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Why Your Team Hates Role-Playing

...and how you can build a well-trained team that says and does the right things with patients, especially when you are not around! *by Steven J. Anderson¹*

For many years, one of my mentors has been the director of pilot training at one of the country's largest airlines. He has emphasized to me on several occasions the rigorous hours and training that even the most experienced pilots are required to complete each year to keep our skies safe. In fact, every pilot is required to complete a certain number of simulator hours each year. As you know, a simulator is a flight deck that never leaves the ground that has software that runs different potential in-flight scenarios to which the pilot and crew must respond.

The purpose of the simulator is to practice in a safe, controlled environment, compromising scenarios that might occur in flight. In this safe environment, the pilot and crew can test and practice their skills without putting lives at risk. It is obviously better for them to practice alone instead of practicing on the next commercial flight where you might be the passenger!

Any business, especially a dental practice, could adopt some good lessons from the airlines. Imagine if the airlines started calling every commercial passenger flight a "practice" flight! Yet, somehow it is OK that patients go to a dental "practice" where a dentist and team "practice" all day long... on the patient! (So much for the complications of English grammar and the slight differences in the definitions of the word "practice!")

So, whether you are a dentist who is in the "practice" dentistry or you are a pilot "practicing" in the simulator, there is one common denominator; we all need to practice and refine our skills so that we are constantly improving our performance and can deliver the best product or service to the customer, client, passenger or whatever you call the people who do business with you.

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If there is one thing just about every team member in dentistry hates, however, it is practicing or roll-playing patient scenarios in front of the rest of the team. Without diving into the psychology of why we don't like to roll-play, the fact remains that teams that practice their verbal and patient service skills when they are not with patients, perform far better when they are in front of patients. It pays to practice.

So here are some quick suggestions to make regular practice of patient service verbal skills a more palatable process:

1. **Simply discuss different patient situations and what would be the best way to handle them.** *Discussion is the first step to raising the team's awareness of different and more effective ways to work with patients.*
2. **Give team members the opportunity to share what they have done in different situations.** *Story telling feels much less threatening than "acting."*
3. **Give team members the opportunity to share what they would do in a potential patient scenario.** *Brainstorming together on possible solutions helps everyone get involved and think on a different level.*
4. **Make it fun.** *Give team members the opportunity to reward each other for a good effort or job well done during team meetings with simple rewards or recognitions.*
5. **Use a training aid that will help everyone stay focused on learning and mastering essential patient service skills.** *For example, the Total Patient Service "Skill of the Week" provided by the Crown Council is a powerful training aid that keeps vital skills in front of team members every week so they continue to improve.*
6. **Roll-play scenarios.** *Once your team is comfortable with each other and with a basic skill set, you can take them to a higher level where they can roll-play different patient scenarios and improve their skills.*

While there are dozens of different methods, the ones above should give you plenty of variety in how you train your team.

Every time I board an airplane, it gives me some comfort knowing that the flight deck crew has spent hours practicing for that flight including many hours each year in the flight simulator. In a similar way, you can have the same level of confidence in your team's ability to properly deal with the wide variety of patient situations they face each day when you know they have put in the time to practice in your own simulator.

Act today to build a better simulator for your team so everyone can "fly" more successfully and you can bring every patient interaction in for a successful landing at the end of every appointment.

Steven J. Anderson is the Founder of several companies and organizations that help dentists and teams "fly" more successfully including the Total Patient Service Institute (TotalPatientService.com), the Crown Council (CrownCouncil.com), the Smiles for Life Foundation (www.SmilesForLife.org) and many others

Are You Prepared for... ...DENTAL ARMAGEDDON?

by Alex Hall²

In 1992, then-Presidential candidate Ross Perot coined the phrase "a giant sucking sound." He was referring to the effect of the North American Free Trade Agreement (NAFTA) on U.S. jobs. Since that time, the phrase has been expanded to include the loss of one or more assets from one region to another.

There's a "giant sucking sound" happening in dentistry, and it's aimed straight at your primary assets - your existing patients and prospects. The culprit in this case isn't a trade agreement; it's the growing presence of corporate dentistry undercutting you on price, offering greater appointment availability, and luring your cost-driven prospects through unrelenting advertising.

If the corporate chains aren't in your market yet, you can thank your lucky stars. What you can't do, though, is let down your guard. Wells Fargo says that many dental management organizations anticipate a 20 percent annual growth rate and doubling the total number of locations in the next three years.

If there's money to be made in your market, corporate dentistry will be there. It's just a question of when they start sucking your patients away.

A DOUBLE-EDGED THREAT

Depending on the size and number of competitors in your market, a single corporate dental practice may not have much impact by itself. However, corporate chains actively recruit new dental school graduates who are loaded with debt. The incentives they offer are tough for new dentists to resist. Recently, Aspen Dental was offering up to \$200,000 in debt payment for new hires. Midwest Dental offered a \$30,000 sign-on bonus, relocation, and profit sharing.

And a new dentist can expect an annual salary in the \$120,000-\$130,000 range, and even higher in some areas. That's a lot of discretionary income for new dentists to payoff debt and to amass the resources to open their own practices. Some of those practices may be additional corporate offices, which will also enjoy corporate's economies of scale in advertising, administration, and pricing that you can't hope to match.

Once the chains get a foothold in your area, their growth is pretty much inevitable. And their growth can pose serious problems for the viability of your practice.

HERE BE (INSURANCE) DRAGONS:

Corporate dentistry pursues the patients that make up 80 percent of most dentists' practices - price shoppers and insurance-driven prospects. Since they can and will undercut you on price at every turn, you're faced with several uncomfortable choices. You can increase your marketing expenditures to offset the chains' advertising. You can drop your prices to try to compete. Or you can resign yourself to your new patient stream steadily diminishing over time.

With dental insurance reimbursements being slashed, leading price-conscious patients to defer dental care, none of those choices sounds particularly appealing. And if the economy enters another contraction, which many experts view as inevitable, the situation will be even more dire.

But there is a way to "slay the corporate dragon," and that's to compete where the chain practices are weak.

FIGHT THE ENEMY WHERE THEY AREN'T:

Corporate dentistry performs poorly when it comes to establishing trust and relationships with patients. It's very common for a patient not to see the same dentist or hygienist twice, as they're assigned to whichever doctor has an opening. That may not matter to the 80 percent of patients who are price-driven, but it matters a great deal to the rest.

In almost every market, some 20 percent of dental prospects couldn't care less about what the chains offer. These "better" patients aren't strongly motivated by price. They have the discretionary income and the willingness to pay more for a dentist they like and relate to, and who they view as a dental expert. These patients are far more interested in the relationship they can establish with you and your staff, in the experience they can expect in your practice, and in the results they can obtain by choosing your practice to solve their dental problems.

Attracting better patients requires a major mindset shift for dental practices. These better patients won't respond to discounts, specials, or coupons. For the most part, they're not "right now" patients; they'll take their time researching various dentists to find the right one for them. But once they choose your practice, you likely have a patient who will stay, pay, and refer.

Setting up and maintaining a system to attract more and better patients over time takes considerable effort, but the long-term rewards are well worth it. That's how you fight corporate dentistry and win.

But the chains aren't the only threats to your livelihood, and time is a crucial factor right now. There's not much time for you to insulate your practice against the danger of corporate dentistry, and others, because there's a storm coming.

THE DENTAL APOCALYPSE:

The Four Horsemen of the Dentistry Apocalypse at play right now are:

- **corporate dentistry**
- **new dental graduates**
- **declining insurance reimbursements**
- **economic uncertainty**

Anyone of these forces is something that dentists will struggle to cope with. Once they fully converge - and that time is coming soon - the effect on dental practices will be overwhelming. If your practice isn't prepared for what's coming, you may not be able to hear that "giant sucking sound" over the roar of the storm.

*Alex Hall works with Colin Receveur at Smartbox Marketing. Colin Receveur has detailed coming dangers to dental practices and offered a roadmap for practices to not only survive, but thrive, in his new book: *The Four Horsemen of Dentistry: Survival Strategies for the Private Dental Practice Under Siege*. Order your copy for \$2 today by visiting dentistunderseige.com*

Arnold I. Maloff, DMD, ABE

Sandra R. Makkar, DDS, ABE, FRCD(C)

Carlene Tsai, DMD, ABE, MPH

**2 Winter Street
Salem, MA 01970
p: 978.745.6900**

**85 Constitution Lane, Suite 200 D
Danvers, MA 01923
p:978.750.4500**

Dealing with Total Airway Obstruction in the Dental Office

Most obstructions that occur in the office are a direct result of objects leaving the oral cavity in the wrong direction. These obstructions are usually observed and the obstructing object is known.

Larger objects may not pass through the vocal cords and can cause a partial obstruction, where air can enter the lungs, or a total obstruction, when no air can enter or exit the lungs. Partial obstructions may sit in the pharynx and can easily be seen and removed with an instrument such as dental suction or pick-ups or forceps. The obstruction may be further down the airway, above the vocal cords, and require a laryngoscope for visualization before removal.

A total obstruction is a true medical emergency treated by dislodging the obstructing object with an instrument or by using a Heimlich maneuver. No air can be seen or heard entering or leaving the lungs, the patient will be struggling, often clenching their neck, becoming cyanotic very quickly, with death only three to five minutes away. If the Heimlich is ineffective, an emergency cricothyroidotomy must be considered.

Signs and Symptoms:

1. Witnessed or presumed swallowing or inhaling of solid material that prevents patient from breathing.
2. No gasping or wheezing is heard.
3. Extreme, exaggerated breathing effort without sign of air moving into or out of patient's lungs.
4. Retraction of skin on top of collarbone.
5. Patient's skin and oral mucosa turns blue (cyanosis).

Treatment:

1. Immediately suction of mouth and oropharynx.
2. Retract tongue with gauze to visualize back of mouth (pharynx).
3. Remove object if visible.
4. Consider or Activate **EMS** if airway cannot be cleared.
5. If patient **cannot exchange any air**, place in supine position.
6. Chin lift, jaw thrust to help open airway.
7. Attempt to ventilate.
8. Perform abdominal thrusts if ventilations unsuccessful (Heimlich Maneuver).