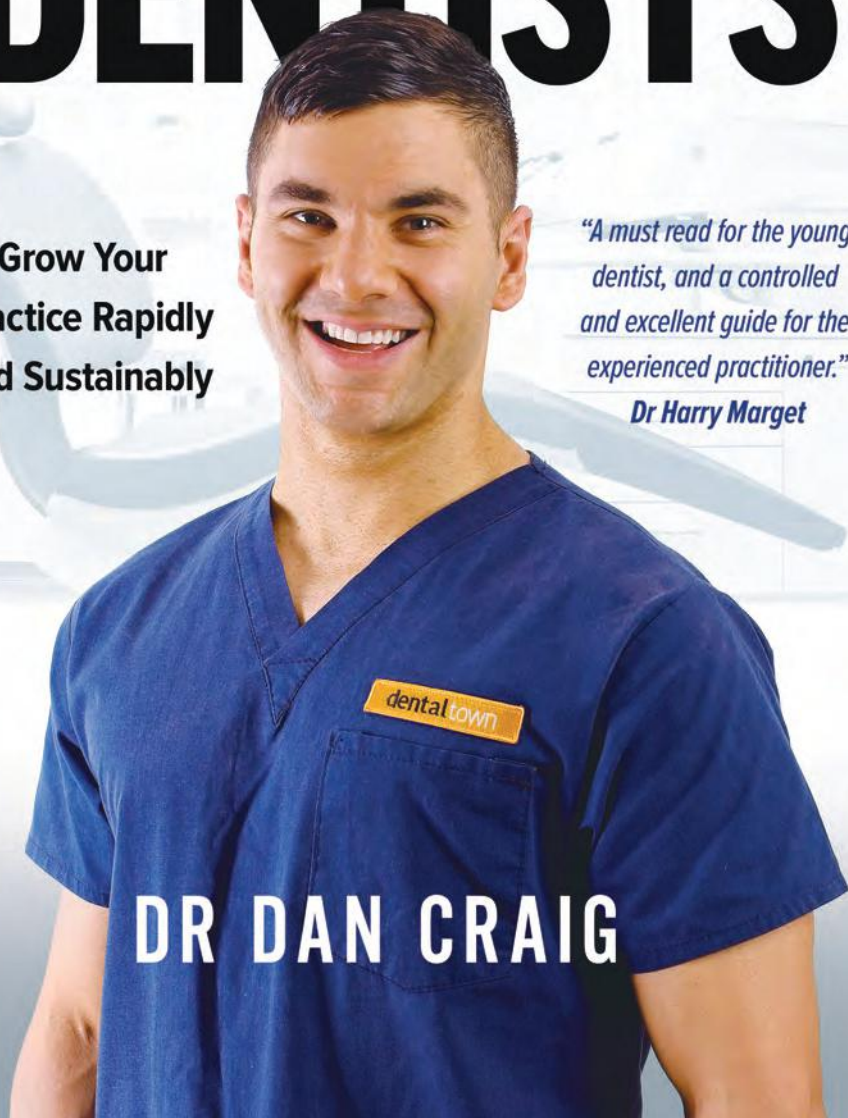


COMMUNICATION FOR **SUCCESSFUL** **DENTISTS**

**Grow Your
Practice Rapidly
and Sustainably**

*“A must read for the young
dentist, and a controlled
and excellent guide for the
experienced practitioner.”*

Dr Harry Marget



DR DAN CRAIG

COMMUNICATION FOR
SUCCESSFUL
DENTISTS

Dr Dan Craig graduated from the University of Melbourne in 2014. In 2016 he started a dental practice from scratch. After three years, he had built his practice to over 4000 patients. His first book was a children's colouring and storytelling book, through which parents could simultaneously learn about oral health with their children, titled *How Little Harriet Lived to 100 (And Smiled as She Chewed Her Cake)*. *Communication for Successful Dentists* is Dan's second book and was originally devised to further his own understanding of how to communicate effectively with patients and staff. He places a strong emphasis on ethics, and has his own not-for-profit organisation called Doctor Dan Craig, which helps teenagers navigate difficult times in their lives and achieve their wildest goals and dreams. All profits from the sale of this book will go towards Dan's not-for-profit organisation (doctordancraig.com).

COMMUNICATION FOR
SUCCESSFUL
DENTISTS

DR DAN CRAIG



Published by CSP Press
Suite 528 / Level 5
1 Queens Road
Melbourne VIC 3004
Australia
www.csppress.com

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Cover design by Luke Harris of WorkingType Book Design

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Printed in Australia by McPherson's Printing Group

Typeset in Sabon 11.5/15

Communication for Successful Dentists

ISBN 978-0-6484490-0-3



A catalogue record for this
book is available from the
National Library of Australia

Dedication

To my mother and father for
all their love, support and belief.

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Foreword

There are a plethora of books that talk about the ways to run a dental practice, but many of them have been the product of observation by practitioner and commentator alike.

This new text, *Communication for Successful Dentists*, is an original, practical and well-thought-through delivery of clinical experience, forged from having to find a way forward from the very beginning.

The author does not hold back on any area. He defines with conviction the areas and boundaries that need to be implemented by dentists in order to build the momentum and energy required to enter into private practice and thrive.

In each and every chapter the reader is given an opportunity to weigh up the pros and cons of practical and sometimes controversial topics for themselves. The result is clarity on how to implement and adapt effective methods of communication that will help dentists grow their practices.

In my opinion, this book will be a valuable and necessary add-on for every new dental graduate starting out in business.

Finally, the author speaks candidly about failures and successes and how each was achieved.

The creativity used in the layout of the material shows that much time and effort were used to prepare and share this knowledge with the profession.

A highly commendable addition to dental literature.

Dr Harry Marget
Owner of East Bentleigh Dental Group

Preface

Welcome to the first in a series of books to be published by CSP Press. CSP stands for ‘Communication for Successful Professionals’. Our mission is to help good professionals become great professionals, by publishing resources to improve communication skills across a range of professions.

Communication for Successful Dentists is more than just another manual on effective communication. The author, Dr Dan Craig, has already used the material within as the blueprint for his own extraordinary success as a dentist.

Dr Craig has trained his own staff in these principles and techniques in order to build his dental practice in Launceston at a phenomenal rate. On average he attracted more than 100 new patients per month in the first three years of Dentaltown’s existence.

There is a world of difference between ordinary and effective communication. This book enables new or experienced dentists to fully appreciate this difference and learn how to apply Dr Craig’s principles and techniques in order to grow their business.

Dr Euan Mitchell
Managing Editor of CSP Press

INTRODUCTION

What's in this book for you?

At the end of my dental studies at university, I remember being in a tutorial room by myself and staring at the ceiling. I had some difficult decisions to make. Despite all the support given to me over my years of study, I felt very much alone and daunted by the looming challenges of entering the profession.

My qualification was *not* going to be an easy ticket to professional practice because there had been an increasing over-supply of graduate dentists in recent years. Competition would be extremely tough, regardless of whether I chose to work in the public dental system or private practice.

I worked with some brilliant and dedicated dentists in the public system during my training. These professionals make an important and valuable contribution to our community, but running my own practice had an even stronger appeal for me. I wanted to be master of my own destiny, set my own hours, and practise the way I

preferred. This would mean a lot of hard work as well as risk, and I hoped the rewards would be worthwhile. And deep down I wanted to know that if I failed, it was because of me, not someone else.

After graduating, I spent about 18 months doing locum work in more than 10 private dental practices. I quickly appreciated what an excellent opportunity this was to compare how practices were run and to identify what made one more successful than another. There were obvious differences in locations, marketing and staffing, but to me the real key to success in a private practice was the quality of patient-staff communication.

We had been taught the basics of communicating with our patients during our training, but most of our daily focus at university was on learning dental techniques, procedures and treatments. This is perfectly understandable in a public university course – the foundation has to be quality dentistry – but my initial professional experience helped me realise that there was a lot more to learn about communication if I wanted to start my own successful practice.

So I kept a journal about my experiences in each dental practice. I noted what I thought worked and didn't work when communicating with patients and also fellow staff. I would often discuss my findings with colleagues and mentors to refine my ideas. At each new practice I would continue to test specific ways of communicating with patients and staff to gauge the impact of my techniques.

I joined online forums and read books by other dentists and medicos to compare what they had to say about effective communication. Each day I would test

many of their theories, to discover what actually worked. Every day I made notes, so it wasn't long before my journal grew to a substantial size. This clinical testing and refining of patient-staff communication techniques were the beginnings of what became this book.

When it came time to set up my own dental practice in 2016, I knew I would have to synthesise and restructure my methods into a guide that I could share with other staff in my business. I hoped this guide would become the blueprint for the success I was aiming for. After starting my practice from scratch, my client base swelled to over 4000 patients after three years.

Now, more than ever, I believe the difference between a good dental practice and a great dental practice is excellent patient-staff communication. Of course, I could keep my communication techniques in-house, but I have chosen a more collegial approach. Namely, to share my material as part of furthering the conversation about success within our profession. Ultimately, if more of our patients benefit, we all benefit.

Please remember:

- All of the most effective communication techniques mean nothing without quality dentistry.
- 40% of patients perceive dental fees as 'okay', and most patients judge the fairness of your fees based on your character.
- 50% of patients would change dentists if they were cheaper. Yes, some are cost sensitive, but the good news is that half are *not*. Let the 'shoppers' go shopping, and let's focus on the other 50%.

- The main reason most patients change dentists is due to the quality of care. The next most common reasons are rapport and cost of services. So let's focus on the quality of care and rapport.
- Being friendly is the single most important factor in a patient's experience.

What other tools can be used as an adjunct to this book?

- To engage with other readers of this book via online discussion, you can visit our website: csppress.com
- Follow us on Facebook:
facebook.com/CSPpress
- Follow us on Instagram:
[@csppress](https://instagram.com/csppress)
- Follow us on Twitter:
[@csppress](https://twitter.com/csppress)
- Email:
support@csppress.com

CHAPTER 1

Meeting your patient for the first time

General principles to remember when talking to patients

- This first appointment, if done correctly, can help you build rapport and trust quickly.
- Patients pay more attention to positive messages than to negative ones.
- Use your manners as much as possible with your staff. Use your ‘pleases’ and ‘thankyous’.
- Use positive words like ‘clean’, ‘perfect’, ‘fantastic’ and ‘neat’.
- Patients will remember things better if you ask them questions instead of doing all the talking.

What your front desk should do when your patient sets foot into the practice:

- Greet and welcome patients with a warm smile when they walk through the door. This instantly allows patients to feel welcome and relaxed.

- ‘Can I get you a drink?’ Offer this to all your patients and those accompanying them when they arrive.
- Don’t tell patients to take a seat, tell them to, ‘Make yourself comfortable.’

Meeting your patient for the first time

Make the effort to meet and greet your patient in the waiting room after they arrive for their first appointment.

Offer a firm, vertical-plane handshake with eye contact. Introduce yourself by your first name. If your patient is over 50 years old, consider greeting them as ‘Mr/Mrs/Ms Last Name’, unless they instruct you otherwise.

Put the patient’s ‘preferred name’ (which they will fill out on their New Patient Form) in their record or as a ‘pop-up alert’ in their electronic file. Some practice management systems allow you to enter the patient’s preferred name, which is very useful.

PATIENT HISTORY FORM			
The following information is needed for your safety and to make your visit a positive experience. All information is kept confidential			
Please circle: Mr. Mrs. Miss. Ms.	First Name:		
Preferred Name:	Last Name:		

↓

Surname Middle

First Name Preferred

Automatic pop-up alerts are your ‘best friend’ for building rapport. Become disciplined about carrying around sticky notes with you and jot down anything personal the patient tells you about themselves.

Anything personal about someone should be updated into their automatic pop-up alert on their file. Every time the patient comes in, not only do you look like a hero for remembering them as a person, but your front desk can also generate ‘chit chat’ with them. This makes patients feel like they are ‘friends of the practice’. Be careful about saying the patient’s preferred name, even if they have written it. Consider asking them for their permission to use it first (they will almost never object, but if they do, simply add an alert).

Pop-Up Alert: Mrs Jenni-Lee Smith #3975
X

Type of Alert

Notes

Works for Mount Piebald Sanctuary last 18 years. Busy person taking care of native animals and hosting tours for schools. Goes for Bulldogs.

Account Status

Current	30 days	60 days	90 days	Deposit	Total
0.00	0.00	0.00	0.00	0.00	0.00

Throughout the course of that first appointment, aim to say the patient’s name at least three times. The legendary US self-improvement pioneer, Dale Carnegie, wasn’t the first observer to recognise how much people like to be addressed by their own name, but he is the

best-known advocate of this strategy. People like you more when you use their name while talking to them.

If patients arrive early, say: ‘Thank you so much for arriving early.’

If you are running late, say: ‘I’m so sorry about the wait. Thank you so much for your patience. I really appreciate it.’ If you say this, patients feel that you respect their time. A little bit of humility goes a long way. It shows that you don’t think you are the most important person in the room. I’ve read a lot of negative online reviews about clinics where the patient had to wait for an extended period of time, and the doctor didn’t even apologise. I also used to work at a clinic where new patients would wait up to an hour and the owner would walk in an hour late and not apologise. Perhaps he was trying to look like he’s the ‘important guy’. I don’t think people respect you more by doing this and they certainly have less mercy on you if there is a treatment complication.

If appropriate, find a piece of clothing, colour, or accessory item (e.g. handbag) that they have on and give them a genuine compliment about it. If you think that this could be interpreted sexually, avoid it. It is important to be genuine about it and not flirtatious.

After bringing the patient into the room, offer to hang up their bag or coat, then say: ‘Please make yourself comfortable,’ and ‘Is the room temperature okay?’

Settling the patient into the dental chair

Before you start talking to your patient about their teeth, it’s important that you remember some verbal and non-verbal principles during their appointment.

Non-verbal principles:

- Sit in front of the patient. Don't talk to them from behind or across a desk.
- Sit at the same level as them or lower. Consider getting a small kids stool to sit on (see photo below). This removes any power imbalance.



- Lean forward in your chair, positioning your body towards the patient.
- Nod your head and regularly smile while they speak.
- Make eye contact. A useful tip is to look at the bridge of their nose.
- Write down their concerns while they are speaking, which reinforces to the patient that you are listening.
- Genuinely listen to what the patient is saying. Empathise with the patient.
- Listening to patients and then repeating their concerns back to them can actually save time during that first appointment. If a patient is interrupted, they will feel the need to restate their concerns and it will take longer. Don't interrupt them.

Verbal principles:

- While the patient is talking about their concerns, affirm you are listening by using small confirmations, such as ‘yep’ and ‘mhhh’.
- Always introduce other staff members who are present at the time. Introduce the nurse by saying something along the lines of: ‘We’re very lucky to have Kate helping us out today. Kate is a very experienced dental nurse (or insert another compliment).’
- Sometimes the first thing a patient will say is that they’re embarrassed about the state of their dental health. You need to respond immediately, reassure them and show them you’re not judgemental by saying: ‘I’ve seen tens of thousands of teeth and I can guarantee it’s nothing I haven’t seen before.’ You can even add: ‘The main thing is that you’re here now and you’re quite young, so we’ve got a lot of positives on our side.’

The presenting complaint

The presenting complaint is the first thing you should talk about once the patient is settled into the chair. It’s why the patient is here. Don’t start with small talk. Get to the point.

During a comprehensive examination, when your patient wants a ‘check-up’, the following is critically important to ask: ‘Do you have any concerns?’ Let the patient speak.

Afterwards, ask your patient: ‘Do you have any other concerns?’ Continue to ask the patient this question until they finally say, ‘That’s it.’

Then ask: ‘Is there anything you’re concerned about becoming concerned about?’ This way the patient will really feel like they have been listened to.

You can also start with other similar *open* questions/prompts, which require more than yes/no answers, like:

- ‘How can I help you?’
- ‘The front desk has told me that you’ve got a toothache down the bottom left-hand side that’s been keeping you up all night ...’ or ‘You chipped your front tooth ...’
- After you have asked your patient the relevant question/s, let them speak, using the verbal and non-verbal principles outlined above.

If your patient doesn’t give you much information, make facilitating statements or questions to allow them to elaborate such as:

- ‘Please continue’
- ‘I understand’ or
- ‘What else did you notice?’

If a patient fails to provide a comprehensive pain description, the following SOCRATES mnemonic is useful:

- Site – ‘Where is the pain?’(Localised/diffuse/referred/radiating.)
- Onset – ‘When did the pain start and was it sudden or gradual?’ Also ask whether it is progressive or regressive.
- Character – ‘What is the pain like?’ (Dull/sharp/throbbing/constant.)
- Radiation – ‘Does the pain radiate from anywhere?’

- Associations – ‘Any other signs or symptoms associated with the pain?’
- Time course – ‘Does the pain follow any pattern?’
- Exacerbating/Relieving factors – ‘Does anything change the pain?’
- Severity – ‘On a scale of 1 to 10, 1 being the least and 10 being the most painful, how severe would you rate your pain?’

‘Listen to your patient, he is telling you the diagnosis.’

Sir William Osler

(1849–1919) a founding professor of
John Hopkins Hospital, USA

Sometimes patients aren’t clear about what they want from the appointment. Some patients want an opinion, and others may want something fixed that day. They might just say in their New Patient Form the main purpose of their visit is ‘tooth pain’ or ‘a hole’. Ask them what they expect out of today’s appointment. If they say, ‘Fix the hole,’ this is relevant, because if you only have 20 minutes for a limited exam, you will need to explain to them *later* (when discussing treatment options) why you can’t start treatment today. You don’t want people to leave the clinic and say: ‘I went there, I was charged \$100, and my problem isn’t even fixed.’ You’ll read in the chapters following how to communicate timing and treatment plans with patients. However, in short, what you’ll need to say is something like: ‘We need to book an appropriate time for this, it’s a big job, and I want to make sure it’s done *perfectly*.’

DENTAL HISTORY

Are you experiencing dental pain right now? Yes No

If so, where? (Please circle)

Upper Right	Upper Front	Upper Left
Lower Right	Lower Front	Lower Left

Is the pain severe or waking you up at night? Yes No

What is the main purpose of your visit today? _____

How long since your last dental visit? _____

Going through the New Patient Form

It is important to have a New Patient Form that gathers as much information as possible about the patient. An example is shown across the following five pages. Not only does it serve as a useful medico-legal document, but it also gives you a chance to form an idea about what the patient is looking to address, so you can quickly tailor the treatment plan to meet the patient's desires.

After discussing your patient's presenting complaint, go through their medical history. It is important that you do this, not only medico-legally, but because it shows the patient you are thorough. If the patient has an allergy, tell them: 'I am going to put an alert in your file so that it comes up every time you come into the surgery.' This will impress them with your thoroughness and sets a professional first impression.

If the patient doesn't want to put their age or date of birth in the New Patient Form, ask them if they can provide it within a range of 10 years.

[Insert the Name of Your Practice Here]

PATIENT HISTORY FORM

The following information is needed for your safety and to make your visit a positive experience. All information is kept confidential.

Please circle: Mr. Mrs. Miss. Ms.		First Name:	
Preferred Name:		Last Name:	
Date of Birth: / /		Occupation:	
Home Address: Suburb: Postcode: State:		Postal Address: (Leave if same as Home Address) Suburb: Postcode: State:	
Phone (H) <input type="checkbox"/> _____ Phone (W) <input type="checkbox"/> _____ Mobile <input type="checkbox"/> _____ (Please tick your preferred contact)		How did you hear about us? (Please circle)	Friend/Family (Name: _____) Google Facebook Radio Flyer Walked Past Staff of [Insert Practice Name]
Email:	_____ @ _____		
Emergency Contact Name: Relation: Phone:		Responsible for Fees (leave if you are responsible) Name: Relation: Phone: Address:	
Health Fund (if you have one) Health Fund Number _____ / _____			

MEDICAL HISTORY

Name of your Medical Doctor:

Phone:

Tick if you **don't** have a regular medical doctor

Your Doctor's Address:

Have you ever had any of the following? (Please circle Yes or No):

Allergies (please note)	Yes	No	Gastric Reflux	Yes	No
Artificial heart valve	Yes	No	Excessive thirst	Yes	No
Complications at dentist	Yes	No	Liver disease	Yes	No
Heart Stents	Yes	No	Bulimia/Anorexia	Yes	No
Excessive bleeding	Yes	No	Hepatitis A, B, C	Yes	No
Asthma	Yes	No	Tuberculosis	Yes	No
Bone disease	Yes	No	AIDS/HIV	Yes	No
High blood pressure	Yes	No	Heart Ailment	Yes	No
Diabetes	Yes	No	Creutzfeldt-Jakob	Yes	No
Stroke	Yes	No	Epilepsy	Yes	No
Rheumatic fever	Yes	No	Kidney disease	Yes	No
Artificial hip or knee	Yes	No	Taken illicit drugs recently	Yes	No
Chance of pregnancy	Yes	No	Have you ever smoked?	Yes	No
Hypoglycemia	Yes	No	Fainting/Dizziness	Yes	No
Cancer of any kind?	Yes	No	Frequent Cough	Yes	No
Radiation therapy	Yes	No	Ulcers	Yes	No
Thyroid disease	Yes	No	Emphysema	Yes	No
Congenital Heart disease	Yes	No	Mitral valve prolapsed	Yes	No

Please list the details of your current medications

(including over-the-counter medicines and complementary medicines):

Medication:	Dosage: (e.g. 50 mg 2 times per day)	Duration: (e.g. months/ years)	Purpose:

*Please write on back of page if medications exceed this table.

Declaration

I have answered all questions truthfully and to the best of my knowledge. Should further information be necessary, you have my permission to request that information from the respective health care provider and for them to release it to you, possibly by an email that may lack complete encryption. You also have permission to disclose my medical information only for the purpose that may be relevant for my treatment, in order to achieve the safest and highest standard of outcome for me, and not for any other purpose. I will notify the doctor of any changes in my health or medication. I agree to the publication of my clinical photos for educational purposes for dental professionals and to educate the public, provided my identity is removed and I am not able to be identified from my clinical photos. I accept that my nominated responsible party, or myself, is responsible for any incurred dental fees.

Fees

- Limited Consultation (assessment of **one** specific tooth or problem): \$101
- Comprehensive Consultation (assessment of **multiple** teeth issues or an appraisal of all of the teeth): \$199

Quotes include X-rays, Photos, Special Tests. After-hours fee is an extra \$250

I understand that [Name of Practice] must receive fees on the day, either by:

- 1) Payment through a third party (e.g. Medicare, DVA, Health Fund, Promotion)
- 2) Cash, EFTPOS, Credit, Cheque
- 3) Utilising a [Name of Dental Practice] Payment Plan (IF YOU WOULD LIKE THIS OPTION, YOU MUST ADVISE FRONT-DESK STAFF IN ORDER TO APPLY – ELIGIBILITY CRITERIA APPLY).

I have read and understood the above declaration:

Signed..... Date.....

Dentist's Signature..... Date.....

PRESENTING COMPLAINT:

MEDICAL HISTORY:

SOCIAL AND DENTAL HISTORY:

SIGNIFICANT ORAL/INTRA-ORAL FINDINGS:

DENTAL CHARTING NOT DONE, DEVELOPING WITHIN NORMAL LIMITS

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

INTRA-ORAL RADIOGRAPH ANALYSIS:

OPG ANALYSIS:

--	--

CALCULUS NOTED ON BW:

AREAS TO MONITOR WITH 12-MONTHLY RADIOGRAPHS:

CLINICAL FINDINGS:

TMJ:

MAXILLA:

MANDIBLE:

CPITN SCORE: 1: 2: 3: 4: 5: 6:

PROPOSED TREATMENT OPTIONS/PLAN:

CARIES RISK: LOW MED HIGH

SPECIAL TESTS:

DIAGNOSIS:

- OPG
- MONITOR AS RECORDED:
- RESTORE AS RECORDED:
- SCALE AND CLEAN TOPICAL
- NAF10000PPM

ALERT:

The following table highlights the important questions from the New Patient Form, and explains how they are relevant to the way you create and present your patient's treatment plan. Consider writing any pertinent pieces of information into their treatment plan or as an automatic 'pop-up alert'.

<h2 style="text-align: center;">New Patient Form Questions</h2>
<p>1. What is your patient's occupation?</p> <p>Knowing your patient's occupation is useful because you can draw on this when explaining their dental treatments. It may also guide you about their dental IQ and how much explanation they will require to achieve consent.</p> <ul style="list-style-type: none">• Engineer: emphasise the mechanics of the teeth.• Homemaker: emphasise hygiene, prevention, and keeping things nice and clean.• Retiree: requires different depths of communication compared with a 30-year-old accountant.
<p>2. Has anything prevented your patient from seeing the dentist previously?</p> <p>Knowing what prevented your patient from seeing the dentist regularly means you can emphasise these issues when presenting the treatment options and fees.</p> <ul style="list-style-type: none">• Fees: emphasise payment plans and saving money in the long term. Possibly offer to spread the treatment over a longer period.• Fear: emphasise sedation options, sophisticated anaesthesia techniques, e.g. topical 'numbing' creams, 'modern' anaesthetic and isolation devices like rubber dam, Isolite.• Lack of Time: emphasise late night/weekend hours or condensing treatment into fewer appointments.

3. Is there anything your patient liked or disliked about their previous dentist?

Make sure you don't repeat the same mistakes of your patient's last dentist. Try to repeat what they liked about their last dentist.

- If your patient says their last dentist didn't inject a numbing agent, you could write a pop-up alert in their file that says: 'Make sure to always use needle injection for numbing.'
- You can even say to your patient: 'Thank you for sharing this information with me. I will create an alert so that every time you come in, we remember that you like to be completely numb.'

4. Does your patient have any non-ideal habits with their diet and/or oral hygiene?

You can provide personalised, specific oral hygiene instructions.

- If the patient ticks 'yes' to not flossing every day, provide them with an oral health maintenance information sheet and circle 'flossing'.

5. Is your patient bothered by the colour of their teeth?

You can ask your patient if they are bothered by the general shade of their teeth or a specific tooth.

- If it's the general shade, perhaps consider (if appropriate) adding teeth whitening into the 'elective' phase of the treatment plan.
- Or you could write: 'Long-term – address colour of teeth.'

6. Does your patient have any concerns about snoring and/or cessation of breath while sleeping?

You can ask them if they have ever had a sleep test.

- Snoring is associated with sleep apnoea, which can lead to reduced energy levels, depression and even premature heart attack.
- It is good practice to refer your patient to a sleep study, if they haven't had one.

7. Does your patient have issues with dental crowding?

Does the patient have difficulty cleaning their crowded teeth? Are they bothered cosmetically? Would they like to know their options?

- Under the 'elective/long term' part of their treatment plan, include 'address lower crowding/orthodontic treatment'.

8. Does your patient play a medium- or high-contact sport and do they wear a mouthguard?

Explain that without a mouthguard there is a 60-fold increase in their risk of traumatic brain injury and dental injury.

- Addition of 'mouthguard' into the 'elective' part of the treatment plan.

9. What would your patient change about their smile?

You can quickly generate a digital smile cam of what their smile would look like if they had these issues addressed. This will motivate your patient to undergo elective cosmetic treatment.

- Addition of cosmetic dental treatment to the 'elective' part of the treatment plan such as whitening, resin/porcelain veneers, crowns, bridges, implants or orthodontic treatment.

10. Is your patient concerned about their breath?

Ask your patient if they are self-conscious or if someone has mentioned something. Emphasise during the treatment plan how their current oral condition may affect their breath (caries/perio/regular dental visits, saliva levels).

- Add in the treatment plan: ‘motivating factors: breath’. Every time you review the plan, remember to emphasise this.
- Example: highlight how controlling caries, perio and partially erupted wisdom teeth will improve their breath.

11. Does your patient have any issues with their heart? (Blood pressure, valve replacement, stents, anticoagulants.)

Discuss the connection between periodontal health and cardiovascular health, i.e. your gums are connected to your blood, and your blood is connected to your heart.

- Add in the treatment plan: ‘motivating factors: cardiovascular health’.
- Every time you review your patient, remember to emphasise cardiovascular health, especially when motivating your patient to return every six months.

MAINTAINING ORAL HEALTH: A GUIDE FOR PATIENTS

CLEANING

- Brush for 2 minutes, 2 times per day, using a soft brush or an electric toothbrush. Don't brush too hard or you will strip your gums away and get sensitive teeth. Never use a medium or hard brush.
- Cleaning your teeth is like dusting a cabinet, the dust is very easy to remove. If you notice any hard deposits, these need to be removed by the dentist.
- Brush at a 45-degree angle to ensure the bristles clean inside the gum pockets, then spit out excess toothpaste but don't rinse. The fluoride in the toothpaste is absorbed by the teeth, keeping the enamel strong.
- Use floss or interdental brushes (if you have spaces) to clean between teeth. Avoid toothpicks, if possible, as they can potentially damage the gums irreversibly.
- If you have removable false teeth, clean them daily with soap and soak them once per week in white vinegar for 20 minutes.

EATING

- Consult your doctor or nutritionist about a healthy eating plan.

As a general rule:

- Enjoy a wide variety of nutritious foods, such as: cheese, yoghurts, dry crackers, vegetables, fresh fruit and nuts.
- The worst food for your teeth are sticky sugars like soft chewy lollies, because once they stick between your teeth, if they are not cleaned away. they can stay there for years.
- If you eat sweets, limit your intake to during meal times (avoid eating them between meals). This is because during meal times your saliva is at its highest. Saliva is very important for protecting the teeth. People with low saliva levels are at high risk of dental disease.

DRINKING

- Drink plenty of water to help with saliva levels (this will help you if you find your mouth is dry). Tap water is preferred over bottled water because in most places it contains fluoride, which helps keep the surfaces of the teeth strong.
- Avoid soft drinks, diet sodas, sports drinks, cordials, wine, fruit juice, energy drinks and citrus fruits. If consumed, it is best to limit their intake and have them with meals. Afterwards, a good habit is to rinse with water or bicarbonate water (cup of water with half a teaspoon of bicarbonate soda powder).
- Drink plain milk instead of flavoured milk (because flavoured milk contains lots of sugar).

PLAYING

- Wear a professionally fitted mouthguard when training and playing moderate- and high-contact sports. Mouthguards not only protect the teeth but, more importantly, reduce impact to the brain by 50% during a blow. Mouthguards therefore have the potential to prevent traumatic brain injury.

STAYING

- If you smoke, quit for good. A free resource with some useful tips and counselling can be found on 13 QUIT. If you drink alcohol, limit your intake.
- Protect your mouth and face from the sun to reduce the risk of skin cancer.
- See the dentist every six months to ensure no lumps and bumps are forming on your soft tissue, the teeth are in a stable and disease free state, and also to maintain the periodontal (gum) tissue and prevent periodontitis (gum disease).
- Those without natural teeth also need check-ups to keep an eye on the soft tissue to make sure no lumps or bumps form.

Remember, you only need to go through all of the questions (like breath and cosmetic concerns) if you are doing a comprehensive exam. You obviously will always cover the medical history, regardless. Nonetheless, after you have gone through the questions on the New Patient Form, the following step is very important, and almost the most important part of the patient's first visit.

Summarise what your patient's concerns are

Watch your patient's face light up when you summarise their five or six different concerns. For example: 'So, Mrs Jones, I'd like to summarise your concerns, if that's okay with you. Just to make sure I haven't missed anything.' Your patient may correct or adjust what you say as you go along, and that's fine. Modify any additional information when they do this.

Now get ready for the examination. 'Okay, Mrs Jones, I'm going pop on some gloves and put a mask on, and then take a look around your mouth, if that's okay with you?'

Hint: make sure in the New Patient Form that the fees for the limited exam / comprehensive exam / photos / special tests / intra-oral radiographs / OPGs are outlined clearly, and the patient has acknowledged and signed it.

As you are getting geared up, this is when you start the small talk. There is a common saying in medical circles that you should 'Never treat a patient as a stranger.'

You can begin with questions such as: 'What do you do with yourself? How long have you been doing it?' Further questions should flow from here.

Write key information about your patient's interests as an automatic pop-up alert on their electronic file, along with anything else important in your patient's life.

If a patient is in excruciating pain, can't open their mouth wide, or has sensitive teeth, a great way to build rapport is to 'relate to them'. You can relate their situation to similar situations you have experienced. If true, you can consider saying relatable statements like:

- **Example 1 (severe pain):** 'Oh, I know the feeling, I don't like to tell people this, but I'll tell you a secret. This time last year I bit down on a popcorn seed and split my tooth through my nerve. That was a bit of fun.'
- **Example 2 (limited mouth opening):** 'I'm the same; I can't open my mouth wide, either. You're doing better than me.'
- **Example 3 (sensitivity during a clean):** 'My teeth get really sensitive, too, when I see the dentist. And mine are so sensitive that I need anaesthetic every time I go.'

Self-Assessment Questions for Chapter 1

(Answers on pages 131–6)

1. Which of the following choices is **false**? If a patient says there is something they didn't like about their last dentist:
 - a. They could potentially be a red flag patient.
 - b. If satisfied with the patient's version of events, you should consider agreeing that the other dentist did something inappropriate.
 - c. You should write an automatic pop-up alert in their file.
 - d. You could thank the patient for letting you know, so that you don't make the same mistake that the last dentist made.
 - e. You shouldn't dismiss their concern.

2. The New Patient Form can be a useful and efficient vehicle to:
 - a. Gather a complete set of presenting concerns from the patient.
 - b. Defend in a medico-legal case.
 - c. Increase production by making a more comprehensive treatment plan.
 - d. Address patient expectations.
 - e. All of the above.

3. Which is the **most correct** statement? Patients pay more attention when:
- a. You use positive messages.
 - b. They tell you something.
 - c. You tell them something.
 - d. You use negative messages.
 - e. Choices a and b.
 - f. Choices c and d.
4. Which of the following is **false**? When listening to a patient's concerns, some useful nonverbal tips include:
- a. Nodding your head at regular intervals while they speak.
 - b. Looking at the bridge of their nose.
 - c. Standing up while the patient is sitting down.
 - d. Ensuring the patient can see your entire body.
 - e. All of the above.
5. Which of the following is **false**? During the initial patient interview, some useful verbal tips include:
- a. Introducing all other people in the room.
 - b. Giving the patient a genuine compliment.
 - c. Sharing a similar experience with a patient.
 - d. Summarising what the patient has told you.
 - e. Avoiding annoying verbal gestures that confirm you are listening such as 'yep' and 'mhhh'.

6. Patients don't feel like they are truly listened to when:
 - a. You have asked them about all their concerns.
 - b. You have continued to ask them if they have any concerns until they say 'no' or 'that's it'.
 - c. You form a prediction and conclusion about how the patient is feeling.
 - d. You have summarised what the patient has told you.

7. Are the following two statements **true** or **false**?
 - (i) The information-gathering process is arguably the most important phase of building patient trust.
 - (ii) Trust can be broken but regained again very easily.
 - a. (i) True (ii) True.
 - b. (i) True (ii) False.
 - c. (i) False (ii) True.
 - d. (i) False (ii) False.

8. A comprehensive New Patient Form:
 - a. Will take more time for the patient to complete.
 - b. Will regularly bother patients due to the amount of time it takes to complete.
 - c. Hardly helps with getting to know the patient's goals.
 - d. Won't help understand the patient's expectations.

9. Providing the patient with customised instructions on oral hygiene will **not**:
- Show the patient you are thorough.
 - Create a view of professionalism.
 - Impress the patient.
 - Make the patient sceptical about your comprehensive approach.
 - Build trust in your competence.
10. Repeating a patient's concerns back to them:
- Will patronise them.
 - Will waste time.
 - Is unnecessary.
 - Will save time overall in the appointment.
 - Won't bother them or necessarily help them trust you.
11. Which question is the **most important** when determining how to achieve case acceptance?
- The patient's occupation.
 - What has stopped them from seeing the dentist as much as they would like to.
 - Habits of non-ideal diet and oral hygiene.
 - Bothered by the general colour (shade) of their teeth.

12. Which of the following are common reasons why a patient hasn't seen the dentist as much as they would like to:
- Fees.
 - Fear.
 - Lack of time.
 - All of the above.
13. Which of the following is **most true**? Determining the reason for not visiting the dentist or disliking the dentist is an important question because:
- It allows us to converse with the patient, building rapport.
 - It shows the patient we are listening.
 - It allows us to address the main objections that the patient may have during a treatment plan, and we can emphasise on these when presenting the plan (e.g. fear, fees, or time).
 - It is another question we can ask the patient.
14. People like you more when:
- You talk about yourself.
 - You talk about them.
 - You call them 'buddy'.
 - You call them by their name.
 - Choices b and d.

15. Asking a patient what their occupation is and something personal about them:
- Won't help you build rapport.
 - Is not necessary when treating all patients.
 - Should be asked at the end of the appointment.
 - Should be the first question you ask in the appointment.
 - May be best asked after gathering their presenting complaint.
16. During all times in the clinic, it is important to:
- Speak to your staff kindly.
 - Introduce your patient to them.
 - Use your manners.
 - All of the above.