Aesthetic Dentistry

TECHNOLOGY AND TRENDS IN P… UME 14 ISSUE 2 • FALL 2015

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40th Anniversary ARROWHEAD

EDITOR'S COMMENTARY ■ DR. DICK BARNES, D.D.S.

Trust Is a Must

Empowering Your Dental Team.

Over the years, I've visited with thousands of dentists about the importance of making the dental office "dream team" 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 relegating 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 that your team 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.

Creating a culture of trust is more difficult than it may seem. We often think that being a good leader and a good dentist means that we need to control everything. The exact opposite is true. In order to be good leaders, we should let go of some things and allow team members to "own" their responsibilities. Namely, we need to trust them.

I'm not suggesting that you simply hand over the practice and let everyone do what they want. Not at all! You should define the expectations, clearly establish the objectives (and how those objectives will be measured), and then get out of the way. Trust the talent that you have hired to make your vision a reality.

This principle, more than any other, defines good leadership. If you clearly establish the objectives and trust your team to own the process, they will rise to the occasion. As a result, your stress level will diminish and the time to do dentistry will increase.

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.

Thus a dentist is the "servant" of his or her team. In other words, the dentist becomes "just the dentist" and allows the team to utilize their skills within the office. The team members are trusted to perform their roles with the utmost competence.

To do this, dentists must have the self-confidence to encourage contrary opinions and to rely on the strengths of others. Dentists should listen to their team and then, within the context of the objectives and vision already established, take appropriate action. A sign of a high-performing dental practice is found in teams with a healthy spirit of autonomy.

The final aspect of developing highly functional teams is diversity. It is all too easy to get in the habit of categorizing team members by only their job titles and thereby limiting their contributions. Recognize the diverse abilities of team members and tap into resources that can supercharge your team and your practice.

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.

Identify, liberate and polish the diverse skills inherent in your team. By doing so, you cultivate a highly productive team and create a true competitive advantage. Fostering diversity allows each team member to contribute to the practice's success.

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—just a dream. ■

Aesthetic Dentistry

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Finally Pain Free!

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.

From the first moment I put on the orthotic, I noticed a significant difference. The pain lessened and eventually went away. Interestingly, I immediately felt the pain return when I took the orthotic off for even five minutes. 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. ›

Aesthetic Dentistry

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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 natural 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 dreamed 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 life has completely transformed. The health conditions that plagued my life earlier are now completely resolved.

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 before the TMD was addressed. This essentially locked my teeth in an improper place and ended up exacerbating the existing problems. We didn't want a reoccurrence of this issue, so 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. All along, 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 him! We had quite the waterworks spectacle going on in the office that day! It is a moment that I'll always remember, the day that I received my new smile, even though it was only the temporaries.

I have often been asked what it was like to be 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.

Everything worked smoothly. I chose a dentist who did his homework 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 in the morning, 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!

Jenny Kelley before full mouth reconstruction.

Jenny Kelley after full mouth reconstruction.

A True Metamorphosis

Over the years, I've 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 reconstructed. 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 life 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 I sure did tum 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 fool 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 wasn'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, don't wait. 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! ■

Jenny Kelley is lead assistant to Dr. Ryan L. Brittingham at Legends Dental in Lawrence, KS. Jenny has worked in the dental field since 1993 and has assisted in many reconstruction cases. Jenny would like to thank Dr. Brittingham and his outstanding assistants on her case, Michele Ritzman and Shanelle Marshall. Further, she would like to give a shout-out to the amazing team at Arrowhead Dental Lab and ceramist Ben Biggers for giving her the smile of her dreams!

Amie Jane Leavitt has been working as a professional writer and editor since 1999. During that sixteen-year time period, she has written and edited extensively for both online and print media. Leavitt has worked as a member of the Aesthetic Dentistry ***editorial team since 2013 as one of the magazine's main copywriters and editors.***

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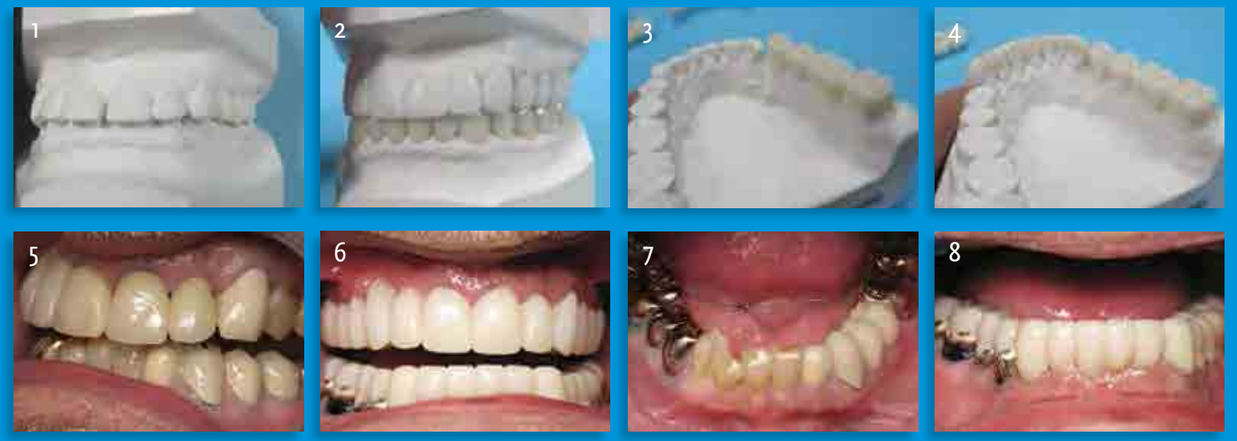
HAIR AND MAKE-UP: ***Melinda Johnson,*** Salt Lake City, UT

Expedition Snowcaps

Discover the Multi-Purpose Case Solution.



Example of a Snowcaps case: 1. Original full mouth plaster mold. 2. Upper arch white wax-up for restorations. Lower arch with Snowcaps. 3. Mold of lower arch showing Snowcaps on teeth (numbers 28–31). 4. Mold of lower arch with Snowcaps added on teeth (numbers 22–27). 5. Full mouth before reconstruction. 6. Upper arch with final restorations. Lower arch with Snowcaps. 7. Lower arch before Snowcaps. 8. Lower arch after Snowcaps.

For more than twenty years, Kent Garrick has been advising dentists on comprehensive case design. As Arrowhead's Director of Technical Services, he recently talked with *Aesthetic Dentistry* about Snowcaps—what they are, when they are used, and how they can benefit patients and dentists alike. Here's a part of that conversation:

KG: Snowcaps are provisional temporaries made from a material called Radica® that can be used in a number of applications, including placement over an unprepped tooth structure to compensate for an occlusal discrepancy, or a vertical change.

AD: When do you advise a doctor to use Snowcaps?

KG: There are a few different options. The first option is when you're dealing with a complex, full mouth restoration case and you want to verify occlusion and AP (anterior/posterior) position. Typically, when [a dentist] opens a vertical, the patient's mandible advances forward. Snowcaps ensure that your patient is compliant with wearing an appliance. Most appliances are removable—they're uncomfortable, they affect the speech, and aesthetically there's not much benefit. Many doctors find that their patients are just not compliant and that creates numerous and complicated issues later on. Snowcaps resolve many of those issues.

AD: Is it correct to say that the Snowcaps essentially become a built-in appliance, like a living splint?

KG: Exactly. A living splint is bonded in place and you take patient compliance out of the equation. The great thing with Snowcaps is that in addition to removing the compliance issue, you also get a more aesthetic look. It helps the patient to visualize how things will look with the final result.

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 so 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 preps 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 technique, 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 Shimbashi and they start wearing down the Snowcaps to a 16 mm Shimbashi, 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 option. 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.

Is Your Practice Anti-Social?

Internet Marketing, Part 2: Social Media Marketing for Dental Practices.

In the previous issue of *Aesthetic Dentistry*, we discussed the impact of websites, mobile technology, and search engines on a dental practice's visibility and reputation. Much of that article revolved around the content and structure of your website, mobile compatibility, response to reviews, blogging, and search engine optimization (SEO).

Considering the low cost of entry and the potential to reach thousands of new customers, there's no reason for a practice to be anti-social.

The world of social media is similar. If planned and executed well, social media efforts can serve as an accelerator that connects your practice with new and influential customers and validates your particular expertise. Using the following recommendations, learn how to reach out to new patients, leverage your current patients, and grow your business.

Social media is a modern public forum. Every day, billions of people share photos, personal messages, and opinions with the world. Social media is where average people can become "influencers" of their friends and families, and in some instances, larger communities. Today, consumers often make healthcare decisions by relying on the opinions of friends, as well as the ratings of complete strangers, through social media.

Tyson Hymas, director of SEO at SEO.com (a digital marketing firm) said, "With any social media platform you're creating an army of marketers." So why not leverage this potential to your advantage?

Social media is a game changer for many businesses, yet for members of the dental and medical worlds, it's largely untapped. With a successful social media strategy, you can potentially increase your number of followers (the people who "like" your business), improve your practice's visibility, and similarly increase the number of patients in your practice. In addition, social media offers a good chance to distinguish yourself from average dental practices and establish your practice as an excellent provider of advanced procedures.

Considering the low cost of entry and the potential to reach thousands of new customers, there's no reason for a practice to be anti-social. Your opportunity awaits!

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. People are open to connecting to businesses on Facebook—particularly businesses that their friends endorse. 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.

In a blog article called, "Show Up in the Facebook News Feed! 8 Things that Really Work," author Danielle Cormier of Constant Contact® suggests ways to increase the likelihood of making it into a News Feed. Courmier suggests that consistent posts and engaging content are good ways to increase visibility of your practice. ›

Chalk icons designed by Freepik.com

Leave a call to action on your posts, inviting people to like or share your content. The more interaction your posts earn, the more visible your content will be. And the more people who see your posts, the more likes you'll earn.

There are strategies to attract more likes. The first is with sponsored posts (you pay a small fee per click to guarantee that your page appears on users' News Feeds). You can target a specific demographic, for example, 24 to 54 year old women who live in zip codes surrounding your practice.

According to Hymas, with sponsored posts, "You can spend $20.00 and it may reach 1,500 people. Your content will show up either in their News Feed or on the sidebar, and you can specify certain demographics."

Another way to attract more likes is with contests. Offer a valuable service such as free teeth whitening to someone who likes your page or shares a post. Or consider using a third-party app such as AgoraPulse (www.agorapulse.com) to capture email addresses on top of likes, which is a great way to build your email database.

Finally, create content that engages patients on the procedures that you provide. If you want to do more full arch cases, make sure that you post content that highlights the outcomes you can deliver with that treatment. Patients will start asking you about full arch options rather than you always bringing up the topic with them.

Get creative and brainstorm about ways to reach your audience, such as posting a "case of the month" on a regular basis (keeping in mind and adhering to patient privacy laws).

Facebook users tend to "unlike" a page if it posts too often, so limit your postings to three or four a week. The only exception is during a major giveaway or promotion.

Facebook Facts

Cost: Free
Number of Users: 1.3 billion
Most Active Age Groups: 35 to 54 years old
Platform Specific Terms: Like, Friend
Platform Specific Tools: Hootsuite®, Sprout Social™
Primary Audience: People looking to connect and discover interesting content.
Time Requirement: Medium
Difficulty Level: Medium

Strengths

- Every age group is active.
- It's still growing. According to Scott Linford of Oozle Media, "The fastest growing demographic on Facebook is 55 years old and older."
- The numbers don't lie. Over a million links are shared every 20 minutes on Facebook, much of which is generated by businesses.
- The typical Facebook user likes two pages every day.
- Users openly offer positive and negative feedback.

Weaknesses

- Fans will not see most posts from your page.
- Most user profiles are private.
- Requires consistent effort and updating of content.

TWITTER

With a strict limit of just 140 characters per message, Twitter is built for rapid-fire expression and focused engagement. And that's exactly how it's used. Twitter reports more than 58 million tweets each day. Twitter's strengths are the brevity of its format, a simple interface and real-time engagement potential.

Unlike Facebook, Twitter content isn't filtered through an algorithm and Twitter doesn't require a lengthy setup process. People see what others are posting as it happens, in order, in real time.

Twitter for Dental Practices

Dental practices leverage Twitter primarily to build influence and engage their patients. A good way to engage patients is to tweet out a brief, dental tip at a fixed time each week to your followers. For example, every Monday at noon, tweet out a tip on dental health for small children.

According to a Kaiser Family Foundation report (provided by the Henry J. Kaiser Family Foundation), "Women are the long, undisputed family healthcare decision makers, making 80 percent of family healthcare choices." Tweeting weekly healthcare tips about children engages this demographic directly and will likely result in your patients retweeting that information to their friends and followers.

Advertise a weekly "dental health tweet" on your website, on internal office signage, and on appointment cards. Virtually all social media platforms (Twitter included) show how many followers you have in real time—something you just can't get from traditional print media.

Twitter can be used for last-minute cancellations.

Twitter can also be used to solve some of the most vexing practice problems, such as last-minute cancellations. Create a Twitter handle specifically for appointment notifications, such as @drsmithappoint (15-character limit), and tweet out last-minute available appointments. With Twitter, you can quickly broadcast the vacancy to a large number of patients simultaneously. ›

Twitter Facts

Cost: Free
Number of Users: 645 million
Most Active Age Groups: 18 to 29 years old, 30 to 49 years old
Platform Specific Terms: Hashtags (#), Tweet
Platform Specific Tools: TweetDeck
Primary Audience: People looking for succinct, highly focused messages.
Time Requirement: Low
Difficulty Level: Low

Strengths

- Twitter profiles are open to the public.
- Real time and sequential.
- Minimal time required to create posts.
- Platform designed to facilitate influence building.
- Ease of use.

Weaknesses

- Tweets have a short shelf life.
- Lots of useless chatter and "noise."

Be sure to use hashtags on every tweet. Originating on Twitter, a hashtag is a word or phrase with a number sign at the beginning (for example, #Dentistry). They are used to organize content and conversations by specific topics across a platform.

Hashtags "tag" users who are interested in that specific content or subscribed to a specific user. By adding your locale's hashtag (#NYC, #Columbus, #SLC), you expose your tweet to a wider audience than just your followers.

Like Facebook, Twitter is a channel for broadcasting promotions and contests. According to Hymas, "Twitter is more of an informational feed without as much of a local focus. You can promote your own blog post, or your promotions. If you want to do a contest (perhaps a free whitening tray kit), then ask people to sign up and retweet it."

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 the procedures you can provide.

By nature, Instagram is visual and the tone is playful and fun, so keep that in mind when posting.

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.

Instagram Facts

Cost: Free
Number of Users: 300 million
Most Active Age Groups: 18 to 29 years old, 30 to 49 years old
Platform Specific Terms: Hashtags (#), #TBT (Throwback Thursday), #POTD (Pic of the Day), Regram
Platform Specific Tools: Iconosquare, Repost for Instagram
Primary Audience: Women and teenagers who are looking to share and discover life's highlights.
Time Requirement: Low
Difficulty Level: Medium

Strengths

- Content on Instagram can go viral very quickly.
- Simple, straightforward approach—photos with a brief message.
- A core of devoted users.

Weaknesses

- Compelling visual content is difficult to produce.
- Requires a smartphone to manage unless you use a social media dashboard (such as Hootsuite®).
- Requires an artistic touch or at least a quality camera.

Like other social media platforms, Instagram offers promoted posts to increase exposure to new people. For example, ask patients to post their smiles and tag your practice in the photos. Then select a random winner for a free whitening session or giveaway.

Or give 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 (#smilemakeover). Add two or three hashtags to each post, and you'll be surprised at the strangers who discover and like your content.

PINTEREST

Pinterest is essentially an Internet scrapbook, or as the name implies, a virtual tackboard. 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 is eminently browsable. If you have an interest in getting the perfect smile, for example, you can spend hours browsing through other users' content without jumping off topic.

While browsing, users can repin content to their own boards, hit the "Like" button, or send the pin to another user. To create a pin, users must insert the URL on the Pinterest home page, click a "Pin It" button (if the site provides it), or right-click on a page if they have the Chrome or Firefox Pinterest plugin installed.

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.

Pinterest Facts

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
Platform Specific Tools: Viraltag, Tailwind™
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 spend around 15 minutes on the site per visit.
- Contests are easy to discover and share on Pinterest.

Weaknesses

- Compelling visual content is more difficult to produce.
- Lots of spam and useless content.

Like other social media platforms, Pinterest can host contests. Offer a free service to a random user who repins your contest's landing page or follows your boards, or a smaller prize to someone who can find a secret phrase on a page you've pinned (a Pinterest scavenger hunt, so to speak).

> Offer a free service to a random user who repins.

One final idea—encourage your staff to create their own boards. It gives your practice a solid foundation of people to share your content with, and it also helps create more personal connections between your team and your patients. *(continued on page 43)*

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."

While there's nothing wrong with asking basic questions, consider taking the time to ask patients about what they want from their 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.

Most patients are unaware of the confidence-restoring power of a full arch reconstruction. They have no idea that simple occlusion therapies may help them live a life free from chronic headaches.

A reason they don't understand dentistry's full potential is because it is often not effectively communicated; dentists and others sometimes fail to educate patients about the many possibilities available. Educating patients doesn't need to be a complicated process. Simply asking a few probing questions can lead to a world of discovery.

One of the most powerful questions a dentist can ask is, "How do you feel about your teeth and their appearance?" The question is great because it requires patients to articulate their expectations, questions, concerns, and experience. In doing so, dentists gain insights at a surprisingly deep level, regarding what the patient values and what motivates them.

Why would dentists short-change themselves by neglecting to ask such a simple question? The primary cause may be due to dentists making assumptions about what the patient wants or can afford. How often do dentists assume that their patients only want what insurance will cover?

I began asking acquaintances outside of the dental industry about their experiences. Did their dentist ever ask in-depth questions about their smiles or their dental goals? Like a health goal, a dental goal helps patients overcome issues (such as grinding teeth or fixing a cosmetic imperfection) that they may not have known was possible.

Without fail, every person I queried had the same response—no, they had never been asked detailed questions about their smile. And as far as their dental goals, they all assumed I was asking if they had their six-month cleaning appointment scheduled.

Although my ad hoc questions do not constitute a statistically significant sample, it hints at what could either be a huge problem or a huge opportunity, depending on your point of view.

The Assumption Problem

In the book entitled, *3 Off the Tee: Targeting Success*, author Lorii Meyers wrote, "Don't build roadblocks out of assumptions."

One of the biggest 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. Three months after introducing New Coke, the company announced the return of the old formula.

In dentistry, our are patients are our "customers," and the same rule applies: dental professionals should keep assumptions from becoming roadblocks to life-changing dentistry.

Because some patients respond to case presentations with, "I only want what insurance will cover," many dentists eventually give up presenting large-case options. *(For more information on overcoming objections, see page 38.)*

In order to avoid this problem, dentists should supplant the assumptive patient interaction with one that is instigated by curiosity. Consider asking questions like, "What do you like most about your smile?" or "What do you like least about your smile?" 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, it's 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.

Turn On the Curiosity

How do dentists move beyond the basic questions to provide more for their patients? My advice is to turn off what I call the G.P.S. or "general patient spiel"—those common, repetitive phrases used by healthcare professionals that include, "Everything looks good! We'll see you in six months."

Turning on curiosity is as simple as making sure that your patient interactions involve questions that are designed to explore their experiences and expectations. A simple way to do it is to follow an approach that Dr. Dick Barnes espouses, in which the doctor and the patient sit "eye to eye and knee to knee."

If you never ask, you'll never know what you and your patients may be missing out on.

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

Doctor: [Patient Name] In order to be able to deliver the best care that dentistry can offer, it's important that I understand what your expectations and goals are for your oral health.

Patient: I'm not sure I know what you mean.

Doctor: Well, how do you feel about your teeth and their appearance?

Patient: I think my teeth are pretty healthy and they seem to work without much trouble. There are a few things I would change if I could afford it, but nothing that I feel is really a problem.

Doctor: [Patient Name] I am glad to see that you take your oral health so seriously. As your dentist, I am concerned with offering the best options and outcomes that dentistry can provide. Let's do this, putting cost considerations aside, tell me about what you would like to change, so that I can better understand what you are thinking.

Patient: Well, I have noticed that my two front teeth seem slightly worn down. It isn't painful or anything but it is something that I notice when I look in the mirror. I think it stems from when I was in graduate school—my wife told me that often (especially when I get stressed), I grind my teeth at night. Since that time, I have been using one of those nightguards from the pharmacy. *(continued on page 37)*

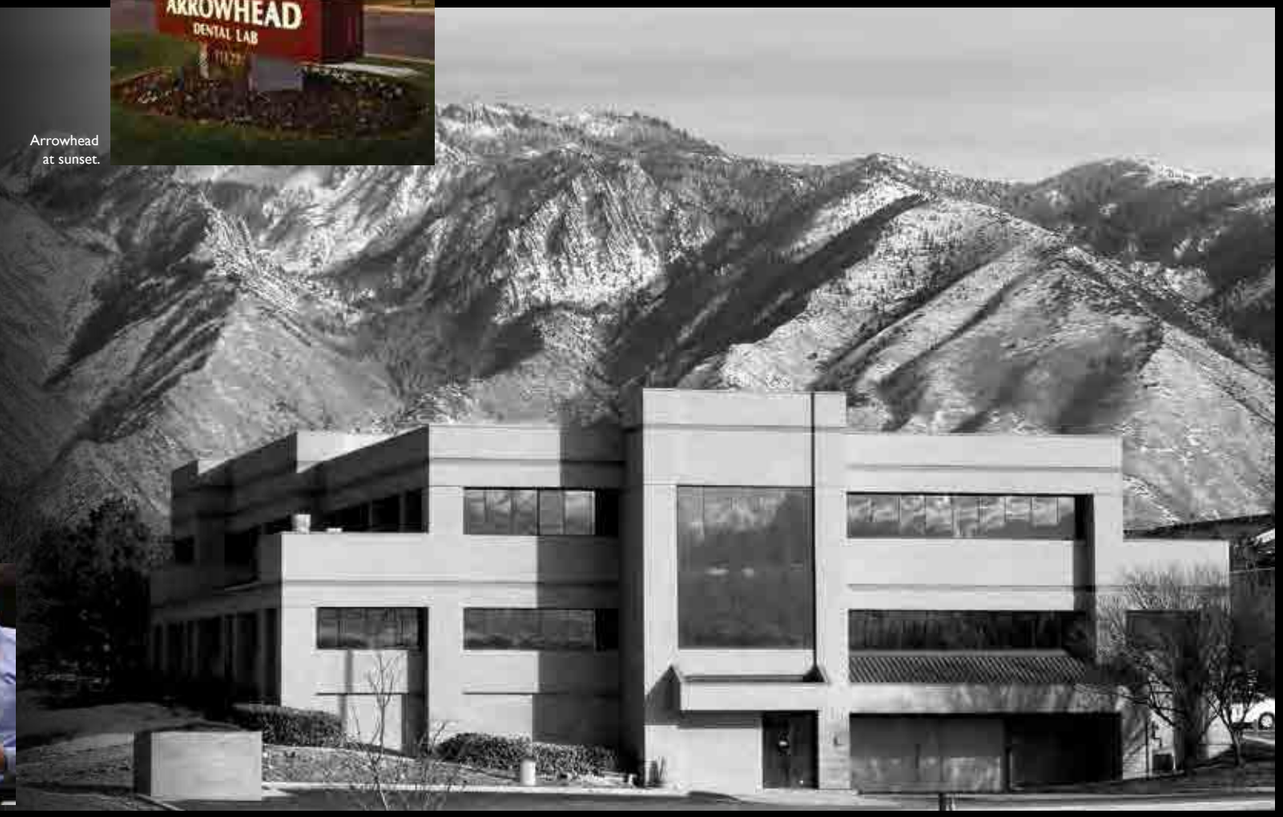
Your Practice *is* Our Passion

Dr. Barnes teaching full arch dentistry, c. 1972.

Arrowhead at sunset.

All products are handmade at Arrowhead by expert technicians, c. 2008.

Dr. Jim Downs instructing at the Know Your Numbers course, c. 2014.



Kelli, a doctor relations representative works to ensure the doctor's requirements are met.

Attention to detail is a signature feature of the Arrowhead experience.

40th Anniversary ARROWHEAD

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

Achieve New Heights with Better Hiring Practices.

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 for my in-office coaching appointments and Total Team Training seminars.

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 practice's level of productivity and thus directly affects the bottom line.

So when you embark into that unchartered territory of hiring your team, how do you know that you're reaching "higher ground" by hiring the *right* people for the *right* positions? After all, you went to school to become trained as a dentist, not as a 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. ›

	DENTAL PRACTICE TEAM ROLES				
CHARACTERISTICS	Front Office	Schedule Coordinator	Financial Coordinator	Dental Assistant	Hygienist
Compassionate			•	•	•
Diplomatic	•	•	•		
Effective Communicator	•	•	•	•	•
Empathetic	•	•	•	•	•
Extroverted	•	•			
Friendly	•	•	•	•	•
Gentle	•	•	•		•
Good Listener	•	•	•	•	•
Good Phone Voice	•				
Hand/Eye Coordination				•	•
Highly Organized	•	•	•	•	•
Numbers-Oriented		•	•	•	
Positive Attitude	•	•	•	•	•
Precise	•	•	•	•	•
Proactive		•	•	•	•
Problem Solving	•	•	•		
Teachable	•	•	•	•	•
Team Player	•	•	•	•	•

STEP ONE: IDENTIFY THE CANDIDATES

The first objective is to find a candidate that meets the requirements of the position. (The requirements are contained in the team member profile. Remember, you can modify the team member profiles according to your specific needs.)

Start by comparing the requirements of the team member profile with an individual's résumé. Keep in mind that résumés 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.

When reviewing a candidate's work history, don't limit 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 roles.

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.

When reviewing a candidate's work history, don't limit work experience to dental offices only.

While you should not necessarily exclude such a candidate immediately, if you proceed and interview the candidate, you should drill down on his or her organization skills.

Résumés are not the most telling step in the identify phase, but they allow you to quickly locate candidates that might be worth talking to.

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 him or herself at the interview is also a sign of how seriously they take the job opportunity. It is a good indication of how the candidate will represent your practice to patients.

I recommend that dentists ask themselves a question after meeting a candidate, "Does this person convey the image that I want presented to patients when they come into my practice?" If your answer is "no," it's better to determine that early on rather than after you have spent time and effort hiring them.

The Eyes Have It

A candidate's ability to maintain eye contact and engage during an interview is a good sign of confident communication skills and the ability to connect with patients. Eye contact reveals an openness in communication. It lets other people know that you are interested in them and care about what they say.

Making and keeping eye contact helps you 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 patients in a similar way. If they can't, this is likely not a person you want closely interacting with patients.

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 unclear about what is being asked, do they follow up with questions? Or do the candidates assume they know the question? A red 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, especially those who interact closely with patients. This is important for the financial coordinator role, in particular. Dealing with the financial concerns of patients can be a stressful interaction. When I interview a potential financial coordinator and his or her body is rigid, with arms tightly folded across the chest during the interview, it raises some concern.

During interviews, look at what a candidate's body language communicates and if it changes throughout the interview. To learn more about body language, read the article, "Understanding Body Language," by Kendra Cherry at About.com. If what someone says doesn't match what their body is telling you, proceed with caution.

Finally, when interviewing, watch out for candidates who are eager to offer a lot of change. Candidates who tell you what problems they will solve may seem attractive, but instead, look for candidates who want to fit into the existing culture.

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 unverified. The implications of not checking on résumé details can lead to legal and operational disasters!

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 she 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 could 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 you. If they 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 expirations 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. However, 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, I tell 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 a candidate's skill level with testing, scenarios, and 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.

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.

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

a. Ask the prospective candidate to take a call, to see how he or she handles an interaction with a patient.
b. 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.
c. Watch how the candidate handles the situation and compare this behavior to what you would normally expect.
d. 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. Schedule Coordinator

a. Provide prospective candidates with sample schedules: 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?

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 inject what I call a patient "wish," and see how the candidate responds. For example:
Candidate: So [Patient Name], how is everything going? Have you been having any problems?
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.

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.

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.

I advise dentists to closely observe and evaluate the performance of the new hires for the first 60 to 90 days. This is a time period in which you should pay particular attention to the new employee's performance.

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.

Taking the Higher Ground

Turn the hiring process into a journey to "higher ground." With a well-defined process in place, you can dramatically increase your chances of finding the *right* fit for your practice. Once you have a team of such individuals, your practice potential will dramatically increase. You'll have higher productivity, better care for your patients, and more time to focus on the dentistry you want to be doing.

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! ■

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 rtcoleman@cox.net.

Hope Gordon, Elite Full Arch Reconstruction by Dr. Jim Downs, 2013.

Triumph Over TMD

A Comprehensive, Full Arch Approach.

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. As part of the terms of the hiring agreement, Jenny asked me to reconstruct her smile.

At the time, I learned that Jenny was suffering from years of debilitating headaches. Jenny had suffered from headaches since childhood. Over the years, Jenny reported that the headaches intensified, especially after she received her first set of veneers in the mid-1990s.

The Correct Diagnosis

In 2001, Jenny worked for a general dentist in Las Vegas, NV, who specialized in neuromuscular dentistry. He conducted tests with the K7 neuromuscular jaw tracking system and determined that she had temporomandibular joint disorder (TMD) and a collapsed vertical dimension to her bite. Her records indicated a 13 mm Shimbashi and it needed to be closer to 17 mm. Jenny was fitted for a mandibular splint in order to get her jaw to 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.

(Above) Jenny's mandibular splint, used to correct her vertical dimension.

Joining My Team

In the summer of 2011, Jenny returned to Lawrence, KS, and because of our prior acquaintance, I recruited her for my dental team. At that time, I decided to shift the focus of my practice away from family practice to more comprehensive dentistry and surgical dental procedures. I needed an assistant who understood and valued that kind of dentistry as much as I did. Jenny was the perfect person for the job.

However, getting Jenny on board took a bit of persuasion. After some deliberation, Jenny accepted my offer and joined my team. But she did so on a conditional basis; Jenny wanted her full mouth restored using Arrowhead Elite dental restorations and she wanted me to be her dentist. Ultimately, she agreed to lead my restorative team and I agreed to the stipulations to fix her mouth. Both of us were very excited for the future!

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 and Jenny's headaches immediately returned. At that time, we decided to move forward with the full mouth procedure. Not only would 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

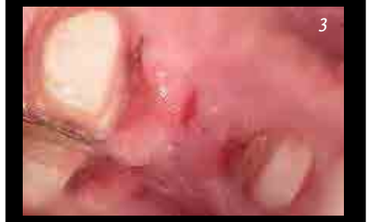
In September 2012, we conducted a TENS (transcutaneous electrical nerve stimulation) bite registration on Jenny. I used the ultra-low-frequency TENS device for 45 minutes to stimulate and fatigue (and thereby relax) Jenny's jaw muscles. Once the jaw was relaxed, I took a bite registration. I used the 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.

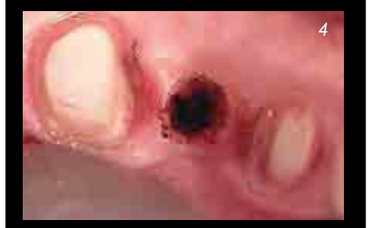
In March 2013, we completed the full mouth wax-up for Jenny set at 18 mm Shimbashi. I choose 18 mm rather than the 17 mm from the neuromuscular K7 bite registration because it gave me up to 1 mm to adjust her bite and get everything balanced. However, as it turned out, Jenny was more comfortable more 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 (temporary composite overlays) on her back molars and premolars (numbers 18–21 and numbers 28–31). The Snowcaps were particularly important for Jenny's procedure because they helped ensure that her vertical alignment stayed at 18 mm.

When you do a white wax-up with Arrowhead, they provide a Sil-Tech® matrix that allows you to quickly fabricate temporaries chairside that look and feel like the final restorations. This is a huge benefit because you can quickly identify any potential problems early, so they can be addressed before the final seating. The added benefit is that the patient sees what they are going to look like and experiences the enhancement before the final seating.





1. Jenny's prepped upper arch and showing stump shade. 2. Bridge (numbers 2–4). 3. Pre-op site for tooth 3 implant. 4. Tissue removal with the DEKA CO_2 laser. 5. Tooth 3 implant sinus bump.

When Jenny looked at her new smile in the mirror that day, she literally broke down crying—sobbing actually—because of how beautiful the temporaries were and how happy she was to finally have a smile that allowed her to be pain free. Of course, her tears caused everyone else in the room to get emotional, too. It's what every dentist hopes to accomplish for his or her patients—to make them so happy with their smile that they literally cry tears of joy. And for Jenny to react this way when only the *temporaries* were seated indicated how much she would like the permanent crowns. ›

CASE TIMELINE

Mid 1990s

Original veneers placed. Patient reported daily headaches.

2012

5/2012 Patient presented with a mandibular splint being worn twenty-four hours a day, which opened up her bite from 13 mm to 17 mm.

8/2012 Splint broke. Symptoms (headaches) soon followed.

9/2012 TENS bite registration to 18 mm and we repaired and relined the splint.

2013

3/2013 Request for full mouth wax-up set to 18 mm Shimbashi.

4/2013 Prepped 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 three months symptom free at new vertical. Adjusted bite with T-Scan®.

9/2013 Took upper and lower alginates of adjusted temps and a new bite registration, which was still at a 18 mm Shimbashi.

10/2013 Attempted to cement upper tooth numbers 5–12. We cemented tooth numbers 22–27. Made new temps on tooth numbers 5–12.

2014

5/2014 Finally cemented the uppers on tooth numbers 5–12. It proved how durable and great looking the temps were because the patient was fine in the temps. Checked all with T-Scan® again.

2015

4/2015 Tooth numbers 3 and 14 implants placed both required sinus bumps. New temp bridges made for tooth numbers 2–4 and numbers 13–15 for the healing period.

5/2015 Patient remained asymptomatic through the entire process. At time of publication, we are going on three years of treatment time. It shows how dentists can stage out treatment for a patient, if needed.

A Year in Temps

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 Shimbashi was correct and that she was 100 percent symptom free before we seated the permanents.

Jenny is an extremely sensitive patient and her Shimbashi had to be exactly right, otherwise her symptoms would return. Once, during the time that 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 Snowcaps 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, and 15. 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.

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 to adjust 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 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 22–27) and in May 2014, we seated her upper permanents (numbers 5–12). Prior to both seatings, we checked her bite again with the T-Scan® and verified the 18 mm Shimbashi.

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®.

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 preps 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.
   a. 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.
5. Applied Monobond Plus (silane) to the interior of all crowns being cemented. Allowed to set for 30 seconds and dry thinned with air.
6. Applied SpeedCEM™ to the interior of the crowns.
7. Used dry angles and cotton rolls to control moisture in the mouth around preps.
8. Assistant handed crown full of cement to doctor for placement.
9. Did the initial tack cure with curing light.
10. Performed the initial cement clean-up and flossed interproximals.
11. Did the final cure with DeOx® on the margins.
12. Removed the "dry" crown on tooth number 5.
13. Cleaned up final cement.
14. Moved to the next posterior quadrant to repeat.

Anterior Cementation Protocol:

Cementation of teeth (numbers 5–12 and numbers 22–27).

The cementation process with the prepared teeth is different than the process for the "inside" of the final restorations. Here are the steps that I followed in this case for preps and restorations:

For the Preps (with chairside dental assistant):

1. Doctor cleaned preps in the quadrant again with peroxide.
2. Doctor controlled bleeding with Ultradent Astringedent®.
3. Doctor used 35 percent Ultra-Etch® (blue) (an Ultradent product) on the teeth for 20 seconds and rinsed off.
4. Doctor applied Telio® CS Desensitizer to all pertinent teeth.
5. Doctor applied ExciTE®F with the VivaPen® (bonding agent) to the preps and air thinned. Did NOT light cure. (I turned the overhead light away and turned off the light that I had on my loopes).
6. Chairside dental assistant handed me the final crowns full of cement. I started installing the central incisors and worked outward.

For the Restorations (with tabletop dental assistant):

7. Tabletop dental assistant (D.A.) cleaned out the inside of all crowns with peroxide or Consepsis® and rinsed with water. D.A. applied Monobond Plus (silane) to the interior of all crowns being cemented.
8. Allowed to set for 30 seconds and dry thinned with air.
9. D.A. applied ExciTE®F with the VivaPen® bonding agent to the inside of the crowns and margins and air thinned. (Do NOT light cure!) Placed in container out of light until needed.
10. D.A. applied Variolink® Veneer cement +1 to the interior of the crowns and handed the crowns individually to the doctor, starting with the central incisors and working outward. The doctor used dry angles and cotton rolls to control moisture around preps. (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. ›

11. D. A. handed crowns to doctor for placement.
12. D. A. did the initial tack cure with curing light, turning off the light at the doctor's command.
13. Doctor cleaned up initial cement. (I did not clean the contacts with floss at this point, because I didn't want to start any bleeding until after the final cure.)
14. Doctor did the final cure with DeOx® (eliminated the air-inhibited layer) on the margins.
15. Doctor cleaned up the final cement.
16. Doctor cleared all contacts with floss. Often, it's not possible, so I use metal ProxiDiscs®.
17. Doctor checked occlusion with T-Scan®.
18. Doctor asked patient to return to clinic in 48 hours for a bite check. Again, checked with the T-Scan®.
19. Completed case!

Moving Forward

Not only does Jenny have a beautiful smile, she also enjoys a life free of pain. She has been asymptomatic through the entire process, which is nearly three years of treatment time. Jenny has not reported a single headache during that time, except for the brief moment when she chipped her temp. It truly is a miracle of modern dentistry.

I was so pleased to facilitate this transformation for Jenny because I know how much it has improved her life, and I know that she would never have done this for herself. Jenny is an integral part of my practice and a good friend, so it was an honor to do this type of dentistry for her. Being able to help someone escape a life of pain is always a personal victory as well as a professional one.

My advice for other dentists is simple: make sure you take care of the dental needs of the people on your team! If your employees are wearing your work, it sends a positive message to your patients; your team members become walking billboards for your practice. Jenny is my biggest advocate. She just has to flash her beautiful smile at the patients and tell them her story and they're immediately on board for getting their own dentistry done. My practice has benefited tremendously from Jenny's experience with full mouth reconstruction and I'm positive it will continue to do so as long as she's a part of my team. ■

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.

Form and Function

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 patients the smile that they want. The aesthetic release helps me and my dental team meet that goal, while at the same time, protecting us from poorly defined or unarticulated patient expectations.

Key Elements

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 keep 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 ›

I put notations in quotation marks to identify them. Using the patient's words means that the statements are theirs, rather than a summary or interpretation from the dentist.

In general, many of the procedures in aesthetic dentistry are subjective in nature. 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.

The release helps because some patients are very vocal about what they want, while other patients are either timid or they're not as detailed as perhaps they should be. Occasionally, a patient returns home and changes his or her mind. The patient sometimes says, "I want them more white," or, "Now, I think I want a different shape."

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-planning process. I learned to bring the release up 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 right from 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 at this time, but it isn't a bad idea to do so. I just 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 carefully consider their choices. I usually ask patients to bring 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 final 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 do the actual bonding. It gives enough retention so the patient can sit up and look at the teeth in place.

I make sure the dental assistant stays with the patient and that he or she is careful to watch for anything that might come loose while the patient is trying it out. We don't want anything falling out on the floor or being swallowed!

I tell patients that we want them to be happy with their teeth and let them know we will work with them and the lab to ensure that all expectations are met and that the patient is satisfied. If they're not satisfied, we'll continue to work with the lab.

When the final restorations are in place with the try-in paste, I ask patients to sit up and I let them sit in the room for a little while with the mirror, so they can look at their smile privately (preferably with their spouse or significant other). After giving patients some time to discuss their teeth with a significant other, I ask my assistant to bring up the cosmetic release. The assistant asks, "Is there anything you want to change?"

I recommend having a third party (an assistant) ask that question rather than the dentist. My patients trust my team and sometimes they are more forthcoming with my team than with me. If there's an issue, the assistant brings me back in. If not, everyone signs the release and we proceed to permanent cementation.

In the event that final expectations are not met by me or the patient, I take very detailed photos and write down (again, in the patient's words) any changes that he or she desires to make so that I can communicate that information to the lab. We make sure that patients approve of their temporaries before we resend 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, I had to learn the value of the aesthetic 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 expectations as dental provider may be very different from the patient's. Through careful treatment planning and using a wax-up to design the temporaries, we get as close as we possibly can to meeting each patient's expectations.

Since 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.

In that instance, the patient said, "I understand that I signed this [aesthetic release], so I know I'm going to have some extra costs incurred." The patient insisted on changing a few things despite the cost.

I ended up not charging the patient full price for the revisions and the patient was responsible for the lab fee only. Ultimately, I wanted the patient to be satisfied and it was worth the extra expense. In general, the aesthetic release is more of a preventive measure and it's highly effective.

Ultimately, all dentists have to balance the customer experience and customer satisfaction with the demands of the aesthetic release and then decide what they are comfortable asking the patient to do.

Why It's Important

The value of the aesthetic release is great because at some point, every patient needs to make a decision so that the dentist can finalize treatment without worrying about additional changes.

As you know, there are limits to what we can do for our patients. I can only move a midline so much with restorative work, or I can only close a gap that is so wide. The aesthetic release enhances the patient's involvement in the overall treatment because the release requires them to articulate what they want as a final outcome.

The release helps me become more aware of how I'm setting expectations for the patients, so that I can clearly communicate with them.

The release is also about generating patient satisfaction. With the signed form, I am assured that the customer will be satisfied with my work. It brings peace of mind when I have the patient sign an aesthetic release.

The aesthetic release has helped me better communicate what I can actually do versus 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 overall patient satisfaction. I wouldn't consider large case treatments without it! ■

Editor's Note: Do you currently use an aesthetic release in your practice? If not, will you use one in the future? Please let us know at info@adentmag.com.

For Dr. Gearin's aesthetic release, use this QR code or visit our website:
www.AdentMag.com/AestheticRelease

In 2005, Dr. Amy Gearin earned a Doctor of Dental Medicine degree at the University of Louisville School of Dentistry in Louisville, KY. After graduating from dental school, Dr. Gearin moved to Las Vegas, NV, where she runs her own practice. Dr. Gearin has received additional training in cosmetic dentistry, occlusion, dental implant placement and restoration, full-arch dental reconstruction, snoring and sleep apnea treatment, TMJ disorder treatment, and more. Dr. Gearin's goal is to help patients achieve healthy, disease-free smiles.

The Curious Question *(continued from page 21)*

In this short interaction, the patient provides a large amount of information. First, the patient shares that the perceived cost for dental care is a concern. This information is invaluable because it allows the doctor to effectively engage on that topic during the case presentation.

Second, the patient shares a minor aesthetic concern that could have much broader implications. The minor wear on the front teeth could be due to an occlusion or sleep apnea problem that might be causing other problems like migraines, fatigue, or TMD issues. The fact that the patient is already self-treating through the use of a consumer-grade mouthguard indicates an awareness of the problem and an interest in doing something about it.

With this information, the dentist can ask very focused follow-up questions to better identify the full scope of the issue. If, for example, the dentist discovers an occlusion problem that causes chronic headaches for the patient, this is a huge opportunity to deliver a solution that would have a deep impact on the patient's quality of life. The patient's experience with dentistry, and the care and attention they feel from their dentist would be greatly enhanced.

The question, "How do you feel about your teeth and their appearance?" asks patients to consider both the functional and aesthetic aspects of their smile. Too often, problems rather than possibilities are the focus of most dentist/patient interactions. As such, the full potential of what can be done is not fully explored or explained. Such interactions leave the patient unaware of dentistry's possibilities.

Lastly, for dentists who are more introverted and less comfortable engaging with patients in this type of conversation, the question is great at quickly eliciting details on which effective follow-up questions can easily be asked.

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 true lifestyle improvement becomes much easier.

There has never been a better time to be a dentist. The wide array of treatment options ranging from dental implants to sleep dentistry and full mouth reconstruction, means that you have the solutions your patients want—but they need to understand that you care before they can understand what amazing solutions modern dentistry can provide.

Once a dentist asks the question, the information gained is worth its weight in gold.

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 Arrowhead Dental Laboratory as the head of their IT Department.

I Object!

Getting Patients to Say YES to Treatment.

You know the drill. A patient comes into the office after an absence of several years. After the hygienist works on the patient, he or she sees multiple issues. You do a comprehensive exam, consult with the patient, and the inevitable happens—the patient needs a full arch reconstruction. You know what you have to do, so you brace yourself; a $40,000 fee for a patient is rarely easy to present.

Does this scenario seem familiar? A lot of dentists dread presenting large-case dentistry to patients because they don't know how to handle patient objections. But presenting large cases to patients doesn't need to be painful for anyone—dentist or patient. Overcoming patient objections is a skill that you can work on and improve, just like any other skill.

Think about it another way. What if you ***don't*** present large-case treatment options for your patient? Have you thought about the problems associated with ***not*** handling patient objections? Or equally as bad, modifying your treatment plan because of fear, or assuming that your plan will be rejected?

Avoiding presentation of comprehensive care can result in many problems. First and foremost, patients get less than ideal care. The repercussions of suboptimal care mean that a patient's issues are left unresolved and usually worsen (resulting in more extensive and expensive care later on).

In addition, avoiding comprehensive case presentation limits the production capabilities of your practice. It's fairly simple—if you don't ***present*** comprehensively, you won't have a chance to ***treat*** comprehensively. You'll be relegated to small, patchwork dentistry, and your patients won't even be aware that there might be an alternative.

Furthermore, when patients only receive basic treatment, they are less likely to recommend your practice to others. On the other hand, treating comprehensively and providing life-changing dentistry nearly always results in referrals and glowing reviews—the kind of feedback that creates a stellar reputation for you and your practice.

Case Presentation Strategy

Case presentations are part of every dentist's job. Presenting cases effectively eliminates a lot of potential objections because patient objections are inextricably linked to case presentations.

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 onesie-twosie 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 patients), 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 popular tool for behavior 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 patients general questions like, "Where do you see yourself in five, ten, or twenty years from now with the health of your teeth?" I also use the phrase, "Well, tell me more about that." The idea is to keep ›

asking questions, like peeling back layers on an onion, to learn the real objections.

Once you have a strategy for case presentations, you're ready to encounter your patients. As noted previously, the three main objections are money, confusion, and fear. Since you know that most patient objections will revolve around these three issues, you should be prepared for them.

The Objection Triad—Money

As Dr. Barnes says, it's a dentist's obligation to present patients with the finest dentistry available and help them find a way to fit it into their budget. To help patients understand financing, let's start with the basic—who presents what.

Having the dentist present a large fee is important because it communicates to the patient that this is an important issue.

In my office, the financial coordinator presents the finances. The dentist presents the fee—but only for large cases. If the case is small, the financial coordinator may present the fee, too. But for large cases, I always present the fee personally.

Having the dentist present a large fee is important because it communicates to the patient that this is an important issue. In addition, it allows dentists to see the reaction from the patient firsthand and immediately alleviate any questions or concerns.

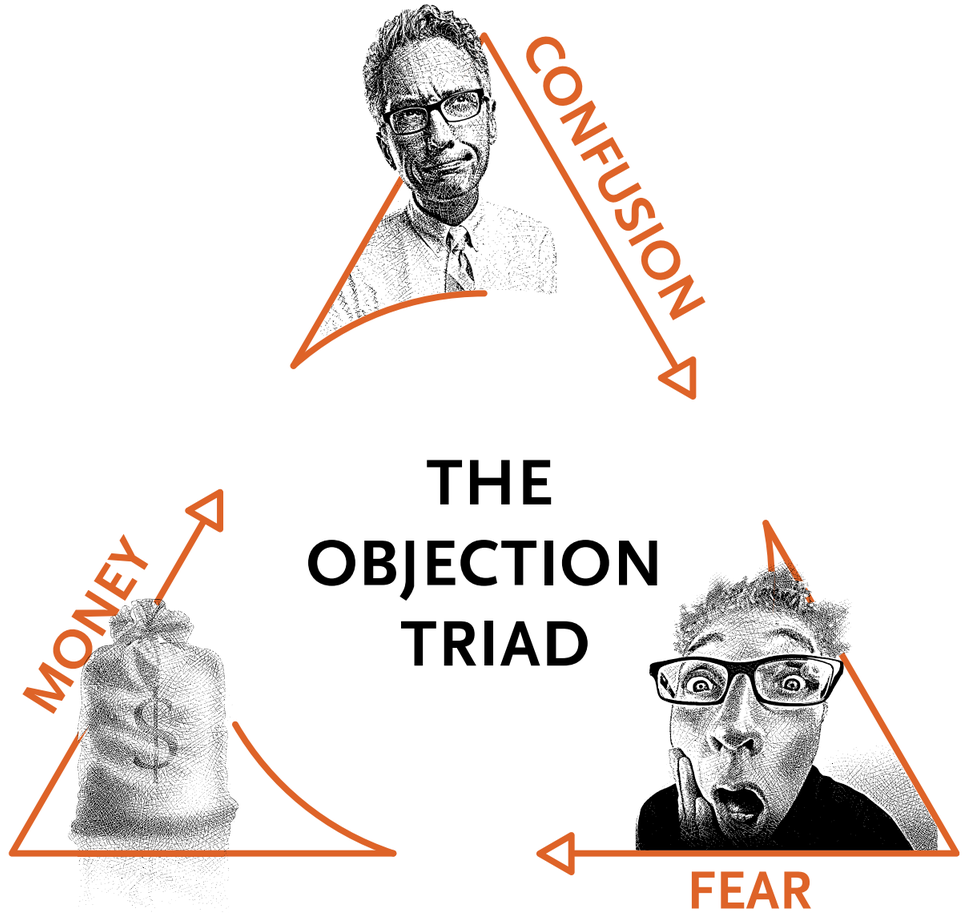
Some patients are surprised by the "big number" associated with large cases, and cannot focus on anything but the total amount. For those patients, I sometimes utilize a process called ***fogging***. Fogging is a communication technique that redirects energy and attention away from the original issue, and stops or slows the escalation of the issue.

When a patient is focused on a big number, I may respond with something as simple as, "Oh, did that surprise you?" My response gives the patient time to think about their reaction. If the patient says, "Wow, that's a lot!" or "You guys are expensive!" I explain, "Well, just so you know, we're not the most expensive in town, but we're not the least expensive, either. We feel like our fees are a reflection of our above-average care." We can't hit all the expectations of all patients with regards to finances, but in general, we provide quality care and I believe we've got our fees in line.

I always ask the patient, "Is this the type of dentistry you would like if you can work it into your budget?" Sometimes, the answer is, "No, I can't fit it into my budget under any circumstances." At that point, I acknowledge it and I might say, "Okay, finances are a concern for you right now." And usually the patient will respond with why it's a difficult time—maybe they are putting their kids through college and money is tight.

At that point I respond with, "Okay. Let's do this. Let's address the most critical area and put you on a hold status. We'll ask you to keep coming in for your usual appointments and when your circumstances change, we'll move on with your treatment. Does that sound fair?" It's important to always figure out a way to keep the door open for patients to get the treatment they need in the future.

Sometimes when I ask patients if they would like to proceed with treatment, they respond with, "How much will my insurance pay?" To me, that's a 'yes' to treatment. Then we can discuss the options and I introduce my financial coordinator to them so they can learn about all the available financing options. In the end, it's simply about helping patients get the care they need.



The Objection Triad—Confusion

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.

If a patient's response to a case presentation is, "My last dentist didn't tell me that I needed all this. How come all of the sudden I need all this work?" Then you know that the patient is confused and doesn't understand what you presented.

Education is essential in overcoming the confusion objection. As dentists, we need to educate our patients so they see the value and can understand (in the words of Dr. Dick Barnes) that the benefits outweigh the cost. Remember, it's our obligation to present patients with the finest dentistry available and help them find out where they can fit it into their budget.

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 that language. But again (as Dr. Dick Barnes says), "Don't get too mouthy about stuff." Speaking to patients in the language of a dentist can often lead to more frustration than understanding.

When I present treatment and I encounter a patient with body language that is defensive—arms and legs crossed, leaning back—I know that there may be a misunderstanding. At some point during the presentation, when I notice that body language, I may stop and say, "You seem a little perplexed about something." That statement invites the patient to explain what he or she is feeling and usually opens the door to address the issues.

To avoid confusing patients, keep presentations simple, without a lot of technical jargon. For most patients, the "bottom line" is keeping their teeth for a lifetime. So focus on how you can help them do that.

Always listen and ask open-ended questions, especially if you have a particularly reticent patient. As noted previously, the question I use a lot is, "Where do you see yourself in five, ten, fifteen, or twenty years from now with the health of your teeth?" The question opens up a lot of dialogue.

As previously suggested, consider tailoring case presentations to the personality of the patient. I recently met with a patient who is an extremely detailed person (a C personality on the DiSC® 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, we show patients photography of their actual teeth. We even put video clips in to illustrate the issues in their mouth.

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

Don't show patients X-rays, as that can be confusing if the patient doesn't know what they are looking at. And confused patients don't get treatment done! If you must show X-rays, tell the patient, "I'll be studying these to see what I can do to help you keep your teeth for a lifetime."

After you have presented a case for your patient with all the bells and whistles (incredible before-and-after slides, etc.) at your disposal, the patient's answer will reveal a lot about how effectively you've communicated the big picture.

If you get a question that begins with "Why?" then you have a patient who doesn't fully accept what you have presented and you probably need to work on more education. If you get a response like, "I need to think about it," then the patient probably doesn't understand something and there are likely unanswered questions that you still need to address.

For me, it's never about "selling" the case. It's about being a practitioner who truly cares from the heart and wants to help patients keep their teeth for a lifetime. If you clearly present a case in a manner that patients understand, then they have little to object to.

The Objection Triad—Fear

When presented with treatment, the third main response that patients sometimes have is fear. If a patient is reluctant to proceed with treatment due to fear of pain, it is often because of a negative past experience. Again, ask open-ended questions to try and discover where the fear is rooted for the patient.

Fear-based objections can be overcome, but it requires patience and understanding. Sometimes the answer to fear-based objections is simple—giving the patient a certain amount of control may eliminate the problem altogether.

For example, I worked on a patient for years to help her with a fear-based response to dentistry. When we proceeded with treatment, I told her that if at any time she felt pain, she had the ability to stop the treatment. I explained that she could just raise her hand anytime she needed me to stop. Sometimes, during treatment, ›

WHAT IS DiSC®?

DiSC® is an assessment tool used to identify traits of human behavior. The DiSC® assessment is based on the theory of physiological psychologist William Moulton Marston (1893–1947). In his 1928 book, *The Emotions of Normal People*, Marston identified how normal human emotions lead to behavioral differences.

Marston categorized human behavior into four primary types, based on how people view themselves in their environments. The four behavior types are: Dominance (D), Influence (I), Steadiness (S), and Conscientiousness (C). Marston developed DiSC to demonstrate his ideas on human motivation.

Using Marston's theories, William V. Clark, an industrial psychologist, built the first DiSC® assessment (originally created and published in 1972). The DiSC® assessment is based on Marston's model. Today, the assessment tool (which has been modified) is widely used by organizations to improve productivity, teamwork, and communication.

The DiSC® assessment is a nonjudgmental, ipsative test (a test where all answers are equal in desirability and the respondent picks the answer that is most preferred). Ipsative tests are sometimes called "forced choice" tests. Scoring is typically done electronically and produces a profile report that highlights a unique behavioral style.

All variations of the DiSC® assessment share common features, including most and least questions (asking respondents to identify which answer most or least represents their behavior), and contain 24 to 28 questions, each with four options. People respond to the assessment in ways consistent with an identifiable behavior pattern.

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

1. Dominance

- Results-oriented
- Confident
- Can be blunt
- Accepts challenges

In general, persons with dominant behaviors are motivated by achievement and control. It is important to make them feel like they are driving the discussion. They can react poorly to direct orders.

2. Influence

- Emphasis on influencing or persuading others
- Openness
- Enthusiasm
- Optimism

Positive communication is a main 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.

3. Steadiness

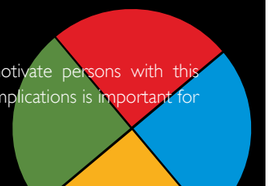
- Emphasis on cooperation
- Sincere
- Calm
- Supportive

Time is a motivator for persons with this predominant behavior. In general, they prefer to have time to accommodate themselves to a new suggestion or idea. They are more likely to adopt a new idea if it's on their own time frame.

4. Conscientiousness

- Independent
- Objective reasoning
- Wants the details
- Emphasis on accuracy

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



she would put her hand up and we would just give her a minute or two to breathe. It worked beautifully and she was able to get the treatment she needed.

In my practice, we always give our patients control, and that often helps overcome fear-based objections. Some patients with a fear-based objection request sedation. I don't use sedation in my practice, but it can be an option for other patients and dentists.

As an alternative, for patients who are stymied with the fear objection, I recommend a good therapist. Therapy can help patients who may need additional expertise in the realm of cognitive behavioral therapy. That's something beyond our skill set, so we refer that out, if necessary.

Fear is usually a result of confusion. When a patient doesn't understand what the process is and how it will affect them, the patient is frightened of the unknown. To eliminate this issue, my team and I "preframe" the procedures for the patients. Preframing is simply telling a patient that something is going to happen before it happens. Before my patients commit to a procedure, I tell them, "Let's talk about the day you come in and have the work done. Here's what's going to happen." When I discuss in detail what the patient can expect on the day of treatment, it gives patients a sense of certainty about what to expect and eases most doubts and fears.

In general, spending time with patients (and giving them a sense of control) helps with fear-based responses and develops trust. In my office, we've found that if we take our time, tell the patient what's going on, and let the patient have control if at any time they become nervous or uncomfortable, then nervous patients are reassured.

Don't Give Up!

Improving your case presentations and overcoming patient objections is a difficult area for many dentists—but it doesn't 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 eye on the goal of good dental health for a lifetime.

Most importantly, remember to show genuine caring for your patients and an honest interest in their health and well being. Every once in a while, patients are unresponsive to our attempt at helping them accept treatment. If that happens, I tell the patient, "Well, let's do this. With your permission, we'll check in on you once in a while and when something changes, I'd like you to keep in touch. We'll be ready when you're ready."

If you consistently show your patients respect and caring, it will go a long way in overcoming their objections and move you closer to the goal of helping your patients with their dental health. ■

Dr. Jim Downs 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.

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 do—retweet, comment, or, "click here to learn more."

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.

Utilize 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. (For more information on hashtags and how to track them go to https://www.hashtags.org/.)

Promote social media channels in-house. Do your pamphlets and other promotional materials include an invitation to connect via social media? Personally ask your patients to connect via 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 in search rankings if they detect you're earning likes directly from your office).

Incentivize cross-platform usage. It's rare that someone connects with your practice across three or four platforms. Each person will likely consume information in different ways, whether with personal updates, photos, contests, or testimonials. Use contests to entice people to follow you on multiple networks, which gives your content a good chance to be viewed.

Mix it up! Don't assume your audience is the same across every platform. Hymas suggests, "Mix up the verbiage just a little bit, so it seems a bit more real, because people tend to trust that more than just automated pushes on the different platforms."

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.

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 texts. To find mentions of your practice that don't directly reference your specific profiles ("Jones Dental" instead of "@JonesDental"), set up keyword alerts through a social media dashboard (*see sidebar, at right, for more information*).

Finally, always have a protocol in place for responses. It's important to task someone for responding professionally to every situation—whether it's a compliment from a customer or a complaint.

With the right content and a touch of personality, social media can be a major boon to your practice. People are looking for exactly the types of services and procedures you offer. And with the conversational nature of social platforms, you can engage them directly.

There's no reason to be anti-social—insert your practice into the online conversation and start connecting with new patients! ■

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 1, or visit our website at: http://www.adentmag.com/out-of-site-out-of-mind-internet-marketing-tips-part-i/

TOOLS OF THE TRADE

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. Use these tools to minimize 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 dashboard 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.

Sprout Social™

Sprout Social™ offers many of the same features as Hootsuite®—all your profiles looped into one convenient dashboard. Sprout 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 heftier price.

TweetDeck

If Twitter is your primary social media channel, then TweetDeck is the best solution. Owned by Twitter, TweetDeck is a web-based dashboard for all of your Twitter accounts (professional and personal). TweetDeck is free.

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.

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