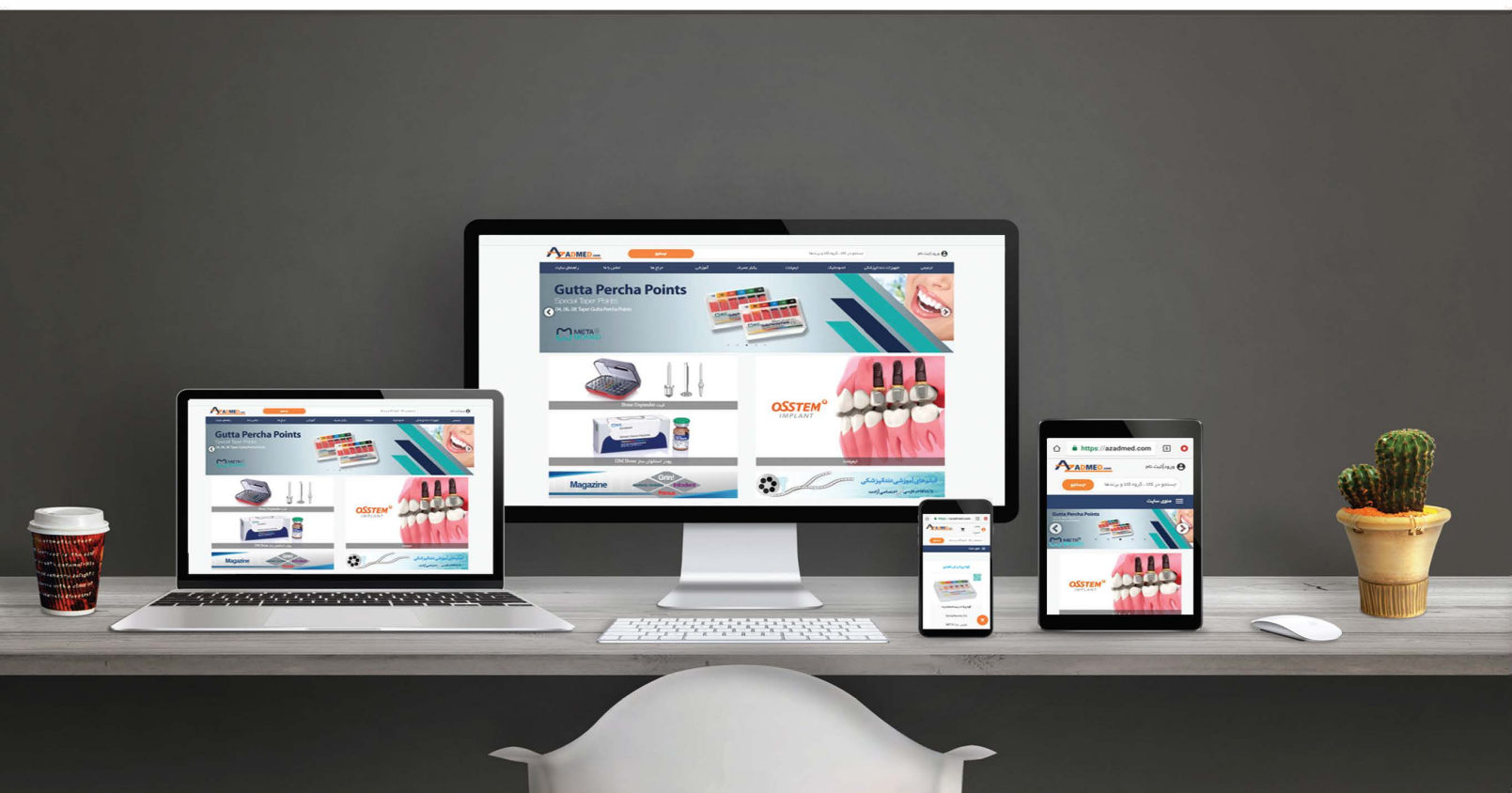




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EXECUTIVE COMMENTARY ■ CHRIS BARNES

Arrowhead Celebrates 40 Years!



This is a momentous year for Arrowhead Dental Laboratory. In 2015, we are celebrating 40 years in business. This is no small feat, given the changes in the dental industry, especially over the past ten years. Since the Great Recession of 2008, the world of dentistry has been forced to adapt to new technologies, identify new business models and respond to changing patient expectations. As I contemplate Arrowhead's history, I have come to realize a basic truth at the heart of our continued success. I believe this truth has the power to ensure that dentistry continues to be a vibrant and satisfying endeavor to all who make it their life's work.

KEEP YOUR FOCUS

I can't think of Arrowhead without thinking of the phrase, "We are here to make dentists better and more productive." I heard my father, Dr. Dick Barnes, say those words countless times throughout my life. I don't recall the exact day, but I definitely remember a time when I began to grasp the importance of what he was trying to impart to those around him. Eventually, I understood that the core message was focus and how important it is to focus on the right things.

In today's world, it is easy to lose focus—or worse, focus on the wrong things. I am constantly bombarded by wave after wave of new technologies, techniques and ideas. Sometimes it seems overwhelming, and if I allow myself to focus solely on external things, I start to feel indecisive and unsure about the future. At such times, my father's philosophy puts everything in perspective.

Because Arrowhead focuses on the success of the doctors we work with, we have avoided many of the challenges that hinder the efforts of others. In retrospect, this focus has shaped the evolution of the company and how we seek to serve our doctors.

A powerful example of focusing on the dentist is the long-standing tradition of Arrowhead sponsoring continuing education (CE) (offered by the Dr. Dick Barnes Group), for dentists wanting to take their clinical skills to the next level. From a financial perspective, the CE courses make little sense, as they generate revenues barely sufficient to cover expenses. Yet we continue to offer them and engage dentists in this area because we see

the power that they bring to the lives and practices of those who attend. Some of those professionals become customers of the lab, some do not, but at the end of the day, we believe that as they become better, the industry as a whole becomes more vibrant and ultimately, everyone benefits.

This magazine is also an outgrowth of our focus on dentists and improving their lives and practices. Arrowhead expends considerable resources producing, publishing and distributing this magazine free to more than 100,000 dental practices. Again, our goal is to help dentists see the world of possibilities that exist in dentistry and to provide information that they can use immediately for the improved quality and productivity of their practices.

As people engaged in the business of dentistry, we have a natural tendency to look for better, faster and more economical ways of doing things. Such is the nature of business and there is nothing inherently wrong with this way—as long as we don't lose

I want to personally thank the dentists and staff who have made Arrowhead successful and who have allowed us to serve them in this most noble profession.

focus on the people we serve. When we allow profit motives, fear or ego to detract our focus from what is truly important, we start making decisions that seem beneficial for the short term, but actually take us further away from the core values of helping patients and dentists in the best possible way.

Everyone at Arrowhead, the Dr. Dick Barnes Group and *Aesthetic Dentistry* looks forward to the next 40 years. Our focus is (and will continue to be) making dentists better and more productive. In addition, I want to personally thank the dentists and their staff who have made Arrowhead successful and who have allowed us to serve them in this most noble profession. I also want to thank the employees of Arrowhead who, day in and day out, come to work with their focus firmly set on serving our dentists and their patients. ■

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Beyond His Imagination

Dr. Barnes Reflects on the Past and the Lessons He Learned Along the Way.

As a young dentist, Dr. Dick Barnes ignored the conventional wisdom and envisioned a dental practice that gave patients care that they didn't even know was possible. Instead of giving patients the drill-and-fill type of dentistry they were accustomed to, Dr. Barnes wanted something more for his patients. As a result, Dr. Barnes's practice was a runaway success and eventually, he became known as a world-renowned leader in the dental industry. Today, Dr. Barnes's vision extends beyond his practice. As an instructor, mentor, and the founder of Arrowhead Dental Laboratory and the Dr. Dick Barnes Group, he has taught thousands of dentists his vision of comprehensive dentistry.

When asked how he has been so successful, Dr. Barnes replied, "I honestly don't know, because I didn't do it; I mean, I didn't aspire to it. It has just evolved in my life. The only thing I ever aspired to in my life—ever since I was twelve years old—was to be a dentist and then to be the best dentist I can. The rest of this all just kind of happened along the way."

To celebrate the 40th anniversary of Arrowhead, *Aesthetic Dentistry* interviewed Dr. Barnes for a glimpse of his philosophy. Here's what follows:

Humble Beginnings

Dr. Barnes was raised in the small, desert mining town of Taft, CA, located about 100 miles northeast of Los Angeles in the San Joaquin Valley. He was one of six children—he had three sisters and two brothers. His father, like most of the men in the town, worked in the oil fields. When Dr. Barnes was growing up, Taft was the nucleus of the oil industry in California. Oil was "black gold" in Taft and gave the town its lifeblood and sole industry.

Working in the oil fields didn't require a formal education. Therefore, not many people in Taft received more than basic schooling. His parents only had an eighth-grade education; his sisters didn't graduate from high school and his brothers barely did. "I never remember any books in our house, except for the textbooks that we brought home from school," Dr. Barnes remembered. "However, my parents were very good people and hard workers. They taught us to be hard workers because of our circumstances."

Since money was tight with eight mouths to feed, if any of the Barnes children wanted anything, they needed initiative to work for it. Because of that, from a very young age, Dr. Barnes had an entrepreneurial spirit and an inner determination that proved

beneficial to him throughout his life. He said, "As a young boy, I remember selling newspapers. I'd buy them for three cents and then sell them for five cents. Then, I started my own shoeshine business. I knew that if I wanted to go to the movies for 25 cents, then I needed to sell some newspapers or shine some shoes."

As a twelve-year-old Boy Scout, he found his future career path. "I really respected my Scoutmaster. He was a dynamic individual and a great mentor to me in the scouting program. He also appeared quite successful in his career as a dentist. I admired him and wanted to be just like him. So I decided right then and there that I wanted to be a dentist like him."



After high school graduation, Dr. Barnes became the first person in his family to attend a university. He did so, however, with some resistance from family members who were concerned about his future and career path. He recalled being home on break from college when his older brother, Roy (who was nineteen years old at the time), initiated a serious conversation.

"My brother was very practical. He worked in the oil fields and had a good job making what he felt, was good money," Dr. Barnes explained. "He sat me down and told me how foolish I was to

The only thing I ever aspired to in my life... was to be a dentist and then to be the best dentist I can.

become a dentist and go to the university. He had figured out how much money it would cost me to become a dentist and how much money I was losing by going to school instead of working in the oil fields." Roy was certain that his younger brother was making a mistake.

However, Roy didn't realize that his brother wasn't looking at his career choice from the same perspective. Dr. Barnes remembers saying, "Roy, it has nothing to do with the money. I just want to be a dentist. I'm doing this because I really want to do it."

The inner drive to become a dentist never left the young man. As he said, "The only thing I ever aspired to in my life was to become a dentist." >

Aesthetic Dentistry

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A Drive for Excellence

Dr. Barnes lives by the philosophy that anything he does, he wants to do well. So not only did he want to become a dentist, he wanted to become the very best dentist he possibly could. In that way, he had an intense drive for excellence.

But excellence didn't come easy. It took a lot of hard work. During dental school at Marquette University in Milwaukee, WI, he had to work extra hard to achieve success. He got married two weeks before starting dental school and during those four years, he and his wife had three children.

To put food on the table for his young family, Dr. Barnes (while enrolled in dental school full time), worked every odd job that he could find. In the evenings, he drove a mail truck for the post office and worked as a cashier at a paint store. He rose before sunrise to work an early morning shift at the local bakery—arriving at 3 a.m.—so he could squeeze in a few hours of work before his dental school classes. Even as a young husband and father, he was a dedicated and determined provider for his family.

Dr. Barnes made time to focus on his studies. And he didn't just focus, he excelled. During dental school, he realized that one of his strengths was clinical work. He had all the qualities of a good dentist: skilled hands, sharp eyesight, and a keen perspective.

Just like a sculptor can envision a statue from a chunk of clay, he could foresee the results of a dental procedure before he started working. "Even in dental school, I could perceive what the finished product should look like, which really helped me with my wax carving and other clinical work," he explained.

By his senior year, Dr. Barnes finished his clinical requirements, so his instructors allowed him to try some larger, more complex cases. He said, "I stumbled and bumbled, but those instructors were there to guide me along the way. I really wanted to know how to do complicated things and was happy for the opportunities."

While in dental school in 1962, Dr. Barnes received the distinguished Gold Foil Achievement Award, as top clinician for outstanding gold foil work on two lower anterior incisors. His hard work and determination to be the best that he could started to pay off.



Early Years

After he finished dental school, Dr. Barnes started his own practice in Rialto, CA. Part of his career goal was finished: he was now a dentist. However, he knew that this was just the first step—the beginning. He still had a long way to go to reach the second part of his goal: to become the very best dentist he could be.

As Dr. Barnes explained, "Many dentists, even today, believe that once they finish dental school, that's it, the learning stops. But education and learning is a lifetime process and we never give up on it. We're learning new things all the time," he stated. "I knew right out of dental school, that I really didn't know that much about dentistry. I was struggling with crowns, struggling with how to make things right, so I really involved myself in continuing education from the very beginning."

He took continuing education courses at the University of California at Los Angeles (UCLA) and became interested in the concept of comprehensive dentistry. At the time, it was assumed that everyone would eventually need dentures. But Dr. Barnes didn't agree with this viewpoint. He thought it

was important for people to do everything possible to keep their own teeth. "Philosophically, my job isn't to go in there and pull teeth. My job as a dentist is to save teeth. I believed that from the very beginning of my practice," he explained.

In the 1960s, few dentists were doing full arch prepping in one sitting. Dr. Barnes, though, didn't see any reason why it couldn't be done. Since there were no courses given on the topic, he taught himself. He said, "I thought it has to be easy enough if I do it step by step. I would start out by doing the maxillary upper right, get it temporized, and get a bite registration. Then, I would just pretend that I had another patient in the chair and prep the upper left side, make the temporary, and do the bite registration. Then, I would finish with the anterior. It was that simple. I just completed it step by step."

To get more experience, Dr. Barnes took on pro bono cases, where he would do an entire case free of charge for a person of limited income. He would even pay for the lab bill himself. "I considered my lab bill at that time to be my tuition in a full arch course," he said. Doing free cases served a dual purpose. It helped patients get the quality care that they needed and their teeth restored. And it also helped him get experience so that he could improve at the type of dentistry he really wanted to do.

He also worked hard at developing his own assertiveness. From a very young age, Dr. Barnes recognized that he was an introvert by nature. "I was always very shy in high school and always hoped the teachers would never call on me. I would turn

My job as a dentist is to save teeth. I believed that from the very beginning of my practice.

beet red if they ever did call on me." He admired people with a more assertive personality and wanted to improve that trait. So he studied and found ways to improve his confidence. He said, "I challenged myself by placing myself in situations where I was really uncomfortable. I sought out those situations because it was necessary for my growth." Such efforts helped him throughout his career—particularly later, as a speaker and instructor of continuing educating classes for dentists from around the world.

A Career-Changing Conversation

In the 1960s, when Dr. Barnes was just starting out his dental practice, Dr. Lindsey Dewey Pankey, Sr. was one of the leaders in continuing education. Pankey's practice was based in Florida and he taught dental seminars throughout the world. In 1969, The Pankey Institute was founded, based on his comprehensive, patient-centered dentistry methodology. Dr. Barnes never attended courses at the institute; however, he listened to Dr. Pankey at every available opportunity.

"I WANT MY PATIENTS TO KEEP THEIR PERMANENT TEETH."



Modern dentistry gives us the tools to protect your teeth so you'll have a permanent smile for the rest of your life.

Comprehensive dentistry, an effective program of dental care, is a process of personal contact with your dentist and careful planning. I have designed my practice around giving all of my patients comprehensive care.

Ask your dentist about comprehensive care. Or call my office and make an appointment. I'll be glad to talk with you privately about what modern dentistry can do for you.



1980s ad promoting Dr. Barnes dentistry.

Dr. Barnes with Dr. Stephen R. Covey, a personal mentor in the 1970s.

Patients' understanding value. To Dr. Barnes, this was a revolutionary idea. Over the next few days, he thought about the concept frequently. And during that time, he asked himself, "What did Dr. Pankey mean by value?"

"I started searching and reading about the topic and realized that there was more to a successful dental practice than basic dentistry—whether the margins were right and what kind of cement you should use," he explained. He learned that everything in life has value, if the benefits received outweigh the costs. "So, that's where I started using the formula that I still teach today: Value = Benefits – Cost," Dr. Barnes explained.

The key was helping his patients understand that quality comprehensive dentistry had value in their lives.

Providing the Best Dentistry to All Patients

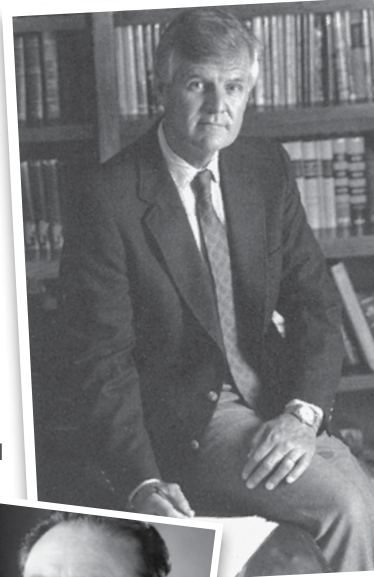
Dr. Barnes knew that in order to become the best dentist he could be, he had to provide the best dentistry possible, to everyone. An individual's net worth didn't matter. Nor did it matter where they were from or what they did for a living. Everyone deserves the opportunity of the finest dentistry. As he said, "People are people, wherever they live. They deserve the opportunity to have the very best dentistry available."

In his town at that time, he noticed that although many patients struggled financially, many of them also drove fancy pickup trucks. So nice trucks were obviously something that they valued and were willing to spend money on. People took out loans for trucks, so why wouldn't they want to invest in their own dentistry? Dr. Barnes's goal with his case presentations became clear. He wanted to help his patients realize the value that comprehensive dentistry could have for their lives and overall health and well being. ▶

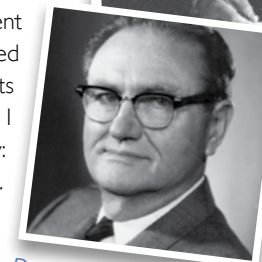
Once, Dr. Pankey spoke about his success with big, comprehensive cases for his wealthy patients. Dr. Barnes was very interested in the type of dentistry that Dr. Pankey described. However, the extensive nature of the procedures (and associated costs), made him feel uncertain about the feasibility of such procedures. He didn't live and practice in a community that would support this type of advanced dentistry, or so he thought.

After the program ended, many people rushed up to talk with the famous Dr. Pankey. Dr. Barnes approached him

and said, "Dr. Pankey, I can't charge fees like that and do that kind of work in my community. My patients don't have any money; they struggle from day to day." Dr. Pankey looked at him and replied, "Then you have to get your patients to understand the value of the dentistry, because once they do, they'll get the money."



Dr. Dick Barnes, c. 1989.



Dr. Lindsey D. Pankey, Sr., an early inspiration.

So he developed his skills in case presentation. To do so, he used some innate personality traits as an introvert. Instead of driving the conversation when he met with patients, Dr. Barnes listened to them. He said, "I wouldn't write anything down. I would use my heart and my mind to really hear what they said. I would ask them what was really important in life. I would only ask a few questions and then let them do most of the talking. To me, meeting a new patient is still the most exciting thing in the world. Meeting new people and getting to know about them and how you can help them is really rewarding."

His first attempts at presenting comprehensively to his patients weren't 100 percent successful. However, the more he practiced, the more he improved. For the first several years of offering comprehensive treatment in his practice, he recorded his presentations and listened to them afterwards, so he could find ways to improve.

Dr. Barnes remembers a day, when a middle-aged man came into the office who needed about \$5,000 worth of dentistry (at that time, a substantial amount of dentistry). When he presented the case, the man exploded. He shouted, "I would never spend that much money on my teeth!" Dr. Barnes remembers thinking that the obvious response would be to explain why the treatment costs so much. But instead, he leaned back in his chair and asked, "Why do you feel this way?" The man was somewhat surprised at the question but continued, "It's because I got laid off from my job a month ago." Dr. Barnes learned that the patient actually wanted the dentistry and saw the value—but it was a matter of not being able to pay for it at that time.

Meeting new people and getting to know about them and how you can help them is really rewarding.

He responded, "So in other words, this is the type of dentistry that you'd like if you were employed?" The man responded affirmatively and plans were made. The man agreed to return once his employment situation was back on track. When the man left the office, he felt like Dr. Barnes was someone who was looking out for his best interests.

After analyzing all his presentations and the patients' responses, Dr. Barnes discovered a pattern. After identifying the pattern, he developed methods for handling all of his patients' concerns. The strategy of listening to the patients and then empathetically handling their responses, allowed him to develop a practice that was almost solely based on comprehensive care. Dr. Barnes's practice flourished in a demographic area where most people might assume that people just "couldn't afford" this type of treatment.



Arrowhead Dental Lab, Sandy UT.

Opening the Lab

At the beginning of his career, Dr. Barnes said that starting a dental lab wasn't on his radar. However, life has a way of evolving. Once he established a practice based on quality comprehensive care, his lab needs grew. Dr. Barnes's monthly lab bill was large in the early 1970s (when a lab bill for a crown cost approximately \$30).

With a large volume of cases, he found it increasingly difficult to find labs that could provide the consistent results he needed for his full arch cases. So he remembers thinking, "I think I'll start a lab." And without any fanfare, that's what he did.

In 1975, Dr. Barnes found a good ceramist whom he trusted for quality work. He rented a room near his dental practice, where he could set up a desk, a furnace, and everything else the technician needed. And that was it. Arrowhead Dental Laboratory was born.

Over the years, Arrowhead has continued to grow and evolve. As Dr. Barnes's case load became heavier, he started needing even more crowns. Then other dentists heard about the lab and asked if they could get their work done there, too. Eventually, the workload became too great for one ceramist, so Dr. Barnes hired more. Then they moved from a one-room shop to a larger facility to accommodate more workers.

Elaine, Dr. Barnes's former wife, was the first president of Arrowhead and with her ingenuity, she helped grow the business. "She was a really balancing person, a good leader. She could work really well with people. She required a lot of the employees, but they loved her, as did I," he explained. "In life, we need somebody like that to be our companion to help us through the challenging times and become successful."

Today, Arrowhead is located in a world-class facility in Sandy, UT, with hundreds of employees. Dentists often ask Dr. Barnes, "How did you do this?" He always responds, "I *didn't* do this, I was inspired somehow or another. I'm the leader, and I show direction. But I surround myself with good people who can get the job

done and who have made Arrowhead the company that it is today. The people at Arrowhead are the people who make Arrowhead, not me."

The Dr. Dick Barnes Group

Arrowhead's success is largely because the company is more than just a dental laboratory. It's a dental laboratory that is committed to mentorship and training, which it does through the Dr. Dick Barnes Group—the educational arm of Arrowhead. "My general nature is to help other people," he explained. "That is the basic philosophy that we

have at Arrowhead and the Dr. Dick Barnes Group—to help dentists become better dentists and be more productive. All dentists need the information we teach here. It just makes life easier and better for everyone. I don't consider other dentists to be my competitors. I consider them to be my colleagues."

People are people, wherever they live. They deserve the opportunity to have the very best dentistry available.

Dr. Barnes always wanted to mentor and help his fellow dentists. Even in dental school, he helped classmates who needed assistance with clinical techniques. Then prior to starting the lab, Dr. Barnes worked as an instructor for dental students at the University of Southern California (USC). "One day, I received a phone call from USC. They asked me if I would teach one day a week. That was the last thing on my mind at that time! Yet when they made the offer, I thought it sounded interesting and I thought I could be of help, so I agreed."

Growing up in a humble family taught me that we have the responsibility to ourselves to become the very best we can, whatever that is.

At the same time, he began mentoring his fellow dentists who wanted to learn his techniques for case presentation and full arch reconstruction. "They wanted to come over and watch me do full arch cases," he explained. At first, it worked out okay, but then it started to disrupt the workflow when too many people wanted to get the over-the-shoulder experience. He said, "At the time, I realized that I really did have something to say and maybe I should take it to a larger audience." This led to speaking engagements at seminars all over the world. Dr. Barnes knew he couldn't possibly teach all the seminars himself, so eventually he found like-minded dentists and other dental professionals to add to his team and he formed the Dr. Dick Barnes Group.

Dr. Barnes's philosophy of offering service extends beyond dentistry. During his busy early days of starting a dental practice, he was asked to serve on his town's city council and help out as a police commissioner, which was a demanding, time-consuming responsibility. In addition, he also served in a leadership position

with his local church. Once again, he didn't agree to take on these responsibilities because he would amass great wealth, but because he hoped it might help others. The service opportunities in his community and church helped him have even greater compassion and empathy throughout his career.

Guiding Philosophy Brings Opportunities

Many people aspire to the success and opportunities that Dr. Barnes has enjoyed throughout his life. Yet Dr. Barnes never aspired to them; they resulted from a life in pursuit of excellence and service.

It wasn't just good fortune or luck that provided Dr. Barnes with these opportunities and successes. They resulted from core values and philosophies that guided his life. Along the way, Dr. Barnes challenged himself beyond his comfort level and learned from the past—always with a standard of excellence in mind. He remarked, "Growing up in a humble family taught me that we have the responsibility to ourselves to become the very best we can, whatever that is. We should become the best dentist, the best leader, etc. If we accept a responsibility, then we need to do the very best we can at it."

Dr. Barnes also had the foresight to envision a different way of practicing dentistry and the strength to follow his convictions. The combination of all these factors is truly the secret to his success. His life and career result from hard work, inner convictions, a vision for the future and helping others along the way. Forty years has gone by fast! ■



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



Newsletters from Arrowhead's early years.

Saving Jane's Smile

Eliminate Patient Fears and Offer Life-Changing Dentistry.

While back, some longtime patients of mine referred their friend “Jane” (name has been changed), a mother and grandmother, to my practice. These friends tried to convince Jane to visit my office for more than a year, and she finally agreed.

Jane was a bit dental phobic at the time, and rightfully so. She had experienced some very negative and costly outcomes on recent trips to the dentist and because of that, she lacked trust for the profession.

From our first visit, I was impressed with Jane's amiable and pleasant personality. She was reliable, punctual, and just an overall nice person. Jane's main reason for her visit was to see if I could help repair the work that her previous dentist had done.

Jane's Concerns

About a year prior to her visit to my office, Jane had porcelain veneers placed by her previous dentist on her six top front teeth (numbers 6 to 11). From the very beginning, she was unhappy with them. She said that they just never felt like they belonged. The veneers felt bulky, flat, uneven, and most of the time were so uncomfortable that she just wanted to “rip them out.” In addition, food frequently got stuck behind them and she thought it looked like the surface of the teeth had “divots” in them.

Jane was also very unhappy with her lower anterior teeth. They had been adjusted significantly during the fitting of the upper veneers; however they still didn't look right—what you could actually see of them. Her occlusion was not taken into consideration when her upper veneers were placed, so her lower teeth were barely visible when she smiled.

Jane just wanted her concerns heard and validated ... My plan was to listen, examine, and go to work to correct the problems.

Aesthetic concerns were not the only problems with Jane's teeth; she was also experiencing severe pain. Since the veneers had been placed, the gingiva around the teeth (numbers 7 and 8) was constantly sore to the touch and bled easily. She also had chronic pain in the upper left quadrant. Her previous dentist

had indicated that there were no problems in that area, but she continued to have pain. Obviously, something was wrong there.

Another concern for Jane (with dental work in general) was with impressions and X-rays. She had a severe gag reflex, which meant that the mere thought of having a physical impression of her teeth gave her extreme anxiety. She also had concerns about having X-rays done, since she had very large mandibular tori and therefore the process was very uncomfortable for her.

Above all, Jane just wanted her concerns heard and validated. She felt that all of her concerns with the previous dentist were disregarded or not addressed in a constructive manner. With the previous dentist, she had been in numerous times to get things resolved, but the problems persisted.

So, what was my job? How would I help Jane? My plan was to listen, examine, and go to work to correct the problems.

Our Assessment

After listening to Jane, I performed an initial exam. We took anterior peri-apicals, bitewings, and a panoramic X-ray, being very careful of Jane's mandibular tori and gag reflex issues. The maxillary study model was taken with a lower impression tray and a very small amount of fast-setting impression material. We assured her that she would not need a further upper impression done. We would get all of the information we needed about her upper arch going forward by using an intraoral digital scanner. Thankfully, one of Jane's concerns was easily resolved that day.

Once the X-rays, study models, and pre-op photos were taken, I reviewed the case. My examination confirmed that everything that had been bothering Jane was indeed accurate:

- Her veneers on her teeth (numbers 6 to 11) were poor fitting and unaesthetic. They were rather opaque and bulky.
- There were large cement margins, with some interproximal margins visible from the buccal when Jane smiled.
- The previous restorative dentist adjusted the veneers with diamond burs to decrease their thickness and bulk. The striations from the burs were still visible.
- Jane's tissue surrounding tooth number 7 was very tender to the touch and erythematous. There was visible swelling of the papilla and the tissue bled easily and profusely on probing.

- The restorations on the teeth (numbers 7 and 8) were over-contoured, which contributed to food and plaque accumulation, causing a localized periodontitis with associated bone loss.
- There was a large carious lesion on the mesial of tooth number 15, which was the cause of Jane's pain on the upper left, as well as a very sensitive occlusal surface of number 14 (due to exposed dentin).
- Finally, X-ray examination revealed a perforation of the pulp chamber floor of tooth number 30 and that gutta percha was placed through the perforation (outside of the root) making the prognosis of this tooth (while currently asymptomatic) hopeless.

In the consultation appointment, I presented the clinical findings in specific detail and gave her my suggested treatment plan. This included the sequencing of treatment and timetable, cost of treatment, and what Jane could expect both during the treatment as well as the final outcome. When I consulted with Jane, I showed her multiple cosmetic cases that I had restored, with before-and-after photos, so she could get an idea of the value that I place on aesthetic outcomes.

My office staff created hardcover bound books that are filled with photos of our completed cases. We also have a book showing the positive results of our implant dentistry. We keep a copy of each of these books in our treatment rooms and consultation room, so we can easily refer to them with our patients. The saying, “A picture is worth a thousand words,” really is true! Patients can hear everything that you plan to do for them when you verbally describe it; however, until they actually see samples of your work, they won't have a visual image of how great the treatment plan you propose will be!

I also explained to Jane how her health would benefit. I discussed that the first step in my plan would be to take care of her infected tooth and to restore her periodontium to optimal health. Then, when her pain was eliminated, we would proceed to the cosmetic aspects of her case.

After the consultation was finished and Jane had a chance to ask questions, she immediately told us her decision. She was 100 percent on board with treatment and wanted to start immediately.

Jane's Treatment Plan

The sequence outlined for Jane's treatment was as follows:

1. Endodontic referral for treatment of tooth number 15, followed by a composite core build-up.
2. Periodontal therapy in both the anterior region and upper left to achieve optimal tissue health.
3. Wax up of maxillary and mandibular teeth with the plan to place all ceramic restorations on her teeth (4 to 15, and 22 to 27) including the construction of a Sil-Tech® PVS index of both the maxillary and mandibular wax ups to aid in the construction of provisional restorations and utilizing the general shape of LVI Smile Catalog, “Natural.”
4. Preparation of maxillary teeth and placement of permanent restorations.
5. Placement of dental implant by the periodontist followed by preparation of mandibular teeth and placement of permanent restorations.



6. Restore the now fully-healed and osseointegrated implant in the position of tooth number 30.

Step 1: Getting the Patient Comfortable by Resolving Pain Issues

In stage one, we referred Jane to Dr. Yean Young, an endodontist, in Quincy, MA, for a root canal on tooth number 15. Jane was having significant pain in that tooth, so I wanted to relieve that discomfort immediately. It was imperative to improve her comfort level before we proceeded any further with the treatment plan.

Once the endodontic work was done, I placed a composite core as an interim restoration. At the time, I chose to do a large composite core instead of a crown, or definitive restoration. We planned to restore this tooth as part of the overall maxillary restorative treatment plan. This composite core build-up would function for her until we were ready to do the cosmetic work. The area would also require some periodontal treatment prior to a final restoration being placed.

Step 2: Proper Framing

Jane had active infection around tooth number 7. Thereby, her gums were swollen and tender. In addition, in the upper left around tooth number 15, where the root canal was performed, ▶

the decay on the tooth impinged on the biologic width of the tooth (meaning there wasn't enough room between where I would finish the restoration and where the gums were attached to her tooth). There was a need to reposition the gum on the mesial of number 15 so that a healthy periodontium could be established and maintained. I opted to refer Jane to a periodontist.

I referred Jane to Dr. Thomas Mone of Braintree, MA, and he was able to create a healthy gingival foundation for me to work with. He was able to give me enough tooth on the upper left, where the root canal was done, so that I could restore this tooth properly. Dr. Mone created a harmonious gingival contour so that when I replaced her veneers later in the restoration, the tissue and the contours that he formed on her gumline created a beautiful framework for her new teeth.

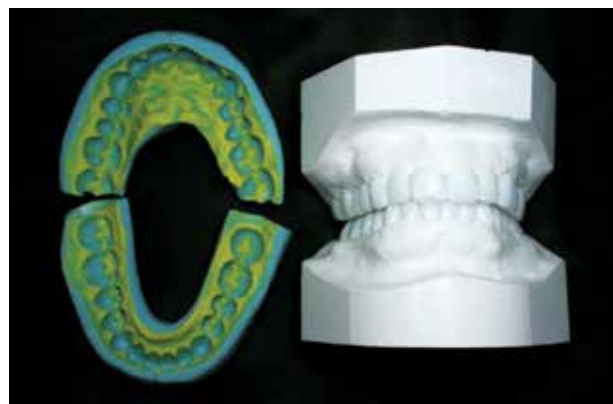
Having a proper gingival margin can be compared to putting a picture frame on a beautiful picture. You might have a beautiful picture, but if you don't have an equally beautiful frame, the result isn't going to look very impressive.

To create this ideal gum framework, Dr. Mone used LANAP® (laser-assisted periodontal therapy). This proved to be quite successful at restoring Jane's periodontal health.

In addition, during the active phase of periodontal therapy, tooth number 30 was extracted and an osseous graft was performed.

Step 3: The Blueprint

After about four months of healing and tissue maturation following periodontal therapy, restorative care was commenced. Teeth (numbers 4 to 13) were prepared for porcelain veneers. I used Empress pressable ceramic restorations (Arrowhead Elite). Then, the teeth (numbers 14 and 15) were prepared for IPS e.max® ceramic crowns. Impressions—in Jane's case, digital scans—of the prepared teeth were completed with the Cadent iTero intraoral scanner. As noted, Jane was greatly relieved to not endure traditional impressions due to her significant gag reflex. A facebow transfer was also taken at this visit to aid the laboratory (Arrowhead) in mounting the case on an Artex® semi-adjustable articulator. The teeth were provisionalized with Luxatemp (bleach shade), utilizing the Sil-Tech® matrix made on our diagnostic wax up.



Doing a wax up is an extremely helpful part of a successful comprehensive case. It gives you a blueprint and allows you to know what the results will be, even before you start. When you know what the teeth are going to look like when you finish, you can reverse engineer and plan what you're going to do as far as tooth reduction and preparation are concerned. If you don't

know where you're going, then you can't know how to prepare the teeth to get there.

By creating a Sil-Tech® PVS matrix, you can create a temporary or provisional restoration that mimics the shape and size of the permanent restorations. When you look at the temporary restorations in your patient's mouth—and I typically do so a couple of days after they have been placed—you can make a better evaluation of how they look cosmetically and functionally in the person's mouth. Because you are duplicating what you've done in the laboratory with a wax up, if you need to modify it, you easily can. And that's because you, your patient, and your lab technician are all looking and talking about the same thing.

The saying, "A picture is worth a thousand words," really is true!

For example, if the patient returned to me and said, "Hey, Dr. Nankin, I'd like to have my front teeth a little shorter," or "Dr. Nankin, I'd like the corner of this tooth to be a little more rounded," I can do that for the patient. I can modify it on the temporaries and then take a new impression, photo, or scan and send it back to the lab. When the lab tech gets the change order, they can compare it to the wax up and know what changes need to be made on the permanent restorations.

In Jane's case, she returned five days after placement of her provisional restorations to evaluate the shade, shape, and length of the restorations. As already mentioned, this was done to decrease any potential cosmetic issues prior to constructing and placing the final restorations. We discussed the possibility of slightly lengthening the lateral incisors and closing some embrasures between the lateral incisors and central incisors. We also decided on utilizing Ivoclar bleach shade 020, with custom shade characterization to improve on incisal translucency and surface texture of the final restorations. The shade of the preps was taken at the prep appointment.

During this visit, Jane reported temperature sensitivity on tooth number 7. During preparation, it was noted that the previous restoration was close to the pulp of the tooth. At that time, we decided that endodontic treatment should be performed prior to the final restorations being delivered.

Typically, the endodontist, Dr. Young, would have gone through the lingual of the tooth to access the root canal. However, in this case, she went through the incisal edge, or top of the tooth. In the procedure, she used a surgical microscope so she could make a very small opening in the area and then underfilled it with a small amount of composite. She made her access inside the margins of the prepared veneer.

By placing the access inside the margins of the prepared tooth, the root canal procedure didn't delay the treatment plan. I didn't have to re-prep the tooth. I didn't have to take a new impression. I also didn't end up with a composite restoration adjacent to my new veneer.

Step 4: Placing the Upper Veneers

Every case is unique and the steps of completion are slightly different. Essentially, the steps are driven by the patient's needs. ▶



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

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In Jane's case, she was so unhappy with how her previous veneers looked on her upper teeth that we decided to take care of those first. They are more visible, and we really wanted to make those look better as soon as possible, to give Jane the excitement and assurance she needed that the treatment was proceeding productively. Hence, for those reasons, the upper veneers were placed during step four. On the other hand, Jane's lower teeth were not as much of a "driving force" for Jane. Yes, she wanted them taken care of, but they were a second priority in comparison to the upper teeth. Hence, they were taken care of in step five.

Final restorations for Jane's teeth (numbers 6 to 11) were delivered in four weeks. The veneers were bonded into place utilizing Variolink dual cure composite cement. The molar crowns were



bonded into place with Multilink after applying Telio® CS Desensitizer. Every dentist has his or her preference of bonding material and there is really no right or wrong way. I prefer to use the Variolink for

the anterior teeth and the Multilink for the posteriors. I have found that they bond the best and deliver the best results.

Step 5: Placing the Implant and Working on the Lower Teeth

After completion of the maxillary restorations, Jane returned to the periodontist for placement of the dental implant in the site of number 30. A Biomet 3i Certain® implant (6 mm. x 11.5 mm) was placed. The implant is designed for a platform switch to a 5 mm restorative platform.

During the healing phase of the dental implant, we began the restoration of Jane's lower anterior teeth. Her teeth (numbers 22 to 27) were prepared and like the maxilla teeth, scanned with the Cadent iTero intraoral scanner. Provisionals were placed utiliz-



ing Luxatemp bleach shade. Again, Jane returned the following week to evaluate the shape, size, and shade of the provisionals. Jane reported no problems and the final restorations

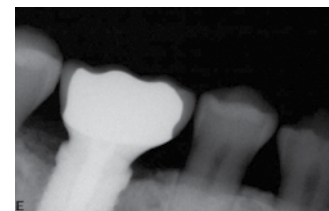
were constructed in Empress pressable ceramics (Arrowhead Elite). The veneers were bonded into place with Variolink dual cure composite cement.

Step 6: Placing the Implant

We completed the restoration of the dental implant during the last step of the process for Jane. As previously noted, her lower right molar had to be extracted and then the site received a bone graft in step two. We waited for that to heal before the implant could be placed at the beginning of step five. Then, once the implant was placed, we waited for that to heal. In the meantime, we did the cosmetic work on the lower anterior teeth during the remainder of step five.

In step six, the final component of this case was to restore the fully-healed and osseointegrated implant in the position of tooth number 30. A BellaTek® (Encode®) healing abutment was placed into the dental implant. X-ray confirmation of the seating of this abutment was performed as well as confirming the tightness of the abutment screw. This allowed us to scan the BellaTek® abutment with the Cadent iTero scanner.

Digital design of a custom-milled titanium abutment was completed and manufactured at Biomet 3i (Palm Gardens,



FL). The utilization of a custom-designed and milled abutment allowed for proper emergence profile and also let us place our restorative margins following soft tissue architecture.

This is especially important when utilizing cemented restorations, as it helps prevent excess cement retention.

Jane returned four weeks later and the titanium abutment and crown were seated (confirmed by X-ray). The abutment was placed utilizing a gold abutment screw tightened to 20 Ncm. Cotton and Cavit were placed into the abutment screw channel to allow future access, if necessary to this area.

An additional advantage of scanning a BellaTek® abutment with the iTero intraoral scanner is that you receive a die model (milled polyurethane) of the titanium abutment. When we cemented this crown, we first placed the crown with a minimum of adhesive cement over the die model, expressing out any excess cement. The crown was carried into the mouth and placed over the titanium abutment with only the very minimum of cement expressed out that needed to be removed.

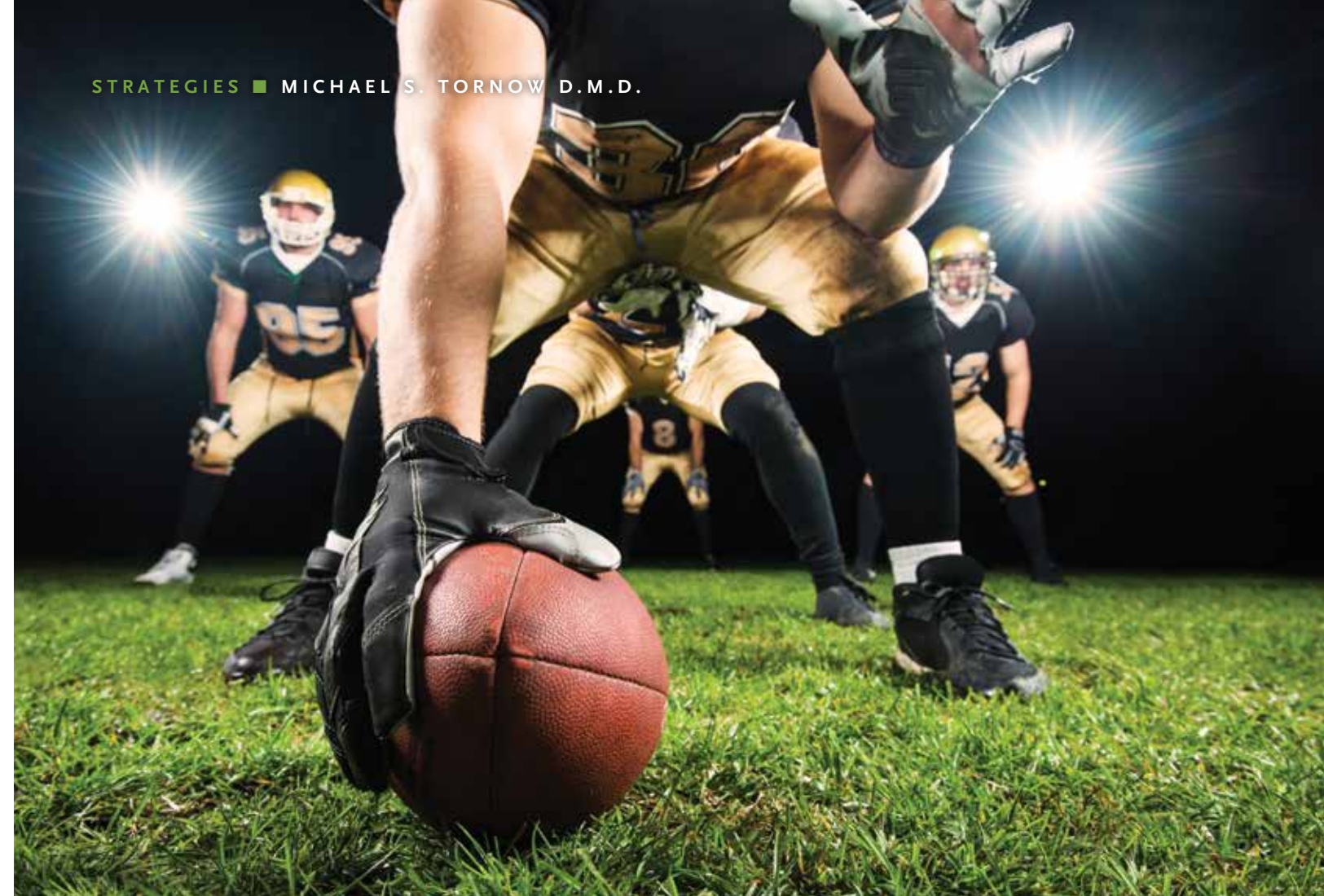
Jane's New Smile

I still remember how Jane responded the day we finished her restorations. She said, "They feel like they belong!" Today, months later, she still comments on how much she enjoys her new smile. Jane remarked that she feels healthier and like herself again. She loves the way her teeth look. She also loves that she is no longer in pain and that her gums don't bleed at the slightest touch. She said that the comprehensive case we did improved her life and made her a much happier person. And we're so glad we were able to do that for her! We listened, examined, and went to work. And the result is something that we are still proud of! ■

Dr. Gary Nankin received his D.D.S. degree from Case Reserve Western University in 1981. Dr. Nankin is on the faculty at Boston University as an instructor in the APEX externship program. He is also a key opinion leader and lecturer for Biomet 3i. Dr. Nankin maintains a private practice in Quincy, MA, practicing with his brother and daughter and focusing on aesthetic, restorative, and implant dentistry.



STRATEGIES ■ MICHAEL S. TORNOW D.M.D.



The Power of the Handoff

Tackle the Problem of Patient Transitions.

The date is January 17, 1988. The Cleveland Browns and Denver Broncos face each other on the Denver eight-yard line. It's the AFC Championship game and only 1:12 minutes remain on the clock. If the Browns can make a touchdown, they will tie the game. Tensions are high. The fans scream and cheer wildly from the stands. The coaches pace back and forth on the sidelines and strategize their next move.

Suddenly, the play is set in motion. The center snaps the ball. Bernie Kosar, the Browns' quarterback, hands it off to running back Earnest Byner. Clutching the ball closely to his side, Byner weaves his way through the mass of players and runs unobstructed towards the end zone.

At the two-yard line, with the goal line easily in sight, the ball is suddenly knocked out of Byner's grasp by Broncos' defensive back Jeremiah Castille. At that crucial moment, Byner fumbles the ball.

Unfortunately, he isn't quick enough to recover it, but the Broncos are. With the ball now in Broncos' possession and hardly any time left on the clock, the end of the game is determined.

This famous fumble, now known as "The Fumble," cost the Browns the game and the opportunity to advance to the Super Bowl.

The interesting part of the story, however, isn't solely the fact that Byner lost control of the ball and fumbled it. It's the fact that the fumble wasn't entirely his fault. The Browns' wide receiver, Webster Slaughter, had a job to do and he failed to do it. He was supposed to block Castille and prevent him from getting to Byner. After viewing the tapes, the coach later remarked that Slaughter chose to just watch the play instead of doing his job.

One team member's mistake can indeed cause a rippling effect for the entire team and the ultimate victory or loss of the game. Every member of a football team has an important role to play in the team's success or failure. ►

Dentistry is Just Like Football

Teamwork (and individual responsibility) is key to the success of any great football team. Likewise, it's also the key to success for any great dental team. In a dental practice, the dentist plays the dual roles of both coach and quarterback and the rest of the staff are the team's key players. At any given moment—depending on the needs of the patient and the treatment required—a team member can have the responsibility of taking the patient to the next step in their overall treatment plan.

You can't just talk about a play once, never practice it and expect to execute it. That's a sure fumble!

Just as a handoff by the quarterback in a football game is crucial, a "patient handoff" moment is of the utmost importance to the overall success of the practice. The example of wide receiver Webster Slaughter in the AFC Championship game reminds us that there can't be any spectators on a winning team. If every team member in a dental practice doesn't remember and properly perform their duties during the handoff of a patient, a dreaded fumble can and will occur.

An Unfortunate Fumble

I first made this correlation with football and dentistry when I witnessed an unfortunate fumble in my own practice. I had just finished consulting with a patient named "Judy" (name has been changed), who needed a six-unit bridge. We completed a white wax-up with the lab and Judy was excited about the treatment options that I presented. She was anxious to move forward immediately. When I finished my consult with Judy, I "handed her off" to one of my financial coordinators and moved on to another patient. I assumed they discussed finances, since that is the role of a financial coordinator. Judy made a follow-up appointment and returned the next week.

I prepared the bridge for the teeth (numbers 22 through 27) and installed the temporary fixed partial denture. Judy left the appointment and was delighted with her temporary smile. Later, I looked at Judy's ledger on Dentrix. At that moment, I realized that the ball had been fumbled during Judy's treatment. There was no record of payment for Judy, even though she should have paid a significant portion either prior to treatment or on the day of treatment. I immediately spoke to my financial coordinator and learned that no financial arrangements were made, even though they should have been made, according to our policies. The ball was fumbled.

Since Judy hadn't been prepped on what to prepare for financially, she didn't have a lump sum of money to pay for treatment.

Therefore, in contrast to our office protocol, we setup an in-house payment plan for Judy. Typically, we require the patient to acquire funds through personal resources or financing prior to treatment. This fumble placed the practice (and Judy) in a very awkward position. It's much more professional to discuss fees and financing prior to work being done, rather than afterwards.

As the 'receiver' for the play, the financial coordinator had a major role in this fumble—she knew it and felt badly about it. In this particular situation, I was playing the role of the quarterback. I handed off the ball. I assumed that the financial coordinator would run it in for a touchdown, or rather, arrange financing with the patient. Yet, that is not what happened. The financial coordinator didn't complete her responsibilities and therefore, the play was not completed.

Did the financial coordinator make a mistake? Yes.

Was the ball fumbled? Yes.

Was the game lost? No.

In this situation, there was a way for us to recover the ball. Even though it wasn't an ideal situation, we worked things out with Judy and received all the payments over a predetermined payment period of time. We were also able to turn this situation into one of learning and growth for our office so that we could better ensure that a similar fumble would be less likely to occur in the future.

Practicing the Plays

In football, the coach and quarterback don't just briefly mention a play and then expect the team to execute it; the play, tactics, and roles of each player are discussed, outlined and thoroughly practiced. Because the team is prepared, they can execute a play at a crucial moment in a game. You can't just talk about a play once, never practice it and expect to execute it. That's a sure fumble!

The same is true with preparing your dental team for their 'big game.' The main difference between a football team and a dental team is that football teams practice frequently and occasionally have a game. Dental teams have games scheduled all day, every day and only occasionally have an opportunity for practice. That's why dental team practice sessions are crucial—they should be highly structured and focused to prevent patient fumbles.

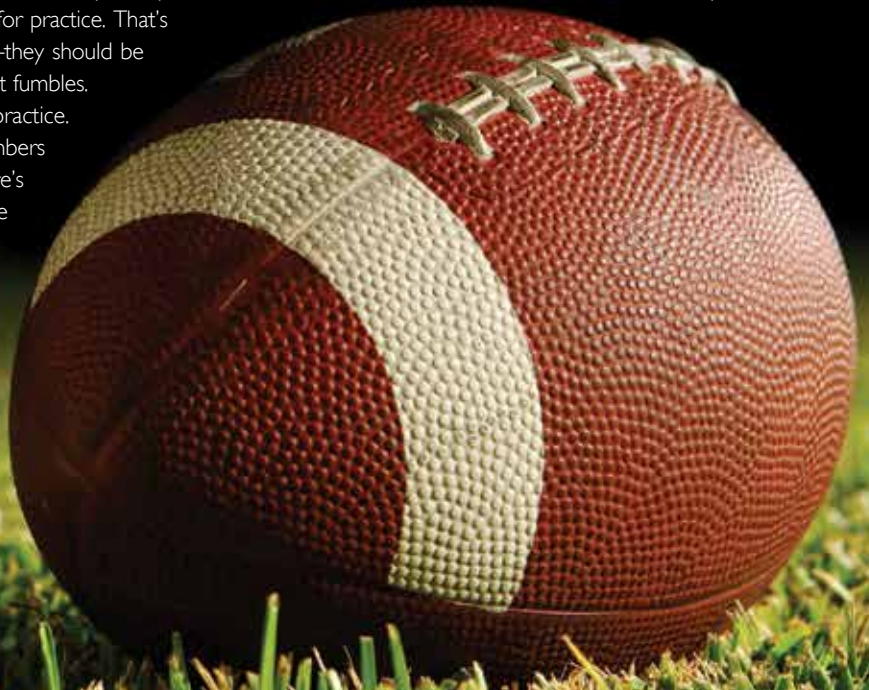
I am an advocate of role-playing in my practice. During monthly team trainings, my team members and I often engage in role-playing activities. Here's what we do: I invent various scenarios and write them on 3" x 5" index cards. Then, we choose a card from the file box and I ask one or two team members to act out the scenarios, just like they would in the dental office.

Oftentimes, role-playing leads to eye rolling by those who are asked to participate. That's because some people are uncomfortable playing a role in front of their peers. However, even though it might take a bit of convincing, role-playing is a constructive way of practicing real-life scenarios. When people actually experience a process by acting it out, they learn much more than just by reading or hearing about it.

As the participants in a role-playing scene work through the various mock situations, the proper steps of the processes become solidified in their minds. In addition, as those who watch the performance can attest, audience members can more clearly understand the proper steps of a situation after they have viewed it firsthand, rather than just listening to an explanation about it.

One tip for the role-playing activity is to encourage team involvement. During the role-playing, team players in the audience can offer tips and advice to the people who act out the roles. This interaction between audience and participants allows everyone to learn from the experience and creates a feeling of teamwork and group effort. The actors feel more comfortable, too, because they don't feel like they are being judged, but rather that the entire team is working together to understand the best way to deal with the scenario.

If you conduct these role-playing activities in a fun, non-judgmental and positive way, these experiences can be extremely beneficial to every member of your team. They can encourage unity. They can help team members understand the proper way to handle various situations. They can help team members learn how various 'plays' in the dental practice should be executed. That way, during an actual 'game,' all eyes can be on the play. If someone notices that the patient is about to be fumbled, they can do something to offer support or give advice to another team member so the patient can keep progressing towards the optimal outcome. >



ROLE-PLAYING SCENARIOS:

3 COMMON HANDOFFS

by *Aesthetic Dentistry* Editors and Tawana Coleman

In Tawana Coleman's 30-plus years as a practice development consultant, she has discovered that most dental practices struggle with primarily three patient handoffs. While there are many different types of scenarios that you can act out in a role-playing activity, these three are the best ones to start with in order to keep your team sharp! You can refer back to these as often as needed. For additional ideas, have a team brainstorming session and ask your team members to suggest areas that may require improvement.

Setup: Write these patient handoff scenarios on 3" x 5" index cards, tuck them away in a file box, and then pull them out randomly for role-playing activities during staff meetings or office trainings.

Handoff #1: The Backstory

Players: A member of the front office team, the clinical team, a patient.

Scenario: A patient visits for her first appointment to the office. A member of the front office team meets with the patient and finds out her backstory. Pertinent questions are asked to help the team get to know the patient. What is concerning the patient? What does the patient want to achieve by coming in today for the appointment?

Handoff: The front office person then goes to the clinical team (assistants and dentist) and relays the pertinent information about the patient, why she came in, and what the patient expects to accomplish with the visit.

Handoff #2: The Why

Players: The financial coordinator, a dental hygienist or assistant.

Scenario: The patient has already met with the dentist and hygienist. A treatment plan has been discussed with the patient.

Handoff: While the patient is still in the chair, the dental hygienist or the assistant slips away to visit with the financial coordinator to explain the purpose of the treatment. The hygienist or assistant doesn't merely explain **what** the dentist recommends, they also explain **why** it is recommended. This helps the financial coordinator complete his or her job of closing the deal with the patient and thereby making the necessary financial arrangements.

Handoff #3: The Payment

Players: A financial coordinator, a patient.

Scenario: The financial coordinator meets with the patient and discusses the benefits of the treatment plan. Then, he or she lets the patient know the financial obligation and helps the patient find ways to pay for treatment.

Handoff: The financial coordinator successfully hands off the patient in this scenario by making sure that all of the financial arrangements are properly documented in written form. The coordinator does not, under any circumstances, let the patient schedule an appointment for treatment unless an actual financial plan is discussed and documented.



The Morning Huddle

During our morning meeting (appropriately called a morning huddle), we talk about the upcoming day and the patients who are scheduled for appointments. This is a great opportunity to reinforce some of the plays that we've already practiced during the role-playing activities. In addition, we review the daily schedule and look for possible problems to address. Remind the team of the 'plays' to follow, so they can avoid any fumbles. If you foresee a particularly difficult challenge, make a plan to address it in advance, and you will increase the likelihood of a fumble-free day. The morning huddle is a great time for the team members to come together and discuss strategies, give encouragement to each other, and ultimately pump each other up for a great day ahead.

I am a big advocate of the morning huddle. This valuable team-bonding experience is a tremendous benefit to each of my practices—and I own several of them. If I'm not consistent with the content we cover in the morning huddle (with regards



The team at Sundance Dental Care gathers for a morning huddle, sets goals, and records results for the week.

to proper handoffs), we—as a team—will soon forget and may fall back into our old, familiar ways. During those lackadaisical times, we see an increase in fumbles, both large and small. As with everything in life, the more we remind ourselves of proper protocols, the greater chance we have of performing our routines in a correct and consistent way.

My advice is simple. Have a morning huddle every morning. And in those huddles, talk about the best way that you and your team can successfully handoff the patients throughout the day.

Dealing with Fumbles

No coach or quarterback can control everything that happens on the field. Occasionally team members make mistakes. They will fumble the ball. When those times occur (and they inevitably will) take the time to review the mistake individually with your team member. Don't publicly humiliate them by discussing the mistake with the entire team. Go over what went wrong and discuss ways that the situation can be handled more positively in the future.

It's the dentist's role to make sure mistakes are as minimal and infrequent as possible. One of the ways you can do that is by

taking the time to visit with your team members after a fumble and giving them proactive methods for improving their roles on the team. Review the plays with them. Find out if they have any concerns or questions. Help them develop their own ways to avoid fumbling the patient handoff in the future. Help them develop a better game plan for next time.

All the Way to the End Zone

Of course, the ultimate goal in football is to cross the goal line as many times as possible. The more touchdowns the better! Go! Fight! Win!

Ultimately, that is also the goal in a dental practice. If you constantly fumble patient handoffs and have to recover, the chances of getting the patient to accept and pay for treatment (touchdown!) decreases. You may still cross the goal line, but a lot of time—and likely money and productivity—are lost in the meantime. Overall productivity is directly tied to the way we handle the details in the daily operations of our practices. Forgetting to have a client arrange for financing, forgetting to reschedule a patient in the recall system, or forgetting to take care of necessary lab work prior to a patient's appointment are all examples of the types of fumbles that can reduce the productivity of a practice.

Statistics show that most dentists only get about 20 to 25 percent acceptance rates for their case presentations. If you do handoffs correctly in your practice, you can increase that number to closer to 50 percent—a significant increase. With those numbers alone, it's easy to understand how important proper handoffs are for your practice.

Start working today on improving the handoffs in your practice. Make sure you clearly explain the game plans and instill an understanding of how your team should execute them properly. Spend some time with your team members to role-play possible scenarios. Work on building up each member of the team, so that they feel confident enough to handle difficult situations, or just the everyday situations, when they arise.

Reduce the fumbles in your practice and you will increase the number of touchdowns. Your practice truly is Super Bowl quality—it just takes consistent effort and training to get there! ■

Dr. Tornow has been practicing dentistry since 2004, after completing an Advanced Education in General Dentistry and a tour in the U.S. Air Force. He has extensive post-doctoral training in full mouth rehabilitation, including dental implants. He is the founder of Sundance Dental Care in Bloomfield, NM and is involved in opening new dental practices each year. His greatest achievement is his family.



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July 1-2, 2016

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Keynote Speaker: **Michael Abrashoff**, former Commander of the USS Benfold

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Coming Soon: More information about the symposium—including the full speaker list, session details, accommodations and activities. Participants will qualify for continuing education credit. We will have events on Friday and Saturday and the resort will have recreational events throughout the weekend. Participants may opt to leave prior to the holiday.

40th Anniversary
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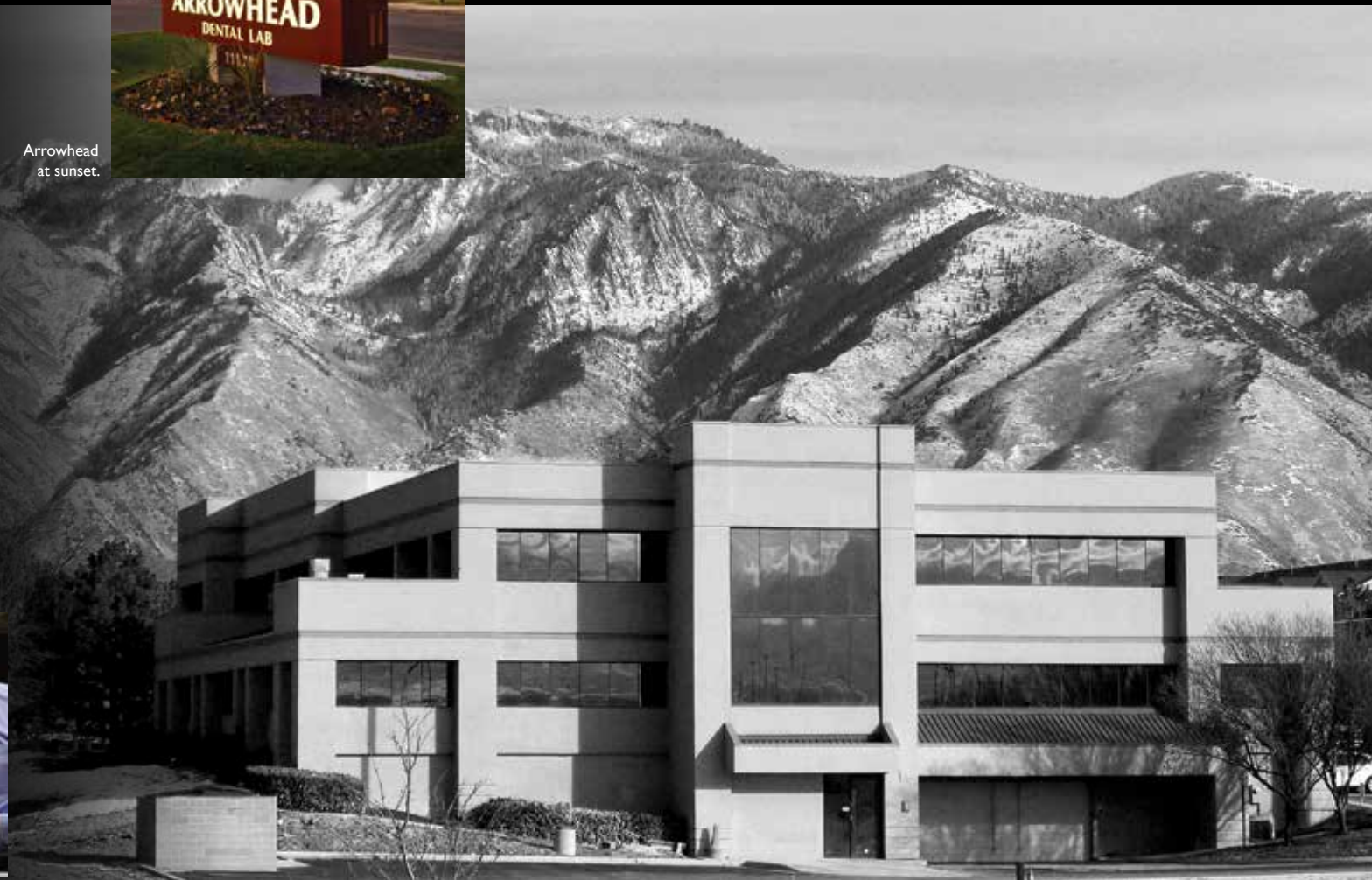
Dr. Jim Downs
instructing at
the Know Your
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Attention to detail
is a signature feature
of the Arrowhead
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40th Anniversary
ARROWHEAD

When Arrowhead opened for business in 1975, things were a little different. We originally set up shop in southern California, in a one-room office with a single technician. Today, at our current location in the Wasatch Mountains of Utah, we've grown to include several hundred employees in a state-of-the-art facility.

But some things never change—like brilliant artistry, unsurpassed quality and a commitment to service. For forty years, we've provided creative solutions for discerning dentists. And you have rewarded us by making Arrowhead your partner. The Arrowhead experience provides some of the most precise, artistic, and innovative cosmetic solutions in the world—all handcrafted from the finest materials and finished by expert technicians in the U.S.A.

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

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

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

Creating a Practice You'll Treasure

Shaping and Polishing Three Essential Skills.

Every dentist remembers those first exciting moments after finishing dental school. We tossed our caps into the air, received our diplomas and embarked on a grand new adventure. After spending years preparing for our future careers and gathering the skills for a productive practice, our minds were naturally filled with dreams of greatness. We envisioned waiting rooms overflowing with patients. We visualized a staff that would run the office smoothly and efficiently. We imagined that our finances would be so fruitful that our income would far outweigh the expenses. We pictured ourselves happily working on patients with perfectly organized and productive schedules. We thought we had all the skills to make our dreams come true. After all, as dental school graduates, we were taking on the world! We were leaving dental school with a bright future—armed with a gleaming treasure chest, full of skills that would bring wealth and renown to our dental practices.

Yet for all new dentists, reality eventually sets in. The light bulb goes on and we finally understand the cold, hard truth; the skills we thought we perfected in dental school may not quite be the polished gems that we imagined. This sudden understanding often comes when dentists realize that dental school may have provided us with the basics, but creating the dental practice of our dreams may require further work and knowledge.

An Aha! Moment

I had such a moment of epiphany not long after leaving dental school. I was fortunate to begin my career as an associate dentist in an established practice. This great opportunity afforded me an onsite mentor, with whom I could ask questions and seek out advice. Yet even though my mentor was helpful, he was limited in what he could teach. And I was hungry for more! I wanted to improve my skills, so I could eventually have my own successful practice.

As an associate dentist, I knew I wasn't going to achieve my goals trudging along with the daily routine in this office. I knew

that a successful practice of my own required more work—and additional refinement of the skills I obtained in dental school. I needed some direction for advanced training, but with my limited experience, I wasn't exactly sure where to turn.

I started exploring continuing education options. Not too long into my search, I fortuitously discovered the courses offered by the Dr. Dick Barnes Group. The classes seemed interesting and promising, so I decided to give them a try. After attending only one course, I was hooked. Over the years, I have taken every course offered by the group: clinical courses, financial courses and staff management courses. In fact, I have taken some of the courses several times. In every course, I shaped and polished my skills under the tutelage of expert mentors and teachers. And by so doing, I transformed my dream practice from aspiration to reality.

Three Essential Skills

The American philosopher Ralph Waldo Emerson defined success with an analogy of uncut diamonds. Emerson wrote, "Discard them and their value will never be known. Improve them and they will become the brightest gems in a useful life." I took some professional skills, or what I call 'gems' from dental school and improved them, and my practice is evolving into the practice of my dreams. Three particular skills greatly enhanced by the Dr. Dick Barnes Group were—office management, clinical skills and knowing your numbers.



Office Management Gem

The first course I took with the Dr. Dick Barnes Group was Tawana Coleman's Total Team Training in 2006. I chose this particular course first because I felt that my office management skills needed to be refined. Unfortunately, dental school provided little training on the best practices of managing an office and staff, so I definitely benefitted from some instruction.

PRACTICE PERFECT ■ ELLEN REMSING D.D.S.

I couldn't have asked for a better instructor on managing staff than Tawana Coleman. From the moment I sat down in her class, I felt at ease. Tawana is warm and personable, informative and inspirational, and teaches in a highly motivational style that inspires her audiences to be better and do better on both a professional and personal level.

In the two-day course, I learned a variety of new skills. First and foremost, I learned the importance of seeing and treating my employees as a team and not 'my staff.' I also learned that as the dentist, I am the leader of the team and therefore should lead by example to inspire the team to want to contribute to the success of the practice.

I also learned some techniques for improving my patient-relation strategies. I gained the confidence to offer patients the best possible treatment, regardless of monetary concerns. I learned that proper wording and communication is key in helping a patient to truly understand that what you're offering them is in their best interest and not merely a sales pitch to make a dollar.

When I returned to my practice, I utilized the tools that Tawana provided me in the course, particularly the team-building activities. I wanted to help members of my team feel valued in their contributions to the practice. By so doing, I helped them understand how critical their roles were in the day-to-day success of the office. An essential element was teaching the team to utilize Tawana's dialog when answering phone calls.

Before long, my office-management skills really took on a lustrous shine. My team consistently and persistently utilized Tawana's techniques in order to keep our office-management skills as polished as possible. We accomplished this by meeting regularly as a team and reassessing our goals. We also attended Tawana's course again for 'refreshers.' Since initially taking the course, I have sent members of my team to the Total Team Training a total of six times and plan on doing so as long as the course is offered. Each time we attend the course, we feel rejuvenated and ready to take our practice to a new level of productivity.



Clinical Skills Gem

The most common skills that dentists receive in dental school are clinical. I remember feeling fairly confident in my clinical skills when starting my practice—but I knew that there was still a great deal of refinement that needed to take place. Other types of skills were only tacitly covered in dental school. A good example was having the confidence to do dental implants.

Many dentists suppose that dental implants are typically something that only a specialist or seasoned expert would tackle. That's exactly how I felt about dental implants shortly after graduating from dental school. Such a procedure was something that I considered possibly adding to my repertoire sometime in the future, but certainly not as a novice dentist. However, my mindset soon changed.

The best advice I can give any dentist (either new to the industry or a seasoned veteran) is to look for ways to shape and polish your skills.

After such a rewarding experience at the Total Team Training, I signed up for more courses. I remember perusing through the various offerings and taking a second glance at the Implant EZ I course. Something about the course description really intrigued me. Don't get me wrong, I still felt apprehensive about giving it a try. I honestly didn't see myself as that kind of specialized dentist yet.

But after careful consideration, I decided that I didn't have anything to lose by enrolling. After all, I was just taking a course. I wasn't committing myself to anything more. At the end of the course, if I didn't feel that it was the right time to add dental implants to my practice, I wouldn't have to add them. So just a few short years into my practice and only two months after the Total Team Training course, I attended the Implant EZ I course. ▶

During the course, dentists get to watch firsthand as an expert dentist performs the procedures. And this happened on the first day! This type of instruction offers the unique experience of watching a master at work and listening to the step-by-step approach that he uses each and every time he completes an implant. It was like being given an itemized checklist of how to shape and refine this important clinical skill.

The real epiphany for me was when the instructor explained this basic premise: if dentists can do extractions, they can do dental implants. It had never been explained to me like that before, and honestly, had I not witnessed the procedure firsthand using a systematic step-by-step approach, I probably wouldn't have believed it! Learning to do implants also enhanced the skill of doing extractions into one of greater value for my patients.

Another clinical skill that I was able to polish through the courses at the Dr. Dick Barnes Group was Full Arch Reconstruction. In dental school, doing anything more than two crowns is considered extremely advanced. So the idea of completing a full arch reconstruction with a crown on every tooth is generally beyond any new dentist's wildest imagination.

If dentists can do extractions, they can do dental implants.

I didn't implement full arch reconstruction immediately after the dental implant course, but it certainly would have been possible. Essentially, the Full Arch Reconstruction course is taught the same way as the Implant EZ I, with over-the-shoulder, real-life demonstrations. In addition to this effective demonstration-style of teaching, instructors also provide students with clear checklists to follow throughout the entire process, just as they do with the Implant EZ I. The checklists are extremely helpful because they outline the steps to follow before, during, and after the procedure in order to ensure a successful outcome. This literally takes all of the guesswork out of full arch reconstruction—the plan of attack, as it were—is clearly setup in a systematic fashion.

After the class was completed, I had the practical tools to implement the procedures into my practice. As with the Implant EZ I course, I left this course with a nugget of truth: if a dentist can seat a crown, there's absolutely no reason why he or she can't do a full arch reconstruction after receiving the proper mentorship and training.

After each course, I began to integrate elements of what I learned into my practice. I initially chose 'ideal' cases when applying new techniques. I didn't want to choose the most difficult cases, as that surely would have affected my success rate.

After successfully completing my first few cases, my confidence soared and I took on additional implant cases. I received referrals from patients whose friends were impressed with my work. Such cases have been big, income-generating procedures for my office. They have affected the bottom line exponentially.



Know Your Numbers Gem

Similarly, the financial seminars offered by the Dr. Dick Barnes Group are a crucial component to building a successful dental practice. If there's anything significantly missing in dental school, it's the methods of how to properly run a business. Dental school primarily focuses on the clinical aspects

of dentistry. There's very little emphasis (if any) about how to effectively manage the business aspects of a dental practice. That leaves a slew of unanswered questions: How much does it cost me to open my practice every day? How do I do payroll? How can I lower my overhead and increase my income level? Immediately after dental school, I did not know the answers to any of those questions. I felt extremely overwhelmed and inadequate in this area of my practice.

However, I obtained the skills I needed by attending the Know Your Numbers course taught by Dr. Jim Downs. During the course, I remember a significant moment when Dr. Downs explained the BAM, essentially a "Bare Amount of Money." He analyzed all of the numbers and helped me understand what it costs to open my doors every day. When he explained the BAM, I finally got it! I knew why I had been so frustrated with my practice—I wasn't running it as a true business. This knowledge definitely helped me reassess how to allocate my funds in order to have the successful practice that I had always envisioned.

After discussing the BAM, Dr. Downs taught methods for setting clear financial goals and how to achieve them. In other words, he taught me how to cut, shape, and polish my business skills into gems of great value. Dr. Downs's methodology made it completely possible. I learned many things, including: the amount of money it takes to run a practice on a daily basis; how to establish production goals; how to motivate my staff; and how to successfully manage my inflow, outflow, and overall budget. By the end of the seminar, I had the skills to make a real difference in the financial aspects of my practice.

When I returned home, I strategized a plan with my team. Together, we set goals with tangible rewards, just as the course suggested. This was incredibly motivating. We realized that if we worked together, we could make this practice profitable for all of us.

By utilizing such techniques, we literally doubled our business in the first month. During the past few years, we have continued to set high goals and achieve them. It has helped our practice grow at a steady pace for the past three years.

Based on my experience, the best advice I can give any dentist, new or experienced, is to look for ways to shape and polish your skills. One of the greatest professional choices I've made thus far is continuing to advance my knowledge. The courses I have taken through the Dr. Dick Barnes Group have transformed my practice. I plan on a long career in dentistry and will continue to refine and polish the gems I acquired in dental school. I am already reaping the rewards of doing so—I now have a treasure chest filled with gleaming gems. For me, that brings true success in dentistry. The same can happen for you! ■

Born in Anchorage AK, Dr. Ellen Remsing moved to Kansas in 1994 with her family. She attended The University of Kansas (KU) on a full athletic scholarship with the women's rowing team. Dr. Remsing graduated from KU in 2000. She then attended Creighton University School of Dentistry and, graduated in 2004. In 2006, she opened a practice with her dad in Manhattan, KS.



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

Dr. Cody Bauer, Mansfield, TX

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

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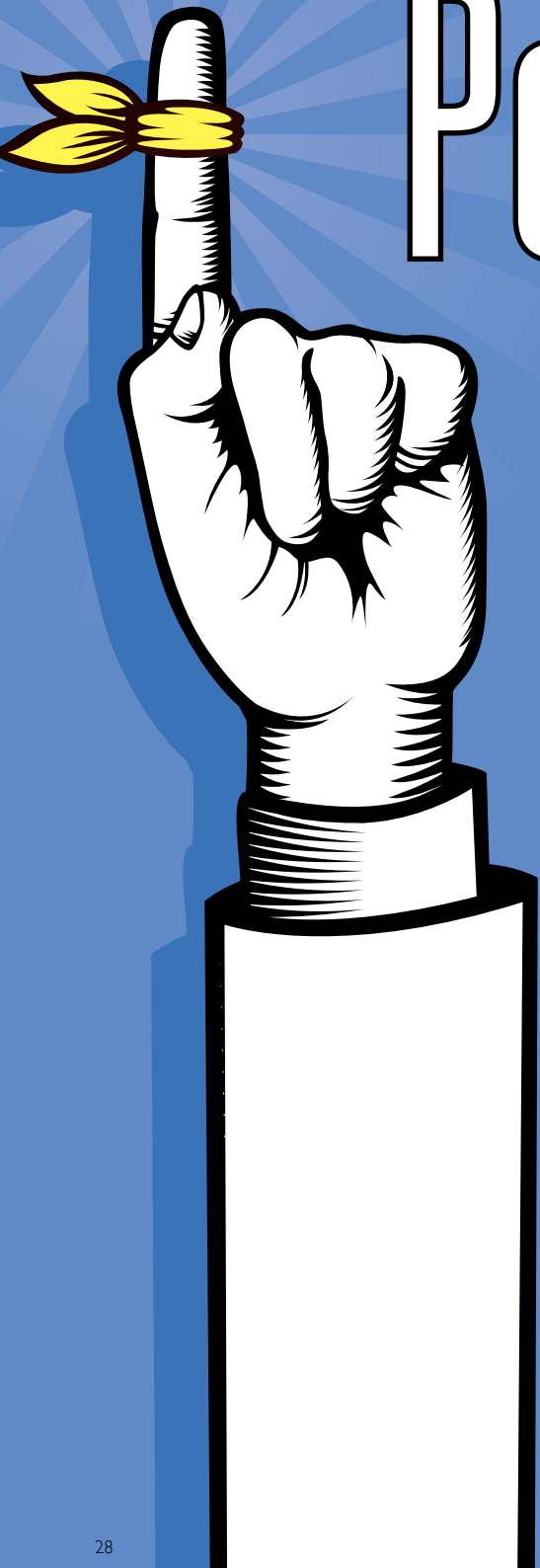
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The Untapped Power of Your Recall System

Increase Your Production Using Existing Patients.

There's one simple truth about dentistry that can't be refuted: the lifeblood of every practice is the patients—both new patients and recall patients.

Dental offices invest large amounts of money into marketing systems to attract new patients, but they should also invest time and effort into recall systems. While marketing is great for building a patient base and increasing the number of new patients, the purpose of adding new patients is to grow the practice with patients you see on a regular basis. If you don't keep in touch with your existing patients and make sure they are making and keeping follow-up appointments, you will fail to retain them. It's that simple. And when you lose patients, you lose productivity and revenue.

Times Have Changed

In my 30-plus years in the dental industry, I continue to stress the importance and necessity of having a productive recall system. In the past, when I asked clients to run the numbers in their databases to determine how many patients haven't returned for recall appointments in the last six months, I always stressed that if they had one hundred or more patients on that list, then they have a poor recall system.

The lifeblood of every practice is the patients—both new patients and recall patients.

Today, times have changed, but not necessarily for the better. In the past few years, I have noticed an alarming trend among dental practices. I am no longer seeing six-month overdue recall lists (patients overdue by one day to six months) with one hundred names. Now I see lists with on the **average** of two hundred names and more!

If one hundred patients on a list seemed concerning, imagine seeing the lists doubling and almost tripling in size! Keep in mind that 200 to 250 is the **average** number of names on a six-month overdue recall list. I have witnessed dental practices with far more patients on their lists than the average! It is truly astounding and concerning.

Recalls Really Add Up

So why is having so many patients on such lists so alarming? Consider the following: an office runs a database search and finds two hundred patients in the past six months who should have come in for hygiene appointments but did not (either they cancelled the appointment, no-showed, or never made a return appointment). Regardless of the reason, two hundred people did not visit the practice.

Imagine that the office charges \$200 for a hygiene appointment. A simple calculation reveals that the office lost \$40,000 in the last six months, or about \$6,600 per month. That's a big number! And keep in mind, that's merely the revenue lost on hygiene appointments.

On average, half of all adult patients need at least one crown. If half the number of those missed appointments (100 patients) need a crown (which averages about \$900 per crown), you'll discover that not only did the practice lose approximately \$6,600 per month on hygiene exams, but the practice potentially lost an additional \$15,000 per month in crown fees. That amounts to about \$260,000 in lost revenue, annually. Yes, you read that right—**\$260,000!**

Keep in mind, that figure includes only hygiene appointments and crowns. Imagine the additional dentistry that such patients potentially need: implants, full arch reconstructions, sleep dentistry cases, etc. With those considerations, the dollar figure just keeps climbing and climbing!

Keep in mind 200 to 250 is the *average* number of names on a six-month overdue recall list.

The numbers don't lie. If you think you can afford to be carefree and laid back when it comes to the structure of your recall system, think again! You can't.

Running Your Numbers

You might think, "This isn't me! I have a great recall system!" Well, for your sake and the productivity of your office, I really hope you're right! But there's only one way to be certain. You have to run the six-month overdue lists.

Every practice management software system (Dentrix, Eaglesoft, etc.) includes a reporting system that runs lists for all kinds of recall patients: perio recall, hygiene recall, etc. If you don't know how to run recall lists with the software program you use, check any materials you received when you purchased the program for instructions. Or check for additional resources on the manufacturer's website.

For example, if you use Patterson Eaglesoft as your office reporting software, simply go to the manufacturer's website (Patterson.eaglesoft.net) and click on the "Training and Support" tab.

Once there, go to "Click here for FAQ" at the bottom of the page and you'll be directed to a customer support web page (Pattersonsupport.custhelp.com). There you can search "recall lists" in the keyword field.

In this program, you can search between periods of dates (remember, I suggest always going back six months). Once you have chosen the dates to search, click on such criteria as, "Patients Due for Cleanings but No Scheduled Preventative Appointments," or "Patients Not Seen Since Specified Dates," etc. You can even narrow the query by selecting "Preferred Dentist," or "Preferred Hygienist."

Once you've made your selections, the program will run the requested report. It's that easy. The verdict will be in and you'll know the status of your recall system.

After you've run a six-month overdue report, check the following to determine your ranking:

Excellent = Anything close to 0

Concerning = Anything near 100

Detrimental = Anything over 100

After running the report, you'll have a good idea of how much potential work you have available with recall patients. Just about every office can improve their recall system in some way, or in some cases, *many* ways!

Tips to Improve Your Recall System

In my Total Team Training seminar, I offer detailed methods for improving office recall systems. Here is a sample of the steps that I suggest to help you start making some initial improvements:

Step 1: Run the six-month overdue recall report.

However, don't think you can run this report only once. Your office should run this report every month! This report is absolutely crucial for an effective and efficient recall system. Up-to-date data will keep you current on patients who should have come in, but didn't.

Step 2: Designate specific team members to start making calls and scheduling appointments. This may feel like an extremely daunting task, especially at the outset, when the number of contacts can potentially be very high. But don't get discouraged. And don't let your team members get discouraged. Ask them to make a specific number of calls each day, until everyone has been contacted. With daily effort, the numbers on the list will decrease and become a task that eventually only requires a few calls each day.

Step 3: Review your scheduling practices and leave time for additional appointments each week. You never want to book your schedule so tightly that you can't accommodate new patients and recall patients. Unexpected events inevitably arise and can cause a patient to cancel or change a hygiene appointment. If you don't leave space in the schedule for such modifications, a recall patient might fall through the cracks if he or she can't reschedule in a timely fashion. Also, if you don't have unallocated time in the schedule, how are you going to accommodate the patients who you're calling in step two? Always leave some openings in the weekly schedule for recall appointments. ▶

Automated Recall Systems

Clearly, improvements in technology can be utilized to benefit dental practices. We now have electronic databases to keep track of patients, where once we only had paper files. However, sometimes technology can turn into a crutch and actually impede success. Unfortunately, for some offices, the automated recall system may be such a crutch.

Automated systems send a text or email to patients to remind them about their upcoming recall appointments. While this might seem fantastic and a great way to save money on team members' salaries, these systems don't always deliver as imagined. The problem? Automated systems remove the relationship-building experience from the scenario—and building relationships through one-on-one interactions with your patients is a key component of a successful dental practice. Most patients just don't have a commitment to an automated message.

Automated systems have been found to increase the number of cancellations and no-shows! Think about the havoc this could potentially wreak on your day. Most of these cancellations and no-shows are due to the fact that automated systems create an environment where the patient feels like a number. Patients no longer feel valued or important. The communication suddenly changes from a very personal nature to a highly impersonal one.

If the six-month overdue recall list isn't around zero names, then dentists may want to consider whether the automated systems are truly getting the job done.

Some doctors report that younger patients prefer contact via text or email. To this response, I usually ask, "How is that working for you?" If the six-month overdue recall list isn't around zero names, then dentists may want to consider whether the automated systems are truly getting the job done.

Whether intentional or not, more patients miss appointments from a computer-generated text or email than from appointments confirmed by a real person. There is less commitment with a text or email message because there is no relationship between the patient and the technology. The patient may feel that if you don't have the time or interest to make an in-person phone call, then maybe he or she doesn't have the time to come in!

I consulted with an office recently on this very topic. Here's what they said to me: "We currently use [an automated system] to send our patient communication via text, email, and postcards. We make actual calls as well, but only if the patient doesn't respond electronically. It seems to be great for some patients, but on the other hand, it makes cancellations much easier for patients. We are seeing more last minute cancellations and no shows."

There is a place for automation and there is a place for human contact. When you're dealing with patients, you need to treat them with true caring. They need to know that they're just not a number in your practice. Patients should know that you value them enough to ask a human being to call and actually talk about setting up recall appointments. When you remove the human element from your practice by switching everything to automation, fewer patients may show up for recall appointments.

Making the Call

I'm a big advocate of using scripted dialogues when talking on the phone with patients. When team members practice and memorize these scripts, they know exactly what to say and how to respond to patients in any given scenario.

Memorized scripts work for one simple reason: they eliminate the need to craft a new message every time you talk with a patient. This allows the team member to focus on the patient and his or her needs. When you aren't searching for the basic words to say about the purpose of the call, you can listen for cues that the patient gives with their responses (voice inflection, explanation of financial woes and personal problems, etc.).

Script memorization allows the team member to become an expert listener. The team member will know how to respond to patients in a more effective way. And because of that, results from the calls will be more successful. I have found that with a memorized script, nine out of ten patients will agree to setup a recall appointment.

Not only is it important **what** we say, but it's also very important **how** we say it. Team members should make sure their tone is both positive and appropriate. The goal is to communicate that he or she is happy to be talking with patients, concerned about their current situation, and resourceful in helping them solve any type of problem with rescheduling, etc.

Here is a sample dialogue to initiate a conversation with a patient who missed his or her last hygiene appointment:

(Team Member): "Hello, Lee! This is Amanda from XYZ Dental. We became concerned when we realized that you had missed your six-month cleaning and exam appointment. Our schedule is filling up quickly and I know how important this visit is to you. As a courtesy, I am giving you a call. Is a morning or an afternoon appointment better for you?"

The scripted dialogue provides the team member with the information that he or she needs to schedule a recall appointment. Afterwards, the team member poses a question, and then waits for a response. Based on how the patient responds, the team member can continue the conversation appropriately with additional scripts.

For example, if the patient says that he or she can't afford to come in right now, the team member will have a specific response. If the patient responds that he or she has been ill, then the team member will have a specific script for that circumstance.

Of course, all team member responses will be empathetic to the patient's situation and will help him or her feel that XYZ Dental really does care. Even if the patient can't commit to scheduling an appointment, the patient will know that he or she has chosen the right dental practice and when the situation changes, the patient will definitely come back in!

A Successful Call

I often hear from dental practices that they just don't want to make these calls. Their reasons vary, but often they just don't see the value. However, my goal is to help everyone understand how important these calls are to the success of your six-month overdue recall system.

I often think about a fairly recent experience with regards to this topic. I was consulting with a dental practice that was in desperate need of improving their recall system. I worked with the

front office staff to run the reports and develop an action plan. As we looked over the list of patients to call, the team member assigned with making the calls wasn't very excited. In fact, she wanted to cross one family off the list before the first attempt. She said, "We know they don't have a lot of money. There's no point in calling them. They won't be able to come in."

I was really disappointed with her attitude. In my professional and personal opinion, I don't believe that dental professionals should make decisions **for** our patients. We need to give them all of the facts, all of the options, and then let the patients make the decisions about their own dental health! Don't assume that someone can't afford dental care. Give each patient the opportunity to have the best possible care and let him or her choose what they want to do!

After listening to the team member, I gently reminded her to call **everyone**. And I explained that she should have the same expectations for each patient—that they really want and need to come in! So she agreed to the task and started making the calls.

Later that day, the team member rushed

up to me with a great deal of excitement. She said, "That family made an appointment! They were so happy we called. They thought we didn't want to have them back as patients because we never called them back, so that's why they didn't return!"

With that one experience, that team member knew immediately the power of a phone call and the power of human contact in a successful recall system. And now—because I've shared this experience with you—so do you!

Diligent Effort

Always remember that diligent effort is required to improve your recall systems! Run your six-month overdue reports **every month** and keep making calls. Call each patient at least three times during the month to see if you can reach them. If you don't reach the patient after three calls, then send him or her a note in the mail. It can be a letter or a card, but it needs to be a personal correspondence, with a handwritten signature. I also recommend that you place it in a sealed envelope—you don't want the mailman reading your personal correspondence with the patient.

Personal correspondence is important because it sets you apart from the competition. The many offices that use automated

recall systems correspond with their patients only via texts and emails. Set yourself apart from the competition and show your patients that your practice is a patient-focused one!

With consistent effort, you will be able to keep your recall lists current and cleaned up for the previous six months. Remember, your goal is to eventually have **zero** names generated when you run your six-month overdue recall report. That is the ideal scenario and one that you should always be working towards.

A good way to gauge the successfulness of your six-month overdue recall system is in the productivity of your hygienists. If they are sitting idly because patients aren't showing up for appointments or because there aren't enough appointments scheduled, then you need to work on your recall. Conversely, if your hygienists are constantly producing, but your recall numbers are still high, then perhaps it's time to hire more hygienists so you can get the numbers on your report closer to zero. Remember, the best possible scenario and an indication of a successful recall system is that your hygienists are **always** productive with appointments and the number on your recall list is at or near zero.

A Thriving Practice

I truly believe that having an effective recall system is not just important, it's urgent! Utilizing the patients you already have is the best way to improve overall productivity and increase the revenue of your practice. You spent time and money getting these patients into your office, now do what is necessary to retain them.

Keeping in touch with patients twice a year to schedule six-month hygiene appointments is a great opportunity for building personal relationships. Patients will feel that you care about them and truly want the very best for them and their dental health. Interestingly, when patients feel this way, they are more inclined to recommend you to their family and friends. Ultimately, you will not only improve your recall system, you'll also add to your new patient roster as well.

Patients are the lifeblood of every practice. Keep them flowing in—through both recall and new patient additions—and your practice will continue to develop and thrive! ■



Tawana Coleman has been a practice development trainer with the Dr. Dick Barnes Group for more than twenty years. She has worked with thousands of dental practices. The structure that she teaches has empowered dental practices across the country to dramatically increase production. For questions regarding recall, email Tawana at rtcoleman@cox.net.

Out of Site, Out of Mind

Internet Marketing, Part 1: The Dangers of Neglecting Your Website.

This article is the first installment of a multi-part series on the topic of online marketing. Look for additional articles designed to help you with your online marketing efforts in future issues of AD.

Approximately 80 percent of all people will research information about a product or service before purchasing it. And all of those consumers use the Internet as the primary way to conduct research. A challenge for every dentist is ensuring that your information is found easily and more importantly, that it is found first.

An Online Presence

What does that mean for the modern dental practice? Quite simply, if you don't have an online presence with an effective website, your ability to compete is in danger. Dentists should view a website as an online extension of their practice. More specifically, it is the online version of the front office of your practice. The website should engage with new and existing patients on their time frame. And just like a new patient can visit a physical office and ask questions of the front office staff,

Quite simply, if you don't have an online presence with an effective website, your ability to compete is in danger.

a person can also visit an online office and gather similar information. Some of the most important benefits of a webpage are: it offers patients a sense of anonymity (which allows them to more fully investigate you and your practice on their terms), it allows patients to get a better idea of what makes your practice different from the others, and it communicates that you are up-to-date and relevant.

The key elements of a standard website include: information about the dentists, dental team and their backgrounds; information about the types of treatments that are offered; pictures

and videos of treatment outcomes; patient testimonials and any other key messages that you feel are important for your patients. Visitors can spend an unlimited amount of time browsing these important features and getting to know what makes your practice unique.

Make sure that your website differentiates your practice from the competition. If your site doesn't set your practice apart, visitors will likely make choices based on convenience factors, such as price or appointment availability. Your website should clearly show why your practice outshines others and why patients should trust you with their oral health.

No other marketing tool compares to a well-executed website. Leads generated from social media platforms will eventually land on your website and what a patient finds largely determines if they will contact you.

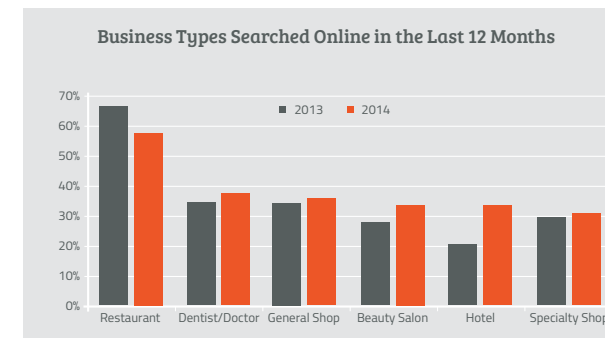
I'm Set—I'm on Facebook

An online presence has many different layers. The social media aspect of an online presence includes Google+, LinkedIn, and Facebook, among several others. These powerful tools allow patients to interact with you and others who have direct experience with you in a way that is comfortable and easy to access.

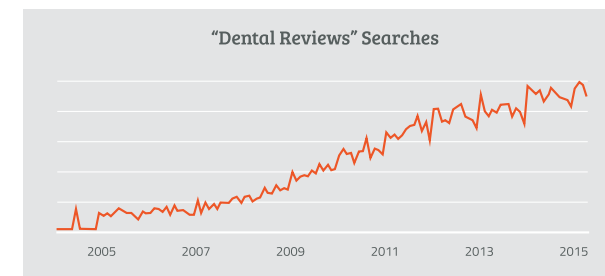
But some businesses mistakenly assume that presence on a social media platform is a substitute for a traditional web page. Nothing could be further from the truth. Because social media platforms generally require a user to have an account, by solely relying on a social media platform, you limit the reach of your online presence to the individuals on that platform.

Also, with social media, your profile is subject to a predetermined layout that makes you look like pretty much every other dentist. You are constrained to the dictates of a particular platform and are limited in how you engage customers and communicate your message.

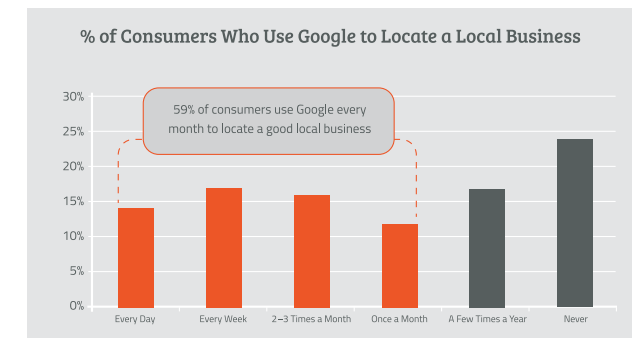
People can make comments on social media, but they typically can't do much outside a predetermined level of interaction.



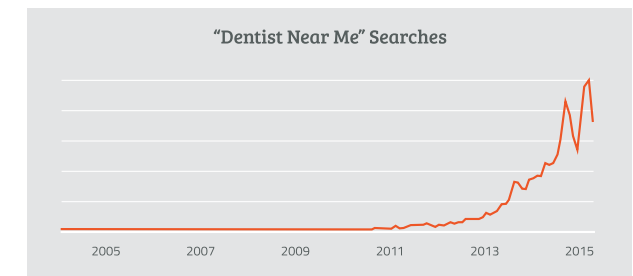
Above: Of the different types of businesses searched online, dentist/doctor is the second most searched category.



Above: The overall increase in the number of searches for "Dental Reviews."



Above: Fifty-nine percent of consumers use Google every month to locate a local business.



Above: The overall increase in the number of searches for "Dentist Near Me."

Furthermore, on social media, visitor traffic cannot be tracked like it can on websites. With social media, you are usually only given a subset of data that may not include the information that is resonating with potential patients. With social media platforms, it's difficult to gauge much more than a subjective assessment of the effectiveness of various marketing campaigns.

Finally, social media platforms wax and wane in popularity. Remember MySpace? From 2005 until 2008, MySpace was the largest social networking site in the world and in June 2006, it surpassed Google as the most visited website in the United States. In 2009, however, Facebook outstripped MySpace in website visits and despite valiant attempts, Myspace never regained its early popularity.

Of course, social media has its purpose and can be extremely helpful for online marketing. But it should not be your **primary** marketing platform. In the online world, it's crucial to secure your online reputation on a solid foundation—your official website. Use social media as a tool to drive patients to your website and make it your central online engagement platform.

Internet websites aren't quite as subject to trends as social media. Traditional websites also allow you to craft and disseminate **your** message, **your way**. A professional website can include "lead capture forms" and more traditional calls to action, such as scheduling an appointment, requesting a phone call or submitting a question.

As far as websites are concerned, there are websites and there are **effective** websites. Some websites are definitely more purpose driven than others. So how do you ensure you have an effective website for your dental practice? Pay attention to the following strategy: build aesthetically-pleasing websites, make your website accessible via mobile devices, use blogs and reviews to your advantage, and understand analytics and SEO to increase findability.

Aesthetically-Pleasing Websites

Make sure that your website is aesthetically attractive in its design, is easy to navigate and is inline with your branding. Visitors to your website should be able to find key details about your practice without doing unnecessary searching. You don't—for example—want people hunting all over the place to find the phone number for your office!

A good idea is to place contact information (particularly the phone number) at the top of the home page in a font that is large enough to read. The part of the webpage that you can see without scrolling down is referred to as the top of the "fold." Place crucial information at the top of the fold, so your contact information will be right in front of visitors, where it should be.

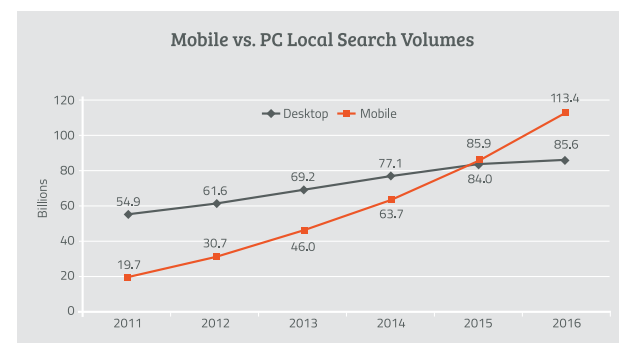
The home page is a website's prime real estate. It is the most important page of your website. It's the first place that many of your visitors will land and it should make a positive first impression. It should appear professional, with a good color scheme, lots of white space, a readable font and be clutter free. Do not include more than 400 words of text on this page. Any more words will overwhelm visitors and make them less likely to read on. Since your words are limited, be very particular about them. In addition to contact info, include marketing calls to action and dropdown menus, where visitors can navigate to other areas on the site, especially those areas that differentiate your practice.

Remember, content is king! All content should be well written and pertinent. Take time to check that the grammar, punctuation, and overall message is thoroughly edited and reviewed. Content that is full of errors leaves a poor impression. If a dental team can't spot missing commas and misspelled words, then maybe they won't correctly place an implant or properly seat a crown. Give your visitors confidence by showing professionalism in even the smallest details on your website. ▶

Similarly, all photos on your website should be crisp and in focus. Many dentists like to have slider bars on their home page, so that a new picture pops up at set intervals in a slide-show format. While these are attractive for viewers, they cause problems on the formatting end, when the website is transferred to a mobile device. So use a single, static photo on the website and avoid slider bars altogether. The photo you use can be a high-quality generic image purchased from a stock photo company. Or it can be a photo of the dental team, the doctor, or even a close-up of one of your patient's best smiles.

Mobile Accessibility

Smartphones and tablets aren't going anywhere and their popularity is steadily increasing. An April 2015 Pew Research Center report found that 62 percent of smartphone users (roughly six out of 10), used their phones to get information about a health condition last year. Because of that, make sure that your website works on both traditional computer formats as well as mobile devices. In February 2015, Google announced an update to the Google Search methodology, which states that sites that are not mobile responsive will be penalized in search results. That means, if your site cannot adjust to a mobile layout, your website will be deemed less relevant by Google and not show up near the top of the search results.



Above: The number of local searches performed each year on personal computers and mobile devices (during the years 2011–2016).

To ensure that you have a strong mobile-friendly presence is to use a platform like WordPress. WordPress was built with mobile responsiveness as a core feature, and a number of ready-made plugins make this endeavor inexpensive and easy. If you use the latest WordPress platform, you'll notice specific tips for easy adjustments to modify your website for updated mobile compatibility.

The Importance of SEO

The third important part of an effective website is findability. Findability is making sure that people can actually *find* your website when they're searching for a dentist online. That's where the term *search engine optimization* (SEO) comes into play.

CHECK YOUR WEBSITE'S MOBILE COMPATIBILITY

Go to your website on your smartphone or tablet. Then ask yourself the following questions:

- **Does my website automatically change its layout to conform to the limited space of mobile devices?**
If the answer is no, then your site is not designed to work on a mobile device. To see what a mobile responsive site looks like, go to a site like CNN.com on your computer and then go to the same site on your mobile device. The content will essentially be the same but the layout is optimized for different screen sizes. Remember, ease of use and navigation is crucial. You don't want potential patients having to zoom in and out to navigate your website.
- **Does the menu bar automatically change to become more legible on the smaller screen of a mobile device?**
If the answer is no, then your site is not designed to work on a mobile device.
- **What does the report convey after I run my website's name through Google's free Mobile-Friendly Test?**
If it reports, "Awesome! This page is mobile-friendly," then you're set! If it doesn't, you have some work to do. This mobile-friendly analysis will give you specific reasons for the incompatibility of your site to mobile devices, such as: "Text is too small to read," "Mobile viewport not set," and "Links are too close together." It also suggests various recommendations (via hyperlinks) to make your site mobile friendly.

The purpose of Internet search engines is to help people find websites, based upon the search terms being used. Search engines operate on the concept of relevancy. All search engines use content found on websites to determine how relevant it is to a search. Search engines use web crawlers (online robots that gather information) to determine what your site is about and what kinds of searches it would be relevant for. Then, they compile huge indexes with the information. SEO is the process

It does you no good to be found by Google if you end up listed on page 56, or even pages five or six.

of using key words and other techniques to make sure the search engines understand what your webpage is relevant for. Usually the most relevant sites show up at the top of the results page. Search engines can only utilize words on websites; they can't search images or videos unless such media have key words, tags, or titles attached to them.

For example, if someone types the words, "Dentist in Miami" into a search engine, the search engine checks its indexes and finds websites with textual relevancy to "Dentist in Miami." Searching for "Dentist in Miami" on Google can yield more than **one million** results. The search engine then arranges the results in order of relevancy. The results show the most relevant websites first and the least relevant websites last.

So how does Google determine relevancy? As mentioned, it's based on textual context and a number of criteria, including SEO. Expert website designers and content creators use SEO when they write copy for websites in titles, articles, blog posts and tags. They use precise language and keywords in every aspect of the website so that Google crawlers will find the website after certain searches are conducted online. Therefore, if you are a dentist in Miami and you want your website to be found when someone searches for "Dentist in Miami," the keywords, "Dentist" and "Miami" should be placed in a variety of places on your website's content.

Remember, there's more to having a website than just showing up in the results. It does you no good to be found by Google if you end up listed on page 56, or even pages five or six. People who use search engines rarely look beyond the first or second page of results, so ideally, your website should show up in the first few pages. Good SEO marketers and content creators can improve your online presence by creating specific content (and using other advanced strategies) to improve your website rankings.

If you are already using an SEO provider, check your rankings every month and make sure they are progressing until you are at or near the top of the front page. Don't make the mistake of signing up with an SEO provider and ignoring where you show up on searches. Check monthly to make sure your content is optimized and that your SEO provider is worth the investment. In fact, your SEO provider should provide you a monthly report showing the progress. If not, you may need to look for another SEO provider.

Search engines are frequently updating their indexes so they can provide better results for online users. Because of that, websites must constantly be updated. Don't assume that you can get your website up and going and forget about it! You will either personally need to monitor your website to make sure it's up with the current trends, or hire an expert to take care of that for you.

Get Blogging

A weblog, commonly known as a **blog**, is one of the most important things you can have on your website. Blogs help increase your search rankings and drive traffic to your website. This happens because updating your content requires Google to re-index your site on a more frequent basis. Generally, Google will only re-index websites every six to eight weeks. However, if you add new content to your site (by adding a blog post, for instance), it should help with rankings. Google considers sites with updated content more relevant than sites that are never updated. It's best to blog at least once or twice a month, as long as the content is helpful and pertinent. Consistency is the key. Don't write one or two blog posts and then not write any more for months.

So who should write these blog posts and what should they be about? Ideally, someone with good writing skills and a desire to write content that is both interesting and helpful to your patients. If that person is you, then great! If that person is a member of your front office team or clinical team, then great! Or you could use multiple authors by rotating the writing assignments. If no one in your office has the skills or inclination, hire a professional writer, web developer, or SEO marketer to provide content for you.

A blog is one of the most important things you can have on your website. Blogs help increase your search rankings and drive traffic to your website.

For a dentistry website, educational and health-related articles are always welcome by patients. Also, consider the most common questions from patients and start writing from there. In addition, share personal interest stories to help your patients engage with you and your business. Such posts could feature special events for the patients and even humanitarian dentistry programs that your dental team participates in. Look at other dental blogs, too, and find ones that resonate with you. Keep in mind, you should **never** copy content from other websites and use it on your own. This is not just because of copyright laws, but also because Google will penalize you for using duplicate content and push your site lower in the search results. Only use fresh, original content on your website and Google will increase your site's relevancy.

A few tips about blog posts: the best posts are both informative and succinct. So keep the length at about 300 to 600 words. In addition, include photos and images on your blog posts in order to create variety and a visual interest on the page.

Many blogs offer readers a comment field, for responses to blog postings. However, have someone consistently monitor those posts to ensure that you don't get any spam or other

inappropriate comments left on the site. WordPress and other platforms include features to prevent comments from being posted until an administrator approves it. So it's a good option for keeping tabs on what others add to your site.

Your Reputation Matters

Speaking of monitoring comments, reviews about your business will show up on all kinds of platforms. These reviews will, of course, be both good and bad. A good way to get reviews and increase your ranking on Google is to setup a free Google+ account. Google+ is essentially Google's social media platform for reviews, but because Google is a search engine, Google gives websites with a Google+ account a higher relevancy score. The power of an online review cannot be overemphasized. People are **heavily** influenced by online reviews and most people trust such reviews and make purchasing decisions based upon them.

When it comes to reviews, consider asking patients who are happy with their treatment to write a review, preferably on Google+. Ask them directly or if you prefer, ask a member of your team to talk with them about it. As a gentle reminder, place a card with the review website inside their hygiene takeaway bag. Be forewarned that you should never ask a patient to complete the review on a tablet or other device while they are in the office. Why? Because Google tracks the location of the review and if they see reviews coming from an Internet connection at your practice, they will deem it less valid than those from Internet connections not associated with your practice.

If and when you get a bad review online, your best strategy is to acknowledge their feelings of dissatisfaction and invite them to call you so that the problem can be resolved offline. The worst thing you can do is ignore it. If you address a problem and do so in a fashion that shows genuine care and concern, you will be surprised at how positively it impresses potential patients. Do not engage in negative comments or argue with people online. Maintain a professional decorum and online presence.

Get Started Now

Your online presence will greatly improve when you take the steps necessary to do something about it! Professional websites are—and will continue to be—very important aspects of any successful marketing plan. In today's market, you simply must have a well-functioning website to engage patients.

The longer you wait, the harder it's going to be to catch up with your competition. So if you haven't already, start today! There's a whole world wide web out there waiting for you and your dental practice! ■

For information on using analytics see page 42.

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BEST PRACTICES ■ ALAN R. DE ANGELO D.D.S

Give a Little Bit

Taking a Calculated Risk Pays Off.

Sometimes the best-laid plans go awry. For her sister's bachelorette party, "Maria" (name has been changed), a twenty-year-old, did everything right. She called a cab to take her and the other bridesmaids to celebrate in downtown Chicago. That night, no one needed to be a designated driver—everyone could enjoy the evening, worry free, and have fun.

Unfortunately, the cab ride home took a turn for the worse. While driving, Maria's taxi driver got into an argument with another cab driver and the ensuing accident cost Maria her six incisors.

After her oral surgery, which included the removal of six fractured and/or avulsed incisors, the fixation of her buccal plate, bone grafts and placement of four implants, Maria visited her personal dentist and explained the situation. The automobile insurance from the accident would pay for the claim, but she was unable to prepay. She asked her dentist if he would wait for payment, which would arrive in about six to nine months. Her dentist (a dentist whom she had seen since she was seven years old) refused.

Maria then went to four other local dentists and pleaded her case but was repeatedly rejected. In frustration, she called the oral surgeon and asked for his help in getting a referral. He called me, probably because he knows I'm a pushover ... I mean, a warm caring individual.

The oral surgeon explained all the pertinent details about the accident and referred the lawyer

handling the insurance company to me. I did a bit of research and discovered that the lawyer had a good reputation and I couldn't see any record of frivolous lawsuits. So I went out on a limb a little bit (because sometimes insurance companies can take a long time to pay), but because of the lawyer's good reputation, I decided to help out. I agreed to do the dentistry and wait for payment.

After fabricating flippers/temporary partials as provisionals for her, we waited the prerequisite amount of time for proper osseointegration of the implants and then did her final restoration. Because Maria was a twenty-year-old young woman and because quality (not price) was most important, I chose to use Arrow-head's Elite crowns to restore her teeth. As you can see, the results were beautiful.

What did I get in return? Well, I got a hug from the patient, a thank you from her mother and an entire family of new patients. Moreover, I received a phone call from the attorney who handled the case. He not only thanked me for taking such good care of Maria but after meeting with her, he raved about the beautiful dentistry. Upon additional conversation, I learned that we both visit the same lake in Minnesota during the summer, and I got an open invitation to go Musky fishing with him. The lawyer was so impressed, he is keeping me in mind for any further restorative cases that come his way. Eventually (about eight months later), I also got paid. **(continued on page 42)**



Starting Blocks

It's Not the Finish, But the Setup that Counts.



If you don't have the correct training—if you don't choose the right case, properly plan and prepare—you won't have a positive outcome.

This metaphor and all its implications can be directly applied to dentists who perform (or want to perform) more advanced procedures in cosmetic dentistry. The start is key. The start is crucial. If you don't have the correct training—if you don't choose the right case, properly plan and prepare—you won't have a positive outcome. That's a plain and simple truth. The ultimate success or failure of advanced cosmetic cases (such as full arch reconstructions and implants) is directly tied to the way you start.

■ Starting Block #1: Mentorship

One of the key components, or starting blocks, that is often missing in our profession is quality mentorship. After I graduated from dental school, I bought my first dental practice. Three months later, the dentist I purchased the practice from was gone, leaving me to run the practice solo. Because of that, I honestly struggled during the first few years. My only source of knowledge

was what I learned in dental school and frankly, that just wasn't enough. I didn't have a seasoned dentist to query when I ran into difficulties. I was completely on my own.

The second practice I purchased was located next to my first one. Fortunately, the situation with this purchase was very different from the previous one. Instead of leaving in three months (like the first dentist), the senior dentist at the second practice stayed on for an additional five years. Those five years proved invaluable to me and my future success as an independent dentist. I learned a tremendous amount from the veteran dentist. Even though he already had his feet on the pathway towards retirement, he continued to look for ways to improve and grow. I found this quite inspiring and I really valued his advice and mentorship.

One of the best pieces of advice I learned during that time was to seek out opportunities for continuing education (CE). I searched out CE courses that allowed me to improve productivity and overall patient care. Fortunately, this senior dentist was already experienced in many of the procedures that I received training on in my CE classes. He was a pioneer in implants (he started doing them in the 1950s) and had also performed many full arch cases as well.

When I returned from the CE courses, I found it extremely helpful to have someone to talk with about my newfound knowledge. I asked my seasoned mentor questions about the things I learned and he was able to give me feedback from his professional experiences. Such conversations were abundantly helpful and served as a guide as I refined my repertoire of skills. My practice really wouldn't be the practice that it is today without my early relationship with this expert mentor.

For every new dentist—or dentist who is looking at advancing his or her career by learning new procedures—finding the right mentor is extremely critical to your overall success. Mentors can be found in all kinds of places. I have found mentorship from fellow colleagues in my geographical area. I have also found fantastic mentors through friends at CE classes and conferences.

I'm a firm believer, too, in paying it forward. Because so many wonderful people have mentored me over the years, I have also tried to mentor others. For example, dentists who attend my hands-on and over-the-shoulder courses know that if they run into a problem at any time during a procedure, they can simply get on the phone and call me. My front office team knows when they hear the code word, "HELP!" they should notify me immediately and I will talk the dentist through whatever difficulty he or she might be having. Just as contestants on the game show, "Who Wants to Be A Millionaire?" can phone a friend or other 'lifeline' when faced with a challenging question, every dentist needs a trusted mentor they can call on for help and advice. Find one or be one. That's a key starting block for success in cosmetic dentistry.

■ Starting Block #2: Proper Training

As with anything in life, if you want to do something, you first have to know how to do it! While that might seem totally obvious, it's a key principle that people often forget. While what we learn in dental school is essential, it certainly isn't enough to enable dentists to perform the advanced cosmetic procedures that can truly benefit their patients and their practice. Proper training from CE courses is a key starting block, especially in over-the-shoulder and hands-on instruction.

Not only do dentists need proper training, but so do their teams. Remember that oft-quoted mantra, "There is no 'I' in team?" Well, that statement is especially true when it comes to training your office staff on advanced cosmetic procedures. Don't just sign up for one CE course after another without including your team in that training. The best way to involve your team in something like a full arch course, for example, is to sign up for the first course yourself, so that you can get a general overview of the techniques. Then, for the next course in the series, bring along members of your team. I have found that dentists who bring their teams to CE proceed further and faster with advanced procedures than those dentists who attend the classes alone.

When you bring members of your team, everyone has a common experience that you can discuss with each other when you're back at the daily grind in the office. Everyone has the same knowledge base and understanding of specific terminology and procedures. This simply can't be duplicated in any other way—it must be experienced and learned together in a formal course. I have noticed that when members of a dentist's team attend the trainings with the dentist, they often take on a new demeanor by

If you want your team members to have a huge amount of professional respect for you and what you do, bring them with you to the CE courses!

the end of the course. They suddenly have a newfound excitement for the practice and their jobs. They have witnessed with their own eyes what dentistry can truly offer. They suddenly have an overwhelming feeling of, "Wow! We can really do this for our patients!" If you want your team members to swiftly have a huge amount of professional respect for you and what you do, bring them with you to the CE courses! They will see life-changing dentistry, not just the menial tasks that may be commonplace in the office. Your team members will become raving fans and will pass on this excitement to your patients. They truly will become your best advertisements and cheerleaders!

Not only is formal CE training necessary, but so is the less formal training that you conduct in your office. One of the methods of ongoing training that is very helpful is to make "Setup Books." In my practice, these books contain the step-by-step instructions of how to setup and complete the procedures. They include both detailed instructions and photographs. These setup books have proven very helpful for the team, as they review them often to remember the various crucial steps and their own responsibilities.

Setup books are also helpful when new team members are hired—which, if your practice is like the bulk of dental offices out there—will likely be often. In reality, the only person who will stay with the practice for the long haul until you retire is you. Members of your team will come and go over the years and with that fluctuation comes a need for consistent training. Setup books can be adapted and updated easily. Just keep an electronic copy on the hard drive of the front office computer in a word processing program (such as Microsoft Word) and simply update as needed by adjusting the text or photos and reprinting. ▶



■ Starting Block #3: Case Selection

One of my mentors, Dr. Dick Barnes, is often asked which comes first, confidence or success. His answer is always the same: success comes first. I totally agree.

With that idea in mind, it's abundantly clear why proper case selection is so crucial for dentists. If a dentist chooses a case that is out of his or her range of expertise, then that dentist likely will not have much success at completion. Then, because of that unsuccessful experience, the dentist will have less confidence in his or her abilities to do a related case in the future and may—unfortunately—avoid such types of procedures altogether. This is especially true with advanced procedures in cosmetic dentistry, such as full arch cases and implants. These are difficult procedures that require technical knowledge and skill and, more importantly, the correct case at the outset.

In my courses, I often refer to an idea called, “Taming the Gremlin.” A gremlin represents a person's internal doubts and fears. The most effective way to tame your gremlin is to utilize an early-win strategy. Get a first successful case under your belt. That will help you build confidence and create a point of reference that you and your team can build upon.

So how do new dentists choose the proper first case? Here are some of my personal tips:

Dr. Down's Full Arch Case Tips for Beginners:

- Choose an asymptomatic case on the upper arch that is being done for mostly aesthetic reasons.
- Avoid cases that involve verticalizing.
- Avoid cases where patients have extreme wear on their teeth and cases that require splint therapy.

Dr. Down's Implant Case Tips for Beginners:

- Start with a single first bicuspid in the upper arch or a first molar in the upper or lower arch.
- Avoid cases where the teeth are drifting together.
- Avoid cases where there is insufficient bone.
- Avoid cases where you will be working really close to the sinus.

■ Starting Block #4: The Setup

The setup for any dental procedure is extremely important. There are specific processes that each dentist should follow every time he or she prepares a case, so when 'race time' arrives, you're ready to run. There are also specific protocols that staff members should follow so the entire office is ready and at the starting block when the patient arrives.

Dry runs—or rehearsals of a performance or procedure—are essential for a successful outcome.

Pre-Visualization and the Bailout Plan

Before completing any procedure, I always take time to review all of the specifics about the case and pre-visualize each step that I will complete. This pre-visualization process is extremely important in achieving a successful outcome. I implemented this technique with my first cosmetic procedure and I continue to do so today, even though I've completed hundreds of them. Think about it—it really doesn't matter how many times a sprinter runs a race or a distance runner completes a marathon, he or she still has to properly prepare every time to do their best.

When I pre-visualize, I imagine all of the different scenarios I may encounter during the procedure and how I can successfully handle emergency situations. I always strategize a bailout plan, so if I encounter problems, I can handle them without any stress. Having a strong 'plan B' solidified is essential. If a situation turns out differently than anticipated, you can handle it and move forward in a positive direction. You won't panic and do something unwise just because you're confronted with the unexpected.

This pre-visualization technique also helps me during the analysis stage of case selection. For example, suppose I pre-visualize a case and contemplate any potential complications. If I envision a scenario that I suddenly feel fear at being able to manage properly, I then consider if I feel fear because I'm just nervous or if I feel fear because I honestly don't have the skills to handle the situation. If my answer is the latter, then I need to get those skills before I can tackle that particular case.

The information in the pre-visualization stage is also helpful when I consult with my patients. In this discussion, I tell them about the different possible scenarios and my plans for any contingencies. If everything goes ideally, I continue with plan A and the patient will have the full arch or implant as we have discussed. If, however, during the procedure I discover that there is less bone than I anticipated or another unfavorable situation presents itself, then I might resort to plan B (stitch the patient up and reschedule another visit to complete the full arch or implant). By being upfront with the patient in this manner, I don't worry that the patient may be upset if plan A isn't achieved. As a dentist, this takes some pressure off.

It allows me to calmly work through the procedure and make the best possible decisions, regardless of the circumstances.

Completing a Dry Run

Runners don't step out onto a track for the first time on the day of the race. And when it comes to performing advanced cosmetic procedures, neither should you! You shouldn't go

through the motions of a procedure for the first time when the patient is sitting sedated in your chair! Dry runs—or rehearsals of a performance or procedure—are essential for a successful outcome.

To complete a dry run in my practice, we run through every single step of the process, from the setup of the room and prepping the patient, to the actual clinical procedure. During this 'dress rehearsal,' we perform everything exactly like the plan for the actual game day. This gives staff members an opportunity to ask questions and get answers. It gives me a chance to provide specific tips and directions to improve the flow of the process.

In my courses, I provide a specific checklist for dentists and their teams to follow for advanced procedures. Following a checklist during a dry run and the actual procedure helps bring consistency and predictability to all of your cases. We have provided this checklist in the sidebar, at right.

Of course, dry runs don't have to be completed before every case, especially if you eventually do these procedures on a consistent basis. However, if you don't complete these types of advanced cases very often, then it's a good idea to implement the dry runs as needed. A few minutes spent in running through this rehearsal may save you a lot of grief later on. By doing them, everyone on your team will feel more confident and comfortable and will thereby ensure a greater outcome for the procedure.

The Finish Line

Once you have completed an advanced cosmetic case, take some time to celebrate the success with your team. In my office, we start each week by discussing our wins from the previous week. What kinds of things did we do well in each of our cases? What specific wins did team members notice about the case and each other?

Taking time to appreciate your team and reflect on your accomplishments and successes gives everyone improved confidence. This confidence drives the momentum in your office, which will ultimately lead to even more success and then even more confidence!

As Dr. Dick Barnes says, success comes first and then confidence. Cheering each other along as you cross the finish line is a great way to provide each member of your team with a great amount of both! From the starting blocks to the finish line, your team will rise to their full potential and help you build a practice that offers tremendous benefits to you and your patients. ■



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FULL MOUTH PREP LIST



1. Main Counter

Syringe with anesthetic & topical
Retracting spoon
Concepsis®
Gluma®
ViscoStat®
AI Flowable
PermaSeal®
Mirror
Two cotton pliers
Articulating paper holder with paper
Full upper impression tray
Full lower impression tray
Gauze
Cotton rolls
Misc. instruments
Green suction tip
Gauze with vaseline & cotton roll
White suction tip
Air water syringe tip
Prep tub



2. Doc Counter

Large mirror
Upper wax up with temporary matrix
Lower wax up with temporary matrix
Upper clear reduction guide
Lower clear reduction guide
Two new black stripe burs
One new green stripe bur



3. Doc Tray

Patient napkin
Mirror
Explorer
Perio probe
Blue bur block
Aesthetic preparation bur block
High speed hand piece with 330 bur
Slow speed hand piece
Air water syringe tip



4. Assistant Counter

Impression tub
Paper pad
Spatula
Zone temporary cement
Exafast™ injection material with pink tip
Exafast™ heavy body material with purple tip
Bite registration material with clear tip
Luxatemp® temporary material with orange tip



For the full mouth seat list, visit our website:
AdentMag.com/starting-blocks-checklists/

Give a Little Bit (continued from page 37)

The real benefit of doing this case, however, was networking with the oral surgeon. This case was not only a favor, but it also showcased my restorative skills. Now, when he has an unattached patient that needs implant restorations (whether for fixed or removable implant retained prosthetics), he refers them to me, as he knows they'll be in good hands.

A few weeks ago, I had lunch with the oral surgeon and his new associate and he told his associate that I was the "go-to guy" for restorative cases. Talk about making my day! After this case, our professional relationship has grown, his referrals have greatly increased and it truly made it all worthwhile. So, give a little, take a chance, you may get a lot in return. ■

Tips for Taking On Accident Insurance Cases

Personal injuries from auto accidents and other mishaps commonly result in dental problems. Insurance companies should pay for treatment claims. But often it's a long process as lawyers and insurance companies determine fault and accept responsibility. For example, I waited about eight months to receive payment for Maria's case. Cases can be complex. Remember, as with any case, charge for the difficulty of the case and not on a per tooth basis. To ensure that insurance providers pay on a claim, dentists should follow a few tips:

- **Do Your Due Diligence on the Attorney.** Whenever a lawyer approaches me about an insurance case, I always take into consideration the reputation of the lawyer before accepting the

patient. Research the attorney involved and make sure he or she has a good record.

- **Be Cautious with Workers' Compensation Cases.** The claims process for Workers' comp. cases can be lengthy, complicated and the reimbursement rates are often low. I sometimes make an exception if the injured person is already a patient of record.

- **Put a Lien on the Settlement.** In personal injury cases, insurance providers pay individuals for medical treatment, rather than the healthcare providers directly. The patient typically has a responsibility to pay the healthcare providers for treatment after the settlement. To ensure compliance with this agreement, put a lien on any settlements. The lien will be for the specific cost of treatment and can accumulate to the date of settlement. Check with your accountant and state law to see if any interest can be accrued during the delay in payment. Personally, I do not add on interest, but it may be an option. ■



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Internet Marketing, Part 1: The Dangers of Neglecting Your Website (continued from page 36)

THE NUMBERS DON'T LIE: USING ANALYTICS

by SEO.com Staff Writers

The problem with traditional forms of marketing (like mailers and Yellow Pages ads) is the difficulty in tracking the return on investment. Websites are great because free tools like Google Analytics show you how web visitors find your site, how much time they spend on your site and which sites they go to after leaving yours. The marketing potential of this information is huge! Google Analytics gives you visibility to the data on your website. Again, WordPress and other platforms have built-in tools that make it easy to use Google Analytics. We suggest that dentists focus on these key areas:

- **Website Traffic.** On Google Analytics' main page, it shows a line graph of site visitors (users) for each day. When you hover over the dot for each visit, you can see how long the visit lasted. It shows visits per day and, more importantly, the trend. If you hired someone to do SEO for your practice, you should see this number increasing—if not, consider it a warning.

- **Site Usage.** Another area on the main page shows statistics of site usage: total number of visitors (users), the average number of pages per visit (session), the total number of page views, the average time spent on the site, and the percentage of new visitors each month. These numbers will let you know how relevant patients find your site. If you have a lot of page views but the average time spent on your site is very short, this tells

you that people are finding your site but not finding anything that they find helpful. This would be a great indicator that you need to focus your message or look at developing content that resonates with potential patients.

- **Acquisition Page.** Another page in Google Analytics is the acquisition page, which displays a pie chart of traffic sources to your site. This chart shows how visitors landed on your site (referring sites, search engines, direct, or other). This is great because it shows you if people are typing in your website address directly or if they are being referred by search engines or other social media platforms. Again if you hired a company for SEO and do not see a lot of traffic to your site from search engines, you should ask your SEO provider about it and consider making a change.

This information is valuable when it comes to knowing how successful your website is at customer engagement. Another area of interest is the specific pages that the people visit the most often and spend the most time on. This suggests what is most important to your patients (and future patients) and where you might want to spend additional time in refining your marketing strategy. For example, if a lot of people spend time on your dental implants page, then maybe add more content about implants and possibly feature education or specials on implants on your home page. A call to action about that topic would also be helpful! ■

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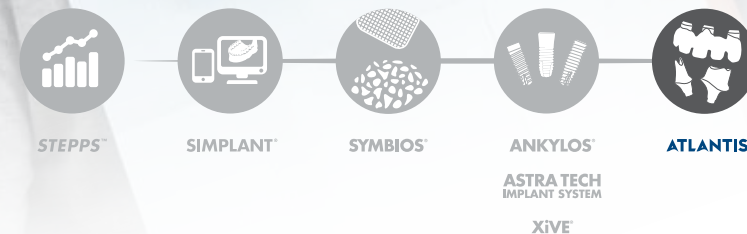
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پنل عملکرد

عملکردهای متنوع با دکمه برای تنظیمات دستی، کراشوار از جنس شیشه نشکن و دکمه On/Off چراغ که بر روی پل در Side Table قرار داده شده است.



Rotating double-jointed table arm

تیبیل آرم دو مفصله چرخشی
تیبیل آرم چرخشی دو مفصله باعث استفاده بهتر از فضا برای دستیار پزشک و کاربر دوستی می شود.



Water supply system with double sensor / Glass spittoon container

سیستم لیوان پر کن هوشمند / محتوی اسپیتون شیشه ای
تغذیه آب و کراشوار از جنس شیشه نشکن طراحی شده با شکل و ارتفاع مناسب برای بیماران در تمامی سنین و افزایش آرامش و راحتی بیمار می باشد. علاوه بر آن سیستم لیوان پر کن هوشمند حجم آب مورد نیاز را کنترل می کند و شیشه ی شفاف و بزرگ کراشوار نظافت آن را دقیق تر و بهتر خواهد کرد.



With adjustable water supply / Switch for hot water

مخزن آب قابل تنظیم / مجهز به سیستم ایگرمکن
دکمه کنترل ذخیره آب و زیر آب On/Off برای آب داغ، تعبیه شده در قسمت جلوی یونیت که باعث راحتی کار کاربران می شود.



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خروجی USB و سوکت ۲۲۰ ولت



Suction filter & side rack

فیلتر ساکشن و میز ابزار
فیلتر ساکشن با قابلیت شستشوی آسان نظافت و نگهداری را آسان می کند و میز ابزار قابل جدا شدن قابلیت نگهداری ابزار گوناگون در طول درمان را دارد.

