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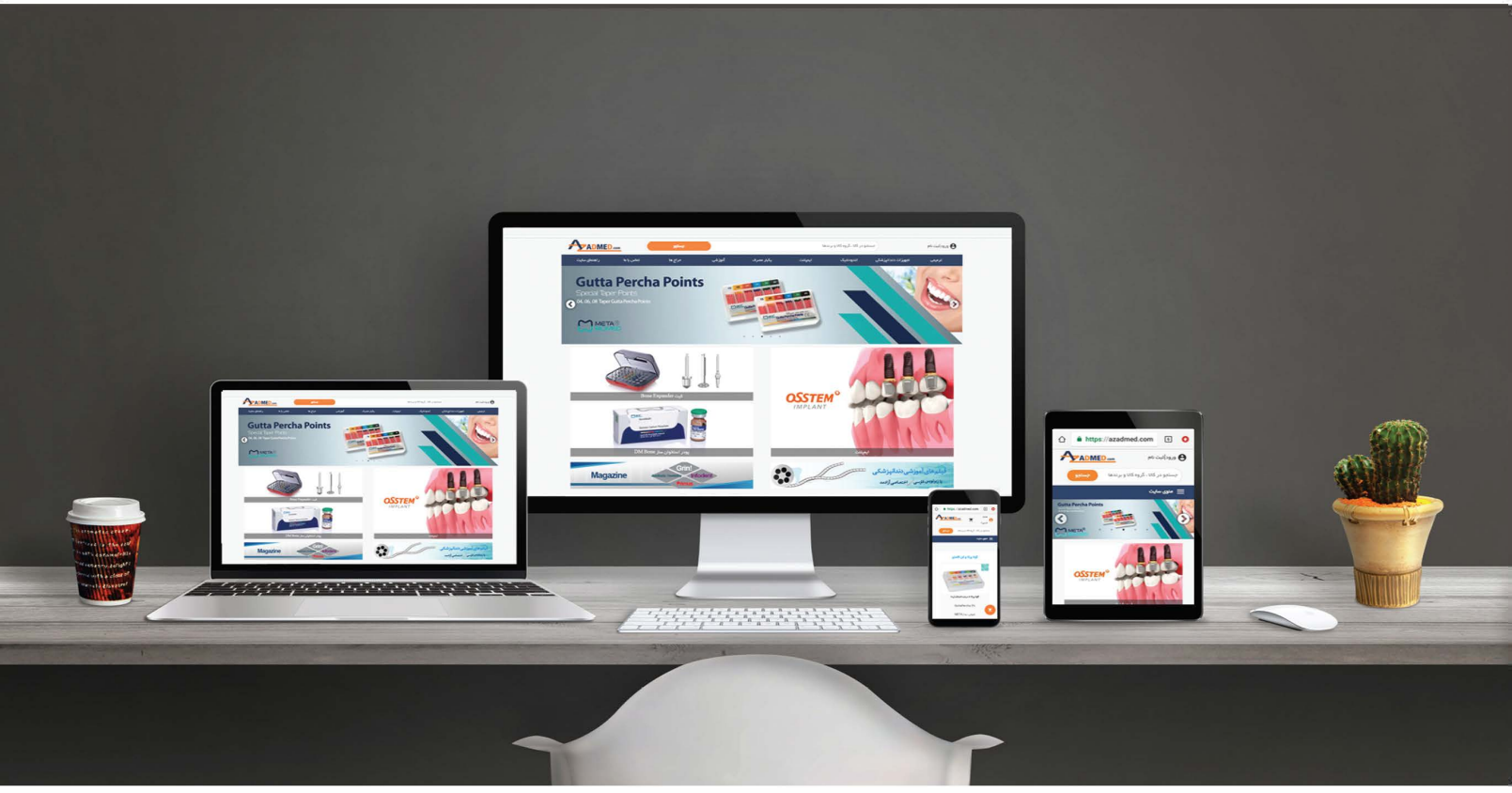

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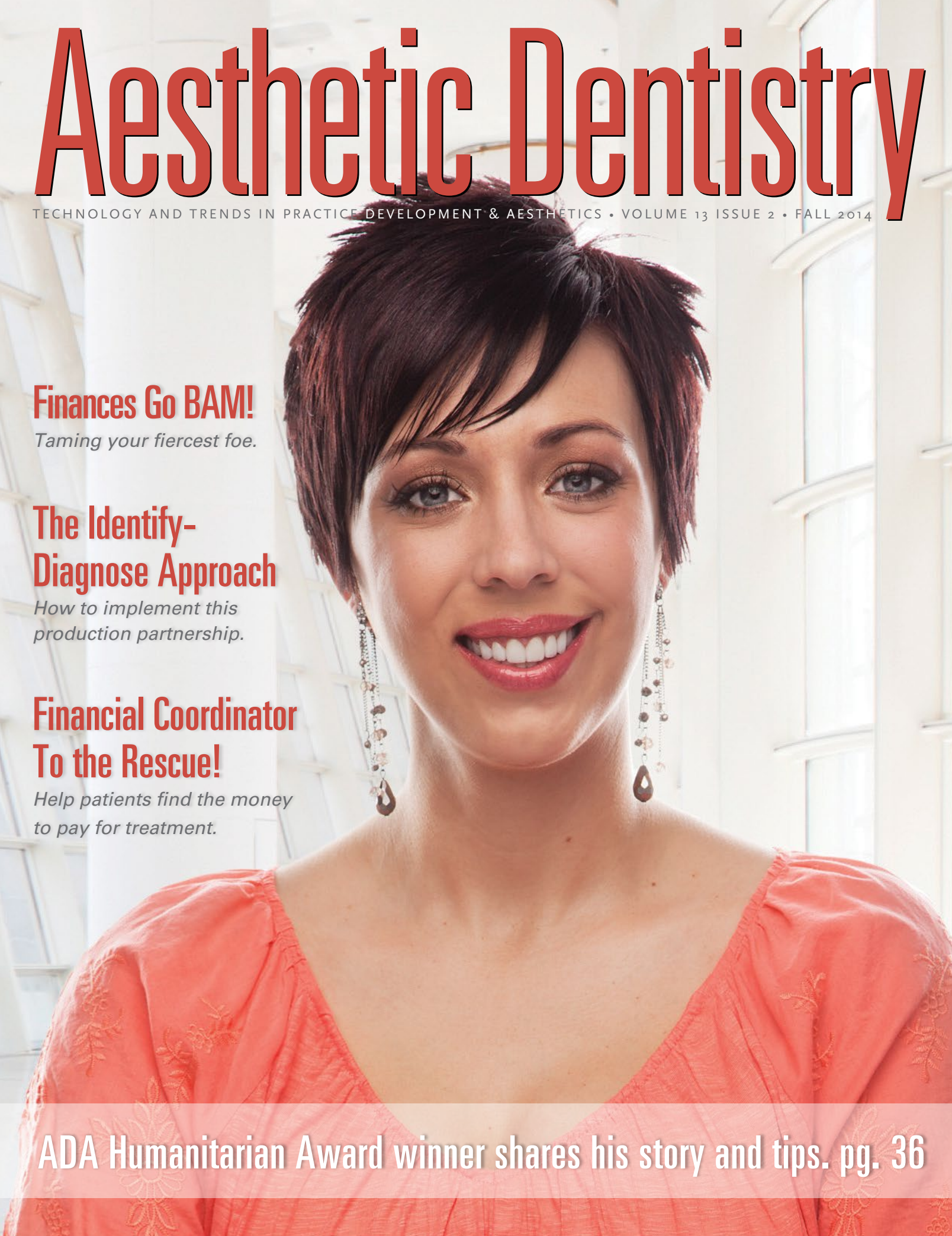

Finances Go BAM!

Taming your fiercest foe.

The Identify-Diagnose Approach

How to implement this production partnership.

Financial Coordinator To the Rescue!

Help patients find the money to pay for treatment.

ADA Humanitarian Award winner shares his story and tips. pg. 36

The Three Most Powerful Words in Dentistry

Use Them to Change Your Practice!

Emily Dickinson, the nineteenth-century American poet, reportedly once wrote, "I know nothing in the world that has as much power as a word."

I am a big believer in the power of words, especially words that help patients understand the power of dentistry to change lives. Fortunately, early in my career I stumbled upon what I think are the three most powerful words that a dentist can use to engage patients during a case presentation. I have used these words to great effect in my own career and I have taught thousands of dentists how to use them in their practices, too.

So without any further ado, the three most powerful words in dentistry are . . . *"Let's do this."*

Disappointed? Surprised? Confused? Don't be. I'll explain why these three words are so important. However, before I do, I want to make sure we're on the same page as far as a key principle of dentistry is concerned—comprehensive dentistry. This term is often misunderstood and misquoted and it's crucial to fully understand. Otherwise, the words, "let's do this" lose their power.

Comprehensive Dentistry, Defined

Many dentists believe that they are offering comprehensive dentistry to their patients simply by offering the industry-accepted standard of care. The term *comprehensive dentistry* has become like the phrase *cosmetic dentistry*—brochure words that dentists utilize for advertising because that is how dentistry is marketed to the public. Most dentists say they offer "it." Patients know that "it" is probably a good thing if insurance will cover "it." But no one really knows what "it" is.

Such phrases have become clinical clichés that have no real meaning other than being part of the "white noise" of dental marketing. The tragedy is that these phrases (especially "comprehensive dentistry") actually have a profound significance to doctors who seek to understand their deep meaning.

I visit dental offices regularly and I usually ask dentists a simple test question that tells me if they are thinking comprehensively. The question is, "Have you ever prepped a full arch in one sitting?" The answer can vary but often I hear, "I just don't have those kinds of patients in my practice," or "my patients don't ask for that kind of dentistry."

My response is always simple and unequivocal. *Every* dental practice has numerous patients that not only would benefit from large case dentistry, but they truly require it for full dental health. A clinician who understands comprehensive dentistry knows this to be true and that knowledge becomes a source of action.

Dentists who think comprehensively will inevitably do large case dentistry because at its core, comprehensive dentistry is a process by which dentists identify a clear path to an optimal outcome for their patients. This path allows dentists to concisely map out and present to their patients without being constrained by assumptions regarding perceived financial limitations. Even if dentists have subpar presentation skills, the act of going through this process will inevitably lead them to patients and cases that will enable them to answer my test question affirmatively.

Every dental practice has numerous patients that not only would benefit from large case dentistry, but they truly require it for full dental health.

Our colleagues in the medical field have done a far better job of making a comprehensive approach an essential part of their model of care. You will never hear a cardiovascular surgeon present a quadruple bypass in stages or a single stent, simply because the doctor assumes the patient can't afford the whole procedure. The focus should be on the optimal outcome and presenting the best path to reaching that goal—finances are a secondary consideration that should not taint the initial interaction.

You may be thinking that the medical and dental fields are worlds apart, especially in terms of finances and that a comparison between the two professions is not applicable. ›

There are definitely some differences, but the imperative that any doctor must adhere to (whether medical or dental) is to restore the patient to the highest level of well-being possible.

Some dentists think that by offering a series of options, they are providing the patient with comprehensive care. The problem with this strategy is that by offering options without having first established the optimal path, you relegate your patient to decisions based on limited knowledge or worse, cost.

I always present the ideal comprehensive treatment in my diagnosis appointment. My approach is to start a case presentation with the words, "What I will be doing is . . ." and then I tell the patient what is "important" for the optimal outcome. I don't provide a series of options, or cater to different price points. I tell them what is required to be restored to optimal health.

As a dentist, I am not there to sell patients anything. My job is to advise them on the best possible course of action. An advisor isn't someone who rehashes options; an advisor is a trusted individual who understands and provides the best possible course of action, regardless of what the patient wants to hear. A dentist should be just such a trusted advisor.

I challenge every dentist to consider why you initially present multiple options rather than just the optimal course of action? Is it due to a fear of confrontation? Is it to avoid a potentially uncomfortable conversation? Or have you already decided the patient probably can't afford it, so you therefore create options that you assume correspond to the financial limitations?

Frankly, the patient makes the decision about his or her financial situation. Your job is not to do that for your patients by limiting their options to a buffet of choices that you think may be more palatable to their financial situation. *You* are the doctor. You create the vision and advise patients on the best course of action because that is what you have been trained for. To do anything less is to deny yourself and your patients the power of comprehensive dentistry. Who is the dentist? *You* are!

I challenge every dentist to consider why you initially present multiple options rather than just the optimal course of action?

As stated previously, I begin every diagnosis appointment with the assumption that I am going to do what is needed to restore patients to optimal health. I say, "What I will be doing is . . ." and then I present the comprehensive case plan that I have developed for that patient. Using this opening is important because it sets the stage for the three most powerful words in dentistry, it reaffirms my position as the doctor, and it conveys confidence with the assumption that the patient will have the work done. In the parlance of influencing others, this is called an *assumptive close*. If you don't have confidence and speak with authority and conviction, your case presentation is over before it gets started.

It would be naive to think that every patient is going to say "yes" to your case presentation simply because you are confident and authoritative. This is where the three most powerful words in dentistry come into play. The words are a powerful transition that turns your case presentation into a potent, two-way exploration of what your patient needs to achieve the optimal desired outcome.

Let's do this . . .

Why are such seemingly insignificant words so powerful? First, when delivered properly, these words are very soothing to the patient. They communicate action and a sense that you have a solution. Second, they allow you to seamlessly transition from presentation to dialogue after the patient's initial reaction. Third, the words create a feeling of purpose and authority that gently reaffirms that this is a shared journey in which both patient and dentist are participants.

The manner in which you deliver the words is just as important as the words themselves. This statement is not intended to be an emphatic, "Let's do this!" but rather a thoughtful response to your patient's initial reaction to the comprehensive plan.

Here's an example: I am doing a case presentation for "Tim," one of my patients. I say,

> "Tim, I have examined your X-rays and reviewed your case and what I will be doing is [case presentation] and to do this it is going to be $37,953."

Then I pause and allow the patient to respond. The reaction can run the gamut but suppose that Tim responds as follows:

> "Dr. Barnes, I'm shocked! I had no idea it was going to cost so much. I don't think this is going to be possible. I have three kids and one of them is going to start college next year. I just don't have that kind of money!"

At this point, I respond in a number of ways. Most dentists get a "deer-in-the-headlights" look and start backpedaling by providing some less costly (and less effective) options. This is precisely where the power of the phrase, "let's do this" is manifested. I typically respond as follows:

> "I can certainly understand that. Tim, is this the type of dentistry you would like if you can work it into your budget?"
>
> "Yeah—but I don't think my budget will stretch that far."
>
> "Well Tim, let's do this . . ."

You now have an option that allows you to transition into a meaningful dialogue about exploring ways to reach the optimal outcome in your case presentation. You can involve a financial coordinator who can help the patient explore the various options to finance the dentistry. Tawana Coleman writes about this issue in great detail on page 26, in her article appropriately titled, "How Can I Possibly Pay For This?"

So briefly, the dialogue with Tim could go something like this:

> "Well Tim, let's do this. I will ask Mary (the financial coordinator) to come in and explore a couple of ways that this can be worked into your budget."

(continued on page 8)

Aesthetic Dentistry

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Second-Chance Smile

Getting the Smile of My Dreams.

I remember the day as if it were yesterday, despite the fact that it happened more than 13 years ago. After 16 long months of wearing braces, the metal brackets, bands and wires were finally coming off! I couldn't wait to see my beautiful, shiny smile. My sister and brother both had gorgeous teeth—especially my sister—she had a model's smile. On my way to the orthodontics office, I envisioned how great my smile was going to look when I saw it in the mirror. School photos were going to be awesome this year!

It seemed like it took the orthodontist and his assistants forever to take off my braces. Wire by wire, bracket by bracket, band by band, the braces popped off. Finally, it was done. The orthodontist told me to smile and he and his assistants gleamed with pride as they looked at me. "My smile must look fantastic," I thought. The orthodontist picked up a small mirror from the nearby table and handed it to me.

"Take a look!" he said.

I lifted the mirror up to my face to get the first glimpse of my teeth sans braces. I felt butterflies fluttering around in my stomach. I was so excited! I smiled proudly in the mirror. And then it happened: I saw the results staring back at me.

My heart sank. This isn't what I had spent all those years in braces to end up with!

There they were—my straight teeth. But they didn't look anything like my sister's or my brother's teeth. They were so tiny . . . so insignificant . . . so *miniature*. They almost looked like baby teeth! And even worse, not only did my teeth look unnaturally small, about half of my smile was gums!

I almost gasped. I snapped my lips shut to cover my teeth. I never wanted to smile again.

School photos (or any photos for that matter) were going to be a disaster. I certainly wasn't going to stand next to my sister or my brother in family photos. No way! I wasn't going to have my tiny teeth and my crummy smile compared to their glamorous Hollywood-esque pearly whites!

I was devastated. At the time, I was only 12 years old and it felt like my life was over.

The way I felt when my braces first came off may seem a little dramatic, but those feelings were definitely real. Over the years, I started becoming a bit more accepting of my smile, but not much. I still didn't like it very much, but I didn't feel as much horror about my smile as I did immediately after the braces were removed. People would often tell me that they loved my smile, so that helped.

But it didn't change my overall dissatisfaction. I mean, sure, I had great teeth as far as health was concerned; I never had any cavities and my teeth were straight. They weren't yellow or discolored but rather a pearly, translucent white. My gums were healthy, too. But I just didn't like my smile. At the end of the day, I knew that if anyone ever gave me the chance to improve my smile, I would.

Conflicting Advice

In February 2013, I was excited to start a new job at Arrowhead Dental Lab as a Doctor Relations Specialist. From the moment I started working at Arrowhead, I made it known that I'd be interested in being considered as a patient for the Full Arch Reconstruction seminar. I knew some of my colleagues at Arrowhead had been lucky enough to be chosen for this procedure and I hoped that someday, the chance would also be mine.

Sure enough, in the fall of 2013, less than a year after I started working for the company, my chance came! One afternoon, my supervisor told me that a patient spot had opened up in one of the upcoming full arch courses, and he wanted to know if I would be interested.

Life is kind of funny. Generally, when something isn't an option, you totally want it immediately—and you have no patience to wait. But as soon as the thing that you want so badly becomes an option, you suddenly feel unsure. That's exactly how I felt the moment my supervisor approached me with the full arch opportunity.

"Can I think about it tonight and get back to you?" I sheepishly asked.

"Of course," he responded.

Immediately, a bevy of thoughts came flooding into my mind:

> *Was this really necessary? Certainly, my smile was fine as it was; maybe I should just be grateful for what I have. Can I really afford this? What is this going to feel like to have it done? Is it going to hurt? Oh yeah, they're going to use needles to numb me. Oh no! It is going to hurt. I don't want them using needles on me! I don't know if I can go through with this.*

My thoughts of uncertainty were not eased when I brought up the idea to my friends and family. I got a chorus of the same negative thoughts regarding the idea of getting my teeth redone. The responses were unanimous: "Don't do it!" "Your teeth look great as they are!" "You have a great smile; why would you want to change it?"

The most resistance came from my boyfriend, Justin. We had just started dating and he was (which every new boyfriend should be) very happy with me the way I was. He didn't think I needed to change a thing (he's kind of great that way).

"I love your smile the way it is," Justin told me. "I've known lots of people who have done this kind of thing and haven't been happy," he added. "I don't think you should do it."

My mind was spinning. Everyone agreed that I shouldn't do it. But I had always dreamed of having the perfect smile. It is what I had wanted before I had braces. I wasn't sure what to do.

The next morning, I talked to some of my colleagues at Arrowhead who had undergone the procedure, to get their

This isn't what I had spent all those years in braces to end up with!

opinions. It made sense to talk to people with firsthand knowledge about it, rather than people who were just giving me emotional responses based on fear.

A fellow Doctor Relations Specialist, Hope Gordon (who was featured on the cover story for *Aesthetic Dentistry*'s Winter 2013 issue) was one of the first people I approached. Hope was emphatic and enthusiastic with her advice. "Do it!" she told me. "It isn't going to be as bad as you think. You won't be sorry you did it."

"Okay, good," I thought. Hope's advice was exactly what I needed to hear—someone who had already done it was being my cheerleader. Maybe this was the right choice? But I needed more than just one person's opinion, so I polled the rest of my Arrowhead colleagues.

Everyone else I talked to gave me similar advice. They all told me that I was going to love my new smile and that I should definitely do it.

But I was still very worried about one thing—the pain. I had never even had a cavity filled, so I just could only imagine how painful this procedure would be. Also, I hated needles. I cringed at the thought of it.

When I talked to Dr. Brian Britton, who helped prep me for the procedure, he totally put my fears at ease. Dr. Britton told me not to worry in the slightest. He had this 'magic medicine' that he could put on my gums beforehand and I wouldn't even feel the needle at all.

"Don't worry about it," Dr. Britton explained. "I'm good at what I do. I'll make sure you don't feel a thing."

So that was it. All my concerns were addressed. I made my decision. I went to my supervisor that day and gave him my answer. "I'll do it!" I told him. ***(continued on page 10)***

Aesthetic Dentistry

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The Three Most Powerful Words *(continued from page 4)*

Or if the patient is absolutely opposed to any kind of financing options, you can use the words to transition into a discussion of other possibilities to reach the best possible outcome. Such a transition might sound like, "Well Tim, let's do this . . ."

Then you can choose one of the following approaches:

- Discuss a segmental approach to the optimal outcome.
- Discuss the minimum work that needs to be done to keep the teeth from decaying further.
- Reaffirm the importance of the proposed treatment to long-term well-being and let 'Tim' know it is imperative that he is aware of the situation (a "no" today does not mean a "no" tomorrow, since you never know when someone's financial situation may change).
- Discuss other treatments that allow the patient to make some progress toward the optimal outcome you presented.

Remember that you are not changing the treatment; you *always* treat comprehensively. You are, however, changing how much of the plan you can implement at one time by how much the patient can work into his budget.

These three little words have the power to free you from the fear of "no" that has so many dentists basing their case presentations on assumptions. The

These three little words have the power to free you from the fear of "no."

words empower you to present comprehensively because you have a tool that allows you to engage patients in meaningful dialogue about obtaining the best outcome possible.

It seems almost unbelievable that three little words can make such a difference but I have firsthand knowledge that they are the most important words in dentistry. I have built a very productive and satisfying practice using them. Had I not experienced it myself, I probably would not believe it. If you still have some doubts about the power of the words, "let's do this," present comprehensively to at least five patients this month. Use these words and let me know how it goes. (You can e-mail me at **letsdothis@adentmag.com**.) I bet you'll agree that they really are the three most important words in dentistry. ■

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

Second-Chance Smile *(continued from page 7)*

On the Road to a Better Smile

The first step in my procedure was to check on my occlusion. During work one day, I happened to be observing an occlusion course taught by Dr. Jim Downs. Since Dr. Downs knew that I was an upcoming patient for a full arch course, he asked me to volunteer for an examination. After he looked at my bite, Dr. Downs determined that my Shimbashi was way off. A normal Shimbashi is around 16. Mine was 11. I knew what that meant: my bite was about 5 mm overclosed than it should be.

By the time my Shimbashi was corrected, my morning headaches disappeared completely.

"Do you get headaches?" Dr. Downs asked.

I sure did. Every morning, I woke up with a headache—but didn't everyone? Wasn't that normal?

Dr. Downs assured me it was not and he thought the reason I was getting them was because my bite was way too tight.

Dr. Downs then fitted me for an orthotic. I wore it for a few months to open my bite. After just a short time, I noticed a big difference. As my Shimbashi improved, my headaches diminished. By the time my Shimbashi was corrected, my morning headaches disappeared completely.

So although I was getting my teeth redone for aesthetic purposes, I was also solving a medical issue at the same time! Now, I had even more confirmation that I made the correct decision to go through with the procedure.

In November 2013, I was prepped for my temporaries. Just as Dr. Britton had promised, he made sure the prepping was painless. He coated my gums with his 'miracle gel' and he was right; I didn't feel the needle at all. I felt calm throughout the rest of the procedure because I knew I was in good hands.

I had my temps on from November 2013 until I was seated for my permanent Elite crowns by Dr. Jim Downs during a Full Arch Reconstruction course in February 2014. I remember

Do it! It isn't going to be as bad as you think. You won't be sorry you did.

feeling quite nervous that day—mainly because a large group of doctors gathered around me, staring inside my mouth.

I remember thinking, "Please don't find anything gross!" Even though I felt nervous, I was super excited at the same time. Nearby, a television screen showed the procedure as it was being performed. I told myself, "Don't look! Don't look!" I didn't want to see my smile before the entire arch was complete. Just like when I was getting my braces off years before, it felt like it was taking forever. Again, I was so excited—I couldn't wait to see my new smile.

When everything was done, I remember Dr. Downs telling me to smile. When I did, he and all of the other dentists in the room and the various dental assistants all smiled back at me. Their faces gleamed with satisfaction. Dr. Downs picked up a small mirror from the nearby table and handed it to me.

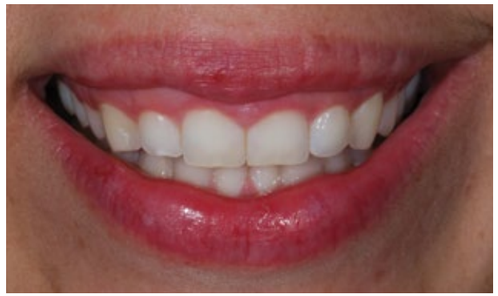
"Take a look!" he told me.

I lifted the mirror up to get that first glimpse of my new Elite crowns. I felt butterflies fluttering around in my stomach. I was so excited. I smiled proudly in the mirror.

And then it happened. I saw the results staring back at me.

My heart felt like it would pop right out of my chest.

But this time, the smile in the mirror was the one I had always dreamed of! My teeth weren't little baby teeth anymore. They were a normal length and they took up more of my smile than my gums did.



Ashley's teeth (before full arch reconstruction)

Ashley's teeth (after full arch reconstruction)

I was elated! I loved my new smile. I was so happy with my decision to go through with the procedure.

Beaming with Pride

Today, several months after the procedure, I am still just as happy with my new Elite smile as the first moment that I saw it. I am so glad that I put aside any fears and followed my dreams. My friends and family all love my smile now, even my boyfriend. My mom loves my smile so much that she wants to have her teeth done, too. I no longer feel ashamed of my smile in photos. In fact, for our next family photo, I plan on standing right next to my sister and proudly smiling with my biggest grin. The smile of my dreams is finally mine!

My new smile has also helped me with my work as a Doctor Relations Specialist at Arrowhead. Now, when I consult with doctors, I can give them specific, firsthand knowledge of the procedure. I can tell them, "Yes, this patient would be an excellent candidate for a full arch because . . ." and give them specific reasons based on my experience. I can tell them ways that they

The smile of my dreams is finally mine!

can help their patients feel more confident and less fearful. Yes, it's true: I could have done these things without having undergone the procedure. However, since I have firsthand knowledge, I can speak with confidence, clarity, and authority on the subject because I *know* what it is like.

To anyone who has considered this procedure, but is worried about going through with it, I offer the same advice that Hope Gordon gave me: "Do it! It isn't going to be as bad as you think. You won't be sorry you did." ■

Ashley Monteer is currently employed full time as a technical consultant (Doctor Relations Specialist) with Arrowhead Dental Lab. Ashley has been working in the dental industry for five years. She would like to publicly thank Elite ceramist Roy Peterson and everyone who worked on her amazing restorations, giving her the smile of her dreams.

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COVER STORY CASE DETAILS

by Arrowhead Dental Lab

An initial examination was conducted utilizing X-rays, photographs, impressions of upper and lower arches, a CR bite and a swallow bite to determine the new vertical. Ashley's starting Shimbashi vertical measurement was 11.5mm, with the goal of increasing her vertical to 16.5mm; we utilized the swallow bite technique, then fabricated a flat plane appliance for the lower arch followed with splint therapy for a period of three months.

Based upon the findings of a periodontal examination, Ashley required extensive tissue modification along with zenith correction from number 3 through number 14 up to 1.5mm. This was accomplished with the use of the Carbon Dioxide Denta 2 laser from Lutronic® at the time of surgery.

Prior to case acceptance, a diagnostic wax-up was fabricated on the maxillary arch to the newly verified vertical and anterior/posterior position acquired from the appliance therapy, with a natural smile design showing the required tissue adjustments and then establishing an ideal curve of Spee and Wilson for the occlusal plane.

Based upon the various factors, a segmental treatment plan was selected with the focus of taking the maxillary arch to completion before restoring the mandibular arch. Radica™ temporaries were fabricated that adapted to the natural unprepared dentition on the lower arch, also referred to as "snow-caps" or a living splint. This allowed the doctor to verify and 'test drive' the occlusion prior to finishing the mandibular arch.

CASE MATERIALS

- Impregum impression material, soft and heavy.
- Regisil 2x bite registration.
- Arrowhead White Wax-up, numbers 2–15.
- Arrowhead Radica™ Temporaries (snow-caps) numbers 18–31.
- Arrowhead Elite e-max press crowns, numbers 3–14.
- Arrowhead full gold crowns, numbers 2, 15.

Dentists and Hygienists: A Partnership that Drives Production

How to Effectively Leverage an Identify-Diagnose Approach.

In every industry and profession, effective teams can and do make a difference. For example, in the construction industry, a very skilled man can build a house on his own. He can draw up the plans, purchase the supplies, hammer, glue, cut and assemble. However, even the most skilled worker realizes that having the help of other professionals makes the job easier and more productive. On a team, each person shares his or her insights and provides specific expertise for an outcome that transcends the confines of any single point of view and is truly extraordinary.

Working in tandem with a team allows individuals to complete difficult tasks more efficiently without one person carrying the entire load. In the dental industry, this is especially evident with the process of dental diagnosing. While it's true that a dentist can diagnose a patient's conditions without assistance, it is much more efficient when a team assists the dentist through the process.

Such team members essentially become the 'eyes and ears' of the office and help the dentist identify problems with patients prior to the initial examination. One team member who is particularly important in this process is the hygienist. In an ideal dental office setting, the dentist and the hygienist work together using an identify-diagnose approach. This creates a powerful partnership that is key to increasing production and creating overall patient satisfaction.

Identify-Diagnose Approach

Essentially, the identify-diagnose approach involves a hygienist identifying problems in the patient's mouth, informing the patient about the issues, and then briefing the dentist before the dentist comes into the room to diagnose the patient.

Tawana Coleman, a well-known practice management instructor, is a proponent of teamwork within dental offices. Coleman confirms that the dentist-and-hygienist interactions in an identify-diagnose approach leads to more productive practices. "Whenever I ask attendees at my seminars what they hope to get from the experience, the most common response is [that] they want to be on the same page when it comes to running their dental practice," Coleman explains. "An identify-diagnose approach allows dental teams to do just that because dentists and hygienists work together for a common goal. When we all agree . . . when we all see things the same way . . . we help more people change their lives through this world of dentistry."

Fundamental Identification Tools

In the identify-diagnose approach, a hygienist can utilize many different tools. First, hygienists undergo years of training to identify any possible issues when cleaning a patient's teeth. ›

Second, hygienists also have—or at least *should* have—a very specific piece of modern technology at their fingertips—an intraoral camera.

The intraoral camera is crucial because it allows the hygienist to bring the patients into the identifying process. With an intraoral camera, a hygienist shows patients key images and then explains to them what they are seeing. Bringing the patient on board is a crucial component in making the identify-diagnose approach truly successful. Dr. Richard Guess of Maplewood Laser Dental Clinic in Texas, agrees. Dr. Guess said, "We show the images from the intraoral camera to the patients so they can see what teeth are broken, the decay and the stains. This helps the patients both see and understand what we're talking about."

When dentists and hygienists use the identify-diagnose approach to join together and work as an effective team, everyone benefits.

So how exactly does a hygienist use the intraoral camera in the identifying process? The following scenario illustrates an effective approach.

During the hygiene appointment, the hygienist uses the intraoral camera to take close-up images of various issues in the patient's mouth. After taking the images, the hygienist immediately shows them to the patient, which is an opportunity to educate the patient. During this process, the suggested dialogue might go as follows:

> **Hygienist:** "I want to show you this tooth right here. Can you see this area?" *(point to a specific issue in the image like a fracture or area of decay)*
>
> **Patient:** "Oh yes! I can see that. What is it?"
>
> **Hygienist:** "This is a fracture (or area of decay, etc.) in your tooth. This is definitely something the dentist will want to take a closer look at today."

True, a conversation very similar to the previous one could have happened without the use of the images from the intraoral camera. However, with the images, the patient sees what the hygienist sees. The patient knows that there is a fracture, because he or she sees it. When patients see the problems in their mouths, they can understand the issues and will most likely want to do something about it.

Patients are more willing to accept treatment because they have heard about it from two people instead of just one.

Hygienist Sarah Waldeck from Dr. Jeff Miller's office at Harrison Family Dental in Ohio suggests that an intraoral camera is extremely beneficial with the identify-diagnose approach. "When I take pictures of things and put them up on a larger screen where the patients can see it, they understand what is going on in their mouth instead of just taking my word for it. This helps [patients] to trust us as a dental practice. They can see that what we're telling them is really true."

Dr. Daniel Reardon of Black Canyon Dental in Colorado echoes Waldeck's statement. Dr. Reardon found similar success with the use of an intraoral camera in his office. He said, "Our patients love it! The camera helps them to see exactly what we're describing to them and eliminates confusion."

In the sample conversation between the hygienist and the patient, it's important to note that the hygienist does not diagnose the patient's condition or suggest any kind of treatment plan. This is crucial because the law prohibits *anyone* except a dentist from diagnosing dental issues. The hygienist merely identifies a possible problem in the patient's mouth, shows it on a screen and then acknowledges that the dentist will consider it in the diagnosis.

Once the hygienist educates the patient and shows images from the intraoral camera, he or she then leaves the patient in the examination room and consults briefly with the dentist. The hygienist explains the patient's situation, shows the dentist the images, and identifies what areas might be problematic. After the hygienist completes this explanation, the dentist has enough information to enter the examination room, diagnose and present an appropriate treatment plan to the patient in an effective and efficient way.

Improving Treatment Presentations

One of the great advantages of the identify-diagnose partnership is that it allows dentists to spend their time with patients more productively. Because dentists don't have to waste time searching for the already-identified issues, they can take a look at the whole mouth and find more in-depth treatment to be completed. By so doing, dentists can offer more comprehensive treatment options to the patient, which ultimately benefits both the patients and the practice.

Dr. Reardon sees a variety of benefits by using the identify-diagnose approach in his practice. When he visits with a hygienist prior to seeing the patient, an advantage is a 'sneak peek' into the temperament, mood or time restraints of the patient. For example, some patients might be in hurry and not have time for a lengthy conversation with the dentist. In that case, Dr. Reardon knows to present with brevity or schedule a follow-up appointment for more in-depth cases.

Other patients might be a little nervous and need to be approached in a gentler manner. Such patients may also benefit from a follow-up appointment. Dr. Reardon gets all the information from the hygienist before he enters the examination room and thus can tailor his presentation to a patient's specific needs. "Being aware of the psychology behind the situation definitely lets me know what version of myself I need to show to the patient that day!" Dr. Reardon explained.

Another benefit is addressing both the obvious issues in the patient's mouth as well as deeper concerns. Dr. Reardon said, "When I am prepared ahead of time by the hygienist about the patient's basic needs, it's easier to look at the patient's mouth and find opportunities for more advanced treatment." The patient-briefing part of the identify-diagnose approach is very important for successful treatment presentations. Dr. Reardon said, "Our hygienists are really good about identifying issues and talking to the patients about them prior to my exam. I have found that patients are more willing to accept treatment this way because they have heard about it from two people instead of just one."

Dr. Guess is also a fan of the identify-diagnose approach. The number of comprehensive cases performed in his office increased dramatically after he implemented this method. "The system really gave us the confidence that what we are offering is something special," Dr. Guess explained. "Prior to learning this approach, I didn't want to mess with comprehensive dentistry. I would refer all full mouth cases to other dentists because I felt these procedures were too much of a hassle. But now, I have become more of the dentist that I want to be. I can present and treat comprehensively now unlike ever before. This approach has benefited the practice tremendously. We have increased our production greatly. We have also improved our presentation techniques so that the patients really understand the procedures we are recommending. We have a higher treatment-acceptance rate."

The partnership between the hygienist and the dentist in the identify-diagnose approach transformed the practice of Dr. Jeff Miller. When Dr. Miller first learned about the approach, he applied a few of the principles. However, he decided to take it seriously a few years later.

Dr. Miller asked Tawana Coleman to visit his office for a joint consultation with his team and another office. Dr. Miller's team took the training to heart, but the other team chose not to. According to Karly Alcom, Dr. Miller's dental assistant, "The Monday after training, our office started following what we had learned. We just kind of stuck with it. However, the other office chose not to follow the direction provided. Our office witnessed a tremendous change in productivity while the other office did not." As Alcom explained, before Coleman's consultation, Dr. Miller's team "was stuck at a production number that we couldn't seem to rise above. However, since learning this approach, we have doubled the amount of production—monthly ***and*** annually. We work a lot smarter now and not as hard as we did before and actually make more money."

Dr. Miller believes that all dentists should not just consider adding the identify-diagnose approach to their practices, but they should actually DO IT! "They'd be fools not to," he explained. "It has changed everything about our office. It has changed what we can do for people. Instead of doing piecemeal dentistry, we do comprehensive dentistry. It keeps us happier because we do the kind of dentistry that we like. We don't just respond to a hole in tooth number 19; instead we respond to a problem that one of our patients is having with their mouth. We don't just fix teeth. We help the people we care about."

Putting It Into Practice

The Identify-diagnose approach works best when fine-tuned over time. It might take a while for dentists and hygienists to really get in a 'groove' and work together in a systematic way. However, the key is to get started. Hygienists may need a little training to get all the skills they need to properly perform their role as identifiers. Dentists might also need some training on how to improve their comprehensive treatment presentations. Regardless of what skills need to be attained or refined, the most important thing to remember is the critical component of teamwork between the dentist and hygienist. When these two individuals work together effectively, they can produce remarkable results for the practice.

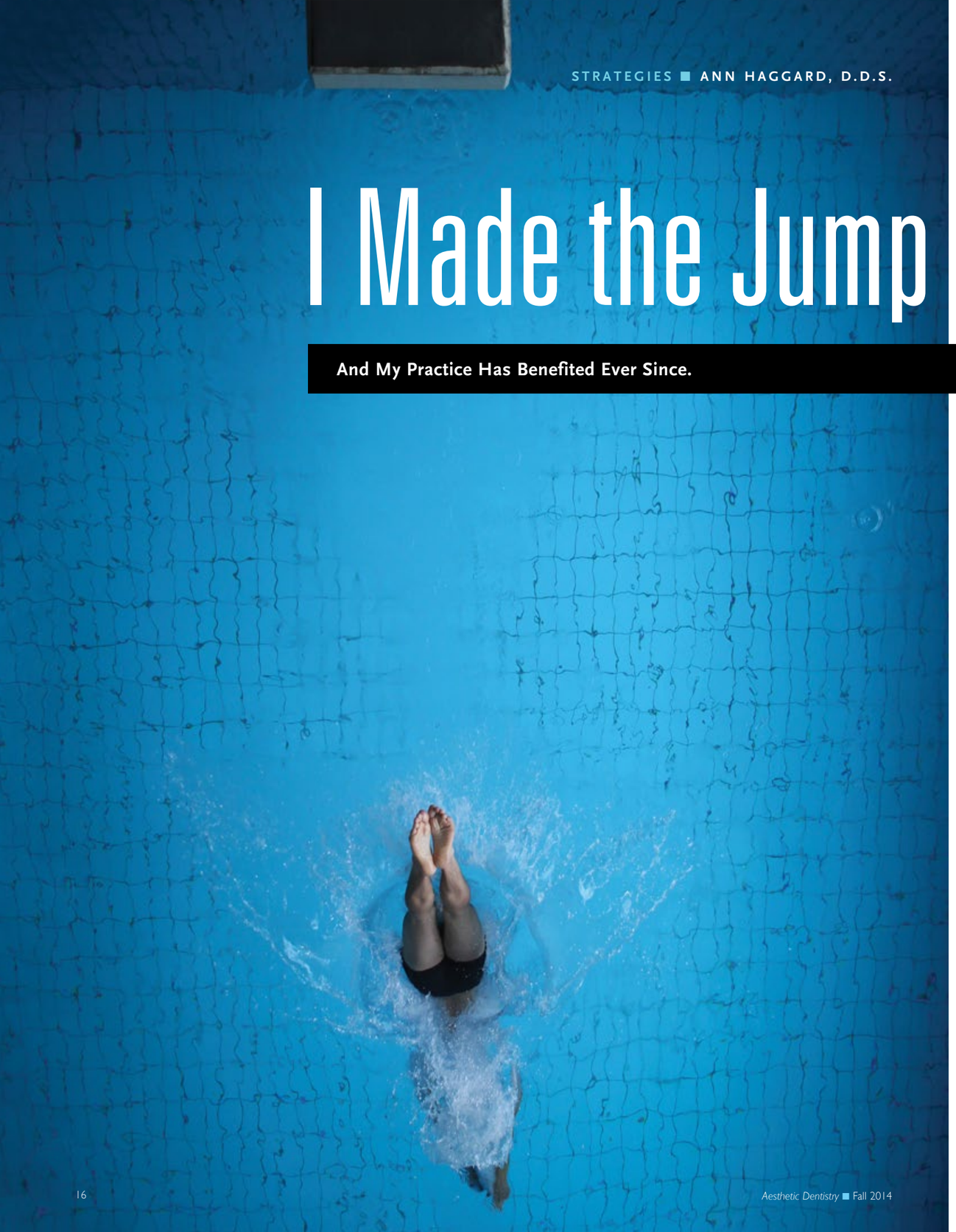
Remember the construction project analogy described at the beginning of this article? The man who was building the house had all kinds of tools at his disposal in order to complete the project. He was amply skilled in his technical abilities, too.

However, what he soon discovered was that he didn't have the people to help him along the way—and the people were the key component for true success. When he added other professionals to his team, the process went more smoothly, the house was built more quickly, and the overall project was a much bigger success than it would have been had he completed it all alone.

Henry Ford, an American industrialist and founder of the Ford Motor Company, once said, "Coming together is a beginning; keeping together is progress; working together is success." When dentists and hygienists use the identify-diagnose approach to join together and work as an effective team, everyone benefits. The practice runs more smoothly. Productivity increases. And most importantly, the patients receive better dental care because they are provided with comprehensive treatment options. The identify-diagnose approach truly provides an opportunity for dental teams to build something really remarkable in their practice. ■

I Made the Jump into Dental Implants!

And My Practice Has Benefited Ever Since.



I was excited to read Dr. Bill Black's article, "Making the Jump into Dental Implants" in the Spring 2014 issue of *Aesthetic Dentistry*. It felt like the general practitioner he was describing throughout the entire story was me! I personally made the jump into dental implants about eight years ago—only two years into my practice. Ever since that decision, my practice has reaped tremendous financial rewards.

Not On My Radar

When I first left dental school, dental implants were not on my radar. Yes, I learned about implants in school; however, they simply were not a subject that I had any interest in mastering at the time. The instructors didn't seem too interested in having us master implants, either. Although the instructors didn't say it outright, they indicated that this procedure would likely be something that we would refer out to specialists. So we focused on the basics and moved on. In our coursework, the only requirement was to take an impression of an implant abutment—just like a normal crown prep—and have a crown made. That was it!

The saying, "You don't know what you don't know," definitely applied to my understanding of dental implants right out of dental school. At the time, I had no idea that this procedure could transform my practice from good to great. That misperception changed in 2004, when I met Dr. Dick Barnes while attending my first American Academy of Cosmetic Dentistry (AACD) conference in Nashville, Tennessee. I was so excited by the information in his lecture, that I had to meet him. After the presentation, I worked my way up to the front of the conference room and introduced myself. That day, Dr. Barnes challenged me to be more than just a normal, average dentist who only does fillings and crowns. *"Do you want to be an extraordinary dentist?"* Dr. Barnes asked.

Of course, I wanted to be an extraordinary dentist! I had never wanted to be average at anything, which is partly why I studied dentistry. I replied enthusiastically, "Just tell me what I need to do to get there, and I will get there!"

Dr. Barnes immediately invited me to attend the next month's Arrowhead Dental Aesthetic Symposium. I accepted the invitation. There, I learned about the courses offered by the Dr. Dick Barnes Group, specifically the Implant EZ I and II courses. I eventually completed both of these courses and many of the others offered. The implant courses—surprisingly enough—became some of my favorites.

Implants Always 'Win'

In the implant courses, Dr. John Julian was my mentor. Because of the critical implant truths that I learned from him, my mindset completely changed. First, Dr. Julian helped me understand how incredibly important implants are in comparison to fixed bridges and how they can far exceed the life expectancy and function of the latter. Dr. Julian explained that the reason is simple physics. A bridge requires two teeth to support the weight of three or more teeth, which is contrary to what teeth are designed to do. Teeth are structured to take on their own weight and are strategically placed in specific areas of the mouth, based on their shape and strength. They are not intended to take on the weight of the teeth around them. This design flaw in partials and bridges ultimately leads to failure.

Ever since that decision, my practice has reaped tremendous financial rewards.

Now, don't get me wrong; some bridges (when seated properly) can last a very long time before the abutment teeth fail. My father is an amazing dentist and I have observed many of his bridges still functioning well after more than 30 years!

However, the problem with bridges is the bone loss that occurs because of the tooth loss. Without roots holding teeth to the bone, the bone begins to diminish, much like a paraplegic's muscles atrophy due to disuse. When the jawbones do not get any stimulation, they eventually deteriorate and are lost. ›

I've seen many examples of bridges ultimately failing and the loss of an already missing tooth, as well as one or both abutment teeth. This can always be attributed to bone deterioration and loss. If you have the option of maintaining the bone in a patient's face, then as a dentist, you have an obligation to do so. Because of that, when it comes to the superiority of bridges or implants, implants always 'win.'

After Dr. Julian explained this to me, my preference became clear; I wanted the very best for my patients and clearly the best was no longer with partials and bridges. The most innovative solution in dentistry (where tooth loss is concerned) is dental implants. I didn't want to offer my patients anything less than the best.

Just eight years later, implants account for a quarter of my practice!

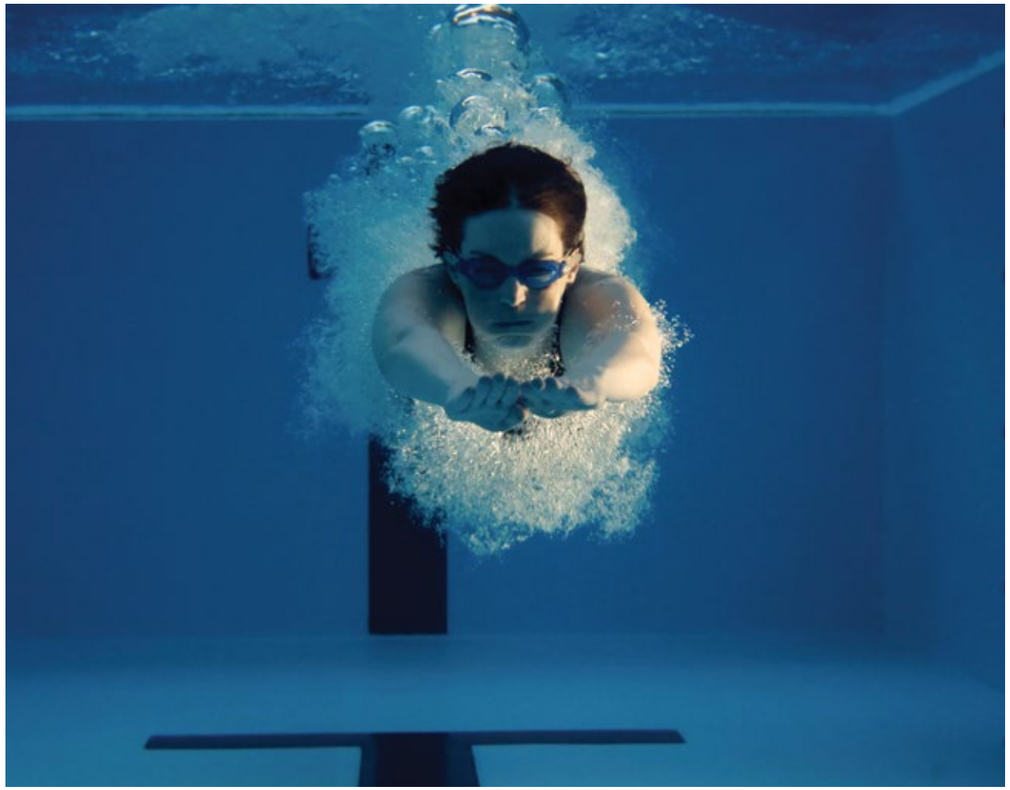
In the courses, I was taught systematic methods for placing implants, and more importantly, how to be confident and comfortable when placing implants in tough situations. Dr. Julian's explanations were so clear and so straightforward (accompanied by neatly organized, diagrammed procedural steps), a 10-year-old could have easily followed. Well, maybe not a 10-year-old, but you know what I mean. At that moment, my journey into dental implants really began. I had made a giant leap off the side of the pool and jumped into the deep end of implants with a perfect swan dive.

When I completed my first implant case, I was (of course) a little nervous. Honestly, who wouldn't be? I placed two implants on my first case and it was stressful. However, I'm proud to say that everything went smoothly and today, those implants are still performing and functioning as they should. Every implant case gets easier and my techniques increasingly improve, too. I can honestly say that the decision to do implants was one of the best decisions of my career thus far. I am often asked, "How have implants benefited my practice?" My answer is always one word, in all caps with two exclamation points at the end—TREMENDOUSLY!!

Implants Transformed My Practice

When I first started doing implants, I set a simple goal: do at least one implant every month. Now, just eight years later, implants account for a quarter of my practice! Keep in mind, I don't do every implant case that comes into my office. I agree with Dr. Black's advice regarding case selection and I recommend the same advice to my fellow general practitioners. Only do the cases that are straightforward, "easy, breezy cases" and send the extremely challenging and time-consuming ones to specialists. Don't worry that there won't be enough work to do. I refer out a lot of cases, but remember, *implants account for a quarter of my practice*. There is enough work for everyone to 'get a piece of the implant pie.'

Currently, out of all the general practitioners in my area, I am one of only a few who offers implants to patients. ***(continued on page 20)***



You might think that specialists would be annoyed that I am taking away their business. On the contrary! Several specialists have told me that I refer more implant cases to them than any other dentist in the area. How can that possibly be when I do so many myself?

The answer is a combination of education, perception, and action. If you are not educated about a procedure, you won't even *see* the possibilities. With regards to implants, if you are not educated on the ease and placement of implants, then when you look at someone's mouth, you will *only* see the need for partials and bridges. The idea of an implant for a patient will never cross your mind. If all you know are partials and bridges, then those are the only possibilities you will see.

So when I became trained on implants, I started seeing them as a possibility for my patients. I therefore started doing more and also started referring more implants to specialists. Instead of giving my patient a partial or a bridge (as I would have done before), I gave the patient a superior restoration option by offering an implant.

Do you want to be an extraordinary dentist?

When I made the jump into dental implants, one of the biggest obstacles I had was patient education. After dental school, I went into business with my dad and inherited a patient population that was much older than me. I was a young dentist, right out of dental school, with revolutionary and radical ideas. I was the 'Christopher Columbus' of our dental practice, and it was difficult to get anyone to buy into my idea that there was a proverbial better route to the Indies than with the old-school partials and bridges that we had been using!

At first, many of the patients were uncomfortable with my pioneering ways. They wanted to just continue with the dentistry that they already knew and were comfortable with. And to be honest, so was my staff. Initially, they weren't so sure if they wanted to jump into the implant pool with me, either. I had to convince all of them to jump on in—the water was just fine!

I did that by spending a great deal of effort on education. I worked on my presentation methods and eventually found a way to help both my patients and my staff understand the benefits of the implant procedure and feel comfortable with it as an option.

One method (which I still use) for patients who need dental implants is have a 'show and tell' demonstration with them. In the demonstration, I show what an implant looks like. I explain how it works. I show and explain how it is superior to the other available restoration options. By so doing, I raise the dental IQ of the patients and ultimately let them decide what is best for their situation.

With implants, the office must be particularly careful with its aseptic environment. This is of utmost importance for a surgical procedure like implants. To avoid possible contamination and cross-contamination of the environment and instruments, I assign specific responsibilities to specific individuals. For example, one assistant is dedicated to the chair-side work while another assistant's job is to get X-rays, adjust the light, and remember not to touch any instruments in the procedure. By giving everyone very specific assignments, we mitigate the chance of contamination.

My team is fantastic and is willing to learn and adapt to new situations. They know that I'm a continuing education fanatic! My passion is teaching my staff and educating my patients. Therefore, my team is always on board for the updates and trainings that I provide regarding ways to improve our dental implant procedures.

Making the Jump

Because of my positive experiences, general practitioners should also consider jumping into this exciting field of dental implants. Remember what the famous astronaut Neil Armstrong said when he made his first revolutionary step onto the silvery surface of the moon more than 45 years ago on July 20, 1969: "That's one small step for man, one giant leap for mankind."

Adding dental implants to your practice may be a small step for you. But it will be a giant leap forward for your practice. It'll transform your practice with a level of productivity that you never dreamed was possible. Your patients will also be transported to a world of better form and function because you offered them an innovative restoration procedure in your own office.

Now, I give you the same challenge that Dr. Barnes gave me at the lecture in Nashville years ago: *"Do you want to become an extraordinary dentist?"* I hope your answer is a resounding, "Yes!" ■

Dr. Ann E. Haggard has practiced general dentistry in a suburb of Houston since 2004, specializing in cosmetics, implants, lasers, and full mouth rehabilitation. After graduating Cum Laude with a B.S. in biology in 2000, she pursued her D.D.S. degree from Texas A&M Baylor College of Dentistry. During that time, she belonged to the Delta Sigma Delta Professional Dental Fraternity and won an award for outstanding achievement in periodontics. In addition to general dentistry, Dr. Haggard specializes in placing implants utilizing the minimally invasive treatment with the DEKA laser. Dr. Haggard enjoyed the pleasure of working with her father and mentor for more than eight years until his retirement.

Check out oral surgeon Dr. Bill Black's article from our Spring 2014 Issue by using this code, or visit **http://www.adentmag.com/making-the-jump-into-dental-implants/**

The Metric That Makes a Friend of Your Finances.

Numbers. They can either be your friends or your enemies. Your closest chums or your fiercest foes. Believe me, it's much easier on your health, happiness and success as a dentist if you can make the numbers your friends. But how do you go about creating this amiable relationship?

The answer, *my* answer, is this: if you want to change numbers from being your arch nemeses into your trusted compadres, you have to really *know* and have a keen understanding of them and how they apply to your dental practice. To know your numbers is to know your practice, and for that simple reason, you should grow to love them.

In the "Know Your Numbers" course that I teach with the Dr. Dick Barnes Group, I explain in great detail how to make the numbers work for you. The purpose of this article is to do a little of the same. However, since it's impossible to sum up two full days of presentations into one magazine article, this piece will focus on some of the course's highlights. Therefore, after reading this article, you can at least get started to a better understanding of your numbers and eventually the once-perceived numeric enemies can become not only your friends but also your allies.

A Sudden Awakening

In the course, one of the most crucial precepts that I teach is a little metric that I like to call the *BAM*. This is an acronym for the term, "Bare Amount of Money" (sometimes I use a more colorful phrase, too). This catchy little phrase means exactly what it sounds like. The "Bare Amount of Money" is the absolute lowest (or minimum) amount of money that a dental practice needs to generate in order to stay in business. Therefore, in order to have a successful practice, it's the number that should form the baseline measure of your practice. If nothing else, this is the one number that you need to make your friend.

To introduce the BAM, I generally begin the conversation with a few leading questions. A crucial question is, "How much does it cost to open your practice every day?"

The response I get to the question is almost always the same . . . a deafening silence. Few, if any, dentists have *ever* had a response to that question. The look of discomfort that passes across their faces usually tells me all that I need to know.

The sudden silence and change in body language means one thing and one thing only—they have no idea. Generally, not one person in the room knows the answer to this question.

Dentists—who are highly trained professionals and very skilled in clinical dental procedures—have absolutely no clue what it costs on a daily basis to operate their practice.

But it's no surprise that this happens. After all, very little emphasis is placed on the topic of financial management and practice operations in dental school. Very few practicing dentists also have MBAs; so really, why would they know?

Oftentimes, a dentist might respond, *"Do we really need to know that? Isn't that why we have a front office team, a financial coordinator, and a CPA?"*

My answer to both questions is straightforward and to the point—"yes and no!" Yes, you must know this information! And no, you can't just leave this up to your office staff and CPA! Dentists are the *leaders* of their practice, the captains of their ships, you might say, and because of that, they *must* know and understand the ins and outs of the finances if they are going to chart a successful course for their practice.

Dentists can't leave such matters to someone else. To do so seriously hinders a dentist's ability to lead his or her practice and direct its course towards financial success. Dentists *must* become friends with the finances, with the numbers that so many people dread and avoid. They must know how much money is coming into their practices, where the money is going, and how the money is spent. Dentists who choose *not* to do so are choosing *not* to have financially productive practices. It's as simple as that.

Introducing the concept of the BAM is one of my most favorite moments in all of my seminars. Once the attendees finally 'get it,' a light bulb goes on. Dentists begin to realize—many of them for the first time—just how little they know about the business end of their practice.

At that moment, the BAM transforms from being just a three-letter acronym into a comic strip epiphany. *POW! WHAM! KA-BOOM! BAM!* And then, they understand! It's a sudden explosion of realization, the a-ha moment that catapults doctors into action. When the BAM! light bulb goes on, they suddenly realize that this concept is something that will change their careers and their practices forever. Instantly, they're hungry to learn more.

Decoding the BAM!

Once I've introduced the concept of the BAM, I then give a little more insight into how the number can both be determined and applied to a dental practice. First, I explain that while the BAM is the lowest number possible that allows the business to stay afloat, this number doesn't just mean that the practice should *only* break even every year without making a profit. Of course not. No business—and a dental practice *is* a business—should *just* break even. The point of having your own practice is to make a profit, right? You don't have a dental practice just to work your guts out only to pay out all your hard-earned revenue simply to cover expenses.

Therefore, the BAM needs to be set at a level so that after all the expenses are paid, the practice makes a pre-determined amount of profit every year. Pre-determining the desired profit level is crucial. If you don't do this, you will end up with what is left rather than what you expect. This concept is the beginning of 'knowing the numbers' about your practice.

Actually, there are two different ways of looking at the BAM, both of which dentists should consider when evaluating their practice: the long-term BAM and the short-term BAM. The long-term or annual BAM is the minimal amount of money that the practice needs to operate for an entire year. The short-term or daily BAM is the amount needed to operate the practice on a daily basis. Just as short-term goals help us to achieve long-term goals in other parts of our lives, daily BAMs allow dentists to achieve yearly BAMs in their practices.

In order to calculate the BAM, you need a variety of numbers at your fingertips. First, have a detailed record of your finances from the previous year. The BAM for the coming year is always based on the previous year's figures. These figures include ***all*** office-related expenses. Include such things as your personal compensation (as the owner of the practice), employee expenses, lab expenses, facility expenses, dental supplies, promotion expenses, equipment, loans, etc. Once you have all your expenses accounted for from the previous year, add them together. The total represents what it costs to operate your business. ›

To know your numbers is to know your practice, and for that simple reason, you should grow to love them.

To generate revenue below this level would result in your practice showing a loss for the year, which is obviously not a good place to be.

With last year's BAM calculated, you can calculate the BAM for the forthcoming year. Ask yourself some crucial questions about your goals for the next year: Do you want to make more money as the owner of your practice next year? Then that amount needs to be added to last year's BAM. Do you want to make more of a profit next year for the practice overall? Then that number needs to be added to last year's BAM, too.

Last year's BAM + desired increased income for this year = This year's annual BAM

Once you have the annual BAM figure determined, figure out your daily BAMs for the coming year. Remember, it's the daily BAMs that allow you to reach the overall BAM for the year, so these numbers are crucial to know and understand. To calculate the daily BAM, look at your upcoming year's calendar. How many days will the office be open? Be sure to deduct vacations, weekends, holidays, continuing-education days, etc. Consider including a couple of snow days if you live in an area prone to such business interruptions. Once you have that number of annual, workable days totaled, divide the yearly BAM by that number. That gives you the amount of money per day that you must make in order to achieve the desired annual BAM.

This year's desired annual BAM ÷ total workable days = daily BAM

Make sense?

It's all pretty straightforward. However, calculating the initial BAM can be a complex task with a series of detailed worksheets and a scrutiny of last year's books. That's why the "Know Your Numbers" course is so beneficial because I walk you through the process step by step. However, as promised, here are some overall tips that you can refer to immediately to evaluate the numbers of your practice.

Focus on the Percentages

I've spent a lot of time writing about numbers in this article. However, when you're looking over and evaluating your numbers, it's crucial that you calculate the figures for each category as percentages. Why? There are two, main reasons: first, looking at numbers as percentages removes the reactionary emotion that everyone feels when they see a large dollar amount. Second, knowing the percentages for each category is essential to truly understanding how all the constituent numbers in your BAM interrelate.

Here's an example. First, consider the employee compensation category. Look at the total amount that it costs to pay the employees in your practice including staff salaries, fringe benefits, and payroll taxes. Divide this total number by your total revenue for the year. This calculation reveals the percentage that the employee cost category consumes of your total revenue. (*See Hypothetical Examples sidebar, left.*)

Do a similar calculation for each of the following categories: discretionary expenses, owner compensation, facility expenses, laboratory costs, and minor office operations. When you're done calculating, you will have a good understanding of how your various types of expenses are related. The following are some ideal ranges (by expense type), based on general industry numbers that may help provide a baseline for your practice. I use these figures in a slide presentation during my seminars.

Employee Costs: 19 to 26%
Discretionary Expenses: no more than 10%
Owner Compensation: 22%
Facility: 5 to 7%
Laboratory Costs: 12 to 16%*
Minor Office Operations: 10%

When totaled, these percentages average between 78 and 91 percent. This leaves between 9 and 22 percent of available profit for the practice every year. This is the ideal. It can't always be achieved, but it is definitely the goal to aim for.

The main reason that I suggest looking at numbers as percentages is because you will see the office's components as a large pie graph. As with any pie graph, the pie can never go above 100 percent. So each of the categories (pieces of the pie) must fit together cohesively to equal the grand total. If you exceed in one area, you must deduct from another area. The pie graph model is an essential way to look at the practice because everyone on the team can see that each category is part of a unified whole and not an isolated piece.

During my seminar, I strongly recommend that dentists share the numbers of the dental practice with their team. This is a crucial way for employees to understand and appreciate the goals, needs, and requirements of the practice. Many times, employees will have very little clue (like most dentists) about how much money it takes to run a practice. Sometimes, employees see the number of patients coming in for appointments and the fees that are charged to the patients and think, *"Hey, this dentist is making a fortune!"* By showing the employees the numbers, then they can understand the reality of what it costs to run a dental practice. Usually, employees are surprised to find out how much everything costs. Their eyes are opened and they see things as they really are.

In addition, when you show the team the breakdown of the percentages within the BAM framework, they can also see how each category fits together like pieces in the overall pie. This is beneficial for several reasons. If employees know that employee compensation should always be between 19 to 26 percent of the total revenue of the practice, then they will also know that if the practice is more successful and makes more money, the dollar amount that is involved in that percentage will also increase. For example, 19 to 26 percent of two million is a much greater dollar amount than 19 to 26 percent of 500,000. So the employees naturally 'win' by helping increase the overall income for the office. Get my point? This percentage perspective provides a natural incentive for teams to work harder, cut expenses in other unnecessary areas, and try to increase the amount of revenue that flows into the office. The team will thereby work harder on a daily basis to try to meet the daily BAMs because they will see a personal benefit to themselves and to the office as a whole. They know and understand the numbers because you've taken the time to explain them.

Another benefit involves the role that discretionary spending can have on the bottom line of a practice. In "The Real Cost of In-Office Milling," in the Spring 2014 issue of *Aesthetic Dentistry*, I discussed the necessity of looking at and carefully evaluating the numbers of your practice before making any large equipment purchases for your office. This applies directly to what I've just described with the pie chart.

Equipment purchases fall into the category of *discretionary spending*. As you can see from the pie chart, discretionary spending should *never* be more than 10 percent. *Never!* So if you know the numbers for your practice, you can easily determine if you can afford that big—and potentially expensive—piece of equipment as soon as the product is pitched by a salesperson.

When you understand the BAM percentages, you can do a few simple calculations and know immediately if that piece of equipment falls under the necessary 10-percent range. If by purchasing that item, your discretionary spending rises above 10 percent, you know immediately that you can't afford to make such an investment. By taking the BAM percentages into consideration, the office spending becomes based on logic, rather than emotion. Taking emotions out of the finances is the best thing you can do for your practice (and your life in general, for that matter).

Dentists must become friends with the finances. When the BAM! light bulb goes on, they suddenly realize that this concept is something that will change their careers and their practices forever.

Friends or Foes?

Understanding the numbers of your practice takes consistent effort, but it need not be complicated or time consuming. An easily understood metric like the BAM is a powerful tool that makes the numbers meaningful in your practice. By keeping your finger on the financial pulse of the office on a daily basis, you will feel the peace of mind that comes with having a business in order. You will feel the health, happiness, and success in your office that you have always hoped for. And it's all because you decided to turn those numbers—those dreaded finances of your office—from your fiercest foes into your most valued and trusted advisors. ■

Jim Downs received his D.M.D. degree from Tufts University School of Dental Medicine. 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.

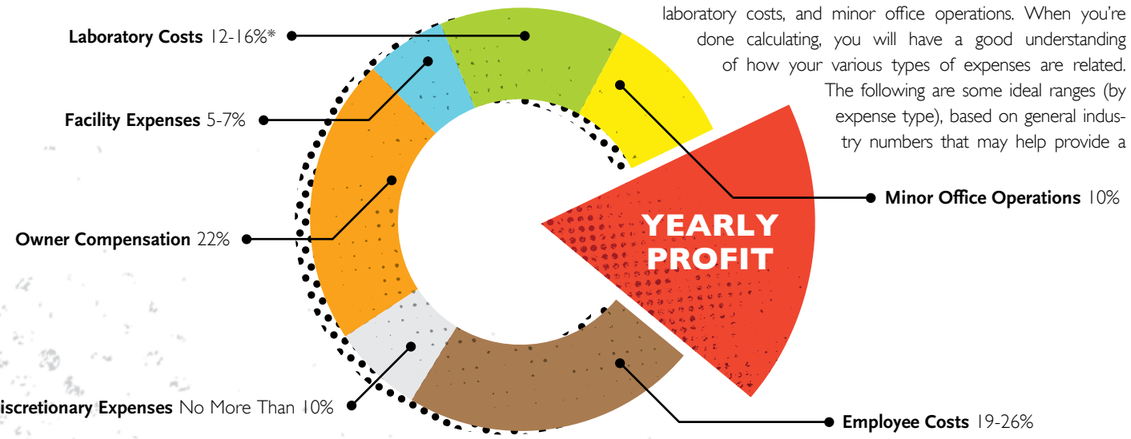
For more information on how to figure out laboratory costs check out Dr. Downs's article, "The Real Cost of In-Office Milling" from our Spring 2014 Issue by using this code, or visit **http://www.adentmag.com/the-real-cost-of-in-office-milling/**

#1 Hypothetical Example

Smith Dentistry: $204,000 (employee cost) ÷ $785,000 (total revenue) = 0.26 or 26% which fits into the ideal percentage range *(see pie chart, below).*

#2 Hypothetical Example

Jones Dentistry: $293,000 (employee cost) ÷ $785,000 (total revenue) = 0.37 or 37% which places the practice 11% above the norm *(see pie chart, below).* Thereby, adjustments in the employee compensation category are needed to get to the ideal range.



** If using a Cerec or in-office milling machine, make sure you incorporate time, materials and other related expenses. For more information, check out last issue's article, "The Real Cost of In-Office Milling." (See QR code at the end of the article).*

How Can I Possibly Pay for This?

Answering Key Financial Questions.

When it comes to comprehensive dentistry, most patients inevitably ask two key questions immediately after they are presented with a dentist's treatment recommendations:

1. How much is this treatment going to cost?
2. How can I possibly pay for this?

The cost factor associated with comprehensive dentistry is a dilemma for dentists as well as patients. When it comes to offering extensive treatment options, dentists generally ask themselves these questions:

1. *Will* my patients really pay this much for comprehensive dentistry?
2. *Can* my patients pay for it?

Unfortunately, often (after asking these questions), many dentists assume that the answer to both questions is "no." And because of that, they avoid diagnosing comprehensively and stick to tooth-by-tooth dentistry.

Not long ago, I spoke with a dentist regarding the comprehensive treatment options in his office. He rarely, if ever, presented comprehensively to his patients. When I queried the dentist about why this was the case, he emphatically responded, "My staff has convinced me that the people in our area just simply can't and won't pay for such extensive procedures, so I don't even offer those options anymore." His situation is not unique. I often hear this response as I consult with dental practices around the country.

Essentially, it all comes down to money—to the finances—doesn't it?

Take Money Out of the Scenario

What if I told you that it's possible to remove the money 'problem' from the equation altogether? No, I'm not suggesting that dentists work for free. Of course not! That is neither realistic nor practical to even imagine. However, what I suggest is to consider the following: what if patients could find ways to pay for the treatments they need? Then would you offer them the best treatment options to address their situations? I'm guessing that the answer to this last question is a "yes." Of course you would! If you knew that patients could pay for the procedures and really wanted the procedures, it seems outlandish that you wouldn't offer them.

Now you're probably thinking, *"Tawana, this just isn't possible. Comprehensive treatment is expensive. Most patients don't have that kind of money to spend on dentistry."*

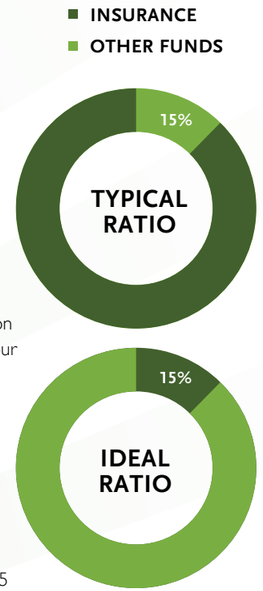
Well, sure, that's true—comprehensive treatment costs a patient more money upfront in comparison to tooth-by-tooth dentistry. Many patients probably don't have access to a lump sum of money to pay for treatment out of their own pockets.

But that doesn't mean that they don't have access to resources. There are many different ways that patients can find money to pay for treatments. And it's the job of the dental office to help patients navigate through these options and find the best ones.

Insurance Is a Jumping-Off Point

Dental insurance is the main avenue that many dental practices focus on for payment. While insurance may be fine and good as a starting point, it can't be the *only* method of payment. The reason for that is simple. As Dr. Dick Barnes explained in his article titled, "The Dental Insurance Conundrum" in the Spring 2014 issue of *Aesthetic Dentistry*, insurance simply does not pay enough to cover the kinds of treatment that most patients require. Insurance should not be considered the only way that people pay for treatment. Instead, insurance should be used to *help* patients pay for treatment (the key word in this sentence is 'help').

Many offices have about 85 percent of their income generated from insurance companies with only 15 percent of their income generated from other funds. This is not an ideal ratio. When I started working as an office manager at a dental practice in Arkansas, that ratio described the situation in our office. After attending a workshop on this topic, I knew that we were not running our practice productively and we had become an insurance-driven office instead of a care-driven one. I started setting goals for our office to decrease the percentage of money we generated from insurance and increase the percentage of income we generated from other funds. Slowly, we were able to change until eventually we were generating only 15 percent of our income from insurance and 85 percent from other funds. This is the ideal scenario for *every* practice to shoot for. This ratio benefits not only the dental practice but also the patients.



Most patients with dental needs cannot wait years to have their dental treatment completed. Unfortunately, that is what often happens if they rely solely on insurance payments. If patients wait years, there could be significant consequences to their dental health. For example, if a patient comes into the office and has five teeth that need to be crowned, his or her insurance benefits are typically only enough for one crown. So if the patient only uses insurance benefits for treatment, ›

Everyone wants a superhero—someone who can rescue him or her from difficult situations. The financial coordinator can truly become that superhero for the patients as together they discover ways to make this treatment plan financially feasible.

he or she will wait around five years for all five teeth to be done! One can only hope that the teeth left untreated during that time do not break and abscess.

Let's look at this patient's situation from another perspective—one that is both beneficial to him or her and the dental practice. Let's imagine that the patient takes advantage of dental insurance.

Insurance should not be considered the only way that people pay for treatment.

That knocks about $1,500 off the total cost of his or her treatment. Then, the patient takes the remaining balance and pays for it using some creative financing options which were presented by the dental office's financial coordinator. By handling the situation this way, the patient can get the treatment that he or she needs right away, and the dental practice is also able to establish a productive and predictable schedule.

Help Patients Find Funding

In my opinion, the very worst thing that a dental practice can do is to present treatment to patients, tell them the total amount that it will cost, and send them away to figure out how to pay for treatment on their own. This is absolutely the least productive way to run a practice.

Here's an example:

Recently, I heard about a man who had a genetic gum tissue degeneration. He had already undergone a gum tissue transplant when he was a young child but now he was likely in need of another one. When his employer offered him dental insurance, he made an appointment with a periodontist to get his gums analyzed.

The dentist determined that the man needed to have tissue grafts on both sides of his upper mouth, which would result in a cost of $3,000 per side or a total cost of $6,000. However, the patient's dental insurance only paid $1,500 maximum per year, and unfortunately, he didn't have any funds to pay for the remainder of the balance ($4,500).

The dental office simply gave the patient the information and he left. The office staff didn't give the patient any options for ways that he might pay the balance. As expected, when the man walked out of the office that day, he felt very discouraged and disappointed. He really wanted and needed the treatment—he knew that it was a critical procedure to get done or he might lose his teeth. However, the patient just didn't have money in a lump sum to pay for it, so he left without any hope for treatment.

The worst thing a practice can do is present treatment, tell the total amount it will cost, and send patients away to figure out how to pay for treatment on their own.

This example shows how a good financial coordinator is crucial to the success of an office. When properly trained, this team player has several financing options available to offer patients. A financial coordinator would never let patients leave without fully discussing all of the options with patients and helping them discover a solution to their financial concerns. By doing so, the financial coordinator and the patient become a team. Together, they analyze the situation and look for different ways to make the financing work. This helps patients feel understood and valued. Therefore, patients will not leave your office feeling discouraged and hopeless, but rather will leave knowing that the dental procedures they both need and want are within their grasp.

A financial coordinator can help patients find money to pay for treatment in many ways. One way (which is my favorite) is through third-party financers. Wells Fargo bank, Chase bank, and Citibank offer these types of options. So does the company, CareCredit, a company that offers a medical credit card specifically for healthcare expenses. CareCredit is generally my first choice. Many of these companies offer no-interest loans that require no down payment. Patients pay for these loans over a set period of time (usually six months to a year) with predetermined monthly payments. The financial coordinator can help patients apply for such programs online, right in the office. That way, they don't have to go home and try to figure it out solo. Like a credit card application, patients know within minutes whether or not they qualify for the program and how much money has been allotted to them. If patients have a difficult time getting approved, many of these companies will allow applicants to resubmit with a co-signer.

While these types of companies are my preferred way of finding financial assistance for patients, sometimes they just don't work out. However, even if patients do not qualify for such programs, there still is hope. Here is a list of other options (in order from most desirable to least desirable):

1. Cafeteria Plans. Cafeteria plans are designed to let employees put aside money from their pretax earnings for certain benefits, including dental or medical treatments. Sometimes, employees set up these accounts when they're hired and then forget that they have them! A Flexible Spending Account is a specific form of a cafeteria plan that reimburses employees for certain qualified benefits.

I find it helpful to jog the memory of patients by asking, *"Do you have a Cafeteria Plan or Flexible Spending Account that you could use?"* Since the money is intended for medical or dental expenses, it's obviously one of the first places that patients should draw from to pay for treatment.

2. Family Members or Close Friends. If patients do not qualify for third-party financing, I ask them this question, *"Is there anyone who can help?"* Sometimes the answer is no. But often, after the patient thinks about it for a few minutes, the answer is yes. Family members and close friends can help out in a variety of ways. They can help by co-signing with the patient for third-party financing. Family members or close friends can also help by giving the patient a gift or loan for some of the money needed for treatment.

3. Loans from Banks or Credit Unions. If the family-member-or-close-friend route doesn't work, I ask these questions: *"What kind of relationship do you have with your bank or credit union? Do you think they might be able to help you?"* Bank and credit union loans are often superior to credit cards for one reason—the interest rates are generally lower. Financial coordinators can approach local banks themselves ahead of time, too. Ask the bank manager how the dental practice and the bank can work together to offer financing for patients in the community. Banks are in business to give loans. By helping them fulfill that role, you are also helping your patients and your practice at the same time.

4. Credit Cards. While patients may think of credit cards as the first option for financing, I like to encourage patients to look at all others first. The reason for this is simple: life always has unexpected surprises. I would rather the patients keep their open line of credit on their credit cards available for such situations or emergencies. Plus, credit cards can have interest rates that soar into the 20-percent range. It's preferable to get interest-free money or low-interest money before this avenue is pursued.

5. Miscellaneous Options. Some patients forgo vacations to get their dental care done. Other patients substitute buying a new vehicle for dental treatments. Still other patients choose to forgo buying a personal item and use that money for the dentistry they need. It's surprising how with just a little bit of brainstorming, patients can find money from sources that they wouldn't have initially considered.

6. Home Equity Loans. The last course of action I suggest is that patients look at the possibility of a home equity loan. Like I said, this is my *LAST* resort. I would never suggest this option at the very beginning of the discussion. After giving this suggestion at one of my seminars, a dentist remarked that he thought I was crazy for even suggesting that patients take a loan out on their house for dental work. Let me re-emphasize, *this is a last resort!* However, it still is an option and one that I have used in extreme situations.

One situation happened years ago. One of our patients came in with her son. He was 18 years old and had made some very poor choices in his young life. He had cleaned up his act, but as a result of his choices, his teeth were all but destroyed. At only age 18, the young man had his whole life ahead of him. When we discussed his treatment goals, he expressed two simple wishes: he wanted to be able to smile in his senior class photos and he wanted to eventually get a girlfriend. He believed both goals were possible if his teeth were repaired. We tried every financing option available for this family and nothing worked. Finally, we suggested the idea of a home equity loan. The family agreed to try and they were approved for the exact amount of money needed for the treatment.

This particular young man was a member of my community. I cared about him and wanted the very best for him—so did the dentist and his family. We all worked together in a mode of cooperation to help change his life. And I'm proud to say, it worked! The patient was able to get the treatment he needed and because of that, his smile looked fantastic in his senior photos. His renewed confidence gave him the courage to date and eventually find the girlfriend he wanted. Today, he is married and has a child of his own. I love this story because it shows that we really can change lives through dentistry. We really can!

Be a Financial Coordinator Superhero

Not only do financial coordinators need to offer financing options to patients, they also have to work with the patients effectively and proactively. The first key is to always have an enthusiastic and positive attitude when communicating with patients. Let patients know how excited you are to see them. Let them know how fantastic you think the dentist's treatment program is. Help patients see past the dollar signs and focus on the benefits of the plan.

A good way to help is by getting to know the patients before discussing financing. That way, you can legitimately say (for example), *"Nancy, this treatment that Dr. Roberts has suggested is going to give you the smile you've always dreamed of! I'm so excited for you."* You know that having a great smile is something that is important because he or she told you in the initial conversation. Because of that knowledge, you can remind the patient when you're talking to him or her about the treatment plan. I emphasize again (as in the beginning): make sure to build a relationship with the patients who come into the office. This is so crucial! Really listen to what they have to say. Find out what is important to them. Find out what inspired them to make the appointment. Find out what they hope to achieve.

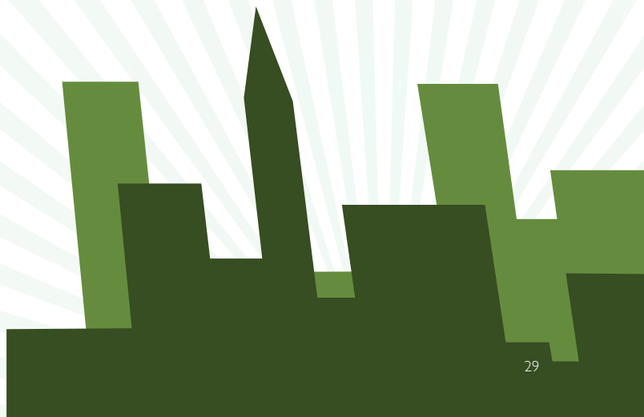
I remember one of the few times that someone got upset after the doctor presented his comprehensive plan. The patient wasn't upset about the price. No, he was upset about the fact that the plan didn't include one of his key issues. He said, *"I told that lady when I first came in that my front teeth really bothered me and I wanted them fixed. Why didn't the dentist include that in my plan?"* Had we fully listened to the patient from the beginning, we would have addressed his needs and given him the benefits he desired.

Help patients see past the dollar signs and focus on the benefits of the plan.

As I mentioned, one of the first goals when helping patients find financing is to get them to stop thinking about the treatment only in terms of dollar signs. The best way to achieve this is by using a formula I learned. It's pretty simple and it involves value, benefits and cost.

Value = Benefits – Cost

The key to this formula is to make sure that the benefits outweigh the cost. Then, the treatment has value for patients. If it's the other way around (the cost appears to outweigh the benefits), then the value of the treatment is outweighed by cost concerns and the treatment benefits appear to have little or no value. Benefits (the advantages of treatment) are different for every patient. ›



Some people just want to be able to smile in photos without feeling embarrassed. Other people want to have more confidence for job interviews. Still others are in pain and don't want to hurt any more.

Such benefits should all be discovered in the initial dialogue with the patients. Pay attention to what is really important to them. That way, when a plan is presented and the dollar signs are mentioned, you can redirect the attention to the benefits of the plan instead of the cost.

Every patient hopes to have a financial coordinator superhero! The financial coordinator is the person who goes to bat for patients and helps them find a way to get the benefits that patients really desire.

Here is a step-by-step guide for financial coordinators to achieve superhero status:

1. Relax the Patient. When discussing finances, always meet in a quiet, private room. Smile and be enthusiastic with your tone of voice. During your conversation, really listen to what the patient has to say. Listen to his or her fears and be proactive in ways to help solve the problems that arise.

2. Ask a Leading Question and Prepare to Respond. Memorize the following question to ask the patient after the dentist presents the treatment plan and leaves the room: *"Nancy, tell me, how do you feel about the treatment that Dr. Roberts just presented to you?"* Notice, I did not say, *"What do you think?"* I chose my words intentionally. I want the decision to be about their emotions, so that is why I ask them how they *feel*. I focus on feelings because the are tied directly to emotions.

3. Quote the Fee and Respond. Now that the patient understands the treatment plan and has expressed his or her feelings about it, then I quote the cost of the plan. I do this in a very specific way. For example, *"Nancy, if you had an appointment today to get this treatment done, (you don't but if you did,) it would be $17,740."* After I quote the fee, I always wait three seconds without saying anything. If the patient doesn't respond, then I ask this question: *"Did this surprise you, Nancy?"* Generally, the answer will be *"yes."* If so, then I ask, *"Is it the treatment that surprised you?"* The patient will often (about 499 times out of 500) reply with, *"Oh no, it's the money."* Then I respond, *"You're saying that if we can figure out how we can fit this into your budget, then this is something that you'd like to have?"* The patient will almost always answer with, *"Oh yes, Tawana! I want this so badly."*

4. Empathize Instead of Sympathize with the Patient. This is your chance to show that you truly care about the patient. When I empathize with patients, I understand things from their perspective. At this point, whatever the patients say regarding the money, you can tell them that you totally understand and that you are going to work together to see if you can figure out a solution. You want this for your patients too! You want them to have all the benefits of the treatment plan so their lives can improve.

5. Explore Payment Options. At this point, run through the list of payment options with the patient. You should always start with the third-party financing options as described above and move down the list from there.

6. Listen with Your Heart and Patients Will Know You Care. Whenever I'm working with patients, I always listen with my heart and my head. This helps the patient know that they have an ally; that it's not you against them and that you're not trying to take their money. You're trying to help them change their life with an amazing comprehensive dental plan. The patient always needs to know that you care. Everyone wants to have a superhero—someone who can rescue him or her from difficult situations. The financial coordinator can truly become that superhero for the patients as together they discover ways to make this treatment plan financially feasible.

7. Always Give the Patients Hope. As a good financial coordinator, you always want your patients to leave your dental office with hope. Even if you have gone through every possible scenario with them and there is *still* no way to find funding for the comprehensive treatment, you still want them to know that you care about them and you believe in them. When I find patients in this predicament—they have exhausted all resources and have not been able to find funding—I tell them, *"Don't give up hope. We'll get there. It might take longer than we might want it to, but we'll get there. Just remember, you NEVER know when your circumstances are going to change."* No matter what happens, always keep such patients in your recall system and have hope that someday they'll be able to get the treatment that they both need and want.

Answering Financial Questions

Helping patients figure out the answer to the question, *"How can I possibly pay for this?,"* doesn't have to be a mystery or a challenging process. With proper training, the financial coordinator can use a variety of methods to help patients find the funding that they need. This crucial member of the dental team can make sure that every patient who leaves the dental office feels hope that a bright dental future is on the horizon. It's possible to do this for each and every one of the patients who come into your office. It really is! ■

Tawana Coleman has been a practice development trainer with the Dr. Dick Barnes Group for more than 20 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. Contact Tawana toll free at 866-364-8657 or email rtcoleman@cox.net.

Check out Dr. Dick Barnes's article, "*The Dental Insurance Conundrum*" from our Spring 2014 Issue by using this code or visit **http://www.adentmag.com/the-dental-insurance-conundrum/**

On the Same Page

Improving Communication with Your Dental Lab.

Every human relationship depends upon open, honest communication in order to thrive. The relationships between dental labs and dentists are no different. In order to achieve the best results for your patients' cases, an open line of communication with your dental lab is of the utmost importance.

Recently, the editors at Aesthetic Dentistry *spoke with two technical support representatives at Arrowhead Dental Laboratory about ways that dental practices can best keep the lines of communication open. We spoke with Robert Shunn, a technical support representative in the Doctor Relations Department and Suzy Greenwood Fox, a technical support representative in the Implant Department. Shunn and Fox have a combined 17-plus years of experience with Arrowhead Dental Labs. Here's a little of what these lab experts had to say.*

AD: What are the characteristics of good communication between a dental practice and a lab?

RS: Empathy, respect and a willingness to work together to solve problems are extremely important in a lab/dentist relationship. This can sometimes be difficult to achieve in stressful situations, such as when a case doesn't turn out the way a doctor envisioned. However, it's important to remember that after the frustration and disappointment are over, we still have a problem to solve. So, why not work together? Lab technicians and dentists are on the same team. We are all working for the same goal—to create an amazing smile for the patients! Your success is our success.

SGF: The best type of communication (especially related to implant cases) comes from doctors who clearly communicate exactly what they want for each and every case. We want to do the best job for you and to achieve that, we need to have all the specifics about your cases. Over the years, I've learned one very crucial fact: a lab can never have too many details on a case. More details are definitely better than not enough.

AD: What can dentists start doing today to improve the quality of the communication with the lab?

RS: A simple start is for dentists to completely fill out the Rx—and make sure it's detailed. Write in full, Standard English and not abbreviated, text-messaging language. Also, make sure the prescriptions are legible. When the lab is forced to guess, the chances of making a mistake dramatically increase. Lastly, I tell all the dentists I work with that if any kind of question or problem arises, don't hesitate to pick up the phone and call me. The sooner the better! That way we can resolve any issues immediately.

SGF: When you package the cases to send us, make sure everything is properly labeled—this is especially important with implant cases. Tell us which size goes to which tooth number. If you have similar things in the box (like two blue transfers, for instance), then let us know what goes where. Proper packaging is something simple that greatly helps us on implant cases. It also ensures that we get everything we need. This small investment in time at the beginning of a case pays off in shorter production times for cases and decreases the possibility of problems.

Suzy Greenwood Fox
Technical Support—Implants

Robert Shunn
Technical Support—Doctor Relations

AD: Are there common practices or processes that complicate communication? If so, what are they and how might they be improved?

RS: Yes. Often, dentists will assign the task of communicating with the lab to their assistants. We understand that dentists have very busy schedules, but keep in mind that if the assistants aren't totally 'up to speed' on the cases, it can complicate communication with the lab. In these scenarios, a lot of phone calls usually go back and forth and crucial information can get lost along the way. If the dental lab is unsure about how to proceed, the case gets put on hold until we can get the issues resolved. On large or complicated cases it is generally much faster for dentists to speak to the lab directly.

SGF: I would add that if doctors would consider educating their front office on how to read basic chart information, it would be extremely helpful. When we call an office, sometimes we need some very basic information and don't want to bother the dentist. However, the person on the phone may not know how to read a chart and sometimes can't read us the notes we need. The practices that have the best lab communication are ones in which a doctor has used an occasional staff meeting to teach staff members some of these basic skills.

AD: What are the most important pieces of information that a dental lab needs from a doctor in order to fabricate a dental restoration? How does that change as the complexity of the case increases?

RS: There are five important pieces of information for a case, which include: the material to be used, the shade, the stump shade, high-resolution photos and a quick explanation of the patient's expectations. Also, consider filling us in on a patient's likes and dislikes. Maybe one patient wants something ultra strong while another patient is an 18-year-old beauty queen, who is mostly concerned about aesthetics. It's helpful to know what a patient likes about his or her current teeth, so that can be taken into consideration with the design of the crowns. As far as complexity and communication, remember, the bigger the case, the greater the amount of communication that is needed.

I've learned one very crucial fact: a lab can never have too many details on a case.

SGF: The five most critical points when it comes to implants are: material, size and system, any special design requests, any 'red flags' that we should know about and any details specific to the patient. ›

AD: What is the most common communication failure and how does that affect the production of a case?

RS: The most common communication error I see is in relation to bites. Often, we have no registrations, no stick bites and no photos of any kind. Other errors are bridges in the posterior that have been taken with quadrant trays instead of full arch trays. Therefore, the smile has been pieced together. With this latter example, our production is affected because we'll sometimes get three or four units with two teeth to articulate to and we don't know if the bite is over-closed or what is happening on the contralateral side. We don't know how to design the teeth or how they're functioning.

As an industry, we generally use the quadrant trays—mainly for convenience. If more full arch trays were used, we'd start with a much better impression. Digital impressions are also a better choice than the quadrant trays on large cases.

SGF: Poor communication may hinder the production of a case. If we run into questions about design or other related specs, we will definitely be delayed. Also, implant cases are not as straightforward as standard restorative cases. Because of that, additional communication is often needed. We need good impressions. We need a bite registration. We want to leave the guesswork out of every case. Whenever there is room to guess, there is room to err. Our goal is to ensure that your patients get the perfect outcome the first time and that dentists can maximize the production potential.

AD: When it comes to cases that need to be remade, are communication failures typically to blame?

RS: Most commonly, when a case needs to be remade, it generally stems from substandard impressions or inappropriate material selection. As a technical support technician, my sole purpose is to act as an advisor to the dentist. Today there are more materials and options than a busy dentist can be expected to fully understand. Remember, we do thousands of cases every year, so we are able to offer you a unique perspective when it comes to these common issues. The most successful cases come from dentists who take advantage of the lab's expertise.

SGF: I agree with Robert. Almost all of the remake cases I see are because of impression errors. In addition, another remake error is because of bites being off. For implant cases, doctors tend to do quadrant impressions and triple trays. However, for any implant case, what I highly recommend is that the dentists do full arch impressions, single stack trays and a bite registration. By doing this, it significantly lowers the possibility of a case needing to be remade.

AD: What data is most often left off the Rx? How does an incomplete Rx affect the case?

RS: The two most common details left off the Rx are material and shade. Sometimes I get an Rx with nothing checked and other times I get an Rx where conflicting materials have been selected. This delays the case and everything is put on hold until we have the correct information. Putting things on hold creates issues for everyone (dentist, patient, and lab), so it's best to keep the cases moving forward. The only way to achieve that is to make sure that the Rx is completed and that conflicting information is avoided.

SGF: Sometimes dentists will leave off the material, shade, and overall design specs from the Rx. If we don't have this information, we cannot complete the case. As Robert said, it will be placed on hold and we'll have to work on other cases until we can get the requisite information. Having the key information allows the case to immediately go into production and avoid the dreaded 'hold shelf.'

We're on your side and want to help make this the best case it can be for your patient.

AD: Given the vast array of materials on the market, what can a dentist communicate to the lab that will help make sure the appropriate materials are used? What if the dentist is unsure about the material requirements?

RS: Ask to be contacted once the case comes in and we can help you decide what types of materials will be best. Many different materials are available for all kinds of situations and we are happy to help you navigate through that process. Just remember, you can't be expected to know about all of the various options—it's our job as technical support to know this and help you make choices. Matching the right materials to the patient is one of the most important ways to ensure the longevity of the dental restorations. We don't want a patient going back to the dentist because a new crown fails.

SGF: To help make sure the appropriate materials are used, include pertinent details about the patient. Is this patient a bruxer? Does this patient want the strongest material possible or is he or she wanting a specific aesthetic look? Dentists don't have to know exactly which materials to choose. One of the key advantages of a lab is having a staff that is dedicated to helping the doctor design and plan the case. The more information we get at the outset, the faster and more accurate that case plan will be and the faster the case can be completed.

AD: With a remake case, what is the most important thing for a dentist to communicate to technical support in order to resolve a problem?

RS: First, call the lab ASAP. If a case has to be remade for any reason, time is of the essence. Please don't send it back in the mail with a note that says, "remake." If you call us immediately, we can figure out the problem and in some cases, the problem can be resolved immediately. With remakes, we want to avoid repeating the initial error, so if we are given details as to the original problem, we can make sure that it does not recur.

Second, check the crown on the model to see if what we sent mirrors what is in the mouth. This helps determine if it is an impression issue or a temporary issue. We need that information to remake the case.

Third, return EVERYTHING to us. We can sometimes fix things that you wouldn't think possible! Also, we can often find the origin of the problem by looking at the old impression.

Fourth, fill out the comment card that is mailed with your cases. This is an important way of communicating that allows us to track things and make sure that we are producing your cases to your preferences.

Fifth, help us to help you! It's easiest to solve problems as a team, so just remember that we're on your side and want to help make this the best case it can be for your patient.

If any kind of question or problem arises, don't hesitate to pick up the phone and call.

SGF: Remember that remake cases get priority. So the best way to get your case to the top of our workload is to give us a call. As Robert mentioned, call us before shipping everything back. It's also very helpful if you send us a new impression. Many times, the main problem with the case is discrepancies in the old impression. In general, the biggest problem with remakes in implants can be linked to the impressions. Finally, please know that we understand and feel your frustration if something doesn't turn out correctly. We will do whatever it takes to find a resolution.

AD: What is the most effective way for a dentist to help the lab optimize cases so that they are produced according to the dentist's liking?

RS: In one word, FEEDBACK! Feedback is crucial to helping us improve the products that we make for you. Communication on one project isn't just about getting that one project done—it's also about letting us know your requirements for future cases. It's helpful if doctors complete their preferences sheets with their doctor relations representative. Preference sheets help us to know your partialities when it comes to certain styles. Call the lab once a year and make sure everything is updated. Also, every time you give comments to tech support about various issues, we can add these details to your preference sheet as well.

SGF: Post-op communication is important to us. It's very helpful to hear things like, "This case went beautifully! I want every case to be like this one!" When we get this type of feedback, we add it to the doctor's preference sheet. Then we can see what worked well and know how to make the dentist happy in the future. If the feedback after a case is negative, we want to hear that, too. Everything helps us to improve the next time. Our goal with every case is to make a restoration that goes in without a problem so that every doctor gets a custom restoration made exactly how he or she wants it.

AD: Are there some simple rules from the lab perspective that, if dentists followed them, could reduce the number of case calls from the lab?

RS: Yes. If you want to reduce the amount of calls you get from the lab, make sure you complete the Rx and provide clear direction on what you want, especially if the case has special considerations or unusual requirements.

SGF: If you feel like you're getting too many calls from the lab, chances are we feel like we're making too many calls! This can be reduced by completing the Rx. Flag a case if it's special and mark the reasons why. If we have the information to put it into production, then we should rarely have to call you.

AD: Is there anything else that dentists can do to help ensure effective communication?

SGF: Let us know your preferred method of communication. If you want us to email you, call you after hours on your cell phone, or text you, we're happy to do that. If you want us to talk to your assistant, that's fine, too; providing that your assistant understands the case.

As these experts have shown, fine-tuning communication between dentists and their labs helps promote greater service and efficiency with cases. Because of that, at Aesthetic Dentistry, *we recommend that dentists make a commitment with their teams to take the steps necessary to improve this communication. Two easy things dental teams can do is remember to write or type prescriptions clearly and call immediately if they have any questions regarding materials or processes. A little extra time and effort will definitely pay off with results that everyone is happy with.*

It certainly can be said that when dental teams and their labs are on the same page, each and every case will turn out to be one for the books! ■

Create a Turning Point in Your Career through Humanitarian Dentistry

An Award-Winning Dentist Shares His Story and Tips of How to Serve Around the World.

Above: Faria Shinn, Bill Clinton and Dr. Sherwin Shinn at the 2013 ADA's 154th annual session in New Orleans, Louisiana.

Below: Dr. Shinn receives the 2013 ADA Humanitarian award from Dr. Robert A Faiella, ADA President.

Dr. Sherwin Shinn of Seattle, Washington, has spent the past 24 years dedicating a large portion of his life to humanitarian dentistry. Subsequently, he has traveled to more than 40 countries on 70-plus outreach trips, averaging about four trips per year. Because of his philanthropic efforts, Shinn has been recognized with such accolades as the Washington State Dental Association Citizen of the Year Award (2003), the National Jefferson Award (2007) Advancing Global Health Award, and most recently, the 2013 American Dental Association (ADA) Humanitarian Award.

When Dr. Shinn talks about his humanitarian work, he often describes it as a true "turning point" in his life. That's because after he embarked down this philanthropic road, his life was never the same again. It all started in 1989, when Dr. Shinn was approaching his milestone 40th birthday. As his birthday drew closer, Dr. Shinn found himself questioning his life's purpose. Until then, Dr. Shinn had worked hard to establish a life that he had always envisioned: he had a viable dentistry practice, a wonderful family, a beautiful home with all the 'toys' he could possibly imagine. He really did have everything. Yet, something nagged at him. *Should he be doing more with his life?*

During that time of reflection, Dr. Shinn recalled the dreams of his childhood. Sure, he always wanted to be a dentist—he wanted to help raise people's self-esteem by giving them smiles to be proud of, just like his dentist had done. However, Dr. Shinn also wanted a life of adventure. Growing up, Shinn's next-door neighbor was the legendary James (Jim) W. Whittaker—the famed mountaineer who was the first American to scale the

When you unconditionally serve others, you get all the things that money can't buy.

treacherous cliffs of Mount Everest and reach the summit. As a teenager, Dr. Shinn did all sorts of jobs and chores for Whittaker just to hear about his Himalayan experiences. "I just fell in love with his sense of adventure," Dr. Shinn explained. "I always wanted to be like Jim Whittaker."

So, at the age of 40 years old, Dr. Shinn decided to do just that. He enlisted a group of likeminded climbing friends and started to plan an adventure of a lifetime to the Himalayas. At first, everyone was excited, but then (as things often go), the departure date neared and everyone else backed out for one reason or another. Dr. Shinn was not about to let this opportunity pass him by, so he decided to go to Nepal solo. "I just wanted to do it so badly," Dr. Shinn explained. "I wasn't going to let anything stand in my way."

Six Weeks in Nepal

In 1990, Dr. Shinn embarked on his adventure. He caught a plane to Nepal—the "roof of the world" where eight of the world's tallest mountains are located—and spent a total of six weeks hiking, climbing, and living amongst the region's native people, the Sherpas. While there, Shinn was transported to another realm and totally forgot about his life at home—he was now Sherwin Shinn the adventurer and mountaineer! ›

He was having the time of his life in this magical land, living out the dreams of his childhood. It was truly a vacation of a lifetime.

On his last day in Nepal, Dr. Shinn had two items on his agenda: visit a small field hospital and take a picture of the sunset over Mount Everest. As he made his trek towards the hospital, Dr. Shinn walked through a small village tucked into the rocky crevices on the edge of the cliffs. Suddenly, in the distance, he heard a child weeping miserably. The sound startled him. "The entire time I was in Nepal, I hadn't heard a child cry once. Even though the people lived in very dire circumstances, none of the children cried or fussed. So, I knew instantly that something must be seriously wrong with this little one."

Dr. Shinn followed the sound of the sobbing and arrived at the doorway of a humble shack. There, lying on the only bed in the room, was a little girl. The adults in the room stood over her, looking inside her mouth. "It was a strange experience," Dr. Shinn explained. "I stood there for about a minute, as just an onlooker. I had become so entrenched in my time as a tourist, that I had totally forgotten about my profession." Suddenly he was jolted back to reality. "I thought to myself, 'Wait a second, I'm a dentist! I can figure out what is going on. I can be of some help,'" Dr. Shinn stated.

At that moment, he gingerly walked into the room so as not to startle anyone. As Dr. Shinn neared the bed, he saw the child's condition. "The little girl was in bad shape. Her head was

I remember praying as I carried her, "Please don't let this child die."

completely swollen—from her temples, all the way down her face, under her chin and into her armpits. She had a massive infection," Shinn explained. "I knew right away that this was serious. It was a systemic infection that was going to be lethal if something didn't happen for this child—immediately."

In his very limited Nepali, Dr. Shinn tried to explain to the adults that he was on his way to the field hospital and he could take the child with him. At first, the adults shrugged him off and said that the girl's condition was due to bad karma—her grandfather was an evil man and so she was doomed to have this horrible curse come upon her. Nothing could help her, they insisted. It was just a matter of time before she succumbed to her destiny. "I wasn't there to change anyone's beliefs or spirituality or anything. I just wanted to help this child. I felt it was my duty as a medical professional. I explained to them that I was going to the hospital anyway, so why not let me take her and maybe the doctors could do something to at least relieve some of the discomfort."

Fortunately, the family agreed.

Scaling the Mountainside

Dr. Shinn immediately picked up the child and started towards the hospital. It was about a two thousand-foot climb up a steep, rocky trail from the small village to the clinic. He was already at eleven thousand feet, so the two thousand-foot climb was even more of a challenge since he was carrying the sick child. "I was really concerned that the exertion of going up the hill would cause more of the infection to spread into her system and that she might expire along the way," Dr. Shinn explained. "I remember praying as I carried her, 'Please don't let this child die.'"

When he arrived at the field hospital, Dr. Shinn was shocked. The facility was very primitive and would hardly have been considered a clinic by most standards. Even in the United States, this child's condition would require more than the level of care that a basic clinic would be able to provide: this child needed immediate surgery. "I explained to the medical staff about her condition. They were intrigued that I knew so much about what was going on. I explained that I was a dentist from the [United] States." Their faces lit up when they heard this information. One staff member hurried out of the room and rushed back with a box full of supplies. "He said, 'Oh good! You can take care of this!' And he handed me a box," Dr. Shinn stated. "That's precisely what I was hoping *not* to hear, especially when I looked inside

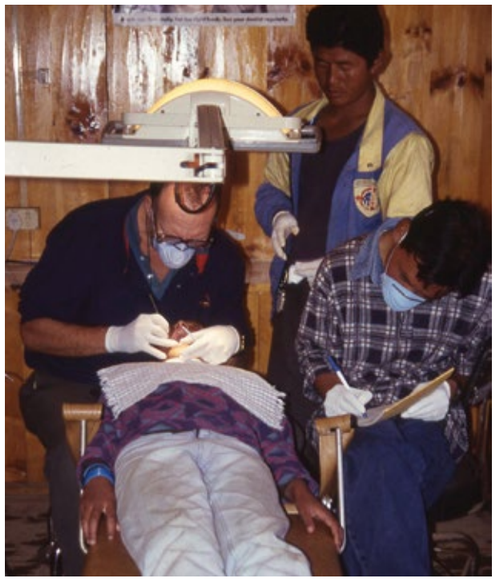
Above: Sonam Chutin Sherpa, the girl Dr. Shinn saved on his first trip to Nepal, graduated from DeVry University in Federal Way, Washington, in 2014.

the small shoebox-size container and saw a dozen or so broken and corroded instruments. He also handed me a tube with Chinese writing on it and told me it was Novocain. I only hoped it was. I had no way to know for sure. Suddenly, I found myself in a very dicey situation that I was now solely responsible for."

However, even though the conditions were not ideal, Dr. Shinn knew he had to get to work, immediately. There was no time to lose. He numbed the little girl's mouth. Obviously, he couldn't use any of the corroded tools in the box, so he pulled out his own pocketknife and used it to carve out the infected teeth. With the teeth removed, the open wound oozed excessively. Since no gauze could be found in the clinic, Dr. Shinn tore some strips of cloth to control the drainage. As soon as the teeth were out, Dr. Shinn said the little girl was like a different child.

She was out of pain and anxious to get home. Dr. Shinn said, "Fortunately, they had some penicillin at the clinic, so I took some back with me to give to the family."

Once the procedure was finished, Dr. Shinn and his young companion started making their way back to the village. From the plateau, he could see the rooftops of her village, two thousand feet below. "I remember looking down at the village and realizing how far we had to go. Instantly, I felt a surge of frustration. I wanted to take a photograph of the sunset over Everest and I was going to lose my chance, since it was already late in the afternoon. It was my last day in Nepal and I wouldn't get the chance again. But as soon as I had those thoughts, a sudden wave of shame flooded over me. How could I be so selfish and think about a silly photograph when I just had the opportunity to use my professional expertise and skills to save a child's life?" Dr. Shinn emotionally explained. As Dr. Shinn battled the feelings



Above: In Nepal, Dr. Shinn trains two young men to be dental assistants. Many of the villagers were inspired to eventually pursue degrees in the medical field.

in his mind, the child wiggled out of his arms. She recognized her house in the sea of colorful rooftops and darted off down the trail towards her awaiting family.

If Dr. Shinn hadn't witnessed this miracle personally, he wouldn't have believed it was possible. Just a few hours before, the child had been near death. Now, she was racing down a steep mountain trail and even he—who was in good physical shape—had a hard time keeping up with her. At that moment, he realized the power of dentistry to transform lives. What he did that day really wasn't too difficult for him. It was a simple procedure that took a matter of minutes—but it made a huge difference for this little girl. It truly saved her life.

While standing on that mountain trail, an idea struck him: He now knew why he had been drawn to the Himalayas. He wasn't meant to go there solely for the fun adventures. No, he was meant to go there for a far greater purpose, which became clear as he looked down over the tiny Himalayan village. "This was what I had promised to do when I became a dentist. The Hippocratic Oath for Dentistry was something that I took very seriously. I had promised to use my skills and experience wherever, whenever and for whomever needed help. I knew that the people in those villages needed my help and I was determined to do what I could to help them."

As Dr. Shinn hurried along the trail to keep up with the child, he made a commitment to himself. "From that second on, I wanted to help more people who were in desperate need of basic dental care," he explained. He knew that the little girl's dire situation could have been easily prevented if she had access to basic dental care and supplies. Something as simple as a toothbrush would have likely prevented the abscess from occurring in the first place.

A Dental Destiny

Over the next several years, Dr. Shinn returned to Nepal to be around the people whom he had grown to love. With him, he brought suitcases of dental supplies. He met with local schools and instructed teachers on the basics of dental hygiene. After four years of delivering supplies, Dr. Shinn decided it was time to help out further by building a permanent clinic in the

I knew that the people in those villages needed my help and I was determined to do what I could to help them.

area. He also assisted in setting up a system in the village to track the people and their dental care. He soon found that his desire to help was inspiring some of the local Nepalese people. "Several villagers took an interest in helping me. I gave them some basic training and they became my dental assistants," Dr. Shinn explained. One profound experience was when one of the villagers who had been working as his dental assistant received a grant to go to dental school. This experience was particularly significant because the young woman was a relative of Sonam Chutin Sherpa, the girl whose life he had saved on his first trip (*see photo, previous page*). Life had truly come full circle and Dr. Shinn was pleased to have played a role in that cycle.

Today, more than twenty years later, Dr. Shinn still goes to Nepal and many other countries around the world doing humanitarian dental work. He frequently visits such locales as Costa Rica, Guatemala, Jamaica, Tibet, Uganda and the Cook Islands. In each place, he has established affordable field clinics with generators, air compressors, and the backup equipment required to do surgery, fillings, and other dental procedures. He also takes along volunteer groups who perform dental procedures during weeklong excursions.

Dr. Shinn stays active in several non-profit organizations that he has co-founded, including For World Wide Smiles and the 1000 Smiles Project. The latter group focuses its efforts primarily in Jamaica and has become the largest dental humanitarian outreach project in the world. "There are over 500 volunteer dental professionals who contribute their time to the program. ›

During eight weeks in Jamaica, they see between eighteen and twenty thousand patients. This is an absolutely amazing number!" Dr. Shinn stated.

How to Get Involved

One of the greatest things that Dr. Shinn learned from his first experience in Nepal was that dreams and goals can come true if you're willing to work hard to make them happen. "This is especially true in regards to humanitarian dentistry," he explains. "If you have an inner drive or inner urge to do that kind of thing, if you have the confidence and the knowledge, you can make it happen." However, while many people may have the desire to get involved, Dr. Shinn knows that many dentists often feel apprehensive for a variety of reasons. They might not know exactly where to start. They might not know which organizations are best suited for this type of work. They might fear that being away from the office for too long will negatively affect their business. For such hesitant peers, Dr. Shinn has some specific recommendations:

Above: Dr. Shinn (in dark clothing) teaches children how to brush their teeth. Access to something as simple as a toothbrush can make all the difference in the health of children worldwide.

1. Choose a location. Dr. Shinn suggests, "First, decide where you want to go. Maybe there is a country you've always wanted to visit. I can guarantee that any place you go will have people who have problems with their teeth and will welcome your help." You don't have to go to war-torn locations to do humanitarian work, either. "Places like Hawaii and Fiji have people who could benefit from your services, too."

2. Find groups that align with your goals. The next suggestion is for dentists to research humanitarian groups with programs that ring true to their personal goals. "The ADA has a great list on their website that provides dentists with a wide variety of options for organizations that do this type of work around the world" *(see sidebar on page 43)*. Find out where the groups go and what their schedules are like. Dr. Shinn states, "Make some calls to these organizations. Ask questions. Then, make your decision on which group to sign up with or if you want to plan something on your own."

3. Plan ahead. The third suggestion involves handling the time that dentists will spend away from the office doing humanitarian work. "Most dental practices are on a six-month recall timeframe," Dr. Shinn explained. "So, look ahead six months and block out the time period that you want to go. It's easier to block out a week or two in six months because you're not booked out that far. Once you've booked the trip, don't let anything interfere. Make a commitment and stick to it."

When dentists book six months in advance, they will have plenty of time to prepare for the trip. "You have to consider the financial situation of not only your personal life but also of your employees. Exactly how are they going to get paid during that time period? Perhaps everyone can take vacation all at once. Or work extra days over the next six months to compensate for the lost time. If you're on a four-day work week, then add extra Friday or Saturday appointments to make up for lost hours."

4. Consider temporary help. Another tip that Dr. Shinn gives (one that many dentists might not have considered) is *not* to close the practice while they're gone on trips. Exactly how is this possible? Use professional temporary agencies to find dentists who are willing to provide short-term help for your practice. "Bring them in six months in advance. Have them work with you for a couple of days. See if they have your same professional belief system and philosophy. See how well they work with your team and your patients. Once you have built a relationship with the dentist, you will be in a position to take a few weeks off once or twice (or maybe even several times) a year for humanitarian work. That way, you don't have to close your practice."

Some dentists may fear that their patients may not want a different dentist to work on them. ›

Above: Dr. Shinn works on a patient in Haiti with his wife, Faria Shinn, assisting him.

"I have never found this to be a problem," Dr. Shinn explains. "Generally, when I explain to my patients why I am leaving, they are more than happy to do what they can to help me—including being seen by a temp dentist while I'm out of town." Dr. Shinn suggests that this particular method is a fantastic way to add humanitarian work into a practice. This is how Dr. Shinn goes on so many humanitarian trips every year. By keeping the doors of his practice open, the paychecks don't stop for his team and the patients still get the treatment they need.

Boundless Benefits

When you're involved in something as fantastic as a dental humanitarian trip, the feeling is contagious and you can't help but share the experience with others. At least, that's what Dr. Shinn tries to do. He's a firm advocate of sharing his humanitarian experiences with others—especially with his patients. When he's on his trips, Dr. Shinn documents the experience by taking lots of photographs. Then, when he gets back, Dr. Shinn prints the photos and displays them as 8-by-10 images on his office walls and in a large photo album in the reception room. "I find that by doing this, my patients really get into the experience. This creates a memorable feeling in the office. You're showing the patients, 'Hey look, you're helping us help these people because you support our dental practice.'" This lets the patients be part of the team. As Dr. Shinn puts it, "It lets them feel like they're part of something greater than just coming in to get their teeth cleaned and examined."

Without intending to, sharing the humanitarian experiences has increased business for Dr. Shinn's office. "Our patients are really proud and they tell their friends about what we're involved in. People will often respond with, 'That's really cool! I want to go to that office! I want to support that!'" Such enthusiasm has proven to be more profitable than any kind of advertising for the office. Dr. Shinn's office attracts patients who feel like they are part of something unique and meaningful. All are service-oriented people who want to support the humanitarian goals of the office. Many of them give extra donations towards the humanitarian efforts in addition to the fees for their own dental work. This is a benefit that often accompanies dental offices that do outreach work. Such benefits result in a natural payback from putting good works into the world.

According to Dr. Shinn, one of the greatest benefits of humanitarian work is the education that dentists attain. "You get an education that you can't get by doing anything else. You get to see what is happening in the world and why the world is the way it is. I have had so many empowering personal experiences that made my life happier, easier and more meaningful. I have observed how people of different cultures live day-to-day, how they treat each other, and how they handle life's challenges. Had I not gone to these countries, I would have missed out on these experiences. My life would have been dull and a lot less happy than it is now."

Looking back on his 20-plus years in humanitarian dentistry, Dr. Shinn simply can't imagine a better life. It started with some key questions of self-evaluation on his pivotal 40th birthday. The questions led him to pursue a lifelong dream and serendipitously experience a moment in a small village on the rocky cliffs of the Himalayas that truly transformed his life. His message to his fellow dentists is simple: "Just remember, when you work for money, you get to have all the things that money can buy. When you unconditionally serve others, you get to have all the things that money can't buy. My goal with my foundations is to help my fellow dentists experience a good portion of both of those things." ■

Amie Jane Leavitt has been working as a professional writer and editor since 1999. During that 15-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 Fall 2013 as one of the magazine's main copy writers and editors. To see her other works, check out her website at www.amiejaneleavitt.com.*

For questions about humanitarian dentistry and volunteerism, email Dr. Shinn directly at 4wwsmiles@comcast.net.

More Tips for Getting Involved

by the *Aesthetic Dentistry* Editors

1. Find A Service Opportunity and Organization.

Dentists who are interested in getting involved in humanitarian service work have a plethora of resources at their disposal. The best place to search for opportunities and organizations is the "Shared Global Resources" section of the American Dental Association's website (www.internationalvolunteer.ada.org). There, dentists can use search fields to look for various organizations (ones that have officially registered with ADA), peruse upcoming service trips to countries all over the world, and find various ways to serve (going on excursions to deliver care, provide instruction and clinical training in-country, and donate funds, supplies or equipment). The site also allows dentists to search for opportunities based on religious affiliation, if preferred.

Another way to find organizations and dental service opportunities is to conduct a Google search using such phrases as "dental service trips," "dental mission trips," "dentistry humanitarian trips," or "dentists global service."

Networking is also a good way to find dental service opportunities. Ask friends and colleagues if they have been on such a trip or know of anyone who has. Inquire among your associates when attending dental seminars and CE courses to find out if they have recommendations for service-related opportunities. Get in touch with your alma mater and see if they sponsor or recommend any groups. Rotary Clubs, Lions Clubs, and other service-related organizations may also have good leads. Another networking resource is through church or religious affiliations. Many congregations have missionaries or religious representatives who are currently living in various countries throughout the world. Such individuals will know of the emergent need in their international communities for dental services and may help identify opportunities for you and your team.

Above: Uganda students show off their new toothbrushes.

2. Properly Vet the Organizations.

Since not all non-profits are created equal, be sure to properly vet any organization before you get involved. Ask how long they've been in business, what kinds of contacts they have in-country, what security and safety plans they have established for their teams, and how much (if any) of the donated funds are used for administrative costs. Also, talk to people who have participated firsthand in the organization's service trips.

3. Research Your Location.

Be sure to do your homework about the places you consider traveling to. Some places require specific vaccinations. Some places require certain visas. Some places have restrictions on the types of supplies and equipment you can take into the country, regardless of the type of work you're doing. You'll also want to make sure you fully understand the types of food you should eat and water you should (or shouldn't) drink while visiting the country. You won't do your patients any good if you spend your entire trip sick with an intestinal parasite, or worse.

Remember that just because your heart is in the right place, doesn't mean you can be foolish about your choices. You can't assume that you'll have the same level of safety and security as you find in the United States. As the saying goes, "You're not in Kansas anymore." Every country will have its own laws, customs and issues regarding health, safety and security. Specifics can be found on the U.S. Passports & International Travel website (www.travel.state.gov). Check out this website well in advance of any service trip. The site is forthright about the reality of the conditions around the world. Make sure you feel fully comfortable with the countries you plan to visit before you embark on any travel.

4. Don't Forget Local Opportunities.

Going out of the country on dental service trips isn't for everyone. And if you decide it isn't for you, there are other ways to serve. You don't have to leave the United States to have a meaningful dental service experience. There are many opportunities in local communities and states. Start by helping the underprivileged children and adults in your community. Consider offering dental services to the homeless population. Teach basic hygiene principles in elementary school assemblies. Opportunities are everywhere for people who want to give back and help the world become a kinder, healthier place.

You can also help fund service trips for other dentists. Both money and supplies are always needed for such trips and are greatly appreciated. In addition to dental supplies, many teams also take clothing, toys, personal hygiene kits, blankets, and newborn kits. Putting together these types of supplies is a great way for your entire dental team to get involved. Contact a charitable organization and see what is needed. Then spend some time in a team-building activity putting these supplies and kits together. As the Chinese philosopher Confucius once said, "The journey of a thousand miles begins with a single step."

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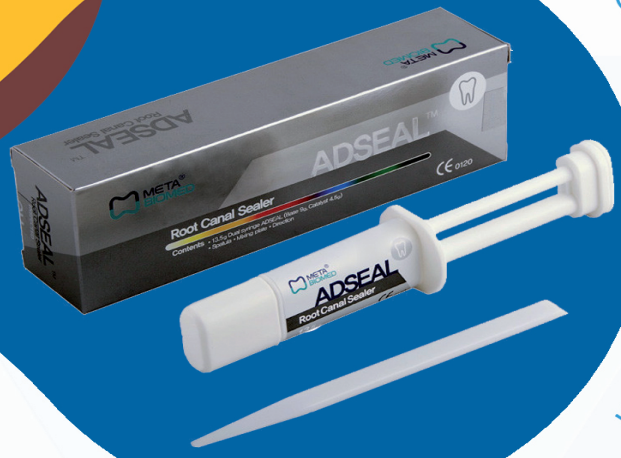

کن‌کاغذی

- استریل
- جذب عالی بدون لینت
- موجود در انواع سایز ها
- در بسته بندی ۲۰۰ عددی کشویی ضد ریزش

- دارای انواع سایز های مدرج و با شیب ٪۲ - ٪۴ - ٪۶ - ٪۸
- رادیو اپسیتی عالی
- مناسب برای پرکردن کانال به روش تراکم جانبی و عمودی
- ۱۲۰ عددی با بهترین بسته بندی برای کاربری آسان
- انعطاف پذیری بسیار مناسب در حین کار
- زمان ماندگاری طولانی مدت

Available Sizes

- **ISO sizes :** 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 70, 80, 90, 100, 110, 120, 130, 140
- **Non-Standardized (Accessory sizes):** XF, FF, MF, F, FM, M, ML, L, XL
- **Special Taper Points :** .04, .06, .08

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