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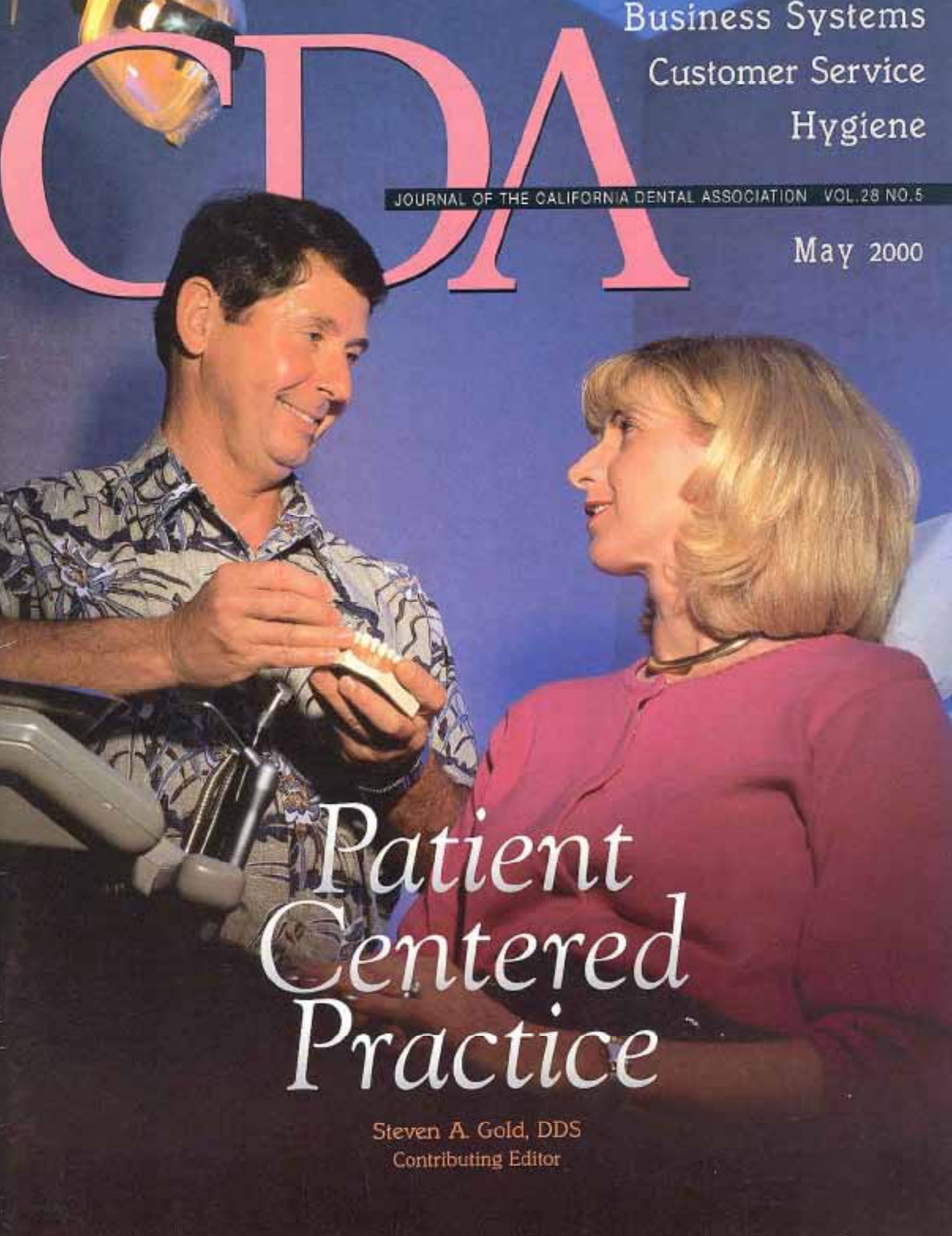

Patient Centered Practice

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DEPARTMENTS

FEATURES

CDA JOURNAL, VOL 28, Nº5

A Commitment to Change

Jack F. Conley, DDS

Change is inevitable. Examples of this surround us on a daily basis. Recently, as we moved from the 20th to the 21st century, it was observed here and elsewhere that there are countless examples of significant change or progress that could be cited in society over the previous 100 years.

In dentistry, there were many changes in materials and techniques that resulted in improved care to the patient. There were improvements in access to dental care and progress in preventive dentistry through fluoridation and sealants. There were efforts and discoveries by individuals both inside and outside of the profession that resulted in an improvement in the public's oral health.

Perhaps the area of dentistry and society that tends to show the least amount of change over time is organizational. In most business, including the most isolated dental office, there is a level of change from time to time. Personnel may change, some procedures undertaken will be modified, outside regulations may force change, but the philosophy, the business plan, or the mission of those who own or operate the business seldom undergoes revision unless the business is failing to show the necessary financial return.

Organizations and individuals operating them find it difficult to change processes that have worked well over the years unless analysis shows that a given procedures is directly responsible for deficiencies in organizational operation. The often-repeated phrase, "but we have always done it that way," has often described the method of choice when individuals evaluate what they have been doing and the results of these efforts. The results of such an analysis is usually to fine-tune the effort through increased staffing or financial expenditure.

This brings us to the focus of this column and this issue of the *Journal of the California Dental Association* -- the mission and management of both our membership organization and our dental businesses. The two are very much related because members expect CDA to support their needs and concerns in the conduct of their business through the services the association provides. Our observation over the years has been that neither entity is able to easily make changes in how it conducts its business.

There is one ingredient to the process of change that is essential if the large or the small organization is to contemplate change and successfully embrace it. We shall call that characteristic "a commitment to change." However, that is where the similarity ends. A large membership organization with many employees and a multitude of programs and departments providing a large variety of services to thousands of members has a far different challenge and set of problems than does a dental does a dental business owner with just a few employees.

Many leaders, staff, and grassroots members of CDA and its component societies have believed for some time that the efforts expended on behalf of the

CDA JOURNAL, VOL 28, Nº5

membership should be yielding stronger results. Despite some obvious strengths, many rank-and-file members have been critical of the membership benefits as they perceive them to be, believing that they should receive something that is either more than or different from what they are currently receiving. In other cases, there has been apathy, with very little participation or concern coming from a large segment of the membership.

Over the years, we have observed or listened to leaders express concern about perceived deficiencies in existing programs or organizational operations. There has always been appropriate effort expended to modify the programs or operations that have been questioned. Whether it has been a directive from the House of Delegates, the Board of Trustees, or an administrative decision, we have always seen an effort to make needed changes. Whether it is a response to a crisis facing the profession or development of new policies and operating procedures, business has always been conducted in the best interests of the membership.

However, particularly in the past decade, everything affecting the profession of dentistry has been changing. The demographics of the profession have been changing rapidly, including ethnicity and gender. The regulatory environment has brought new challenges every year. Dentists starting out in practice face significant debt and hardship in starting their careers and require assistance that was never before an issue. Communication from the top down and from the bottom up has not been effective enough for a vital organization representing more than 15,000 members. These are just a few of the issues that staff and leadership have recognized as part of the rationale for leading CDA into a multifaceted process that appears to have a real commitment to change written all over it.

The overriding activity is an applied strategic planning process involving a dedicated group of staff and leadership from all levels of CDA (including component societies), as well as some everyday members without leadership experience. Within a 12-month period, this group will be taking an exhaustive look at everything about CDA, including the purpose and mission of the organization and its future operation.

At the same time, staff is in the process of implementing a new statewide management system that will improve the effectiveness of business transactions by CDA and the component dental societies. Not to be overlooked is the current effort by leadership to improve the internal communication among the various participants in the process, including staff, leadership, and the component societies. Communication has become rapid with e-mail capabilities enhancing the speed and quality of the decision-making process. There is a tremendous commitment to change, unlike any we have witnessed in our many years of observing the process at work. It is clear that meaningful change will be the result.

Change in the individual dental practice is a more-difficult process. Providing a quality service to patients is the overriding purpose and focus of most practices, often leaving the owner/manager little time to contemplate some of the changes that might better position the practice for a more successful future in a marketplace that is becoming increasingly complex. Effective management of a dental practice is not an exact science. There is no one authority who has all of the right answers, either about the most effective current techniques or what might work best for the dental businessperson of the future.

What contributing Editor Steve Gold has done this month is to assemble a group of experienced consultants who share either their vision of the future or their advice about personnel or office systems that they have seen successfully employed in a multitude of private practice environs.

We believe it is useful from time to time to review what others are saying about successful strategies in the business of dentistry. It is our hope that some of these ideas might stimulate or motivate those looking at the need for change in their practices to develop the necessary commitment to successfully pursue it.

CDA JOURNAL, VOL 28, Nº5

NIDCR Research: Changing the Face of Dentistry

By David G. Jones

As hundreds of researchers across the country work to unlock the secrets of a variety of complex oral and dental diseases, they are engineering a quiet revolution that may lead to better patient outcomes and, perhaps, changes in the way dental professionals learn and practice.

Harold C. Slavkin, DDS, director of the National Institute of Dental and Craniofacial Research for the past five years, recently testified before the House Appropriations Committee to justify NIDCR's funding request for 2001 to ensure that work continues.

Meanwhile, as NIDCR funds studies that will shape the future of dentistry, the U.S. surgeon general's office is set to release its first-ever report on the current state of oral health in America. These two events are focusing national attention on dental health.

With many advances on the horizon, and with new thinking about how to provide oral health services in the future, dentistry in the coming decades will change. How much and how quickly nobody knows, but Slavkin recently shared his intriguing ideas with CDA Journal.

"Dentistry was invented as a surgical specialty about 150 years ago," says Slavkin, whose institute funds much of the country's dental-related research. "But because of advances in microbiology, immunology, biochemistry, molecular genetics, and public health, there will be the opportunity for the dental surgeon to diversify into working smarter, maybe getting better and more predictable outcomes. This is what science can do."

Slavkin testified Feb.17 before the House Appropriations Committee to justify NIDCR's request for $263.1 million in funding for the 2001 fiscal year, an increase of $14.1 million over this year's budget. Those funds will be used to improve the public's health through research in genetics and in systemic diseases and disorders affecting craniofacial tissues and structures.

Slavkin says NIDCR operates against the background of a large social canvas that represents the driving force behind all its research efforts.

"One of the major themes that we have been sharing with Congress and others is driving the future of dentistry, and that is the American public," Slavkin says. "When you think of the demographics of the population, their changing pattern of disease, and the health disparities that exist, those become drivers for the future of dentistry."

According to Slavkin, researchers this spring will complete the description of the human genome in draft form. By 2003, when it will be fully described, Slavkin said it will provide a readily accessible knowledge base that can be "mined" for many insights into the human condition.

"There will be more gene-based diagnosis, therapy, and drugs," he says, "and more biomaterials than ever before in the history of mankind. All of this will impact the practice of dentistry in various ways."

Slavkin also says that in the future the use of saliva will be commonly used as a diagnostic tool, and more innovative ways of imaging will come into play, such as using MRI instead of X-rays.

"Also, the idea of solo practice may evolve into more of a need for cross-thinking among health professionals," he says. "For example, if I'm interested in children's oral health, I may end up in an office with a pediatrician, a speech therapist, and a child psychologist to create a one-stop shopping experience for parents."

Slavkin says that the research is also pointing to a process where dental professionals will work cooperatively with other health providers to provide the best possible patient outcomes.

"The research is indicating the need for cross and multidisciplinary approaches to diagnosis and treatment of human disease," he says. "But we want individualized treatment and care, so there will always be a tension between the collective and individual approach, and I think that's healthy."

According to Slavkin, dentists and auxiliaries will need to prepare themselves to practice in the future, where the population of people aged 75 and older will be a significant factor.

"They present opportunities to dentistry that are different than what we were trained to do currently or 20 years ago," he says. "So as a dentist in California, I would want to select continuing education courses that address medical emergencies in dental offices, and the diagnosis and treatment of patients who are medically compromised."

Slavkin says he would want some courses in the principles of internal medicine in order to develop better medical understanding of patients and their cultural diversity, a factor that is increasingly important in California.

"I may also want to figure out how I can be more cost-effective, so I may have to delegate some responsibilities to have a team working with me so I can make a living and do good at the same time," he says.

Dental schools will also have to begin dealing with the future of dentistry.

"We have to educate and train students for where dentistry will be practiced in the future, and that means more emphasis on health promotion, disease prevention, diagnosis, and smarter and more cost-effective treatment," says Slavkin, who will leave NIDCR in July to become

CDA JOURNAL, VOL 28, Nº5

the dean of the School of Dentistry at the University of Southern California. "We also have to be aware to pay attention to the outcomes of treatment. I think that's part of where we are headed in the next 10 to 20 years."

Fluoride/Bone Study Results Differ

While a study from Britain indicates that drinking fluoridated water does not increase the rate of hip fractures, another in Finland finds that it does, but only in women.

Researchers at the University of Southampton studied 514 hip fracture patients in the English county of Cleveland, where water is fluoridated in some communities and not in others, and compared them to 527 control subjects without hip fractures.

The results, published in the Jan. 22 issue of The Lancet, show that the chance of fracturing a hip was the same for those who drank water containing fluoride in concentrations of about 1 ppm as for those whose water contained less.

However, a study from the National Public Health Institute in Kuopio, Finland, had different conclusions when its study results were analyzed by gender.

The researchers studied a cohort of 144,627 people born from 1900 to 1930 who had lived in the same rural location at least from 1967 to 1980. The median fluoride concentration in their well water was 0.1 mg/liter. No association was observed between hip fractures and estimated fluoride concentration in the well water in either men or women when all age groups were analyzed together. However, the association was modified by age and gender so that among women aged 50 to 64 years, higher levels increased the risk of hip fractures. The study was published in the Oct. 15, 1999, issue of the American Journal of Epidemiology.

Children with Down Syndrome Have Higher Perio Risk

Severe periodontal inflammation is often seen in children with Down syndrome.

A study released in the February issue of the Journal of Periodontology found that various periodontal bacteria colonize in the early childhood of people with Down syndrome. And, P. gingivalis increases in prevalence with age in those with Down syndrome, playing an important role in the onset of perio disease.

"We suspect that several factors make people with Down syndrome susceptible to periodontal bacteria colonization and dangerous plaque formation," says the study's lead researcher, Atsuo Amano, DDS, PhD, assistant professor in the Division of Dentsity for the Disabled at Osaka University in Japan. "They have less immunity, experience deterioration in the mouth due to premature aging, and often have inadequate oral hygiene. In addition, they are apt to have various congenital deformities in the mouth, such as short teeth, a small oral cavity, displaced and missing teeth, defective tooth enamel and fragile gingival tissue."

While children with Down syndrome often exhibit inflammation of the gum tissue, researchers on this study believe they maintain enough immunity to protect them from severe periodontal destruction until they reach their late teens or early 20s.

"Our investigation found that significant periodontal breakdown starts around age 20 in about 60 percent of individuals with [Down syndrome]," Amano says.

However, Amano stresses that proper oral hygiene in these children can make a significant difference in warding off periodontal disease and protecting the teeth.

"Plaque control is the most effective strategy in preventing periodontal disease in the [Down syndrome] population," he says.

Amano recommends that dental professionals instruct parents of Down syndrome children in proper brushing and flossing techniques and in use of tools that may make those tasks easier, such as electric toothbrushes.

Asthma Increases Caries Risk in Children

Children with asthma are at an elevated risk of developing dental caries and other oral pathologies, according to a study published in the September 1999 Texas Dental Journal.

The study, by Michael Milano, DMD, examined the patient charts of 179 asthmatic children and 165 healthy children, ages 2 to 13 years, in treatment at the pediatric dentistry program at the University of Texas Health Science Center. The selection of study participants was based on seven criteria requiring them to:

- Have a non-asthmatic sibling in the stated age range, being treated at the university.
- Have a medically confirmed diagnosis of asthma.
- Be using medication to treat asthma.
- Be free of other serious medical conditions.
- Not be on a fluoride supplement.
- Have fair to good oral hygiene at every visit.
- Have no history of baby bottle tooth decay.

All the patients' charts were examined and scored for decayed, missing, and filled teeth in primary dentition (dmfs, dmft) and permanent dentition (DMFS, DMFT). While more than one dental resident was involved in the scoring, one faculty member reviewed all the charts in an effort to standardize the scores. After examining the data, Milano reached these conclusions:

- Before the eruption of any permanent

CDA JOURNAL, VOL 28, Nº5

teeth, asthmatic children have significantly higher dmfs and dmft scores than non-asthmatic children.
- In the mixed dentition, asthmatic children have significantly higher DMFS scores and continue to have significantly higher dmfs scores than non-asthmatic children.
- No significant difference was found in the dmft and dmft (JMT: Is the bold-faced reference correct?) scores between asthmatic and non-asthmatic children in the mixed dentition.
- In the mixed dentition stage, asthmatic children may not have more teeth involved in the caries process, but those involved may be more severely affected.
- A preventive program for each asthmatic child should be instituted to minimize the effect the disease has on the caries rate.

Clinical Trials Information Is Available on the Web

The National Institutes of Health has launched the first phase of a consumer-friendly database, ClinicalTrials.gov, with information on more than 4,000 federal and private dental and medical studies involving patients and others at more than 47,000 locations nationwide.

ClinicalTrials.gov provides patients, families, and members of the public easy access to information about the location of clinical trials, their design and purpose, criteria for participation and, in many cases, further information about the disease and treatment under study. There is also contact information for individuals responsible for recruiting participants for each study.

"Through this new database, NIH offers up-to-date information on promising patient-oriented research on hundreds of diseases and conditions," says acting NIH Director Rugh L. Kirchstein, MD.

A recent search of the site showed 96 trials recruiting for patients for oral and dental studies, including trials on dental caries, periodontal disease, and xerostomia.

ClinicalTrials.gov is a confidential Web site. No registration or personal identification of any kind is required. People who search the site will not be contacted by the sponsors of clinical trials or anyone else.

High Anxiety Need Not Be Part of Bitewing Use

Taking bitewing radiographs of children can be a trying experience for both the children and the dental staff, according to an article in the September-October 1999 Journal of Dentistry for Children.

Drs. Tarja Kaakko, Christine A. Riedy, Yukie Nakai, Peter Domoto, Philip Weinstein, and Peter Milgrom contributed to the article.

General guidelines require that posterior bitewings be taken in all new child patients, at six-month intervals for high-risk children and every one to two years for low-risk chilren, the researchers note.

Although many textbooks describe the technical aspects of taking radiographs of children's teeth, they provide little guidance on behavioral management of children during the procedure. Use of effective behavior management prevents problem behaviors and enhances cooperation in children, and a good first experience means children are less likely to avoid future dental treatment, the authors write.

They offer these behavior management tips:
- Building rapport is the most important part of treating children and helps create an environment that feels friendly and safe. Acknowledge a child's presence as soon as he or she arrives and communicate at the child's eye level.
- Conduct a tell-show-do session to familiarize the child with the situation. Explain that some "tooth pictures" are needed and how the procedure will feel, how long it may last and what sounds will be experienced. Explain that the thyroid collar is a "special jacket" used when taking tooth pictures, and tell the child that the X-ray cone needs to be very near, perhaps even touching the cheek. Be sure to explain what the film holder's purpose is and that the child will be alone in the room when the radiograph is taken.
- Positive reinforcement throughout the procedure, including thanking and praising the child, is very important. Even if the first attempt is not successful, keep the positive reinforcement flowing to reassure the child and build trust.
- Modeling can be used so the child can observe someone else going through the procedure. They can see in advance what the procedure requires and that the "model" tolerated the experience. Reluctant children will see the film holder in someone else's mouth and benefit by that.
- Dentists can imbue a sense of control in the child by listening to his or her feelings. Don't ignore a child's reporting of difficulty during the procedure. Instead, make sure the child understands the dentist is aware of the difficulty and will make needed changes, and then thank the child for reporting the difficulty.

CDA JOURNAL, VOL 28, Nº5

Web Watch: Dental Auctions

The top auction Web sites have a variety of dental-related material for sale. Recent offerings included:

- New dental equipment – including handpieces and endodontic units.
- Collectibles – including an antique dental chair, vintage porcelain tooth sets, and a vintage shirt for a dental bowling team.
- Educational materials -- including continuing education courses and vintage textbooks.
- Toys – including dental theme Smurf figurines and French-speaking dentist Barbie.
- Three top online auction sites:
- http://www.ebay.com/
- http://auctions.yahoo.com/
- http://www.amazon.com/

CDA JOURNAL, VOL 28, Nº5

Managing the Patient-Centered Practice

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In our fast-paced, high-tech world where information by the gigabyte, rapid communication, and mass marketing of the latest dental technology du jour all clamor for our attention and resources, it is easy to lose sight of the real reason we went into dentistry -- to care for and interact with people. The patient is the common thread that binds all aspects of our profession, from research and education, to our professional organizations, to the individual dentists who deliver care on a daily basis. While the notion of a "patient-centered" practice is undoubtedly appealing to all dentists, it can be challenging to maintain that focus in today's environment. We are all too aware of the numerous forces that conspire to divert the dentist's focus from placing the well-being of the patient above all else. Mastering the art of practice management can allow us to rise above these challenges and place the patient first again.

There are two important benefits of implementing sound practice-management principles that create a patient-centered atmosphere. One is the personal satisfaction achieved by the dentist, and the other is the delivery of the highest quality care from individual dentists and the profession as a whole. These benefits are, of course, intimately woven together. For many of us, satisfying ourselves in our dental practice means satisfying our patients and delivering care to the best of our ability. Both of these goals can be met by providing dentistry that looks good, feels good to the patient, and lasts a long time. This type of dentistry comes at a high price. It cannot be rushed, nor can corners be cut to achieve it. Fundamental practice management skills allow the dentist to secure the time and resources necessary to provide dentistry at such a high level.

In addition to personal satisfaction, dentists want to see a high level of quality maintained in our profession. Preserving the standard of care is a fight that demands countless hours of volunteer effort from some of the brightest minds in the dental profession. As the backbone of the profession and the group directly responsible for delivering patient care, full-time practicing dentists must do their part. They must not compromise quality in favor of a quick and easy way to earn a desirable income. At no other

CDA JOURNAL, VOL 28, Nº5

time in the profession has this been more difficult than right now. For proof, one need look no further than recent dental school graduates. Dental educational debt has approached and, for some, crossed the $200,000 barrier. Quality associate positions, which provide adequate income and sound professional mentorship to new dentists, are scarce. In spite of cost-of-living increases, salaries for beginning associates have not risen appreciably in the past 20 years. Young dentists feel this pressure and many are forced to take jobs where they must compromise quality to put food on the table and pay the bills. It is a problem that cannot continue. Practice management skills are a way for both young and experienced dentists to find the skills and confidence they need to practice dentistry at the highest level of clinical and ethical standards. Just like placing a composite or fabricating a fixed partial denture, practice management is a series of steps and skills that must be learned and sharpened through education and experience.

I would like to point out some of the challenges faced in presenting the topic of practice management in a scientific, peer-reviewed publication such as *Journal of the California Dental Association*. Because dentistry is a profession grounded in science, most new information in the discipline is obtained through research using principles based on the scientific method. This, of course, lends validity to the conclusions that are drawn. On the contrary, most practice management principles are an amalgamation of knowledge based on communication with dentists, their staffs, and other professionals experienced in the business of dentistry. Practice management experts distill this information from their experience working directly with practices to provide dentists with current management techniques they can apply. The result is highly individualized philosophies, all of which may allow dentists to arrive at the desired result in their individual practices. Whereas opinions are discouraged on the scientific side of dentistry, they are encouraged and, in fact, embraced within the area of practice management. These opinions are what lead to progress and better ways of managing the dental practice.

Because the changes in the evolving dental care marketplace are dynamic and rapid, it is not always possible to validate the experience of experts in the field of dental management with studies in the literature. While opinion may be suspect in scientific matters, when carefully considered, it may prove useful to the serious student of practice management.

With this in mind, the mission for this issue of CDA Journal is to raise the reader's knowledge and skill level in managing a practice that is truly patient-centered.

We are fortunate to have some of the foremost authorities on practice management contribute to this issue. Linda Miles, CSP, CMC, has written an introduction on fundamental characteristics of the patient-centered practice. She has gained extensive experience working with numerous dental practices throughout the country and is currently contributing her expertise to the Practice Management Department at Harvard School of Dental Medicine. I am honored to have Roger Levin, DDS, give us his insight into business systems in the dental office and how to successfully manage them. Dr. Levin is founder of The Levin Group and many readers will no doubt recognize his contributions as a leading authority in the field of dental practice management. At the core of every successful practice is a talented, well-functioning team, so for an informative article on the development of the dental team, I went straight to Andrea Clasen. With 33 years of experience in dentistry, her insight should prove most valuable to those dentists seeking to take their practices to the highest level of success. Because the hygiene department is so critical to comprehensive patient care, I sought out one of the leading authorities in hygiene management, Peggy Sprague, RDH. She is co-founder of JP Consultants Institute and has worked with more than 1,000 dental practices in establishing state-of-the-art soft tissue management programs. Finally, we want to know where dentistry is today and where it is going as we charge into the new century. When it comes to the current and future state of practice management, the person with his finger on the pulse of the profession is William Blatchford, DDS, and we are pleased to include his commentary.

John Cotton Dana said, "Who dares to teach must never cease to learn." All of our authors are great teachers because they are also eternal students of practice management. May you and your patients benefit from the wisdom of our panel of experts.

CDA JOURNAL, VOL 28, Nº5

The Patient-Centered Practice

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For the past two decades, the term "patient-centered" has been used freely by everyone in the dental profession. Speakers and consultants identify a practice as patient-centered when high-quality, superior customer service and quality treatment are the status quo. Marketing companies use patient-centered philosophies to attract and retain patients for their clients through better technology and improved images of their practices.

Many dental practices think they are on the right track simply by offering their patients in-office amenities such as refreshments. Being patient-centered is more complex than that, but it can easily be accomplished.

To the dentist and staff, "patient-centered" should mean giving a patient a positive feeling when he or she calls the office, walks through the front door, is being treated and is being dismissed -- throughout each phase of each visit. The foundation of a true patient-centered practice lies in the entire staff's ability to communicate effectively on all levels throughout the patient's experience with the practice.

In the book, Fundamentals of Outstanding Dental Teams, the contributing authors of each chapter follow the lead of Vicki McManus, RDH, in stressing that exceptional customer service and teamwork cannot only be fun, but also be rewarding for patients, doctors, and staff. Each chapter explores the semantics of a truly patient-centered practice from a team-building perspective.

Imagine the patient as a customer in a restaurant. When he or she makes reservations and then is greeted by the maitre'd with: "Do you have reservations? Are you sure? Could they be under another name?" Regardless of the quality of the food or service once the customer is seated, the insincerity of the initial contact will undoubtedly set the mood for the rest of the dining experience. However, when a patron is greeted by a pleasant maitre'd with a ready smile who says, "Dr. Morgan, so nice to see you. Your table is just this way," the stage is inevitably set for a pleasant evening.

The following discussion touches on four key parts of a practice where patient-centered principles can be applied to improve customer service.

CDA JOURNAL, VOL 28, Nº5

The Telephone

There is but one chance to make a positive first impression. The manner in which the telephone is being answered can make or break the overall perception a caller has of a practice.

If the patient coordinator is answering the telephone by saying, "Doctor's office. Can you hold?" the practice is in trouble. Sounding rushed or being abrupt with a caller is not good customer service. The patient coordinator should instead say, "Thank you for calling Dr. Warren's office. This is Leslie. How may I help you?"

Many dental practices have voice mail taking calls during their business day. Automated telephone service sounds impersonal and robotic, "If you'd like to speak with our financial coordinator, press 2. If you have a dental emergency, stay on the line, and we'll be with you shortly." While new telephone technology is advisable in some large businesses, it's not sufficiently patient-centered to be used in a dental practice. The telephone should always be considered the lifeline to the outside world and should command top priority.

Words alone do not create a positive first impression. The correct tone of voice must accompany the telephone script. If the person answering the telephone drops the ball, the entire team will have to work to repair the initial damage. The person answering the telephone should have friendliness, enthusiasm, empathy, and knowledge.

Patient Welcoming Center

In a patient-centered environment, the customer is king. It takes 10 years for patients to evaluate the quality of the clinical care. It takes 10 seconds for them to judge customer service skills.

Upon greeting each patient as he or she enters the reception area, the scheduling coordinator should stand and give a friendly, "glad you are here" welcome. Business staff should not be so preoccupied with their busy work that patients feel as if they are intruding. "Have a seat, we'll be right with you in a moment," leaves a lot a to be desired. Instead, the receptionist should stand, extend a hand and say, "Good morning. You must be Mr. Parker. My name is Linda. I spoke with you on the telephone. Welcome to Dr. Warren's office." Not only is this courteous, but it also relaxes the patient immensely. If the business staff member is on the telephone when the patient enters, he or she should at least smile, nod, and wave to acknowledge the person entering the room. Turning one's back and continuing a telephone conversation is cold, rude, and hardly patient-centered.

Warmth and sincerity are key elements. The registration of a new patient should be thorough and accommodating. An impersonal sign-in sheet doesn't provide the same customer service as a friendly staff member, "Mr. Parker, it's important for you to complete the health history and personal data in their entirety. If you need assistance, I am here to help." Never say, "Fill this out -- I'll be with you shortly."

Clinical Care

As the assistant or hygienist enters the reception area to greet the patient, he or she should always be focused and friendly. The overused phrase, "We're ready to see you now," isn't nearly as effective as, "Mr. Parker, my name is Debbie, I'm one of Dr. Warren's assistants. I'm delighted to meet you."

During treatment, it is perfectly acceptable for the dentist and clinical staff person to talk to one another. However, when doing so, they should not disregard the human being in the chair. Saying simple things such as, "Mr. Parker, as soon as we remove your rubber dam barrier, you can tell us about your last ski trip," is much friendlier than ignoring the patient, who helps pay everyone's salaries.

In most dental practices, there are usually two or three patients waiting to be seen. It is crucial that the dentist not be detained with post-treatment explanations. The dentist should say, "Mr. Parker, it was a pleasure seeing you. My dental assistant Debbie will review exactly what we've done today and will answer any questions you might have." Delegating the pre- and post-treatment explanations is great teamwork and will help develop the patient's trust in the entire practice.

Patient Dismissal

During the check-out phase of a patient's visit, it is important that the financial coordinator is proficient in effective communication. Fumbling with the fee presentation can be detrimental to collections and can make the patient feel uncomfortable. When the staff is comfortable with the fees, the patients will be comfortable with the fees as well. The financial coordinator should never say, "Your fee for today is $675. How would you like to handle that?" This phraseology opens the door for a high accounts receivable. To get an acceptable answer from the patient, one should say, "Your fee for today is $675. Will that be cash, check, or credit card?"

When presenting large financial options, the financial coordinator should use the word "comfortable" in the presentation. "Mr. Parker, we want this to be as comfortable financially as the dentistry we do." When this phrase is used, patients will realize that payment is important, but the office is willing to work with them so they are not overburdened by their financial responsibilities.

Creative financing is an excellent tool for dental practices to incorporate. It allows

CDA JOURNAL, VOL 28, Nº5

patients to have interest-free loans while enjoying their healthy, attractive smiles.

For example: During one in-office consultation, an exchange was observed where the patient's $2,600 treatment plan was approximately 50 percent covered by his employee benefit plan. When the patient heard, "Your portion will be about $1,300," there was a dead silence and a look of disbelief. The financial coordinator should have said, "Mr. Parker, it looks as though your employee benefit plan will cover approximately 50 percent of your total treatment. If I can secure for you a 12-month, interest-free loan on the balance, how does $108.33 per month sound?"

Patient-centered staff not only help put the patient at ease, but also are great practice builders. When dismissing the patient, the business staff should say, "Mr. Parker, it was great seeing you as a new patient. If you have any friends, relatives or co-workers who don't have a personal dentist, be sure to tell them about our practice."

At a staff meeting, each office that hopes to become patient-centered should discuss each phase of the practice as though seeing it through the eyes of its patients. Staff should then rate themselves on a scale of 1-10 to see which areas could use improvement. Once everyone on the team realizes the value of working toward the same goal with their patient communication -- from telephone through dismissal -- they will understand the importance of and strive for a truly patient-centered practice.

CDA JOURNAL, VOL 28, Nº5

Business Systems: The Key to Dental Practice Success

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In the past few years, dentistry has experienced some tremendous changes. To be successful in the past, one simply had to take care of existing patients and provide them a reasonable number of services. By doing these things, one could have a relatively profitable career in dentistry. Today, practices are subject to a variety of pressures: new services, staffing issues, third-party reimbursement challenges, and even government intervention. But they also have more options for competing, including internal marketing, external marketing, and public relations. There is also the emergence of management service organizations that may or may not prove to be a long-term successful model for a percentage of dental practices. All of this adds up to significant change and the redefinition of the dental practice as a business.

This article will address several of the key management business systems that allow a practice to increase overall productivity and decrease stress. These systems have been identified based on experiences with clients since 1985 and the results that have been achieved.

Business Is About Systems

Dental practices can no longer afford to simply operate the way they did in the past. In most practices, patient flow is defined by general scheduling guidelines, and the major attempt is to make sure the day is full. As long as there are patients to schedule, dentists generally ignore the need to develop their practice as a business. Their main goal is to take care of their scheduled patients. Rarely is there time to consider how they might redesign or change the practice so that it is more efficient and effective.

Let us examine some of the key issues in dental practices today and for tomorrow.

- Business is currently at the top of the longest upward cycle in history. This upward cycle has lasted nine years and may or may not continue. Although nobody can accurately predict when the business cycle will end or how heavily the economy will drop, it is known that the economy runs in cycles. Inevitably, many practices will be shocked when they find that a great deal of their current success is due more to the economy than to strategies they have

CDA JOURNAL, VOL 28, Nº5

initiated. When the economy changes, a great deal of the discretionary dentistry that is currently being performed will slow down.

- Another cause for concern is the staffing crisis. Unemployment is at an all-time low, and the options people have for job opportunities are at an all-time high. The computer and Internet industries are also spawning numerous opportunities for people who do not mind changing jobs on a one- or two-year basis. People are no longer staying with one company their entire working career. In fact, people entering the workforce now will change jobs more frequently than older workers, and each position will probably be better than the previous one.
- A third factor to consider is that employment reorientation has made it more difficult to find and hire trained and qualified staff. Dental practices have never been in a position to provide short- or long-term training programs for staff and, thus, the job candidate is often less skilled in the areas the dental practice needs. This makes the hiring cycle longer, as well as the length of time it takes a new team member to become effective. Since dental practices are not in a position to employ extra individuals for overflow, this typically leads to fairly high levels of stress for the dentist and staff.
- The fourth factor to be considered is that dentistry has had a limited number of new services available in the past few years. While it is true that in 1985 the implant and cosmetic services revolution began in dentistry, the reality is that there are very few truly new services that have entered the profession recently. There have been a number of improvements and modifications of existing materials and techniques, but not necessarily entirely new areas of treatment. This is of concern in that if practices are seeking opportunities to expand the number of services they provide, they may be limited in the choices. In no way does this mean dentistry has not had significant quality improvements and that manufacturers have not created much more impressive technologies and materials.

Business Systems Are Essential

All of the above adds up to one realization: Each practice needs to be run as a well-tuned, highly refined business. Until now, dentists have been able to take a relaxed posture toward the highly effective and efficient operations of their dental practice. This is due to dental practices performing reasonably well in today's economy.

The reality is that dental practice will change. The economy cannot continue to expand forever, and the staffing issue continues to present a challenge. When these two issues are combined with the reality that there are not a large number of brand new services to bring into practices, it means the dental practice of today may be a bit more challenged tomorrow. Fortunately, it is easy to prepare for those challenges and, in fact, enjoy 30 percent to 50 percent growth in the productivity and profitability of a practice without adding work hours and while decreasing overall stress.

The key is to create written, detailed business systems. All businesses operate based on specific sets of systems. In most dental practices, these systems have allowed the dentist to achieve a reasonable lifestyle but have not in any way allowed the practice to approach its true potential.

Many professionals believe that to increase the productivity and profitability of their practices by 30 percent to 50 percent, they need to work harder and survive even more stress and chaos in the practice. The truth is that practices that are reaching their profitability potential are usually better organized, operate more efficiently, and have far less stress than the average practice.

Dental practice statistics from throughout the United States show that practice gross revenues are increasing. The problem is that simultaneously the average production per patient is actually declining. This does not mean that doctors have not increased their fees, but rather that overall reimbursements from insurance companies are declining. Practices that do not participate in insurance need to be even more aware of the points stressed in this article because they will be affected first by a changing economy.

When average production per patient is declining at the same time that practice gross revenues are increasing, it means that patient volume through dental practices has increased as well. This means that each dentist is working harder to sustain certain levels of income by having more patient visits every year; and the higher the volume of patients, the higher the overall practice overhead per patient.

The solution is simple but requires a definitive expertise. The solution is found in creating written, detailed business systems. Each practice has a minimum of five to seven major business systems (and 11 minor systems), depending on whether it is a general, orthodontic, oral and maxillofacial surgery, endodontic, periodontic, or prosthodontic practice. The basic business systems in each office include:

- Scheduling;
- Case presentation;
- Patient financial management;
- Practice financial management;
- Customer service; and
- Human resource policies.

For general practice, periodontics, and prosthodontics, dental hygiene is also a major business system with enormous potential. Although this article will focus mainly on scheduling, case presentation and customer service issues, all six of the above management systems have a great deal of importance.

There are also 11 minor business systems that will not be discussed in this article that also need to be brought into a highly organized format so that

CDA JOURNAL, VOL 28, Nº5

they do not detract from the day-to-day operations of the major business systems. These include inventory control, OSHA compliance, and laboratory controls. Practices operate by systems. When this concept is applied, it can help a practice achieve a 30 percent to 50 percent increase in productivity and profitability.

Writing Business Systems

The first step in writing out detailed business systems is to understand that they will be the backbone of a practice. This concept was originated based on a series of intensive programs on the science of total quality management. Total quality management is a broad-based management science founded by Edward Deming that revolutionizes businesses. Total quality management in its true form could never work in a dental practice because it is far too statistical and would require almost a full-time statistician to monitor and analyze the statistical results.

This is unrealistic for dental practices, but there are certain principles in the science of total quality management that can be adapted for dentistry to help practitioners achieve higher levels of success. This concept of written, detailed business systems has been the single most powerful management process for increasing production and profit in dental practices. It is essential that every written detailed business system be created in a step-by-step format with a level of expertise that avoids missing any steps. It is also crucial to understand that a system must be complete because missing parts will cause that system to function far below its potential.

Scheduling

All systems are not equal. Without question, the scheduling system overpowers all other systems and must be the starting point for all systems change. The scheduling system reflects the use of time, and time is the key factor in dental practices. While dentists do not get paid equally for their time (as in they do not have the same production per hour), they are paid for their time in some format. And while there is a fee for a specific service, such as a crown preparation and placement, that fee is relative to the amount of time involved. Most dentists are not even aware of the overhead of the different services they provide.

Scheduling also controls the level of practice production and stress. The majority of organizational problems in dental practices emanate from the scheduling system more than any other system. Scheduling must be a carefully thought out system that requires well more than 150 components. In addition to the 150-plus components, verbal skills are also a key factor. As scheduling systems are created, key scripts that the staff can use should also be developed because they have a tremendous impact on patient reaction to the scheduling system.

As an example, some immediate actions one might take include:

- Scheduling to a template so that the dentist's time is accounted for every minute of the day. One goal worth achieving is for the dentist to be chairside or with patients approximately 98 percent of the day. This reduces the management stress on the dentist because the staff is then running the day-to-day operations of the practice, and the dentist can spend 98 percent of the time either diagnosing, treating, or talking with patients.
- Evaluating the daily schedule from a production and case-complexity mode. This means that the practice should create an ideal-day format that is similar most days of the week. While this will vary slightly for specialty practices, there should not be a significant deviation in daily production from day to day because a well-paced schedule will have production and complex cases paced throughout the week to decrease doctor and staff fatigue and create well-paced days.
- Establishing a daily production goal. This way the practitioner can schedule evenly throughout the year and achieve the production levels that are appropriate for the practice. When a practice follows a technique known as scheduling for production, there is an excellent organization and flow to the schedule, which keeps the practice productive and enjoyable.
- Scheduling dentist and assistant time separately. The dentist and dental assistant do not necessarily need to work together 100 percent of the time. There are many times during the day when dentists and assistants can be working with patients during different parts of procedures as long as all laws and state board regulations are followed. Increasing the responsibilities of dental assistants and scheduling dentist and assistant time separately significantly increase the capability of the practice.

Case Presentation

The second most important system is case presentation. While this is not as important in an endodontic practice as in general, orthodontic, oral and maxillofacial surgery, and periodontal practices, it is still essential to properly present cases to create not only acceptance, but also a sense of value for the fee. Even in the endodontic practice, many patients suffer from buyer's remorse once they are out of pain and realize the cost of the procedure.

The key to case acceptance is outstanding selling skills. Selling is a process of education and motivation. The education and motivation of patients is an essential aspect of the selling process. Therefore, based on that definition, selling is an excellent process in which everyone in the practice should excel. Each patient that turns down necessary treatment loses an opportunity for health, and each patient that turns down elective treatment loses an opportunity for life enhancement. For each lost procedure,

CDA JOURNAL, VOL 28, Nº5

the practice loses an opportunity for increased productivity. Fortunately, many of the practice's goals and patients' goals tend to go hand in hand.

Most dentists have not had any training in the education and motivation of patients. They simply feed back to patients information they have learned through experience. Dentists often overwhelm patients with technical information in which they have little interest. People care mostly about benefits, and dentists should be stressing what these procedures will do to enhance the lives of their patients. The motivation factor is essential and one that has been generally poorly incorporated into the dental profession. Dentists tend to present a series of facts to patients and hope that this will be sufficient in creating a desire to have treatment.

Presenting cases requires a system as well. Excellence in dentistry and practice productivity is dependent on having an excellent system. For example, the comprehensive exam performed for every new patient ultimately leads to case presentation. There should be a step-by-step format for the comprehensive exam, patient interview, relationship building, etc. Using an established set of forms that are followed step by step to ensure that every aspect of the comprehensive exam is performed can systemize this. This would be followed by using treatment plan worksheets and final treatment plan presentation forms to organize the findings in regard to a specific patient. Finally, the case presentation should have a standardized format that allows the patient to become fully educated as to the oral health condition and potential treatment that may be beneficial or of interest.

While entire books have been written on how to develop relationships with patients, perform comprehensive diagnosis, and present treatment, it is essential to understand that underlying all success is a clear system. Practices that have different approaches to new patients, bring new patients in through hygiene with only quick exams, or fail to rediagnose current patients over the years as if they were new patients will have significantly lower long-term profitability. These are some of the reasons that practices plateau and stress levels increase. Some examples of key factors in case presentation include:

- Always being prepared for every patient. The office should have a written, organized treatment plan that is reviewed prior to meeting with the patient. This will help to create highly organized treatment presentations.
- Recommending the ideal treatment to a patient first. It is extremely important that every patient have the opportunity to understand the best option(s) that can be offered and to make a decision on that recommended treatment. Many patients will accept higher levels of treatment if they fully understand all of the ramifications and future benefits.
- Talking to patients in benefits rather than features. Most dentists have a highly technical background and a great deal of technical information. It is natural that they want to share this with patients, but they often fail to realize that this is not the main motivational factor or psychological interest of the patient. Patients are interested in understanding how a specific treatment plan will be of benefit to them. For example, cosmetic dentistry does not deal with something that people need from a health standpoint. These patients must be addressed from a psychological standpoint as to the enhancement of their smile and its effect on the quality of their lives rather than based on their short- and long-term health.
- Answering all patient questions slowly and carefully. Patient questions typically come toward the end of the appointment when dentists and staff are rushing to finish before the next appointment. Most patient questions about treatment come toward the end of the presentation and after the patient has been presented with the overall fee for the case. Answering each question clearly and slowly creates a sense of confidence in the patient. People learn by asking questions, and answering them properly will significantly increase the level of case acceptance in the practice.

The Hidden System

The last system to be covered in this article -- the "hidden" system -- is customer service. Customer service is not an independent system, but one that truly pervades all other systems in the office. Customer service is not something that happens by accident or by simply hiring nice people. It goes far beyond basic personality and requires a systemized approach to every patient every day. The steps of customer service are as integral to the success of the practice as those of scheduling or case presentation. Customer service is a unique opportunity to differentiate a practice, justify the value for the fees, and satisfy almost every patient who walks through the door.

Customer service also represents an internal marketing program. These are almost synonymous concepts that are based on an understanding that if a practice exceed the expectations of every patient, it will ultimately be successful. It does not matter if the practice is in an area inundated with managed care or dental insurance. It does not matter whether it is an urban practice or rural practice. It does not matter for the most part where the practice is -- customer service is almost always a key ingredient in success.

What makes customer service so powerful? For the most part, customer service in the United States is reasonably poor in quality. Although it is probably the single most talked about management issue in business, it is probably the least implemented. Very few businesses systemize their customer service to the point where they can ensure almost 100 percent customer service success. Instead,

CDA JOURNAL, VOL 28, Nº5

it often depends on how much time the individual has to pay attention to a customer, the mood of the day, scheduling availability, and a host of other factors.

Most people see their main job as the technical job, which they must do, and do not view themselves as customer service representatives. Many dental assistants see their job strictly as high-quality dental assisting. Hygienists often judge themselves by their ability to scale and root plane and perform a host of other periodontal-related services. And, truthfully, many dentists define quality strictly as the ability to properly treat teeth. This is only 50 percent of the equation for success.

The other 50 percent is customer service. This requires a way of developing relationships with each customer and exceeding expectations. The same activities that are defined as customer service act as the internal marketing to build a dental practice over time. Customer service will allow a practice to attract certain types of patients who are seeking their definition of high-quality care. Since patients are generally unable to judge the true clinical quality provided in the dental practice, they make their quality judgments based on how they are treated as people.

Most of the highly successful practices in the United States have outstanding customer service. In most cases, customer service has been created almost as a byproduct of high-quality clinical dentistry, but the dentist was able to figure it out nonetheless. There are many practices with outstanding clinical care that do not get their message across to patients because their customer service is either mediocre or poor.

The truth is that a dentist can distinguish his or her practice by applying daily customer service principles in a comprehensive system for every patient. The reaction from patients is one of greater appreciation, increased referrals, and fewer conflicts.

Some examples of customer service opportunities include:

- Making sure the practice has a highly esthetic look and is updated on a regular basis. Enhancements in the practice's physical appearance give patients the impression that the practice is up-to-date in terms of modern dental procedures.
- Giving each patient a gift of some type before they leave the practice. Little things make a difference. Whether it is carnations, pens with the dentist's name on them, or any other tangible gift, it is a nicety that patients enjoy.
- Greeting every patient by name, shaking hands, and expressing pleasure in seeing them. A positive greeting can make a tremendous difference in the psychological orientation of a patient in the practice.
- Asking patients at the end of treatment if they have any questions and if they are completely satisfied with the treatment they received. This is a delightful question that can be asked of patients in a comfortable manner and signifies that the practice cares and reinforces the excellent care and service the patient has received.

Summary

The future of dentistry will be similar to that of many other businesses. It will be faced with radical changes, new ways of thinking, new services, and greater competition. As these factors occur in all businesses, it will be those with systems and outstanding customer service that are able to not only survive, but also to thrive. Achieving practice success will be tied to having effective and efficient business systems, including customer service. While the world is changing rapidly, basic business principles and human nature have not changed. While businesses continue to work toward maximum productivity and profitability, patients will want to continue being treated with the greatest service and respect.

The future may bring a gradual shift in dental practices. The top 20 percent of practices in five to seven years will have higher profitability than the top 5 percent of practices do today. On the other hand, the other 80 percent of dental practices will actually have decreased profitability. The difference will be that the top 20 percent of practices will implement outstanding business systems that allow them to be more efficient and effective than ever before. They will implement many new services of both traditional needs-based dentistry and of an elective nature. These practices are preparing today for the future regardless of the effects of the economy or changes in dental insurance or health care regulations.

Author's note

The statistics referred to in this article are based on experience with several thousand clients since 1985. Clients submit statistics during their consulting programs, and these are evaluated and tracked on a regular basis.

CDA JOURNAL, VOL 28, Nº5

Hiring and Maintaining a Winning Dental Team

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Creating and sustaining a team is a difficult task for many dentists. Thus, they will not only ignore the importance of this process, but also avoid confronting the many issues related to it.

This article will address the importance of a few of the areas that can be managed easily. While it is vital for practitioners to improve their skills in clinical dentistry, technology, and communication, the driving force behind the success of a practice will always be a values-driven team.

Recently, a dental assistant mentioned being extremely happy in the office that employs her. She mentioned that with good candidates for dental assistant jobs being scarce, she was certain she had other employment choices, some possibly with more money. In discussing her commitment to the practice, she explained the reason she stays: "The dentist treats us like a team. He says he couldn't do it without us. He shows tremendous respect and treats us like equal professionals. He also really listens and wants to hear what we have to say regarding changes or additions to the practice. We don't have team meetings as often as most offices, but it feels better here because on a daily basis he honors us."

It is clear why this practice has reached the level of success it maintains. Each team member feels valued. The dentist understands that his leadership role is to maintain the characteristics within the practice and that to do so he must always be aware of the strength within the team.

Taking the Initial Steps

Vision

The first step to creating a winning team is for the dentist to establish, write, and articulate a vision. The team is unable to focus on a specific purpose when this is unclear. The vision must offer a clear picture of where the practice is going and should describe the clinical dentistry that will be done, the philosophy of teamwork, the level of service to the patients, the financial status, and the marketing philosophy.

There may be other concepts within each practitioner's vision, but clarifying these areas is an ideal beginning. It is important to have this plan in writing. This vision is shared with the team and introduced to new staff members as they join. When changes are communicated, it will help the team stay on track.

It is also equally important for the

CDA JOURNAL, VOL 28, Nº5

dentist to learn about the vision, goals, and aspirations of each team member. Unless the dentist hears, understands, and can empathize, he or she will lose the connection within the relationships. It is this connection that supplies the pathway to developing a winning team.

Budget and Overhead

A clear understanding of overhead and expenses is at the foundation of every successful practice. In the past, overhead at 60 percent to 65 percent was thought to be appropriate, and individual categories had standard recommendations. This has changed, and many categories vary a great deal depending on the dentists' vision and goals. For example, a practice incorporating more cosmetic procedures may see a higher lab or supply cost. The same may be true with staff salaries. Today, they vary more than ever because of the various styles of practice. It is important that each dentist evaluate the cost of salaries when it comes to teams because the practitioner must not inadvertently convey frustration with their overhead commitment to staff members. If team members perceive that the dentist is unhappy with staff costs, morale will suffer and motivation will decrease.

To prevent this from occurring, it is advisable that the dentist work with an accountant who specializes in dentistry and is familiar with the needs of the practice. In addition, a management consultant who evaluates the practice on an individual basis is also helpful when comparing costs with goals. A long-term relationship between the service professionals and the practitioner is also recommended because when advisers understand the history of the business, they may be able to provide a shortcut to solutions. They can also serve as a quick resource as issues arise.

The money allocated toward team building is substantial. When team building is a consistent goal of the practice, the manner in which monetary issues is communicated to staff is critical. When communicating or discussing compensation in any form, it is important to clearly describe it on the day the individual is hired. The discussion or review must occur in a timely manner every year. It is the responsibility of the dentist to schedule and acknowledge the anniversary date. Acknowledging the date is in itself a form of recognition.

To create a successful approach to compensation, the following guidelines are offered. First, a clear description of the entire compensation package, including benefits, should be made to each team member. A complete list of the categories of benefits is recommended with a dollar value for each. The total at the bottom of the page shows the staff member the total annual compensation. This figure divided by the hours worked show the hourly compensation. The categories include the hourly rate multiplied by the number of hours, vacation, well pay, holidays, continuing education, retirement plan, bonus, dentistry, and travel or child care allowances. This package should be reviewed annually and adjusted according to changes in the marketplace.

The employer should acknowledge that a raise is a form of individual recognition. They should not be eliminated in favor of a bonus.

The availability for a raise should be stated in the employment packet. What job performance will result in an increase and how much can they look forward to receiving? As each team member is hired, it is important for him or her to have an understanding of how they may advance and receive a raise. The employer should describe in detail from the first day and throughout reviews what performance is required and what advancement they have to look forward to in the future.

If bonuses are part of the compensation package, they must be affordable and team members must clearly understand the formula for them. Affordable involves reviewing all expenses and the position the dentist is in when evaluating profit. When profit is not realized, the practitioner may become disillusioned with long-term bonus commitments. Also, it is necessary that team members have a clear understanding of the bonus calculation and that the dentist discuss each person's responsibility for qualifying for the bonus. Every bonus should be subject to review and may be changed each year following a review of the practice.

Trust is a key element in team building. Specific guidelines must always be provided to the employee regarding compensation. Often, the leader/dentist avoids discussing these topics and so trust issues begin to surface.

Training

Training is critical to team building because it builds confidence in each staff member. In turn, they enhance the image of the practice and the value of care perceived by the patient. When implementing training sessions, however, most dentists struggle with the concept of the time and cost it may require. The first step, which can occur throughout the day, is communication. Talking, directing, listening, and observing are daily efforts that can do more in very small increments than blocking off half a day for a training session. Blocking time to practice verbal skills or to review a new clinical technique are also recommended and often result in increased production, thereby offsetting the down time.

CDA JOURNAL, VOL 28, Nº5

When further looking at advancements in training, the practitioner should keep in mind that some individuals on the team may have knowledge in the area of practice management. They can contribute as much or more than consultants on occasion; and, because of this, it is important to listen to the ideas they share. The team may have its own "experts." When the practitioner shows his or her belief in them, it will contribute to team building efforts.

There are other measures that are highly recommended for contributing to building the winning team. These include recognition, continuing education, in-office training and role-playing, one-on-one training, and visiting trainers.

Recognition occurs daily when the dentist comments on a staff member's positive efforts on behalf of the practice. He or she should openly acknowledge an individual's efforts.

The practitioner should select appropriate continuing education programs for team members. He or she should assess team members' levels of competence first, then determine the courses that are appropriate to their development. A continuing education program must have new and challenging information as opposed to concepts they have mastered. The team should take part in choosing the appropriate program.

In-office training and role-playing are activities that are essential prior to implementation of new systems and/or verbal skills. Be it a new clinical technique or a new style for the new patient exam, it is important that each step be reviewed prior to implementation. This builds confidence in team members so that the new system is more likely to be successful.

One-on-one training is helpful for individuals who will benefit from hands-on assistance. This is especially true with new employees when they are getting acquainted with office procedures. A buddy system works well, whereby each month a different staff member is assigned to the new employee to teach him or her one or more systems in the practice.

On an annual basis, specialized consultants or visiting trainers can be utilized to teach or enhance a particular area, such as communication and verbal skills, team building, computer enhancement, or clinical efficiency. They can be retained to present staff seminars or workshops.

There are no boundaries to a list of potential topics. And specialists in each field, rather than one entity, are recommended. Specialists typically share their unique philosophy and have years of specialized training and experience.

Conclusion

Clarifying the dentist's personal vision, establishing appropriate employee compensation, and assessing what may be possible with training can be overwhelming. However, the time spent by the dentist in these areas is well worth it. Expensive new advancements for the practice may never realize their full value unless the team is behind them. They create a positive environment that is felt from the moment a patient walks in the door until the time he or she departs. This contributes to a values-driven relationship and sense of well-being, which results in referrals. The office team knows when the dentist believes in them and supports them. They become keenly aware of the effort the leader has put forward on their behalf on a regular basis. It is this combination that results in a winning dental team.

CDA JOURNAL, VOL 28, Nº5

The Hygiene Department in the Contemporary General Practice

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Individual soft tissue management programs in today's dental practices have become quite successful, both in terms of clinical excellence and financial benefit. However, there is a lot more to a successful dental hygiene department than the implementation of a soft tissue management program. The purpose of this article is to provide the dentist with a blueprint for managing a successful hygiene department in today's dental practice.

The decision to pursue clinical excellence is always the most important first step in this process, however this is only the foundation. The success of any dental practice hinges on a secure clinical foundation and sound business strategies. There are four main areas that can help dentists maintain a high level of clinical excellence and financial stability in their hygiene departments.:

- Developing a soft tissue management philosophy;
- Defining and communicating the dentist's vision;
- Providing leadership and empowering the staff; and
- Tracking the practice's vital signs.

Developing a Soft Tissue Management Philosophy

It is first necessary to address the clinical periodontal foundation of a patient-centered practice. Because of the current understanding of periodontal disease, based on years of clinical research, dentists have the ability to help their patients achieve perfect soft tissue health. This is defined as 0 to 3 mm pockets, etiology present only within the sulcus, and no bleeding on provocation. To develop a soft tissue management philosophy in which this standard is the goal, the dentist must first define six key procedures that routinely occur in the hygiene department. They are periodontal screening, comprehensive periodontal examination and charting, continued care (prophylaxes), periodontal maintenance, gingivitis therapy, and periodontal disease therapy (root detoxification and debridement). To define these procedures, the dentist needs to translate personal philosophy into writing, using the following guidelines:

- At what interval are all of the services provided? Three months, four months, six months?

CDA JOURNAL, VOL 28, Nº5

- What team members are responsible for providing the services?
- What are the appropriate fees for each procedure?
- What communication does the dentist expect the patient to receive during each of these services?
- What visual educational support does the dentist expect the patient to receive?
- What type of documentation does the dentist expect, and where within the charting system will it occur?
- What are the clinical criteria for successful completion of each of these services?
- For what procedures is microsonic therapy indicated?
- When are site-specific antimicrobial medicaments indicated?
- When is laser therapy indicated?
- What are the clinical guidelines for referral to the periodontist?

By applying these guidelines, the dental team can begin to create treatment plans that go beyond mere calculus removal.

Defining and Communicating the Vision

Once the dentist has established a sound soft tissue management philosophy, he or she must communicate this to the team so it can be effectively executed. Team continuity and aligning staff members' philosophies with those of the dentist is the first step in this process. One can start by sharing and committing to a practice mission statement, which is a hallmark of the patient-centered practice.

There are four steps necessary to refine hygiene department management. They are:

- Communication;
- Time management;
- Leadership of the team through mentorship; and
- Restorative procedure distinctions.

For communication to occur, the hygienist must understand and promote the dentist's restorative and esthetic diagnosis. Hygienists will need to effectively incorporate all of their periodontal responsibilities as well as the procedures desired by the dentist if they are to achieve effective time management. leadership from the dentist is essential if team discussions on clinical philosophy and guidelines are to occur and the priorities and goals of hygiene management for the practice are to be mutually accepted and carried forward by all members of the team.

The restorative procedure distinctions may be difficult for the hygienist to master. For the hygiene department to effectively support the dentist's restorative treatment plan, the following areas need to be discussed. First, each hygienist must understand his or her role in the discovery, communication, and educational support of the patient's restorative and esthetic concerns. Next, the dentist must communicate how the hygienist will deal with any incomplete restorative and aesthetic treatment plans. Third, guidelines for fillings, veneers, bonding, bleaching, and other restorative procedures must be clearly articulated and supported.

Providing Leadership and Empowering the Staff

Business consultant Ken Blanchard said about partnering for the future, "The quickest way to increase dignity, meaning, and community in a workplace is to involve people in redesigning their work. That is also the shortest route too -- in the long run -- to lower cost, higher quality, and more satisfied customers."1

A successful practice is not solely measured on production and collection numbers. Committed, empowered employees are found in successful dental offices. The dentist has involved the team in future strategies and implementation plans. Practitioners who are interested in creating such an atmosphere should read about successful companies or corporations and redefine and emulate their strategies for dentistry. The principles of managing a service-oriented business like dentistry are the same as those of a successful company. The hygiene department within the practice should be managed like a business within the business.

Tracking Practice Vital Signs

To achieve and maintain success, one must track the practice's vital signs: key statistics that tell how well the practice is doing financially. If it can't be measured, it can't be managed. Tracking and monitors may seem like wasted paperwork to some team members; and they can be, if they aren't consistently reviewed and analyzed. Vital signs that must be tracked to ensure the level of success one sets out to achieve include:

- Periodontal treatment diagnosis and case acceptance.
- Restorative and esthetic treatment diagnosis and case acceptance.
- Percentage of treatment service provided per month (e.g., 1110 -- 22 percent, 4341 -- 33 percent, and 4910 -- 45 percent).
- Production totals: hourly, daily, monthly, and year-end.
- Collections: acceptable accounts receivable percentages, expectations of over-the-counter collections.
- Openings in the schedule: How many, percentage to the number of appointments, what kinds of appointments are canceling? Which team member did they last see?
- Continued care system: percentage of patients that stay active each month, percentage of time allocated

per day to work the system. When are the cards sent? Are appointments confirmed and if so, when? What is the communication the dentist expects?

- Reactivation system: number of patients per month reactivating? Percentage of time allocated to call? What communication is being used? What and when is written communication appropriate? Percentage of results of reactivating patients back into the practice?

While some areas can be tracked using the practice's computer software, others will require a manual tracking method. For example, are cancellations distributed evenly between the hygienists in the office or do they tend to occur primarily with one hygienist? What type of appointment is canceled most, for example, are supportive periodontal therapy appointments canceled at a much higher rate than any of the other services? If so, the practice needs to identify the missing communication and educational support during those appointments.

Conclusion

The hygiene department is the backbone of the general practice office. It is the vehicle through which the patients attain the highest level of soft tissue health. It also gives the dentist and the team the opportunity to treatment plan patients based on their restorative and esthetic wants and needs. Management of a successful hygiene department requires the development of a philosophy for treatment and communicating this to the staff. Committed, empowered employees are essential to practice success and must be developed. Finally, the key performance indicators must be monitored and the team must be kept on track and motivated through effective leadership.

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CDA JOURNAL, VOL 28, Nº5

Creating Value: Partner With Your Patient

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Much of dentistry is no longer a needed service. Shocking as that may sound, it is a truth in the marketplace. Dentistry has moved from crisis-care, urgent services to optional choices by the patient. As the marketplace has shifted, the missing skill in dentistry is learning to create value for optional dental care.

Presentation skills must change as the marketplace has already changed. In former years, a dentist could diagnose treatment and have it accepted because it truly was urgent and necessary care for the well-being of the patient. Today, most dentistry is a choice in the marketplace, on par with other discretionary purchases such as a cruise, a tandem bicycle, or new kitchen countertops. As an example, big-screen televisions are a $70 billion industry in America. Dentistry amounts to a $52 billion industry. The change from being a needed service to a choice requires a dentist to develop new skills so that dentistry is one of the top priorities for a consumer's money.

Customers today prefer to spend their hard-earned money on products and services that improve their emotional well-being. Dentistry is still offering products instead of helping patients shape their dreams of what might be possible for their health, smiles, and longevity. Dentistry needs to move into the skill of building of emotions, rather then just presenting a product.

Every generation creates it own dreams. Model railroads and Model Ts are diminishing in value as the WWII generation ages. Muscle cars, looking young, lasting forever is the dream of the Baby Boomers. People are tired of the basics. Dentistry must leap from satisfying patients' needs to fulfilling their dreams. The mandate of dentistry is to be a part of the Baby Boomer's dream of looking good, feeling good, and lasting a long time.

Patients and potential patients know dentistry is a choice. Patients drive the marketplace with their values and desires. Before, dentistry justified the need for treatment with pathology. Today, dentistry is in a wants-based marketplace, and the patient drives the conversation to their dreams. They know dentistry is a choice. They don't even need teeth but they want them and they want them to look good.

In today's marketplace, the immediacy of need is missing. Because patients know they can choose "yes," "no" or "not now," dentists no longer have validity when

CDA JOURNAL, VOL 28, Nº5

speaking in terms of "Mrs. Jones, you really need to have that missing tooth replaced." Dentists must learn the same value-creating skills as other service professions. The marketplace is demanding that dentists become partners with their patients in developing their dental dreams.

Our current presentation skills rely mainly on education, with dentists or dental staffs talking the majority of time. The mandate was to educate the patient about needed dentistry. Education worked in an era in which patients had little knowledge and few choices. In today's more sophisticated marketplace, patients will discover their own greater values if we create a partnership of asking questions and letting the patient speak the majority of time. In the right atmosphere of trust, if the right questions are asked, patients will voice their desires and dreams for their own dental health. They will share their values of health, longevity, and looks. This, then, is the direction of skill-building needed to place dentistry on the priority list of options available to patients.

Today's dental patients are much more sophisticated. If they want technical information about crowns, use of amalgam, etc., they use the Internet. Education is an important part of dental treatment but not a part of the sales process. A sale takes place emotionally, from the right side of the brain. When we place the patient in the technical arena (the left side of the brain), it is not possible to make a decision and the response will be, "Let me think about it," or "I don't think so."

A situation is occurring in dentistry that places urgency in learning the new method of partnering with patients. Dentistry has become a commodity. This is an economic situation created by us, as organized dentistry has made a great effort to make every dentist equal. We agree to keep dental fees within boundaries, to avoid marketing any special skills, to keep our diagnostic skills equal by submitting to insurance for approval, and even try to pass legislation requesting no special designation be given for further study and accomplishment like being accredited by the American Academy of Cosmetic Dentistry, being a fellow of Academy of General Dentistry. This means to patients that dentists and dental "products" look more and more alike. In dentistry, the consumer believes teeth are teeth. Therefore, when one office offers "caps" at $299, what is a patient to choose?

Thirty years of dental insurance has helped create a marketplace where our excellence, skill, and judgment are not differentiators in the eyes of the patient. Dentists submit their diagnosis to insurance companies for "preauthorization," which sends a message to patients that insurance rules. Dentists then hope their treatment will be accepted as "usual and customary." We have also have stopped offering treatment or are reluctant to prescribe treatment that is not covered by insurance. Insurance has helped create dentistry as a commodity, and we have been willing participants on that path.

Creating value for treatment is not easy for a heavily insurance-dependent practice, a practice in which more than 50 percent of income is derived from insurance. To create value and interest for results with patients, dentists must become mentally free of insurance. This requires a thorough self-examination of the dentist's values, motivation, skills, and desired reputation. The dentist must see value for his patients beyond insurance dictates.

James Bryant said, "If you truly expect to realize your dreams, abandon the need to be liked by all. If conforming to everyone else's expectations is the No. 1 goal, you have sacrificed your uniqueness and, therefore, your excellence."[1]

The dentist must not only realize but also be passionate about the fact that his patients deserve to choose from all the dental treatments available, not just what insurance determines to be the most economic. Creating value for patients by being mentally free of insurance means putting the practice in a position of risk and reward. The risk is that some patients will say no; they would rather have insurance dictate their treatment. Is the freedom to diagnose to your standards and pleasing the patients worth the risk? It is your choice. The path to creating value is clear.

Because the public now views dentistry as a commodity, how each office provides that service can become a differentiator. Learning new skills in asking questions and becoming a partner with patients in developing their dreams will make an office different. Relationship is never a commodity; and when a level of partnership is reached with a patient, a distinction is made. Turning a waiting room into an inspiration room of beautiful smiles where your patients can see your excellence is one way to set a practice apart.

Creating value for dental patients in today's marketplace of choices also requires positioning a practice so that the larger community of patients knows of these skills, qualities, and relationships. This positioning or marketing helps shape the patient's dream even before people participate with your office.

Creating value for patients is also being skilled in the modern dental techniques and materials. The irony is that G.V. Black is revered as the father of modern dentistry. His preparations were invented in the late1880s, and he died before Henry Ford invented the assembly plant. Dentistry is very slow to accept change. The dental world is changing. To differentiate yourself in the dental field, become clinically excellent.

CDA JOURNAL, VOL 28, Nº5

Dentistry does not embrace change quickly nor easily. Our dental paradigms (filters through which we view our world) are very strong. Practicing in small individual offices, dentistry has traditional methods and thinking. Taking comfort in what has always been accepted, dentistry continues to find strength in what has always been. A strong dental paradigm is "We don't sell dentistry." Or, "Our patients will only accept what their insurance will cover." Or, "We do only necessary services in our office."

Dental paradigms are strong in the area of sales. Paradigms can keep us stuck in an old way of thinking. Dentists perceive sales skills as having no place in the dental office. A dentist would never want to be caught "selling." This dental paradigm is based on the old model of selling where pressure is placed on the client to purchase. Yet, what we don't realize is that without skills and the mindset of asking questions, we do put pressure on our dental patients by acting as the all-knowing speaking to the undereducated and telling them what they need. This is akin to the parent-child relationship and makes discovering dreams difficult.

The world is reinventing itself almost every 10 years through new technologies. For a technology to be relevant, it must improve the life of people other than just millionaires. Are we not part of the greatest technical changes in dentistry? What are the possibilities for patients today? "Not in your wildest dreams" is even passé. Dreams enunciate our latent desires; they create a mood in which everything is possible.

Why is dentistry clinging to the old presentation model of telling patients what they need when the marketplace is demonstrating more sophistication? Change requires being uncomfortable, learning new skills. It is easier to work harder with known methods. Shifting to a new presentation method requires an awareness of the need to change and then the desire to change.

Dentists are the messengers of looking good, feeling good, and lasting a long time. Dentists can help people achieve their long-held desire to be more attractive, to keep their smile more youthful, to have their own strong teeth as they grow old, and to avoid dental emergencies. These are the dreams of patients, and it is the dentist's obligation to uncover those dreams and to fulfill them.

Dentists can help shape their patient's dreams by being an inspiration themselves. By having their own mouth restored to tomorrow's standards, they are helping to shape a reachable dream with the patient. Staff dentistry must also be excellent, not just adequate.

In the old sales model, customers needed sales people and products. Relationship was not important to the sale. Sales people spent more time on the pressure close, thus giving sales people a poor reputation. Doctors and staffs perceive they already ask questions and develop relationship. Let's review the usual questions asked and evaluate if this set of questions really helps develop a dream.

After the health history form is completed in the waiting room, the conversation follows, "How are you? How's the family? How's the summer going? Everything pretty good since last time? What is your main concern today? Let's take a look. Here's what is wrong and here is how to fix it. You do want to fix it, don't you? You really need to have that taken care of. You understand, don't you?"

These kinds of questions are a routine script repeated many times a day. How deep is this relationship? How big are the questions? How involved is the patient? What is the result of these questions? When small, routine questions are asked, we narrow our possibilities for results. Small questions will yield small results.

The new model of sales is used when we have more sophisticated consumer who knows he or she has choices. The salesperson must establish relationship and rapport and ask questions to help shape the customer's values and dreams. Clearly 70 percent of the time is spent on developing relationships and asking questions. It does not require a heavy close because the sale is really driven by the patient. This method fits dentistry beautifully because dentists can deliver on patient dreams.

Developing rapport is a very important part of relationship-building. The traditional questions above are too rapid-fire to build true rapport. Really listening is not happening because we have our own agenda. We have our own mental tapes we play, rationalizing our present mindset and skills. "I have no time to ask questions." "I have been in dentistry for 15 years, and I know the answers." These mental tapes get in our way. Dentists fear the patients may say no to suggested treatment, so small questions are asked and the resulting diagnosis is small. If we ask small questions, we will get small answers that are close to the insurance maximums.

One of the mistakes made in dentistry is that the dentist does not ask the important questions nor really listen to patients. Our need to tell, educate, and explain is so great that it is like only being on "send" in the e-mail mode. Dentistry is not accustomed to being on "receive" (as in listening), yet this is when rapport, integrity, and values are created. When we try to sell our product based on what we think the patient needs, there is a hard close.

Creating dental dreams with our patients requires developing an atmosphere for patients to talk about their

values and what is important to them. Dentists and dental staff shift from being the educator and "telling" to becoming a resource. This creates an opportunity to actually learn from our patients.

Stop thinking in terms of educating patients. Think more about educating yourself about your patients, not their teeth. Think in terms of learning with them. Think about helping them. Learning and listening are the key skills.

An important educational truism is "The mediocre teacher tells; the good teacher explains; the superior teacher demonstrates; the great teacher inspires."[2] Education is an important part of dentistry, not the dental sales process. Patients actually stay away from regular dental care to avoid the "dental flossing lecture." How can we be the superior teacher who inspires the students? Asking questions and listening creates the inspiration rather then the traditionally scripted lecture of education.

When big questions (**Table 1**) are not asked of patients, we educate and sell the product that has value for us. We try to talk them into something that is important to us. This creates heavy pressure on the patient because he or she is not treated as a partner. This is like a newly thin person trying to convince others to exercise and love vegetables. The message falls on deaf ears and can actually create a point of rebellion in the listener. The inner voice is saying, "Don't push your values on me."

Shifting from telling to listening has been referred to as a "secret weapon."[1] It is the opportunity to stop thinking in terms of educating the patients and think more about educating ourselves about our patients. We need to learn WITH them about what is important to them. Think about helping them. Listening is the most important skill. Many people in dentistry are driven by feeling they must have the answer.

Before meeting a new patient or visiting a recare patient, stop to think, "What is my purpose?" And most importantly, "What is in it for the patient? What are they interested in?" If you find yourself talking about teeth and solutions before you help them discover their values and dreams, you are in the danger zone. This is the non-emotional area, and there is no dialogue with the patient.

Questions are your tool for understanding patient concerns. Questions help put you in the role of the problem-solver. As your patients speak to you, listen, listen, and listen. Listen in a new way. Listen in order to question, not to answer. Listen for key words that are meaningful to the patient. Take notes, show empathy, ask questions, and then ask more questions.

Creating value for beautiful smiles, which fulfill dreams of looking good, feeling good, and lasting a long time is the desired skill and mindset needed in the changing marketplace of options. Creating relationships and rapport and asking big questions will help shape patient's values and dreams for their dental health and appearance. Education does not sell dentistry but is an important part of the treatment process. Building confidence in asking questions and listening to learn about your patients are the skills that will make your office the practice of choice.

Table 1. Big, Important Questions

- When you think 20 years ahead, how would you like your smile to be?
- You said keeping your own teeth is an important goal. Why?
- What would you like them to look like? To feel like?
- What benefits can you see by keeping your own teeth? Tell me about that.
- You said you would like your teeth to be whiter, younger looking. How would that help you in your job?
- What value would a nice smile add to your career?
- What advantage do you see in having as few dental treatment visits as possible?
- What benefits can you see in preventing future dental emergencies?

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CDA JOURNAL, VOL 28, Nº5

Dental Aptitude Test

Robert E. Horseman, DDS

Few of us arrived at our present station in life without having received counseling from a high school guidance person. These were sincere persons who, armed with out-dated college catalogues, attempted to elicit more than a monosyllabic response from students more interested in interpersonal relationships than academia.

An aptitude test taken at my high school sometime early in the last century indicated clearly that my particular talents uniquely qualified me for a position either demonstrating Amway's personal hygiene products or as a supernumerary census taker.

I demurred, professing to my high school counselor, a former matron at the Chino Women's Correctional Facility, that my life's ambition, once I discovered that dentists had Wednesday afternoons off, was to poke around in strangers' oral regions. She offered this advice: "Take three years of German for your language requirement; pig Latin is currently not an option. Important research and other interesting stuff are reported exclusively in German. You have to be fluent in that tongue in order to stay on top of things, especially those that can best be described in words of 30 or more characters and half that many syllables."

Years later, when I was in a position to know better, this person had already gone to her reward, otherwise I would have journeyed as far as Argentina to hasten her demise.

Since those primitive times, high school guidance procedures have evolved into a much more scientific placement of students based upon tests designed by psychologists working with MTV producers and juvenile hall parole officers.

The recommendation to study German, although well-received in Deutschland, failed to find acceptance in the United States where it was shelved in favor of graphic arts and design courses aimed at producing more fetching Yellow Pages advertisements.

Thanks to these new comprehensive tests, it has become easier to winnow out those students whose ambitions are at wide variance with their abilities. This is why we currently have a surplus of people who are more adept at discordant guitar riffs than calculating interplanetary shuttle orbits.

A sampling of typical questions follows:

1. In your future, you picture yourself as most comfortable ...

a. On a beach in Barbados with a tall, cool one.

b. With feet up behind an imported teak desk enjoying having a secretary at your beck and call, wearing an Armani suit and $100 underwear (you, not her).

c. Hunched over in an 9 x 10 windowless room breathing potentially fatal halitosis fumes, peering into a dark orifice while ac-

tively courting latex dermatitis, fallen arches and varicose veins.

2. Which of the following appeals most to you:

a. Hitting a small ball with a thin stick to direct it into a succession of 18 holes --potential reward: $900,000 to $6.2 million per season.

b. Hitting a bigger ball with a bigger stick entitling you to run vigorously for a short distance -- potential reward: $18 million plus endorsements.

c. Dressing grotesquely, playing a guitar badly while screaming not-nice lyrics to an audience of attenuated cretins -- potential reward: $500 million and early retirement.

d. Convincing a reluctant person that if he will let you drill a hole in his personal tooth, he may spit on your fingers -- potential reward: $91 per hole.

3. Which of the following seems the best career move for you:

a. Drop out of your junior year in high school, continue to live at home at no personal expense while you try to find yourself. In your spare time, work on forming musically clueless groups with catchy names like Chaz Cacophony and the Ditzy Dissonants.

b. Enroll in a creative drama course, striving for recognition as a completely insane person who will be paid $20 million per movie as you champion serial monogamy.

c. Recognizing that lack of character, morals and conscience are no barrier to success, work your way up the political ladder using other people's money, retiring at $200,000 per year with a big library in your home town.

d. Borrow enough money to see you through eight years of graduate studies, living on saltines and shared teabags, then go to work for 20 years to pay off the student debt, hoping your heirs will be able to handle the balance.

4. In which of the two following events would you prefer to participate:

a. Engage in a contest of fisticuffs during which you allow a portion of your ear to be ingested. Accept $35 million in compensation and the sympathy of the public for this inconvenience.

b. A small child bites your finger to the bone, requiring tetanus and rabies shots. You sooth the child and apologize to the mother for the inconvenience. Everybody laughs.

This type of questionnaire enables high school guidance personnel to accurately single out those students who, having chosen the least likely answers to the questions, will be most successful embarking on a dental career.