence is a choice. You can choose to have a ten and you will exude self-confidence. I ask class members to give me a number until finally someone says, “I’m a ten.”

Why is this important? Because if you walk into a case presentation full of confidence, your patients will be more apt to listen. You’ve got to be in a place of confidence and conviction to support the pitch. A lot of younger doctors say, “Wow, I don’t know if I can tell [a patient] that big number . . . they’re going to be upset with me.” But if you backslide because you’re afraid of not being liked, you’re not helping the patient and you’re not helping yourself either.

Ask for Permission.

With my patients, I always explain that I’m going to look at everything and with their permission, I’d like to be able to tell them exactly what’s going on in their mouth. Together (with the patient), we’ll formulate a diagnosis and accompanying strategy that will help them keep their teeth for a lifetime.

Role-Play Objections with Your Staff

Role-playing is critical and can be utilized whenever you have a new team member in your practice. For me, it started when a team member simply asked, “I encountered this objection from a patient. How should I handle it?” I decided that we would role-play the scenario in the office. Collectively, my team members offered solutions to the participants of the role-play, so they learned to overcome the objection and move the patient in the right direction.

For ideas on role-playing scenarios, write down events that staff members report to you during their daily routines. You can modify these notes later on and use the experiences for role-playing the situation in the future.

Learn from Other Industries.

Understanding human behavior is key for the adoption of new ideas in any industry. Zig Ziglar (1926–2012), an American salesman, understood the art of selling. Ziglar’s books, and those by other sales experts, offer expertise that is useful for dentistry.

A lot of dentists dread presenting large-case dentistry to patients because they don’t know how to handle patient objections.

Understand Patient Motivators.

Try to understand the personality style of each patient. Ask yourself, “How does the patient prefer to be treated?” Some patients prefer to know a lot of details; others prefer only knowing the “bottom line” and appreciate a direct approach. Personalities are very different, depending on their priorities.

Understanding human behavior and motivators can be helpful in overcoming objections. A powerful assessment is the DISC® assessment, which I find useful. (See sidebar on page 42.) If you know your patients’ “hot buttons,” you can schedule extra time for people who might need it to accept the value of what you present. Allow enough time to truly listen to their story!

Ask Open-Ended Questions and Phrases.

A key to overcoming objections is to engage in dialogue with your patients, so you learn the core issues. Ask general questions like, “Where do you see yourself in five, ten, or twenty years from now?” Or ask questions with the health of your teeth in mind, like the phrase, “Tell me more about that.” The idea is to keep a
Having the dentist present a large fee is important because it communicates to the patient that this is an important issue. In an attempt to educate patients, however, dentists sometimes use complicated jargon that is difficult for patients to understand. As dentists, we have developed highly technical skills and the temptation is sometimes to try and explain dentistry to patients in slide format, so you can show the patient what is needed in a sequential manner. In my office, I show patients photography of their actual teeth. We even put video clips in to illustrate the issues in their mouth. Present treatment in a manner that patients understand, then they have little chance of objecting.

The Objection Triad—Fear

Another (and likely the most common) reason a patient rejects a treatment plan is because they are confused about the treatment and why it is the ideal course of action. When a patient is confused about a course of treatment, he or she may shut down and stop communicating. Helping patients understand the significance of treatment is critical to case acceptance.

As dentists, we work on a patient for years to help her with a behavior model, who needs a large-case treatment that includes a fee of about $37,000. Because of my familiarity with this patient during previous office visits, I knew that he was the type of person who would ask a lot of questions about the treatment. Based on that knowledge, I prepared a ton of information for him (nothing overly technical, though!), so that he could process the material. I also knew that I would need to set aside a good amount of time for him and not rush through the process.

My scheduling coordinator made sure that I had enough time allotted for all his questions. Paying attention to the particular needs of each patient improves the likelihood of case acceptance.

Case acceptance is enhanced by visuals, too. Present treatment to patients in slide format, so you can show the patient what is needed in a sequential manner. In my office, I show patients photography of their actual teeth. We even put video clips in to illustrate the issues in their mouth. Present treatment in a manner that patients understand, then they have little chance of objecting.

Always listen and ask open-ended questions, especially if you have a particularly reticent patient.
DiSC®

DiSC® is an assessment tool used to identify traits of human behavior. The DiSC® assessment is based on the theory of psychologist William Marston (1893–1947) in his 1928 book, The Emotions of Normal People. Marston identified how normal human emotions lead to behavioral differences. He categorized human behavior into four primary types, based on dominant behaviors: Dominance (D), Influence (I), Steadiness (S), and Conscientiousness (C). Marston developed DiSC® to demonstrate his ideas on human motivation.

The following is a summary of the four main behavior patterns:

1. Dominance
   • Emphasis on accuracy
   • Independent
   • Objective reasoning
   • Wants the details

2. Influence
   • Emphasis on cooperation
   • Agrees or disagrees
   • Emphasis on consensus
   • Supportive

3. Steadiness
   • Emphasis on cooperation
   • Agrees or disagrees
   • Calm
   • Supportive

4. Conscientiousness
   • Independent
   • Objective reasoning
   • Wants the details
   • Empathetic on personality

Fact and detail are factors that typically motivate persons with a Steadiness behavior pattern. A full understanding of all the implications is important for them to adopt a new idea.

As an alternative, for patients who are afraid of the negative reaction, they might prefer first to develop a rapport with the person presenting the idea.

Positive communication is a major motivator for persons with this predominant behavior. To successfully adopt a new idea, they prefer first to develop a rapport with the person presenting the idea. They are more likely to adopt a new idea if it’s on their general, they prefer to have an identifiable behavior pattern.

The DiSC® assessment is a nonjudgmental, ipsative test (a test where all answers are equal in certainty) and the respondent picks the answer that most (or least) represents their behavior, and contain 24 to 28 questions, each with four options. Persons respond to the assessment in ways consistent with an identifiable behavior pattern.

Don’t Give Up!

Improving your case presentations and overcoming patient objections is a difficult area for many—and don’t think you need to be the three most common objections—money, confusion, and fear—can be successfully overcome through thoughtful education, a willingness to adapt to specific patient behaviors, and an effective skill set, so we refer that out, if necessary.

Don’t assume your audience is the same across all platforms. It’s rare that someone you proud as a dentist and they can be capitalized for the overall social media and train your staff to mention it to patients as they exit the practice. (Keep in mind that Google may penalize your practice for in-depth analytics and collaboration features. You can assign a team member to respond to a tweet with a question, for example, but it comes with a higher price. TweetDeck® is free, but to connect more than three profiles, you’ll need to upgrade to a paid level.

Dr. Jim Downes received a D.M.D. degree at Tufts University School of Dental Medicine in Boston, MA. He is an expert in comprehensive restorative treatment and has completed numerous full mouth reconstruction cases. He maintains an aesthetic, family-oriented practice in Denver, CO.

Brandon Carter is a freelance writer, inbound marketer, and social media specialist in Salt Lake City, Utah.

Use this code to read Internet Marketing, Part I, or visit our website at: https://www.adertng.com/out-of-site-out-of-mind.internet-marketing.tips.part1/

Anytime you’re sharing your own content, give people some-thing to expect and eases most doubts and fears. It’s rare that someone you proud as a dentist and they can be capitalized for the overall

Find What Works but Never Lose Touch

To get started, focus on one social media site and maintain a minimal presence on the others. In each platform’s settings, be sure you’ve activated alerts through email, push notifications, and/or text. To find mentions of your practice that don’t directly reference your specific profiles (“Jones Dental” instead of “Dr. JonesDental”), set up keyword alerts through a social media dashboard. (See sidebar, at right, for more information.)

Your best patients can be your best advocates. Some of the happiest moments of a patient’s life may happen in your office after a dazzling procedure! These moments should make you proud as a dentist and they can be capitalized for the overall benefit of your practice.

Is Your Practice Anti-Social? (continued from page 19)

STRATEGIES FOR ALL PLATFORMS

Remember, you have to start somewhere, so choose a platform and get started! Once you are comfortable with that platform, you’ll naturally discover what works best to capture attention and engage your audience. In the meantime, keep the following concepts in mind, regardless of the platform you’re using:

Always include a call to action, usually in the form of a link. Anytime you’re sharing your own content, give people something to expect and eases most doubts and fears.

Be ready to respond anytime. Studies show that the quicker the response to a complaint, the more likely an upset customer will be placated.

Post photos (and short videos). If you’re unsure what to post, photos and short videos are always popular and can be posted across every network.

Unlike hashtags, Hashtags are great tools for new audiences on Twitter, Facebook, and Instagram. Use at least one on every post.

Here’s a sample:

Smile, ABC Dental has added another member to our team. Please welcome Sara, our new hygienist! #Dallas #Hygienist #Smile.

A number of social media management tools can aggregate your profiles into one easy dashboard that allows you to schedule posts, monitor keywords, respond to brand mentions, and perform other tasks. Using these tools to manage the amount of time you spend on social marketing efforts while maximizing the effects.

Here are a few of the most popular tools and why each one is worth considering.

Hootsuite®

Hootsuite® is the original (and still one of the best) social media dash- board program. It integrates with all of the major platforms, including Twitter, Facebook, Instagram, and LinkedIn. Hootsuite® is free, but to connect more than three profiles, you’ll need to upgrade to a paid level.

Sproot Social™

Sproot Social™ offers many of the same features as Hootsuite®—all your profiles loosed into one convenient dashboard. Sproot Social™ offers in-depth analytics and collaboration features. You can assign a team member to respond to a tweet with a question, for example, but it comes with a higher price.

Buffer Buffer makes sharing content throughout the day easy by automatically spacing out your posts in a programmed manner—or based on a custom schedule. Buffer is free for a limited number of profiles and users, but business tiers begin at a fee.

Brandon Carter is a freelance writer, inbound marketer, and social media specialist in Salt Lake City, Utah.

Use this code to read Internet Marketing, Part I, or visit our website at: https://www.adertng.com/out-of-site-out-of-mind.internet-marketing.tips.part1/
IPS

“BECAUSE IT WORKS”

THE WORLD’S MOST TRUSTED* ALL-CERAMIC SYSTEM

More and more dentists and technicians rely on IPS e.max, the clinically proven all-ceramic system that offers high esthetics and outstanding strength. Over 6000 North American laboratories and 75 million restorations placed* prove IPS e.max works. For crowns, inlays, onlays, thin veneers, abutments and bridges – make the choice more dental professionals make… MAKE IT e.max!

*Ivoclar Vivadent global usage data

For more information, call us at 1-800-533-6825 in the U.S., 1-800-263-8182 in Canada.
© 2014 Ivoclar Vivadent, Inc. Ivoclar Vivadent; IPS e.max is a registered trademark of Ivoclar Vivadent, Inc.