

The
BASIC RULES
OF
Being a Dental Patient



Dr. Michael Racich

The Basic Rules of Being a Dental Patient

Why?
The Motive

“for what reason or purpose”

How?
The Mechanism

“in what manner or way”

What?
The Mark

“the identity, nature, or value of an object or matter”

Merriam-Webster Online Dictionary

Dr. Michael Racich



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Preface

I have enjoyed writing the first three books in The Basic Rules of ... series and I have enjoyed the comments and feedback from dental colleagues, associated professionals, and patients. When patients were initially informed that I had written a book (The Basic Rules of Oral Rehabilitation; 2010) many queried whether I was planning to write a future book for them. I stated that I never thought I would write a book in the first place, let alone three. Now it is time for you dear patients, hence The Basic Rules of Being a Dental Patient. The text of The Basic Rules of Being a Dental Patient will be brief and to the point since let's face it, Basic Rules are just that, straight forward, simple and concise.

When I think of the topic of being a patient, dental or otherwise, I cannot help but contemplate the Golden Rule: do unto others as you would have them do unto you. In other words, what do I look for in a healthcare professional? Especially since I have the inside track on one profession, how does this knowledge translate itself into reality once I pursue the professional health services of others? The science, art, and business of healthcare? What is really going on behind the scenes? And how does any patient decide on which dental team or service to subscribe to? After all, there are numerous dental practitioners available these days so we can be as proactive in our selection process as we choose to be. I therefore will be sharing my thoughts on these topics over the following pages with the hope that you will be further empowered to make the best informed healthcare choices for the rest of your life, as no one knows you better than yourself.

The Basic Rules of Being a Dental Patient will have ten Rules that will discuss the why (Basic Rules 1-3), the how (Basic Rules 4-9), and the what (Basic Rule 10) we all need to know about being a dental patient. These three simple concepts, why/how/what, define most relationships. The

Merriam-Webster online dictionary defines why, what, and how as follows:

- 1) why: “for what reason or purpose”.
- 2) how: “in what manner or way”.
- 3) what: “the identity, nature, or value of an object or matter”.

It is important to note that although the ‘what’ is significant, it ultimately is the end result, not the beginning, of a well formed relationship. Oftentimes, the best product doesn’t necessarily result in the most successful product, as a customer’s/patient’s experience is more dynamic than just receiving an item or service. A great example is a vacation. The actual vacation destination, if that is all a customer wants, may not fulfill their dreams and aspirations, especially if the journey to the destination (five-star?) has been wrought with a level of unanticipated inconvenience. On the other hand, if a vacation is based on a set of values and is well conceptualized, the destination, although important, becomes secondary and ironically enough, might reward in ways not expected at the outset. The how is and becomes the mechanism of uniting the purpose and reasons with the actuality, i.e. the what. Dental healthcare is no different for patients. We need to know why we are seeking out these dental, or for that matter, any professional healthcare services, how we are going to define our wants, needs, treatment procedures, and what we should expect from our dental team.

I hope you enjoy reading my thoughts and I wish you well on your healthcare journey.

A handwritten signature in black ink that reads "M. Racich". The signature is written in a cursive style with a large, looping flourish at the end.

Mike Racich, 2016

Basic Questions for Dental Patients

The following are a few basic questions every patient seeking dental care should readily be able to answer. If not, then ...

1. Do you currently have a regular consulting dentist? How many years have you been seeing this practitioner? Do you know their name? Do you plan to continue to see this practitioner in future? If so, why? If not, why?
2. What do you look for in a dentist? Is it different then selecting any other healthcare provider?
3. What are your main reasons for seeking dental care? Do you maintain regular visit protocol?
4. Are you aware of the difference between cosmetic and esthetic in dentistry?
5. Do you feel healthcare providers should advertise? Give promotional specials?
6. Do you know what evidence-based dentistry means? Informed consent?
7. Are you aware of your current oral health status?
8. Are you aware of the different dental services available for you?
9. How does the dental office you attend make you feel? Are they explaining different treatment alternatives to you? Are you a commodity? Are you a patient? Are you a part of the team?
10. Is your dentist/dental team “the best”?



Rule 1: Who Are YOU?

When patients seek out professional healthcare knowing who they are working with is of the utmost importance. Nevertheless, knowing who you are as a person is the primary cornerstone to ultimate success no matter what your healthcare concern is. What are your likes, dislikes, dreams, or nightmares? What gives you the greatest pleasures? What do you abhor? These are important questions that need to be contemplated for you to move forward with life and with your healthcare choices. Patients need to have straightforward expectations of what they want and need, as oral healthcare can be demanding and time consuming. It is not always a turn-key operation. Are you, as a patient, ready for this type of commitment? If you are, then the rewards will be great, even if you have the occasional dental setback.

The patients who understand what they exactly prefer, quite simply, are happier amongst the lot. In terms of selecting healthcare providers, I feel that patients who interact more positively, clearly understand how healthcare providers can help them. A number of years ago I attended a presentation by Suzanne Boswell (www.boswellseminars.com) and I experienced an epiphany. Her presentation was on personality styles. The presentation not only overviewed the four basic personality types (Merrill-Reid) but also involved the audience doing an exercise which ultimately gave us an insight into our own basic personality type. The epiphany part: she related personality type to a style preference for either receiving or giving out information and suggested that understanding of topics, would be enhanced by being able to identify personality type and style preferences for communication. People “connect” with those that are akin to their communication traits.

Figure 1 shows the Merrill-Reid basic personality types: analytical, driver,

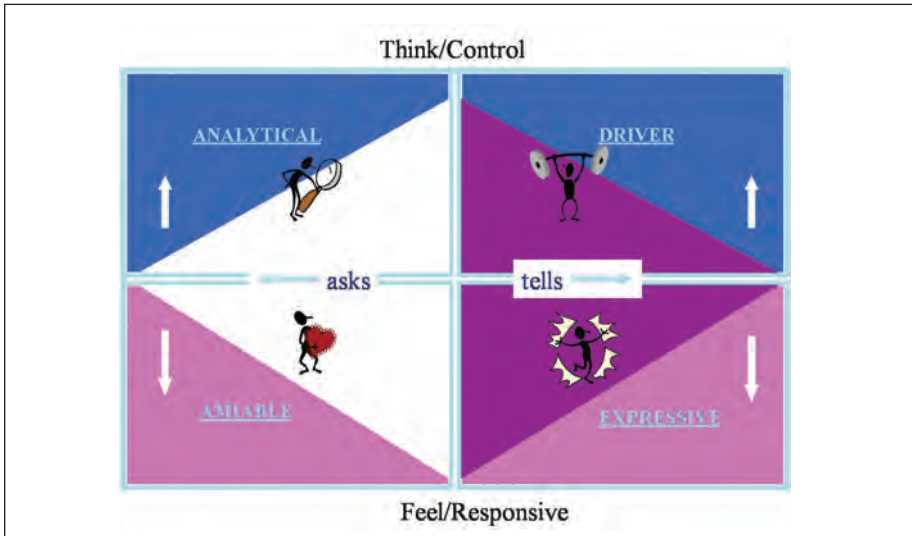


Figure 1: Shows the Merrill-Reid basic personality types: Analytical, Driver, Expressive, and Amiable.

expressive, amiable. They are arranged with the thinkers/controllers (analytical, driver) on top while the feel/responsive (expressive, amiable) are on the bottom. Also note that the tellers (driver, expressive) are to the right while the askers (analytical, amiable) are to the left. We all have these four basic personality traits (analytical, driver, expressive, amiable) but we will be predominantly in one of the corners. I, for example, check out as mainly an expressive. I love to talk, I am futuristic, the whole world is my friend, and the glass is always half full.

What is important about this simplistic layout is that patients interact easiest with the healthcare providers that are closest to their personality traits and style. In my case, expressive are a piece of cake while I can easily adapt to the amiables (need to reassure, thoughtful, give detailed explanations) and the drivers (quick decisions, deliver the information fast and concise). It is the personality types diagonally across from a patient's personality type that can possibly create a moment of anguish. With me it is the analytical (thinkers, want time and love to give all the facts for decision making) that I used to have potential conflicts with. Since analytical healthcare providers want to deliver the facts, have their patients move forward with their decision(s),

Basic Rules

I, as a patient, would be so busy talking my head off about the just explained information provided by my selected healthcare professional and other peripheral topics, that I would annoy the dickens out of my poor healthcare provider. Needless to say, my success at a favorable relationship with these individuals was abysmal. I did not appreciate or respect who I was dealing with. With the healthcare providers I now interact with, I guesstimate a profile as quickly as possible as we move towards care so that they can best educate me and examine my needs in a manner that is consistent with their practice model, team ethics, and our mutual individual personality types, or I find another healthcare provider and team that I am comfortable with.

The Merrill-Reid basic personality type rating is not the only criteria for patients to utilize, there are many different schools of thought extending from ancient times to the present that use four main groupings or categories of personalities. Modern personality analysis generally tends to categorize

Merrill-Reid	Driver	Expressive	Amiable	Analytical
Hippocrates Greek Terms	Choleric	Sanguine	Phlegmatic	Melancholy
Astrology	Fire	Air	Water	Earth
The P's	Powerful	Popular	Peaceful	Perfect
The S's	Self-propelled	Spirited	Solid	Systematic
The A's	Administrative	Active	Amiable	Analytical
LEAD Test	Leader	Expressor	Dependable	Analyst
ARRAY	Production	Connection	Status Quo	Harmony
Geier	Dominance	Influencing	Competence	Steadiness
Type A or B	Type B Motivated	Type B Messy	Type A Casual	Type A Compulsive

people into four main types. This is often called a “four-quadrant model” and is used in many different psychological and employment contexts. A rough mapping of ten major known schools of thought is shown in the Table on previous page.

Who are you dealing with?

Hopefully, healthcare teams who you respect, which thoroughly inform you about your healthcare options and feel the same way about you too, are the ones you want to continue with! But first and foremost, you have to know who you are... you ultimately will be more receptive, caring and appreciative of those oral healthcare providers you choose to interact with.



Rule 2: What's It All About?

We are all comprised of wants and needs. Needs are necessities or obligations. Life rolls along a lot smoother if our needs are taken care of or if we are not in “dire need”. Wants, on the other hand, are desires or wishes. What then do we exactly want/need? It is critical that we find this out before we embark on oral healthcare, especially if it is comprehensive in nature.

Each and every one of us is a unique individual and I believe for the most part we are capable of making a better decisions for ourselves. This holds true whether it is wants or needs based. An oral healthcare provider’s job is to act like a consultant first to help patients clarify their goals within the confines of realism, core values, and acknowledged dental standards of care. Ideally, oral healthcare providers listen carefully to their patients in the initial interview and define a patient’s objective(s) as a need and what qualifies as a want. They also help patients understand this needs/wants relationship in the context of the patient’s oral status quo. Needs could be pain relief or cosmetic anterior tooth replacement. Wants could also be cosmetic anterior tooth replacement, an implant/crown, or replacement of non-tooth colored restorations with tooth colored. Patients can therefore make astute, customized decisions based on their oral health status and their knowledge.

Clearly oral healthcare providers should address patient’s chief concerns (want or need based) first, but it is essential that patient needs are addressed as quickly as possible; the wants, after clarification and after realistic expectations have been set, are then addressed.

The work of an advertising agency is warmly and immediately human. It deals with human needs, wants, dreams and hopes. Its ‘product’ cannot be turned out on an assembly line.

Leo Burnett

Where I practice, our patient's chief concern is valued, it could either be needs or wants based. We are not unwise about this approach and it does have its limitations. For example, a patient presents with a chief concern of a cosmetic anterior tooth replacement, say a new crown (cap), even though the patient in question has numerous posterior (back) teeth missing with associated bite collapse. This is wants based. A need based solution of providing posterior stabilization first, for example with a removable partial denture ("partial"), with anterior tooth provisionalization (temporary crown) could readily satisfy the patient's wants as well as provide the needed and necessary care. No matter what and wherever a chief concern leads our dental team, we definitely deal with patient needs as soon as possible before we tackle the wants, knowing well that it is the patient's wants that motivate them to attend a dental office most often nowadays thanks to the cosmetic dentistry revolution. Remember, we all must listen to and respect each other's value systems but also work with our core values and accepted dental standards.

As I discuss the topics of needs and wants in patients' chief concern frame of reference, patients and dental teams must not lose sight of the fact that also to be delineated and elucidated during this is the issue of risk factors. Risk factors can be generalized into four main groups. These are: a) overall health, b) function (soft and hard tissue), c) comfort, d) appearance.

Potential Risk Factors:

- Overall health
- Function
- Comfort
- Appearance

Each one of these groups can be further stratified and analyzed. This is not all that difficult to do and every dental team has, or should have, the skills to quickly accomplish this. It is important that we, as patients, are involved with oral healthcare teams that take the time to explore all patient potential concerns and these teams do it thoroughly. Such questions as "what has caused the occurrence?" and "will it continue?" are to be asked and answered.