

Clearing Up Confusion

The 10 Presentation Mistakes to Avoid

Presenting treatment to a patient may seem like a routine event, but it can pose problems if you don't communicate in such a way that the patient understands what you're saying. You may think that you're presenting treatment clearly and that your patients understand you, but you might be mistaken. Here, we offer the top 10 mistakes of treatment presentation.

Mistake No. 1: Speaking the wrong language

Do not use dental jargon. When you use words that the patient doesn't understand, there's a good chance you will lose him or her for the rest of the explanation. If the patient has tooth decay, call it a *cavity*. If the patient has periodontal disease, call it *gum disease*. If the patient has a malocclusion, tell him or her that the teeth don't fit together.

Make it simple, make it direct. Ask open-ended questions that would confirm the patient's understanding of what you're trying to communicate, such as: "Mrs. Smith, I want to make sure you understand what I'm saying. Does this make sense to you?" If it doesn't, ask, "How could I explain

things differently to you?" Or, "Mr. Jones, I'm not sure if what I'm telling you makes sense to you. Which parts are confusing to you?" Remember, there are no magic words; just open, honest communication, and a willingness to take the time to thoroughly communicate.

Mistake No. 2: Explainitis

Explainitis is the disease of explaining things to death! Just stick to the pertinent facts; don't confuse the patient. If you find yourself rambling—stop. If you repeat your message and the patient's face still looks confused, stop and start over. Find a way to explain every scenario in as few—but direct and accurate—words as possible.

Mistake No. 3: Not relating your findings to the patient's concerns

The recommended treatment must be relatable to the patient's oral health goals, whatever they may be. For example, you may feel that the patient's smile could be improved by fitting eight anterior crowns. But, if the patient told you in the interview that he or she was satisfied with his or her smile,

this recommendation might not go over very well.

If you continue presenting treatment options that don't help the patient to meet his or her unique objectives, you'll become, in the patient's eyes, a used car salesman. Consider where the patient is today, attend to his or her needs, and give yourself the opportunity to develop a relationship that will open future opportunities.

Mistake No. 4: Presenting too much at once

I used to use study models mounted on a Denar articulator with a centric relation bite; a series of 18 photographs; a full mouth series of radiographs; a TekScan analysis; a periodontal chart; and a written treatment plan (including an appointment-by-appointment narrative



of the steps at each appointment, the length of time for each step, the cost, and the time between each appointment). I was so proud of it all! And, it was quite a bit of work, as you can imagine—work for which I didn't receive payment initially but was hoping to recoup when the patient accepted the beautifully organized treatment plan I had created! I not only reviewed all of this in detail with the patient, I gave each patient a color copy in a glossy blue folder. Patients were blown away—as in blown right out of the office! Most patients left the office totally confused. It's best to keep your communications simple.

Mistake No. 5: Presenting too many treatment options

Many people recommend presenting only one treatment plan so that the patient is not confused. We agree—to a point.

We believe there are many ways to treat a patient. We recommend that you make a treatment presentation based on *all* of the information you received in the initial interview, and then concisely and clearly explain the options to the patient. You owe it to the patient to allow him or her to decide which treatment is the best option. There may be factors you don't know about the patient that may alter his or her decision. When you have done your job thoroughly and completely, you have to trust that the patient will do what is best for him or her. If you have serious concerns about a patient's choice, continue the discussion before you begin treatment.

Mistake No. 6: Presenting treatment in the manner that you learned in dental school

This may be hard to accept, and we understand. If you must address certain conditions for significant reasons first, then do it. But don't make your patient play a game—for example, proving to you that he or she will brush and floss every day for the next six months before you will consider doing anterior crowns.

Mistake No. 7: Making it your way or the highway

If your patient wants a chipped front tooth fixed, despite the abscessed lower first molar, make sure you have informed the patient of the problem and the possible outcomes if the tooth is not treated—without making him or her feel guilty—and if he or she still wants to fix the front tooth first, take the patient's wants into consideration.

Exercise judgment. Be willing to work with the patient. Inform him or her about all of the options available. Then, let the patient dictate where he or she would like to start—as long as it is best for the patient's oral and overall health. When you have a set agenda, you'll find it much easier for the patient to trust you and accept your treatment plan.

Mistake No. 8: Fearing the payment discussion

Money is a sensitive point for most. It's OK to be sensitive,

but don't get into the habit of bargaining. Your fees should be set fairly and not subject to haggling. If you have a situation in which the fees should be adjusted, adjust them before presenting them.

In our May 2008 column, "Money Talk," we mentioned a dentist who purposely quoted higher fees so that he could give patients a seemingly big discount at the time of payment so the patients would feel as though they had received a great deal. This bait-and-switch tactic is cheap and unprofessional.

We do not see a need for the dentist to make the actual financial arrangements, but we do feel it is important that the patient hears the total cost for treatment from you. For example, "Mrs. Jones, the total for all of the treatment we've talked about to correct your bite, treat the gum disease, and make the changes you want to your front teeth is \$3,400." No flinching, no apologies—just the facts. And don't ramble after you present the fee.

Mistake No. 9: Not presenting the entire treatment cost

If you present a treatment cost but miss something during the interview, exam, or treatment plan, and then have to inform the patient of an even higher treatment cost, it breeds mistrust and indecision. Be sure that you have reviewed everything before presenting the total cost for treatment. Slow down and double-check yourself.

Mistake No. 10: Diagnosing pocketbooks

Now, we know you've heard this before, and it's true: If the patient has come to you for treatment, then present the treatment, relating it to the patient's goals. Stop worrying about the patient's financial situation. If *you* make it an issue, it will *become* an issue. In challenging economic times, be sure to provide financial arrangements that are flexible but that don't put you or your practice at risk. Develop a financial policy that you are comfortable with and stick with it. ♦

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