

Articulators are for Dentists

by Steve Ratcliff, D.D.S.

I recently received a videotape from a laboratory that has been courting my business. It was a superbly packaged piece of marketing that had full color photographs on the cover jacket showing magnificently executed diagnostic wax-ups. I've had conversation with the lab owner regarding our working together, and I have to admit I was impressed with the visuals and the quality of what I saw.

As I read through the accompanying brochures and pondered the mission statement of the lab owner and his technicians, there was a single statement that continued to catch my eye and create tension for me.

"Doctor!" it proclaimed, "With our master wax-ups you will never have to sell dentistry again. Just show the patient how they will look with our esthetically corrected, functionally perfect, and meticulously executed wax, and the dentistry will be accepted on the spot!"

An Inner Voice

As I thought about a couple of cases for which I'd like a nice wax-up and I anticipated how easy this case presentation would be, I became aware of that still, small voice that creeps up in the back of my mind when I am getting ready to behave in a way that represents faulty thinking on my part. I began to recall the thousands of dollars I'd spent over the years on gadgets and technology so I could "sell" dentistry effortlessly. I've got the computers and intraoral cameras and slide shows, and on and on. I can fess up and tell you that none of them have ever been the foundational reason that any of my patients have moved forward with fine dentistry.

We all have spent countless hours learning to master the technical skills our profession demands. I, like most of you, spend time on my work-ups and I have even spent time making sure I had two articulators ready for my treatment conferences so that patients could see before and after. I even use a wax-up created by a master technician on the occasions when I want to really have an impressive presentation.

In the not so distant past, I would orchestrate these presentations so that I could review the findings of the exam, discuss the solutions to the problems I discovered, and then show the patient the beautifully

waxed, optimal solution to her troubles. Then, I kept doing single tooth dentistry because people just didn't say yes to what I had to offer.

What Went Wrong?

There are lots of reasons why I wasn't successful with those treatment consultations. Foremost, though, is that I forgot that articulators are for dentists. I forgot where the focus of the consultation should lay. I was presenting solutions to problems patients weren't ready or able to see. I was problem-focused rather than values-based, and I obviously hadn't listened well to the patient or engaged him/her well enough to establish ownership for all the problems I wanted to solve. I hadn't learned that all the steel, wax, and stone at my disposal couldn't take the place of thoughtful, caring questions with full attention to the answers.

Understanding

I have experienced great learning in this vein from the Patient Satisfaction Survey (PSS). The PSS is an instrument developed by the Institute's own Dr. Richard Green in conjunction with the Gallup organization. It is a tool that allows the dentist to survey both patients and staff to create a benchmark of where the practice is at a point in time. The information is gathered by the office and returned to Gallup for a detailed analysis.

I have used this instrument three times. In every utilization, the learning has been fresh and profound. I have gained insight into how my patients and my staff view me and what we are trying to accomplish together. I have had the opportunity to hear from my patients what they liked and what they found wanting in my office. This learning helped me understand that articulators, wax-ups and hi-tech gizmos will only consistently work in the presence of an established, trusting relationship. In my practice, this rarely takes place in one or two visits.

I have new understanding of what can take place in both the chair and in the initial consultation if I listen carefully and pay attention to what the patient is telling me. Wonderful things can happen if appropriate questions are directed to the patient. Mary Osborne (a facilitator and recovering hygienist who is a guest presenter at the Institute) has often told me

to listen to my patients; after all, they are their own best doctors. I have found great power in starting exams with, "Share with me, if you will, what is your understanding of the health of your mouth." This same stem sentence can create opportunity for patients to open up if used in other ways. How about, "What do you believe caused that tooth to break?" or "How did you come to choose silver for the fillings in your mouth?" and "What is your understanding of the reason your gums bleed?"

As to the articulator issue, consider this. How often have you handed a patient an articulator with a set of models, waxed or unwaxed, only to have the patient hand it back to you after a cursory look? I found myself feeling frustrated because patients weren't appreciating the hard work I'd put into solving their problems. That led to me either talk faster or louder. I was sure that if I just gave them enough information they would have to say yes. NOT!

Something that Works!

I have learned that I get a much better response if I hand the patient a set of models without the articulator. I have experienced that often the patient's first response is to try to make the models fit together. I sit quietly for a few moments then ask, "What do you see that you'd like to talk about?" Often, upon seeing the models, the person will ask about something we discovered during the exam. He or she will frequently turn the models all around and start making comments or asking about what is observed. If there are no questions, I will always have something to ask that relates back to the exam we did together.

For example, "Do you remember those two teeth we found that were sore and a little loose? Let me show those to you on the model. Now, do you notice anything about those teeth that is different from others around them?" You and I both know that there will probably be a wear facet or occlusal discrepancy. I want the patient to find it. Once the patient sees the problem area, the next question might be, "What is your understanding of why it might have happened?" The words are less important than the intent of the exchange. The patient has the opportunity to discover for him/herself the condition of the dentition and surrounding structures.

This is the essence of co-discovery. Only when the patient has a complete understanding of what disease or dysfunction is present have I earned the right to discuss solutions. In my practice this might not occur immediately. Sometimes it takes many visits, either with my hygienist or me, before they are ready to move into definitive solutions other than phase I dentistry. When this moment occurs, when the patient says, "You told me that we could do more. What did you have in mind?" I know that I can pull out the articulators with the beautiful wax-ups.

Trial and Error

I believe that it is important to say that this has taken me ten years to understand and to implement. I have found it necessary to work with many consultants, advisors, and mentors to learn how to ask questions and hear the answers. I have had many patients leave my practice because I presented huge treatment plans before I knew them and they had the chance to own the solutions for themselves. I believe, however, that trial and error were the only way for me to discover my best style of connecting with people. It is equally important for me to say that I have measured my progress person by person. That is, I get better every time I work at asking questions.

I have found the need to exercise my behavioral muscles even more than my technical skills. I encourage the practice of role-playing in team meetings to try out new verbiage. Meet with small study clubs to test out your ability to ask questions with a group of people you trust. Seek consultants skilled in relationship building to help you uncover your best style. Find mentors who will help you build your confidence.

Your reward will be the opportunity to do your "best stuff" for patients who will pay a fair fee with gratitude and appreciation.