“Ten Things You Should Never Say to Patients”

A Continuing Education Course for Dental Professionals

Presented by

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Course Objectives

Upon completion of this course, the attendee will be able to:

- Recognize the importance of professionalism in appearance
- Understand the cycle of communication
- Recognize barriers to communication
- Reducing disappointments through improved communication
- Use effective analogies when discussing different aspects of dental treatment
- Respond effectively to treatment objectors
- Understand and implement principles of informed consent/informed refusal

1. When is your ________________ _____________?

The Greeting - Receiving your Patient

a. What attitude does your voice convey?
   b. How welcome do you make your patients feel?
   c. What perceptions do patients develop based on what they see and feel?
   d. Do you know how to pronounce the patient’s name?

The two best ways to convey warmth and caring are through _____________ and _____________.
Treat your patients like ________________ _______________ in your home.

Patients judge the quality of dentistry in an office by staff member and doctor’s personal
___________ and how you make them ________________.
   d. The DOCTOR complex.
   e. The indifferent/rushed assistant.
   f. The distracted/curt hygienist.

From Harry Wong, Ed.D, noted educational speaker and author:

“As you are dressed so shall you be perceived, and as you are perceived so shall you be treated.”

1. Serious healthcare professionals should adopt a professional look for the professional office setting (stylish lab coats at www.maano.com).
2. Provocative is not professional.
3. Patients notice everything about the clinician – hair, jewelry, shoes, attire, fingernails, gait, posture.
4. The moment you enter the presence of another person, you immediately begin communicating.
5. Don’t let casual comfort trump a professional image.
Please do not:

- wear noisy or excessive jewelry
- wear tight, low-cut sleeveless tops
- wear extremely bare sandals or flip-flops
- wear nose or eyebrow rings
- wear long hair loose – tie it back or put it up.
- wear clothes with exposed midriffs
- allow body art to be exposed

6. **Everyone** should wear a professional name tag. It is a matter of common courtesy.
   (Professional Creations 800-428-8855  www.professional-creations.com)

Remember:

*Project the image that is in your best interest professionally and personally.*

2. It’s time for your x-rays. Is that _____?
   Never ask a patient’s permission to take an x-ray you need.

**X-ray Objectors:** Try to determine why the patient objects.

It is inappropriate to expose patients to x-rays simply because it is a covered benefit.

How frequently should we be taking BW x-rays on our patients? The answer to that question should be dictated by the needs of the patient and individual risk factors. It is never appropriate to expose patients to radiation simply because their insurance will pay for radiographs. Office mandates such as “every patient gets x-rays once/year” are not appropriate nor supported by evidence.

The bottom line is that we should use sound judgment and common sense in deciding when patients need x-rays based on individual risk factors and not abide by some arbitrary standard that says everyone gets them every year or six month recare interval. The average time interval in most offices is 18 – 24 months, but can vary depending on the needs of the patient.

Doctors cannot provide care for patients based on an incomplete diagnosis without becoming subject to liability for failure to diagnose or treat existing conditions. This is a serious matter for the doctor. **The patient’s refusal of necessary radiographs impedes the doctor’s ability to diagnose.** When patients understand how taking radiographs will result in some benefit directly to them, there is less likelihood for an objection.
For those procedures that you feel are necessary, it is best not to ask the patient’s permission. Do not say, “Mrs. Jones, I’d like to update your x-rays today. Will that be OK?” Questions like this show hesitancy on the part of the clinician and make it easy for the patient to refuse.

Say this: “Mrs. Jones, as the doctor has requested, I’m going to take some necessary x-rays. Let’s do that first so the films can be developed and ready when the doctor comes in.”

(See http://www.ada.org/sections/scienceAndResearch/pdfs/topics_radiography_examinations.pdf)

*Clinical situations for which radiographs may be indicated include but are not limited to:

A. Positive Historical Findings
   1. Previous periodontal or endodontic treatment
   2. History of pain or trauma
   3. Familial history of dental anomalies
   4. Postoperative evaluation of healing
   5. Remineralization monitoring
   6. Presence of implants or evaluation for implant placement

B. Positive Clinical Signs/Symptoms
   1. Clinical evidence of periodontal disease
   2. Large or deep restorations
   3. Deep carious lesions
   4. Malposed or clinically impacted teeth
   5. Swelling
   6. Evidence of dental/facial trauma
   7. Mobility of teeth
   8. Sinus tract (“fistula”)
   9. Clinically suspected sinus pathology
   10. Growth abnormalities
   11. Oral involvement in known or suspected systemic disease
   12. Positive neurologic findings in the head and neck
   13. Evidence of foreign objects
   14. Pain and/or dysfunction of the temporomandibular joint
   15. Facial asymmetry
   16. Abutment teeth for fixed or removable partial prosthesis
   17. Unexplained bleeding
   18. Unexplained sensitivity of teeth
   19. Unusual eruption, spacing or migration of teeth
   20. Unusual tooth morphology, calcification or color
   21. Unexplained absence of teeth
   22. Clinical erosion

Factors increasing risk for caries may include but are not limited to:
   1. High level of caries experience or demineralization
   2. History of recurrent caries
   3. High titers of cariogenic bacteria
   4. Existing restoration(s) of poor quality
   5. Poor oral hygiene
   6. Inadequate fluoride exposure
   7. Prolonged nursing (bottle or breast)
   8. Frequent high sucrose content in diet
   9. Poor family dental health
   10. Developmental or acquired enamel defects
   11. Developmental or acquired disability
   12. Xerostomia
   13. Genetic abnormality of teeth
14. Many multisurface restorations
15. Chemo/radiation therapy
16. Eating disorders
17. Drug/alcohol abuse
18. Irregular dental care
(*See http://www.ada.org/sections/scienceAndResearch/pdfs/topics_radiography_examinations.pdf)

The Cycle of Communication

- The ________________ must be conveyed.
  *When you speak, your mental dialect must be translated into the mental dialect of the hearer.*

- The ________________ must be received.
  *You do not know if you have conveyed your meaning until you have made sure the other person has received it.*

- There must be a ________________.
  *You must let your hearer know clearly and courteously what you expect.*

- Each message must be ________________.
  *The cycle of communication is not complete until you understand the patient with whom you are seeking to communicate.*

3. You did this _______ ________________.

The Appointment

a. People do not like to come to dental appointments.
b. If you hurt your patient and do not apologize, she will remember the negative experience and equate all future visits as painful.
c. Surprising a patient at the front desk with a fee he was not expecting is a sure way to lose a patient.

DENTSPLY’s survey of 700 people revealed 1 in 10 had cancelled or broken an appointment because of fear of the ________________.

Do not hurt your patients in any of three ways - ________________, ________________, or ________________.

An excellent way to build rapport and express caring after an extensive dental visit is through a post-treatment ________________ ________________.
Barriers to Communication

a. Environmental barriers

_____________________________________
_____________________________________
_____________________________________
_____________________________________

b. Attitudinal barriers

_____________________________________
_____________________________________
_____________________________________
_____________________________________

Dianne’s Six Rules on Homecare Instructions

1. Nobody will ever change anything about their homecare routine without first developing
   ______________________________________.

2. If the patient cannot or will not floss, _____________________   _____.

3. People do not brush or floss their teeth while __________________  ______   _______________

4. Do not use _______________ ______________________   ____________________, such as,
   “You might want to think about ( flossing, getting a crown, seeing a specialist).”

5. Proper use of a good ____________________  ___________________ makes a good
   communicator become a great communicator.

6. Please do not wait until the _________ of the appointment to teach home care instructions.
4. What did you brush your teeth with, a ________________?

5. Which end of the ________________ are you using?

6. I’m calling to ___________ your appointment.

7. Let’s book your ________________ and ________.

Reducing Cancelled/Broken Appointments through Improved Communication

1) ____________________ ________________. Hygiene appointments are not “cleanings,” “recall appointments,” or “check-ups.” Place importance on the appointment by calling it continuing care, preventive care, or professional care. For periodontal patients, the maintenance appointment is a “disease control” visit. We do not “book appointments.” Instead, we “reserve time.” Do not send cutesy recall cards to convey a serious health message.

   Script for courtesy reminder calls – “Hi Mrs. Jones. This is Mary at Dr. Smith’s office. Our schedule indicates you have reserved time with our hygienist (or doctor) on Wednesday, May 10 at 9 am. We’re looking forward to seeing you then!”

   Scheduling calls to unscheduled patients
   “Mrs. Jones, our records indicate it is time for your professional care visit with our hygienist. This is what is planned: an oral cancer exam, check your gums for periodontal disease, professional scaling and polishing, and check for cavities or other problems. Please call at your earliest opportunity to reserve time especially for you before our schedule fills up. We look forward to hearing from you soon! Our office hours are ______ and our number is ______________.”

   For people who are risky or have proven to be unreliable in the past;
   “Hi Mrs. Jones. This is Mary at Dr. Smith’s office. I’m calling regarding your appointment on Wed., May 5 at 10. Could you please return this call by tomorrow, Tues. May 4, at 10 am? The number is 123-4567. Thank you for your consideration.”

2) ______________ __ ______________ ____. Patients respect your time the way you respect their time.

3) ____________________ ______________. If the average cost of a hygiene visit is $90, two openings/day in hygiene costs $36,000/year.
4) ______________  __________  __________  ___________________. Confirmation calls can actually be counter-productive in some instances. Ask patients if they will require a confirmation call.

5) ______________  ______________. Show concern by sending a ‘get well’ card.

6) ______________  ______________. Offer creative financing options. Accept credit cards. Do dentistry in phases.

HAVE A WRITTEN FINANCIAL POLICY THAT STAFF MEMBERS UNDERSTAND AND FOLLOW.

The KEY to controlling chronic offenders is to have quick identification strategies.

8. You have a little __________  ___________________.

Dealing with Difficult Communication Scenarios

The Resistant Periodontal Patient

1. Patients resist care for a variety of reasons including inconvenience, fear, or finances.

2. Patients have a right to say ‘no.’ It is called informed refusal.

3. Clinicians should record all conversations regarding diagnoses, treatment recommendations, consequences of non-treatment and patient refusals in the chart narrative. It is recommended that patients sign the narrative or a separate ‘refusal of treatment’ form.

4. An alternate treatment for the short term would be a debridement. This is not meant to be a definitive treatment, and the patient should be fully informed.

5. Depending on the situation, resistant patients are better served by referral to a periodontist.

Treatment Objectors

a. ______________ – offer phased treatment or treatment financing options. “I know I need to get this crown done, but I just can’t afford it right now...”

b. ______________ – try to urge the patient to express his fears and attempt to overcome them with encouragement and personal experiences. “My sister-in-law had a root canal one time, and she said it nearly killed her!”

c. ______________ – work out an accommodating treatment schedule. “I simply do not have time for this...”
d. __________ _____________ — build trust with good team/doctor/patient relations. “Nobody has ever told me this before.” “But my gums don’t hurt....”

e. ___ _____ ___ _____________ ______________ — do not dictate to the patient. Let the patient decide. “I’ll have to think about this...”

9. Have you ever thought about ____________ or ____________ for those ugly teeth?

Tips for gaining treatment acceptance
1. Do not ask loaded questions!! Ex. - “Would you like to keep your teeth for a lifetime?” “Do you like those bleeding gums?” “Would you like to wear dentures?” “Why haven’t you ever replaced these missing teeth?” These questions make patients feel stupid and make them become defensive.

2. Ask meaningful questions that elicit the patient’s feelings. “Tell me, what are your impressions?” “Mrs. Jones, would you be interested in knowing how those teeth could be replaced?” Ask permission to proceed with conversation.

3. Let the patient talk. Be sensitive to what the patient says. Don’t be a selective listener.

4. When you determine what the patient’s objectives are, try to offer solutions or alternatives. However, DO NOT HARD SELL!

5. Understand that you cannot force anyone to do anything, and learn to back off and leave the subject when communication reaches a stalemate or the patient indicates he/she does not wish to proceed.

Using Analogies to Facilitate Understanding

1. Fence post analogy — Your tooth is like a fence post. In order for the post to do its job well, it needs to be secure in the ground. If the support around the post falls away, the post gets loose. With periodontal disease, the tooth gets loose because the disease destroys the bone around the tooth.

2. Termites in the foundation analogy — Periodontal disease is kind of like having termites in a building. The ‘termites’ are thousands of bacteria that break down and destroy the structures that support your teeth – the gums, bone, and ligaments. Our treatment focuses on getting rid of the ‘termites’ and helping you get better. The foundation around your teeth needs to be healthy for any future dentistry, just like you would never build a house on a termite-infested foundation.

3. Infected wound analogy — If you have an infected wound on your arm, just putting a band-aid on it will not help it get better. Doing a ‘prophy’ or ‘cleaning’ in a mouth with periodontal disease is like putting a band-aid on an infected wound. However, if we treat an infected wound properly, it can heal and get better. But we have to use the appropriate treatment.

4. Coral reef analogy — Have you ever seen a picture of a coral reef? (Having a picture to show the patient is a good teaching tool.) Maybe you’ve even been to a coral reef snorkeling. It’s very hard and crusty, and it provides a home for all kinds of fish and marine life. They can hide in the coral, even lay their eggs there. Well, in your mouth, the tartar deposits on the roots of your teeth are just like a coral reef. Instead of fish (smile), there are thousands and...
thousands of bacteria living, multiplying, and thriving in the tartar. During the course of your treatment, we remove all those deposits that we can, which eliminates the protective environment for bacteria. Then you begin to heal and get better.

5. **Rust on a car** - Gum disease just keeps getting worse, like rust on a car. Did you ever see rust on a car with spray paint over it? What would happen to the fender if you just painted over the rust? Would it go away? Would it get worse if you didn’t do anything about it? Gum disease is just like rust. Once it gets started, it keeps eating away and destroying more and more of the bone. Even if it doesn’t hurt now, it may eventually hurt due to an abscess which can form because of the bacteria."

6. **Overgrown lawn analogy** – Good for patients who have not been in for a long time. "What would happen if you didn’t mow your lawn for several years?"

7. **The ‘dried food stuck to the plate’ analogy** (good for explaining the difference between a prophy and periodontal treatment) – “If you have a plate with dried food stuck really hard to it, you couldn’t get it very clean if you just run it under the water. You’d have to scrub vigorously to get it clean. It’s the same with your oral condition. A prophy for you would be like running water over the plate with dried food on it.”

8. **A ‘cold’ vs. pneumonia** – “If you had pneumonia, would you want your doctor to treat you for a cold?” If you had a diagnosis of pneumonia and was treated for a cold, would you think something was wrong?”

9. **The castle and the moat** - Around each tooth, your gums form a moat, like the moat around a castle. Inside that moat, around the root of the tooth, there are millions of bacterial peasants. Some of those peasants (species) are real rabble rousers. Their mere presence incites the castle (tooth) defenders (immune system) who send out for reinforcements to attack them. Unfortunately, the reinforcements can’t tell the good peasants from the bad peasants so they try to kill them all. The resulting biological mass warfare destroys the moat and castle defenses and can irreversibly damage or even destroy the moat and castle in the process.

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**Verbal Skills Regarding Supportive Maintenance**

**Fact:** Patients with periodontitis **cannot** maintain dentition with personal home care alone.

**Fact:** Tooth loss in periodontal patients is inversely related to frequency of supportive periodontal therapy (SPT).

Clinician: “Mrs. Jones, we have made great progress in bringing your periodontal disease under control. However, we know from treating many other patients with this same problem that your supportive therapy is vitally important to maintaining this improvement and continuing healing. Research has shown that the microbes that have caused your gum problems repopulate within 9-11 weeks. So for the first year, we will need to see you at 3-month intervals for disease control and supportive periodontal therapy. At that point, we will re-evaluate your supportive therapy appointment interval.”

Patient: “But my insurance will only cover it twice a year....”

Clinician: “I understand your dilemma. And while you are fortunate to have some dental benefits through an employer, please understand it is only a very basic plan that is not meant to cover extensive therapy associated with periodontal disease. Our other patients who have benefits cover the costs of supportive therapy at alternating visits.”
10. Your insurance really ________________.

1. "I don't know a lot about insurance companies, but I do know that they are out to save money. They may not have your best interest at heart when it comes to treatment."

2. "We will only provide the treatment that we would want completed in our own mouths. Insurance will pay only for basic services. The care you need goes beyond basic care."

3. "Your company purchased a plan that allows for certain procedures, but not necessarily the treatment that is best for you. We like to think we're giving you the best treatment available, and we will be happy to file your insurance claim for you. But be aware that the insurance may not cover everything that you need to get this disease stopped and under control."

4. "We will never allow an insurance company to dictate inferior treatment to our patients."

5. "Is your insurance coverage your only concern about the treatment?"

6. "Insurance companies make money by denying treatment whenever possible. They make millions in interest by delaying payment for as long as they can."

7. "Insurance companies cover only 'average' care. We've made a commitment to provide exceptional dental care. Isn't that what you want for yourself?"

8. "Unfortunately, your insurance plan does not allow for the best dentistry has to offer. The care we provide is the same care we would want for ourselves or our families."

9. "If we had usual and customary fees, we could only provide usual and customary care."

(Used with permission “Office Magic” 2000)

Rotary Club 4-Way Test

1. Is it the________________________?

2. Is it __________to all concerned?

3. Will it build ____________________ and better friendships?

4. Will it be ____________________ to all concerned?

References


Order Form and Payment Information

Date ____________

Item Ordered:  The Better Way to Sharpen __________ $25.00
   (Instructional CD-Rom with 2 friction grip stones)
Care Considerations and the Periodontal Patient DVD ________ $99
   (6 CEUs)
Systemic Influences on Oral Health DVD _____________ $79
   (6 CEUs)
Manage Your Practice Well ____________ $24.95

The Consummate Dental Hygienist_________ $24.95

First Name (as it appears on card) ________________________________

Last Name __________________________________________________________________________

Payment Type
   o MasterCard  o American Express  o Visa  o Discover
   o Check  o Cash

Amount $__________________________

Credit Card Number __________________________________________

Expiration Card Security Code_______

Address____________________________________________________________________________

City __________________________________________

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Contact Information ______________________________________________

Email address________________________________________

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