Volume 7, No. 4, October 2001

Prosthodontists, Prosthodontics, Prostheses
"These Are Not Dirty Words"

You can be sure of these things! Today's patients are dollar conscious; they don't spend money on health care frivolously; they want to be certain that their needs as diagnosed will receive lasting treatment; they are skeptical; they will have seen the pamphlets and public awareness ads propped up in your office; and they will check their health insurances to see if there is anything they missed in connection with dental reimbursements.

Dental organizations know this and they have attempted to use the media and public awareness campaigns to put these concerns at rest. At the same time, of course, they want to drive more patients into treatment. There are many companies out there willing to be paid for doing surveys, developing pamphlets, creating displays and TV ads, and spawning new web site information; all accomplished at great expense! But dentistry has its established image, good or bad, and so far the public awareness campaigns as concocted by public awareness pros have had little effect. The public is used to this image and its experience with dentistry confirms it. The conclusion is that the effectiveness of a public awareness campaign is difficult to measure, and its costs surely exceed its benefit.

Networks

If public awareness campaigns don't drive patients into your offices, what does? Today's marketing experts say that word-of-mouth and recommendations heard in everyday conversation carry the greatest weight in decision making. Most probably, in choosing dentists and dental specialists, the patient is relying on a "network." Rest assured, patients have talked to their friends, co-workers and neighbors about the experiences each has had in gaining dental treatment. They talk not only about what they received and its cost, but more importantly, they talk about those who provided it. Networks, information share, and experience relatings are the observations the marketing gurus are paying attention to today. "Chocolat" became a movie of choice; the Ford Explorer became a needed want; and Southwestern food is now craved more than Wiener schnitzel because of word-of-mouth! The phenomenon is an invisible network which creates a buzz that can't be ignored!

Buzz Creation and *the little blue card*

You hold in your hands "a seed" which is going to promote prosthodontics and its specialty. We'll call it *the little blue card*. Read it and you will begin to use the words that describe superior treatments, carried out by those especially trained because of years of added education. The card will be useful because the people talking and networking will carry it and refer to it and talk to it and from it; but best, using the words they should use in talking about us. These users of this card will become ***virtual hubs*** of information about us. The seed card:

- is simple.
- uses truthful and understandable terms.

  It's like a Power Bar: it is easy to digest;
  it is low in fat; and it provides what is needed.
- is easily transferable.

  Give them to your patients, your staff, your referrers, put them out in your waiting rooms, take them to the AAR P convention and the health fairs. You are ***hub transferring***.
- is identifiable.
- is something that lends itself to being talked about. You are "stimulating the buzz." You are entering and enhancing the network.
- has no restrictions.

  It can be incorporated in your web site; it can be imprinted with your name and office information. It has no ownership.

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False Buzz: Creating Worry About the Name "I'm a Yankee, You're a What?"

An informal poll was recently done in selected communities. It was conducted by an "on the street" pollster in an effort to gain knowledge on just what the public perceived "Yankees" to be. Of course, the Yankees themselves would be affected by the results, perhaps for years to come. The questions and summarized answers are as follows: [answers in order of frequency of response]

What is a Yankee?

A northerner, as opposed to a southerner.

The opposite of a Rebel.

A type of ship usually driven by sails.

Something you blow your nose on.

Yankees wear pinstripes. What is their purpose?

They are a part of the common business suit of Wall Street.

They impart status and richness.

They serve no purpose other than no one else wants to buy them.

What do Yankees do?

Irritate southerners.

Irritate Brits as a reminder of Revolutionary War defeats.

Irritate fans in cities other than New York City in the American League in baseball.

As you can see the image portrayed by this poll will be very damaging to a professional group that is in reality the best in baseball. The Yankees play baseball, but they play at a different level than most other teams. The Yankees can really do things that other baseball players can't. Because of their special skills and training and their documented achievements they get paid more than other baseball players, especially those in the minor leagues. They recognize the worth of players in their farm clubs, but know they play in a different league.

They, the Yankees, really shouldn't have to apologize for the level of their achievements; they really shouldn't feel guilty about what they've been able to do over the years; and certainly they shouldn't develop a long term inferiority complex over the fact that a factitious poll says their name perceives them as something other that what they are. So much for polls!

Can Buzz Work for Prosthodontists?

For one thing, it's worth a try. Public awareness campaigns are wearing out. Buzz represents a change in tone, because it begins to put the right words into the hands of those in the network. It sets the specialty apart without being negative or disparaging of our brothers and sisters in general dentistry.

We know that the specialty of prosthodontics is not new and its is not a product. It hasn't been newly introduced and it hasn't been dramatically changed by new developments. It can't be sold over the Internet and it can't be delivered by FedEx. But it needs a fresh awakening, an awakening in tenor with the times as today's marketers see the trends.

But give some thought to the fact that understanding the importance of the network, using a seed card to establish hubs, and creating a buzz about the specialty is not overplaying or overselling. You are merely using what exists and what is being used already. The card does not create information overload; in fact it quickly does the opposite. It enhances the network.

The importance of the blue words on the card is that they are words that should have been used frequently and without apology. The words that historically have identified us and our training in one of the specialties in dentistry are not dirty words. The words on the card quickly create understandable information, information that can be passed along to others in the network who are asking the questions.

Summary and Credits

You are now becoming convinced that ***word-of-mouth*** plays an important part in identifying you and your practice. The word-of-mouth travels around a ***network***, your unique and personal network. Networks are invisible, but they do better when correctly informed, and when the information is easily available. Simple, easy to understand ***seeds*** are stimulators of information. These seeds create ***hubs*** in the networks. The hubs are the people who are enthusiastic about your practice and will talk about it, creating a *buzz*.

Your treatment is your product and it will advertise itself, but the buzz about it recognizes it and factually states what it is. When buzz is created in your network you have done all you can do, and you're on your way. Good luck. ❑

From:
The Anatomy of Buzz by
Emanuel Rosen © 2000 and published by
Doubleday/Currency and priced at $24.95

RECOGNIZING THE ETHICAL PARADIGM IN TREATMENT PLANNING

All decisions in the treatment planning process are overshadowed by the fact that the treatment and restoration will be in a body, the patient which is unlike any other. The patient's values, reasonings, and judgments will affect all decisions in treatment and ultimately, the prognosis The part of treatment planning which has not received sufficient attention is the influence of personal interactions between patient and providers. These interactions and the ethical consideration accompanying them are always in evidence; there is no way they can be avoided, they become a definite part of the success in treatment equation; and factors which affect them should be recognized and discussed. The plan must include:

1. A clear definition of the problem.

The problem to be solved is the patient's. There should be an empathetic search of the patient's physiologic and psychological wants. These wants will best be defined as the patient's basic needs in treatment. These needs are always difficult to identify, and at times solutions are found and treatments are applied to the wrong problem. The solutions then become the problem.

Extending treatments beyond capabilities is another common reason for failure. In searching for the problem, the desire of the patient may become more important than the scientific knowledge and skill of the provider. When this happens the provider of the treatment becomes overextended and the provider becomes the problem. The philosopher Gracian said it well when he stated: "Hope is the great falsifier of truth; let skill guard against this by ensuring that fruition exceeds desire."[1] We should know that our search is always for the patient's true problem, and we should guard against trying to satisfying the patient even when we know it is not possible.

2. Biologic and pathologic information and other medical and dental data gathered from the patient.

The dentist has been trained to analyze and draw conclusions from biologic and pathologic information. The key words are "has been trained." Insight into financial problems (which are the patient's) and the ability to analyze the patient's psychological irregularities and aberrations in behavior most probably come from experience, not training. These factors will influence the final plan, but the compromises should follow the gathering of raw biologic, physiologic and pathogical data.

3. A method to correctly sequence treatment.

These are not "cut and heal" events. The treatment is accomplished by using a very complicated engineering process. One step depends on the previous step, and all increments are best planned at the start of care or treatment. The dimension of time becomes the most important part of the plan once the decisions are made concerning the procedures to be done.

The plan will include treatments by referring dentists and specialists. The initial phases of treatment will attempt to quickly bring the patient into an absence of disease and a presence of function. The definitive treatments which follow will be further time-phased with the goals being: 1) a foundation for prostheses (if necessary) which eliminates and avoids pathology; 2) an occlusal function for the patient which is physiologic and will remain so; and 3) esthetic components which are acceptable to the patient and to the accepted standard of care.

The supportive laboratory steps which will be necessary should also be scheduled into the plan. Further, the plan should calculate time needed for patient discussion, medical or specialist referral, appointment failure, and every other contingency in the scope of treatment.

4. An atmosphere of understanding.

In order to meet its goal, the treatment plan must be accepted. The patient must relate with the planning and treatment process, have confidence in what is said, and above all be certain that their time and expense will result in the outcomes they want. The plan of treatment should initiate better understanding between patient and the provider by sensitizing each to the values, perceptions, and feelings that will have to be common to both for success in treatment. In a legal sense the patient will be informed and then indicate consent to treatment. This formality called Informed Consent "legalizes" the entire process.

5. A veil of honesty over the treatment and the parties involved in it.

Treatment planning exercises are no substitute for lack of skills, common sense, training, logical thinking, problem solving abilities, and experience gained from extended training. A part of philosophy is ontology -- "what or who am I?" The best providers honestly appraise their own abilities and continue throughout their careers to upgrade knowledge and sharpen skills. If skills are missing, they must be developed. If problems have no answers, further training will help provide answers. If experience is needed, time for repetitive learning events will be necessary.

If an expected outcome is described to the patient and it is later achieved, then there is honesty and the completion will satisfy both the patient and the provider. Patients quickly detect inability to carry out the plan as promised. Patients quickly lose patience when promised deadlines are not met for whatever reason. In dentistry, it isn't "the computer is down" or "I'm just doing what I'm told to do." It's the provider who must answer and stand alone with the responsibility.

One of the primary tenants of ethics is honesty If we put the patient first, the choices in the plan and the way they are executed will be "right" because they will honestly benefit the patient.

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6. Good communication and easily understood communication.

A recommended plan which might best meet this goal will be an action oriented plan, rather than a thing (procedure) oriented list This plan will tell the provider and the patient the treatments to be carried out in a time-phased manner. A branched, rather than linear treatment plan is a further recommendation. The branched plan will help the patient understand exactly where the junctions on the road to completed treatment might occur. These junctions, depicted by a branch on the treatment line, will indicate new treatment or retreatment, and will describe remade prostheses, retreated tissues, and /or a new and different plan for additional treatments. The fee which would be stated would be based on time rather than procedures, and the branches on the plan will carry their own additional projected fees.

Using such a presentation, the patient who must consider time as an additional expense in treatment will be able to view the treatment more realistically, especially if the contingencies in treatment are presented as clearly as the core treatment.

7. A clearly stated goal which is definable and measurable both as to outcome of treatment and prediction of prognosis.

As the treatment plan is being formulated, treatment failures are spoken of in terms of the carious disease process, periodontal disease, peri-implantitis, and apical pathologies. Later when the plan is being presented it is implied that success in treatment will be based on "procedures" i.e. restorations, provisional splints, crowns, fixed partial dentures, implant supported prostheses and forms of removable prostheses. The successes and failures in treatment are described in entirely different terms. This implies to the patient that their oral health is dependent on what the provider makes, and yet in the diagnosis the provider implies that a failure in oral health is a result of the patient not understanding the disease process. Neither of these is correct. Therefore every attempt should be made to clarify and use terminologies which are similar in the description of the problem and the solutions to it.

We should be careful to state our goals in oral health in terms of the absence of the disease process. We should state what we will be expecting and how it will be measured, both at the completion of the treatment and at recall. We should be careful during treatment not to switch from being treatment providers to device or restoration makers. We should be careful to explain the effect of every action in treatment on the long term oral health, and we should always be looking for quantifiable measures of oral health which the patient can easily understand.

Conclusion.

Historically, treatment planning has been approached as an exercise in precise diagnosis, followed by the application of procedures which restore tissues, the teeth and the occlusion to function. Each set of diagnostic circumstances in each patient is different. The search will be for patterns and examples of treatment which can readily be applied to the determined problems in order to lay out a course of action in treatment.

Evolving from within the main search will be the requirement for good and right treatment.

The solutions in treatment should assure and/or insure an atmosphere of success between the dentist and the patient. This can only be done by paying attention to specific ethical values. The previously stated 7 requirements of the treatment plan encompass a paradigm of ethics, and they direct attention to obligations of both the provider and the patient.

Summarized, the ethical paradigm in treatment planning should include the following obligations:

Provider obligations:

1. *Empathy.*
2. *Technical competence.*
3. *Providing information and asking for consent.*
4. *Respect for the individual patient's needs, time, and wants.*
5. *Honesty.*
6. *Clearness and understanding in communication.*

Patient obligations:

1. *Recognizing and relying upon the competence of the provider.*
2. *Truth in statements of personal history, wants and financial status.*
3. *Not asking more of the provider than can realistically be provided.*
4. *Assumption of the responsibility implied in their consent.*

Finally, treatment planning is not purely mechanical, nor can it be learned or taught by rote. Treatment planning is an interactive and personal process between the provider and the patient. The treatment plan contains ethical components which fortunately will provide the ideal framework for organizing the scientific principles which must and will be applied in treatment. Recognizing and emphasizing these ethical paradigms during the treatment planning process will benefit the ensuing treatment and most assuredly will help meet the goal of success.

Reference

1. J. Jacobs: The art of worldly wisdom. New York, NY, Ungar, 1882, pp. XIX

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