



From Your Patient's Point of View

Janice Hurley-Traitor²

We've all heard the statement that says: if we want to really understand someone's situation, we need to walk a mile in their shoes or moccasins or sneakers, right? I think we can use this philosophy and apply it to our patients' everyday experiences in the dental practice. The suggestion is to take a look from the patients' viewpoint and see what they see from their perspective. Look high and low. Look all around.

Looking UP!

On the high side, when your patient is tipped back in their chair and they are looking up, what do they see?

Before the light is shining in their eyes what are they looking at?

- Old posters of cartoon characters?
- Leaky ceiling tiles?
- Twirling teeth on a mobile?
- Chipping ceiling paint?
- Old television screens?

I have been in dental practices that have inadvertently treated their patients to those eyesores listed above. I think it's easy to forget about what's on a ceiling. In fact my parents once bought a home with hideous wall paper on the ceiling of their newly purchased kitchen. Neither of my parents liked it and had plans to replace it "right away." Year after year as I returned home to visit my parents, I would ask about their plans to replace the kitchen wallpaper until my Mom answered on one visit by saying, "You know... I just don't notice it anymore." I am afraid that scenario sometimes happens in our hygiene treatment rooms. We either forget about what our patients are looking at when they are looking up at our ceilings or we don't notice those items that need repair or replacement.

Another area that needs consideration is what our patients see when they are receiving treatment and they look up. Please double check:

- The cleanliness of your own glasses or loops.
- The cleanliness of the overhead light.
- The cleanliness of the protective glasses you hand your patients (no scratches please).

Looking DOWN!

Finding cleaning staff to properly clean and maintain the physical properties of your dental practice can be a challenge I know. Many times when it's time to cut practice overhead we look at reducing what is spent on cleaning services. There is certainly no guarantee that spending more gets you more but... sometimes it does. Either way, it's important to keep your eyes open from the patient's perspective and oftentimes it is the base of your chairs that get missed in the cleaning process.

Looking AROUND!

How would you describe the overall esthetics of your treatment room? Do you have equipment that stands out as being dated?

Do you have dental chairs or x-ray heads that creak and groan when you move them?

Patients are looking down and around and sometimes they take notice of things we take for granted. They look at the floors and the carpet the cabinets and the equipment. Please take a look at your treatment room with the eyes of a first time patient who is noticing their environment with keen alertness.

Janice Hurley-Traitor is known as Dentistry's Image Expert for Optimal Presence and Impact. She has more than 25 years experience as a dental consultant helping professionals use the tools they have to gain higher treatment acceptance and attract quality patients. Janice is an international author and speaker. To contact Janice, call 480-219-2210, email JHurley@JaniceHurleyTraitor.com or visit her website at www.JaniceHurleyTraitor.com.



FROM THE DESK OF GEORGE S. LEE, MD, DDS:

The first of August marks ten years. I can't believe it has been 10 years since we saw our first patient and it feels like just yesterday! This has proven to be the hardest, most rewarding journey and I am thankful for it. Over twenty thousand patients have been seen in our clinic, with over 50,000 appointments made. Thank you for your continued support and friendship. We could not have done it without you.

To celebrate this milestone, we are throwing a party! Please join us for our 10th Anniversary Party on Thursday September 29, 2016 at 5:30pm at Old Glory Distilling, Co. We have a fun evening planned with door prizes, food by the Choppin' Block, and entertainment provided by Nashville musician, Mitchell Austin. So grab your spouse and your team and come join us for the evening!

RSVP to Christy at 931-552-3292 or cdenote@cumberlandsurgicalarts.com.

LUNCH & LEARNS

We have dates available in August for Lunch and Learn sessions. Some topics are eligible for CE credits! We provide lunch and an informal, educational workshop with our surgeons and your team regarding the topic of your choice in your office. To schedule, call Christy at 931-552-3292 or email her at cdenote@cumberlandsurgicalarts.com.

TOPICS INCLUDE

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| • Implants as the Standard of Care | • Advanced 3D imaging |
| • Implant restorative parts & pieces | • Oral pathology – lesions of the hard and soft tissue |
| • Bone grafting and the atrophic mandible and maxilla | • Indications for the extraction of 3rd molars |
| • Sinus lift in preparation for dental implants | • Facial trauma |
| • Immediate load full arch screw-retained dental prosthesis | • Facial cosmetic surgery |

STAFF ANNIVERSARY

Virginia Leding, ST, RDA serves as our Clinical Supervisor. She travels to the hospital and surgery center with Dr. Lee for all OR cases and coordinates all cosmetic surgery cases. She was the first person hired when we opened the practice in 2006. Virginia celebrates her 10th anniversary as Dr. Lee's surgical assistant on July 17th. She is a valuable member of our team and we are so thankful to have her.

ONLINE REFERRALS

Thank you to those of you using our online referral system to submit patient referrals and images. It is very helpful to have the referral prior to the patient's visit as well as any images to review. This prevents us from having to interrupt your busy offices and request the records at the time of the patients' appointment.

If you have not used our online referral form, we encourage you to take advantage of it. Here you can refer your patients and securely upload their x-rays, allowing us to receive your patient's information immediately and in compliance with HIPAA regulations. If you have any questions about the process, our Professional Relations Coordinator, Christy, would be happy to stop by and provide a 5 minute tutorial! Give her a call at 931-552-3292. Or visit our site yourself and tell us what you think! www.cumberlandsurgicalarts.com

We consider ourselves an extension of our referring offices and THANK YOU for allowing us to care for your patients. If there is anything we can do differently or better, please feel free to contact Christy, our Professional Relations Coordinator, at 931-552-3292 or cdenote@cumberlandsurgicalarts.com.



2285 RUDOLPHTOWN RD, SUITE 200 • CLARKSVILLE, TN 37043

P: 931-552-3292 • F: 931-552-3243

WWW.CUMBERLANDSURGICALARTS.COM



CUMBERLAND

SURGICAL ARTS, PLLC

GEORGE S LEE, MD, DDS

MATTHEW A DEFELICE, DDS

THE DRUG SEEKING DENTAL PATIENT

Lee M. Whitesides, DMD, MMSc



We have all seen or heard of or actually had a drug-seeking dental patient (DSDP) in our practice. The DSDP is nothing new, but warrant a few contemporary points in today's world of social media and increased litigation.

Drug seeking dental patients come in all shapes and sizes. From soccer moms to meth mouth, these patients unfortunately want drugs to address issues which are not particularly related to oral health conditions.

Drug seeking dental patients are often highly intelligent and/or intuitive patients who use their skills to manipulate the doctor into prescribing meds he or she would typically not. They usually present with multiple vague oral complaints and/or claim "allergies" to many mild to moderate or non-narcotic medications. Often the DSDP claim unbelievable levels of pain where no obvious etiology exists. Seeing multiple doctors for the same issue is the standard operating procedure for DSDPs.

In my experience, the DSDP has subtle, but distinct, behavior patterns. They will over compliment me to play to my ego or become overly emotional (cry) to play to my sympathetic side. Physically these patients tend to twitch or tweek if watched closely. Lastly, they like to rush the appointment to get the all important prescription from me at end of the visit.

How one manages such patients is a personal issue with professional obligation. Confrontation may be desirable or even necessary, but not always advisable, says my attorney. Best to tread lightly, but firmly with such patients for their wrath may be severe even if it is unwarranted. In today's world of instant connectivity, a few strategically placed bad reviews on sites such as KUDZU.com can quickly damage years of reputation building.

In my experience, these DSDPs are the most likely to sue and/or employ social media to extract their pound of flesh should they be denied their fix. Careful and witnessed doctor patient interaction is key. A discussion with the staff would be advisable as well.

It's Not Just What You Say...

For years I have tried to hammer home to my staff the importance of the words they use when talking to patients and how they phrase their questions and responses. I have gone so far as to give them lists of words to use and words to avoid when talking to patients. Because I do quite a bit of marketing these days in keeping our new patient flow up, I am always aware of the words I use in my ads. For instance, there is a reason the Discover Card is called the Discover Card. Discover is a powerful word that tends to evoke a positive response in a person.

How we phrase our questions to patients is critical to obtain the response that we want. My staff is told never to ask a question that will give them an answer they do not want. For example, when making an appointment for a patient they are to choose two appointment times that need to be filled and offer the patient a choice.

First, they would ask the patient if they prefer the mornings or the afternoon times for their appointment. Once that choice is made, they ask if they would like Tuesday at 10 a.m., or Wednesday at 11 a.m. We really don't care which one they choose as we need to fill both times. The patient is given a choice and feel they have a say in their appointment time, while we have controlled the conversation to elicit the response we wanted. Try this with your family the next time you want to go out for dinner. Rather than ask where they would like to eat, give them two choices of places that you would like to eat. We even have scripts in the office on how to handle a patient who is upset with us. Language skills are critical in case acceptance trying to get patients to accept the care that they need.

This hit home for my 14 year old daughter Meghan recently. Meghan is growing very tall and just hit 5 foot 8 inches. She decided she wanted to play basketball this year. While she is the fastest and the tallest kid on the team she

lacks experience. She made the team, but the coach was not giving her any playing times in the game.

While she certainly was not the best player on the team, she was as good as many of the girls who were playing. The coach just seemed to overlook her. Even if the team was winning or losing by a large margin, she did not get playing time.

Being the competitor that she is and being used to starting while playing soccer, she was getting very frustrated. She wanted to confront the coach as to why she was not getting played. This coach does not have the best personality around and I felt if she confronted her, she might get the opposite effect and ride the bench the rest of the season. So I counseled Meghan on how to approach the coach with her problem. Rather than challenge the coach, Meghan told her of her frustration with not being able to play in the games, then asked what SHE could do to improve so as to get more playing time. The coach was almost speechless. She told her to work on learning the plays better. Then told her that she really had no reason to not play her and that she had unintentionally overlooked her. She was just not part of the coach's regular rotation of players.

The next game Meghan played a full quarter. While she did not score she used her height and drive to make quite a few rebounds. She got her chance to show the coach what she could do. She controlled the conversation and got the result she wanted. By the way she told me she heard another girl confronted the coach head on last year about playing time and she had to run laps!

Meghan has learned first hand the importance of the words we use and how we use them to get the results we want. Maybe it is time to talk to your staff about their language skills to improve you results.

...But How You Say It!

Dr. Craig Callen

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