As clinical procedures in dentistry continue to evolve and improve, each member of the dental team is presented with new and exciting opportunities to expand their roles in the delivery of exceptional oral healthcare. Of paramount importance to our ability to provide such care is our ability to connect with patients, understand their desires, and establish and maintain a relationship with them that encourages trust in—and compliance with—recommended treatment(s). Therefore, patient consultations—and everything that is said, done, and experienced during these important encounters—is significant to how patients perceive us, how open and honest they are with us about their expectations and desires, and how much trust and faith they’ll place in us about what we say, do and recommend for their dental care. All of this, ultimately, affects case and treatment acceptance.

Fortunately, increasing case acceptance becomes easier when we know:

(1) what to do, when, and how, as well as the effect it can have on a patient;

(2) what to say, what questions to ask, and what responses to give to patients to help establish and maintain an open patient/practice relationship; and

(3) how to interact among ourselves—as members of the dental team—and with the patient to orchestrate information gathering and scheduling of their care.

What do YOU feel are your biggest challenges and opportunities for delivering successful case presentations?

1. 
2. 
3. 
4. 
5. 

Understanding the fundamentals of verbal and non-verbal communication, underlying patient influencers such as fear, and effective team member/patient interactions is the basis for exceptional patient appointments, consultations, and case presentations.

This course will help the dental team develop verbal and non-verbal communication skills, patient interaction techniques, and case presentation approaches that can help them be successful when delivering exceptional patient consultations and case presentations that, ultimately, can be used to increase case acceptance. When dental team members build unique and trusting relationships with patients, they will be more likely to share their personal feelings, goals, and concerns about their oral health and appearance. This will then enable the dental team to offer and provide the treatments that will satisfy their needs and wants.

Learning & Practical Objectives

After completing this course and using this workbook, the attendee should be able to:

1. Understand the importance of carefully selecting word choices and scripting when talking with patients—beginning with the first phone call and continuing through all interactions, including the case presentation

2. Discuss how non-verbal communication and environmental factors in the practice affect the patient experience

3. Explain the significance of patient transfers among dental team members and how to best orchestrate this aspect of the patient experience

4. Describe ways of using open-ended questions to gather information, engage the patient, and promote patient education and awareness

5. Identify how to separate different communication “roles” within the practice so that patients feel cared for, rather than being “sold” dentistry
## Factors Impacting Patient Consultation Success

### Interpersonal Communication

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### Non-Verbal Communication

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### Verbal Communication

<table>
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### Questions

- What are some of the ways that the words you use can positively affect the patient experience?
- Describe a good approach to meeting and greeting patients.
- Describe a good seating arrangement for talking with the patient.
- Why is it important for dental team members to be aware of the patient’s—and their own—non-verbal cues?
- What are some non-verbal cues that could give patients a negative impression of the practice?
- How can non-verbal communication help demonstrate a practice’s sincerity, trustworthiness, and respect for patients?
- How can a patient’s condition be explained to him or her without sounding like you’re “dumbing it down”?
- How can your choice of words convey your respect for the patient?
- What can vocally produced sounds from a patient tell you about their feelings about what you’ve shared with them?
Factors Impacting Patient Consultation Success

Patient Interaction/Management

The First Phone Call

• Front office staff should be friendly and educated, since this is where the patient connection begins.

• The patient’s connection to the practice is affected by how the call is handled, how they are treated during the call, and how they are spoken to.

• The words used and information shared with them help to set the tone of the relationship.

What are the best aspects of your current scripts for handing calls from new patients? ____________________________
__________________________________________________________
__________________________________________________________

What are some things you’d like to change about your new patient call script? ____________________________
__________________________________________________________
__________________________________________________________

What information do you think is important to share with new patients when they call? ____________________________
__________________________________________________________
__________________________________________________________

How Patients Are Greeted

• Greet new patients with a smile—even if they are late for their appointment.

• Provide new patients with any paperwork that needs to be completed—including a New Patient Questionnaire.

• Remember that greeting the patient doesn’t stop at the front desk; each team member working with the patient should greet them personally, enthusiastically, and genuinely.

What effect can making a new patient wait between 15 and 30 minutes have on their impression of the practice? ____________
__________________________________________________________________________
__________________________________________________________________________

In what ways does the manner in which the patient is greeted help to set the foundation for their relationship with the practice? ____________
__________________________________________________________________________
__________________________________________________________________________

What roles can front office/scheduling team members play in building a connection with the patient? ____________
__________________________________________________________________________
__________________________________________________________________________

Patient Transfer

• When taking the patient back for their appointment, smile, clearly greet them by name, wait to meet them at the door, and shake their hand; make small talk on the way to the treatment room.

• Always escort the patient to the next team member, introduce them, explain what will happen next, and share the patient’s “story” so the patient doesn’t have to repeat themselves.

• Make sure patient transfers are coordinated smoothly so that the patient doesn’t feel rushed.

Why is it important to ensure that the patient never feels alone or unsure about where they’re supposed to be or what’s supposed to be happening? ____________
__________________________________________________________________________
__________________________________________________________________________

In what ways does a properly handled patient transfer convey to the patient that you value him or her? ____________
__________________________________________________________________________
__________________________________________________________________________

What aspects of your patient transfer process would you like to improve upon and why? ____________
__________________________________________________________________________
__________________________________________________________________________
Factors Impacting Patient Consultation Success

Practice Setting & Environment

Treatment Room

- Friendly and soothing color schemes are ideal for patients with dental phobia.
- Place artwork on the walls, rather than images of people’s teeth.
- Keep any unnecessary instruments out of sight.

What are some ways to help desensitize patients with dental phobia?

What changes, if any, do you think are needed in your treatment rooms to encourage a better connection with your patients?

What amenities can you add to your treatment rooms to create a more comfortable patient experience?

Positioning

- Regardless of seating arrangement, ensure that you and the patient are at the same level.
- Be sure to always face the patient when talking to him or her.
- Ideally, sit knee-to-knee with the patient.

How should patients be positioned when you are speaking with them?

What does facing the patient enable you to do while talking with them?

Case Presentation & Consultation Room

- Consultations are best conducted in a non-clinical setting where the dentist can talk to the patient in a non-threatening environment.
- Make coffee, water, or other beverages available to ensure the patient is comfortable and relaxed.
- Ideally the dentist and patient should be at the same eye level, with no obstacles—such as a desk—between them.

What types of visual aids should be available in the consultation room?

Why is it important to separate clinical procedures from case presentations and consultations?
The facial expressions patients make are subtle but important aspects of non-verbal communication. Paying attention to their facial expressions—as well as your own—is an important way to understand how they feel about what they’re experiencing and the information you’ve just presented to them, as well as the non-verbal information you may be communicating.

**Surprised**
- Curved and raised eyebrows
- Stretched skin below brows, with wrinkles across forehead
- Wide open eyelids with whites of the eyes showing above or below pupils
- Jaw dropped and teeth slightly parted

**Fearful**
- Flat, raised eyebrows that are not curved
- Wrinkled center forehead between brows but not across
- Raised upper eyelids but tense lower eyelids that are drawn up
- Lips tensed or drawn back, parted

**Disgusted**
- Downcast eyebrows
- Raised lower eyelid and narrowed eyes
- Raised cheeks
- Scrunching nose
- Upper lip that is raised or curled upward

**Contempt**
- One corner of mouth rising
- Resembles a half-smile
- A sneer

**Angry**
- Mouth firmly pressed together with lips drawn out at corners, or that resemble a square, shouting-like shape
- Lowered eyebrows that are drawn together
- Eyes that stare hard or are bulging
- Tensed lower eyelids
- Flared nostrils
- Vertical lines between brows

**Sad**
- Eyebrows that are drawn in and up
- Bottom lip pouts out
- Corners of lips turned down
- Jaw that comes up

**Happy**
- Smile with some teeth exposed
- Corners of mouth up and back
- Cheeks raised
- "Crow’s Feet” at outer corners of eyes
- Lower eyelids tense or wrinkled

**Worried**
- Curved and raised eyebrows
- Wrinkles across forehead
- Raised upper eyelids but tense lower eyelids that are drawn up
- Jaw dropped and teeth slightly parted
If the patient looks fearful...
- Remember that addressing patients who are fearful requires a balance of verbal and non-verbal communication.
- Be sure to convey respect, attention, and empathy.
- Consider using behavior management techniques with the patient.

If the patient shows contempt...
- Remember that facial expressions may suggest an emotion, but not necessarily what caused it.
- Consider asking if the patient has had similar conversations or procedures at other dental practices and how they felt about them.

If the patient looks sad...
- Offer comfort with a touch between the elbow and wrist, which is the "safe zone".
- Lean forward and actively listen while the patient responds to questions.
- Unless you know the patient very well, avoid asking very direct or too intrusive questions.

If the patient looks worried...
- Ask the patient what questions they have.
- Be sure to convey respect, attention, and empathy.
- Ask how the patient is doing/feeling during the appointment.

If the patient looks surprised...
- Ask how they feel about what you've just shared with them.
- Ask what questions you can answer for them about what you've just presented.
- Offer assurances that your practice's primary concern is ensuring their oral health.
- Consider practicing a show-tell-do technique for patients who seem surprised by what's being discussed or performed.

If the patient looks disgusted...
- Ask how the patient is doing/feeling during the appointment.
- Ask if there are any questions you can answer.
- Consider using a desensitization technique with the patient.

If the patient looks angry...
- Remember that facial expressions may suggest an emotion, but not necessarily what caused it.
- Don't assume that you know for sure what the patient is angry about.
- Ask how they feel about what you've just shared with them.
- Ask if there are any questions you can answer.

If the patient looks happy...
- Ask how the patient is doing/feeling during the appointment.
- Ask if there are any questions you can answer.
- Ask how they feel about what you've just shared with them.
Patient Interactions & Consultations

Helpful Reminders

There are many aspects of the overall patient consultation and interaction—from check-in to patient transfers, verbal and non-verbal cues to the practice environment—that influence the patient experience. Key components of patient consultations and how they are presented, such as in an organized manner, using visual aids, and with active listening, affect a patient’s decision to not only proceed with treatment, but to also stay with the practice.

Notes: ____________________________

Comfortable, satisfied, and compliant patients trust your clinical opinions, accept proposed treatments, return to your practice, and refer their friends and families. By improving communication, the overall patient experience, and your patient consultations, you can make the question of whether or not to proceed with treatment an easy one for your patients to answer.

Notes: ____________________________

When it comes to non-verbal and verbal cues, patient interaction, and patient consultations, it’s important to remember the following.

**Do:** Calmly enter the reception room, extend your hand, and warmly greet your patient with a smile.

**Don’t:** Open the door to the clinical area, shout the patient’s name, and let the door slam without acknowledging the patient.

**Do:** Make eye contact with the patient while talking with them.

**Don’t:** Sit or stand behind the patient while talking with them.

**Do:** Make sure the patient is upright in the chair and that you are seated when explaining something; avoid gazing at the patient’s mouth when you are talking.

**Don’t:** Recline the patient’s chair until after you’ve finished explaining the procedure to avoid speaking “down” to the patient.

**Do:** Remain present long enough for a closing and positive word.

**Do:** Actively listen by observing the patient’s body language; nodding your head when you agree; and asking applicable questions to gather information and promote patient education and awareness.

**Don’t:** Listen selectively or passively, or interrupt the patient.

**Do:** Present the proposed treatment enthusiastically, and with a positive attitude and sense of urgency.

**Don’t:** Ignore the financing, as this may heavily influence the patient’s decision.

**Do:** Encourage the patient to ask questions by asking them what questions you can answer.

---

**Suggested Reading**

- Dental Anxiety Network (www.dentalanxiety.net)
- Dental Fear Central (www.dentalfearcentral.org)
- Bill Brady. Case acceptance—the key to growth. *Dental Economics*.
- Roger P. Levin. Six steps to increasing case acceptance. *Compendium of Continuing Education in Dentistry*. 
Patient Consultation & Experience Flow

Front Office/Scheduling

Patients become connected to a dental practice before they even step through the door. Their connection to the practice and its team members begins with the first phone call they make to the practice and is affected by how the call is handled, how they are treated during that call, how they are spoken to, and what words and information are conveyed to them. That said, consider the following questions.

Which of the following is/are roles that the front office/scheduling play in the patient consultation and experience flow? (Check all that apply.)

- [ ] Appointing a new patient with a toothache
- [ ] Greeting patients as they enter the practice
- [ ] Easing patients during a long wait
- [ ] Answering questions about the practice over the phone
- [ ] Providing pamphlets or brochures to existing or new patients about possible treatments
- [ ] Building relationships with patients
- [ ] Gathering information about the patient

In what ways, and using what, can this be accomplished to create a positive and exceptional experience?

When calls come into the office, does the person answering talk quickly and too fast, ask the caller if they mind holding, and then put the caller on hold before they can answer?  
[ ] Yes  [ ] No

Notes: ______________________________________
____________________________________________
____________________________________________
____________________________________________

If Yes, what impression do you think the caller has of the practice and the people who work there?

Notes: ______________________________________
____________________________________________
____________________________________________
____________________________________________

When calls come into your practice, what can the person answering the phone do to demonstrate that practice team members are caring, compassionate, and competent?

Notes: ______________________________________
____________________________________________
____________________________________________
____________________________________________

Helpful Hints

- Help to build the patient/practice relationship by asking how the patient heard about your practice, and be sure to compliment and/or say that you’d like to thank the person who referred them.
- To prepare the patient for the type of patient consultation and/or new patient appointment that they’ll experience, be sure to explain the appointment process using such words as thorough and comprehensive to describe the level of oral healthcare provided.
Sample New Patient Questionnaire

Patient Name __________________________ Date ________________________

How did you learn about us? ____________________________________________

To provide you with exceptional care, we'd like to get to know more about you and your feelings about dental care.

Is this your first visit to a dentist? Yes No If not, are you switching dentists? Yes No

What prompted you to look for a different dentist? __________________________

What matters most to you about the dental office providing your oral healthcare? __________________________

What is the main reason(s) for your visit today? __________________________

Why is this important for you to take care of now? __________________________

When having dental treatment(s), which of the following concerns you (check all that apply)?

☐ Number of appointments required ☐ Length of time for appointments ☐ Budget

☐ Fear ☐ No sense of urgency ☐ No trust

As oral health professionals, all of the following aspects of treatment(s) are important to us. Please rank the importance of each of the following (1=highest, 6=lowest) to you.

☐ Comfortable ☐ Functional ☐ Cosmetic ☐ Long-lasting ☐ Scientifically-proven ☐ Safe

We know our patients expect us to provide dental treatments that are necessary for their oral health. We also understand they may wish they could change things about their teeth or smile but may not know about all their options.

Do you like the color of your teeth? Yes No

Would you like to improve your smile? Yes No

Do you feel your teeth are too long or too short? Yes No

Do you have spaces between your teeth that bother you? Yes No

Do you have chips or uneven edges on your teeth? Yes No

Do you have dark fillings that show when you smile? Yes No

Do your gums show too much when you smile? Yes No

Do you feel your teeth are crowded or crooked? Yes No

Do you have existing crowns or dental work you consider ugly? Yes No

Are you self-conscious about your teeth and/or smile? Yes No
Patient Consultation & Experience Flow

Dental/Clinical Assistant

Among the roles and responsibilities of dental/clinical assistants is gathering information from patients about their expectations for dental care, as well as their wants and desires. It’s therefore important to build, establish and maintain a relationship with the patient that contributes to their trust and comfort.

Which of the following should occur at the beginning of a planned patient consultation and/or procedure appointment? (Check all that apply.)

☐ Review the scheduled treatment to be performed
☐ Ask the patient what questions he/she has
☐ Ask permission to ask the patient questions (interview)

Notes: __________________________________________

Which should the focus of initial questions be when talking with a patient during a patient consultation or new patient appointment? (Check all that apply.)

☐ Problems or issues they’re currently experiencing
☐ Concerns they have about their oral health
☐ Identifying their long-term dental goals
☐ What they like/don’t like about their smile

Where should the dental assistant be positioned during this discussion?

☐ Standing in front of the patient
☐ Standing behind the patient
☐ Sitting next to the patient

Notes: __________________________________________

What information and records are essential for patient consultations and new patient experiences? (Check all that apply.)

☐ Patient interview/questionnaire
☐ Digital photographs
☐ X-rays
☐ Dentist examination and review of photographs/x-rays
☐ Impressions

Notes: __________________________________________

Helpful Hints

• Be sure to use such words as thorough and comprehensive when describing your practice’s approach to examinations, and explain what that means in terms of ensuring the patient’s oral health.

• Because photographic records are the basis for record keeping and planning several types of potential treatments, consider taking them from the following perspectives: full smile, frontal repose, right and left profile, anterior frontal retracted, occlusal upper and lower, and buccal right and left. Also consider taking a retracted frontal view with a shade tab demonstrating the patient’s current tooth shade.

• Likewise, study models—which serve as an excellent patient record—can also be made but require meticulous impressions. Stable and accurate, error-free impressions are also the basis for other treatments, including take-home, custom-tray whitening and Invisalign. Therefore, ensure that the appropriate VPS materials and trays are used.

What are some questions you can ask during a new patient examination or consultation so that you can connect with the patient and best address their needs and desires?

__________________________________________________________
Patient Consultation & Experience Flow
Sample Dental/Clinical Assistant Interview Script & Checklist

Greet the patient by name in the reception area and invite him/her back into the clinical area.

Hello! I’m “NAME”. How are you today?

On your way back, engage the patient in relaxing small talk to make him/her feel comfortable while preparing for the appointment.

Sit down next to the patient to convey your genuine concern and interest.

Looking at our records, I see that you’re here for a “TYPE OF TREATMENT” or “NEW PATIENT APPOINTMENT”.

Is it ok with you that I ask you a few questions before we begin?  ☐ Yes  ☐ No

First, may I review “THE PROCEDURE/WHAT WE’LL BE DOING TODAY”?  ☐ Yes  ☐ No

Review procedure(s). This could involve describing intraoral photographs, how they’re used, and how they enable the dentist, staff and patient to confirm the patient’s oral health, as well as review together any areas of concern; x-rays and what they show and how they’re kept as part of the patient’s file; models and impressions; or a specific hygiene or restorative procedure.

Is it ok with you that I review the Patient Questionnaire you completed?  ☐ Yes  ☐ No

Review Patient Questionnaire. This is the perfect opportunity to review anything the patient indicated that he/she would like to change about his/her smile.

Tell me more about what you’d like to change about your tooth shade/color. ________________________________

How do you feel about the current color/shade of your teeth? ________________________________

Tell me more about the spacing/gaps that bother you. ________________________________

How do you feel about how your teeth are positioned? ________________________________

You can use the intraoral photographs on-screen to help yourself and the patient understand and discuss their current dental condition.

What else should we be aware of about your teeth and smile—and how you feel about them and your dental care—that we haven’t talked about? ________________________________

Note: Once this portion of the patient consultation/new patient appointment is complete, the patient can be seen by the hygienist and/or dentist. However, it’s important for the dental/clinical assistant to direct that transition by reviewing and sharing the patient’s perspective with team members so that the patient (a) truly feels they’ve been listened to, (b) truly feels cared for, and (c) doesn’t have to re-hash everything they’ve already spent their time explaining.
Patient Consultation & Experience Flow

Hygienist

Dental hygienists typically see patients more frequently, regularly, and for longer periods of time than any other dental team members in the practice, so they have opportunities to build unique and trusting relationships with them. These relationships make patients more likely to share their personal feelings, goals, and concerns about their dental health and appearance. The dental hygienist’s first-hand knowledge of the patient’s oral health ideally positions them to help patients understand what can be accomplished with today’s dental treatments to help achieve their oral healthcare goals.

Sample Hygienist Interview Script & Checklist

Greet the patient by name, introduce yourself, and engage the patient in relaxing small talk to make him/her feel comfortable while preparing for the appointment. Sit down next to the patient to convey your genuine concern and interest.

- Before we begin, is it ok with you that I ask you a few questions?  Yes  No
- How frequently do you brush?  Floss?
- Do you ever notice your gums bleeding when you brush or floss?  Yes  No
- Do you feel your breath frequently smells unpleasant?  Yes  No
- Do you have any teeth that are sensitive to hot foods or beverages?  Yes  No
- Do you have any teeth that are sensitive to cold foods or beverages?  Yes  No
- How would you describe the sensation?  Sharp pain  Shooting pain  Dull ache  Throbbing pain
- How many seconds or minutes does the sensation last?  
- What do you do to make it feel better?  
- Do you ever experience aches or discomfort in your jaws?  Yes  No
- Do you ever experience pain when you bite or chew from side to side?  Yes  No
- Do you experience frequent headaches?  Yes  No
- Are any of your teeth sensitive to pressure?  Sharp pain  Shooting pain  Dull ache  Throbbing pain

Review hygiene procedure(s), including scaling, periodontal probing, and the significance of pocket depths, as well as review together any areas of concern.

**Note:** When the hygiene appointment is finished, the hygienist can transition the patient to the dentist by sitting the patient upright and letting him or her know that the dentist will perform an examination. The hygienist can share the patient’s perspective with the dentist so that the patient (a) truly feels they’ve been listened to, (b) truly feels cared for, and (c) doesn’t have to re-hash everything they’ve already spent their time explaining.
Patient Consultation & Experience Flow

Dentist

It’s important to remember that the total patient experience does not start or stop in the treatment room, and neither does case acceptance. Instead, a patient’s willingness and openness to accept treatment come about from the relationship that’s built across the entire dental team—which includes their relationship with the dentist. It’s therefore important for the dentist to spend time establishing a trusting and open rapport with the patient after he or she is transferred from the assistant or hygienist.

What can make the examination by the dentist a more comfortable experience for patients? (Check all that apply.)

☐ Greeting the patient by name and shaking his or her hand
☐ Sitting or standing next to the patient to make small talk to get to know him or her
☐ Letting the patient know what will happen next during the consultation or examination procedure
☐ Informing the patient before each action about what is going to take place next

Notes:

What factors influence a patient’s decision to accept treatment? (Check all that apply.)

☐ Dentist’s confidence in diagnosing a patient’s dental problems
☐ Putting the patient at ease
☐ Providing easy-to-understand explanations of their condition and the consequences of no treatment and treatment
☐ Asking the patient’s permission to discuss the diagnosis and recommended treatments
☐ Giving the patient permission to accept all, some, or none of the treatments recommended for their oral health

Notes:

When documenting a patient’s diagnosis, how should he or she be positioned in the chair?

Notes:

What factors contribute to a patient’s comfort and understanding when presented with and discussing the diagnosis and findings? (Check all that apply.)

☐ Having the patient sit upright
☐ Making eye contact with the patient
☐ Speaking in patient-friendly language
☐ Using intra-oral images and enlarging them for detail to demonstrate what you’re talking about
☐ Using easy-to-understand analogies

Notes:

Helpful Hints

• Remember that whatever you find during the examination that requires treatment will be perceived by the patient as being worse than they thought; they likely came in thinking everything was fine. So, regardless of what is identified during the examination, the patient was not expecting anything to be wrong.

• Don’t “sell” your dentistry. Tell the patient the conditions that require treatment, why they require treatment, and how they can be treated.

• Use analogies to describe the problems you’ve identified (for example, a cracked tooth is like having a run in your pantyhose or a crack in your windshield; an old and defective crown is like a bald tire with a weak spot in it).

• End the delivery of the diagnosis by asking the patient if proceeding with treatment is something he or she would like to do.
Patient Consultation & Experience Flow

Case Presentation

Unlike giving a diagnosis, a case presentation is a conversation with a patient about their oral health and what is needed and recommended to correct and restore unmet needs and problems that require a solution. When the unmet needs and problems are perceived as significant, then patients can think about them as requiring their action.

Why is it important to conduct case presentations in a non-clinical environment?

Which of the following can or should be used during the case presentation? (Check all that apply.)

- X-rays, study models, intra-oral photographs
- Written treatment plan
- Brochures about products or techniques to be used during treatment

Notes:

Why is it important for the dentist to give the patient permission to decide whether they want to proceed with some, all, or none of the treatments recommended to restore their oral health?

How should treatment components be sequenced and why?

Why is it important to provide patients with a written treatment plan and a quote for the fee?

Helpful Hints

- Present the diagnosis and treatment recommendations in a way that emphasizes the main benefits for the patient from their point of view.
- No matter how complex the patient’s condition and treatment requirements are, keep the case presentation to no more than 30 to 45 minutes, being sure to avoid using clinical terminology that could intimidate and confuse the patient.
- Demonstrate enthusiasm and convey a sense of urgency about proceeding with the treatment plan in the phased or sequenced manner proposed.
Patient Consultation & Experience Flow

Financial Coordinator

It’s not uncommon for members of the dental team who have great relationships with patients to feel uncomfortable discussing fees. That’s why separating the discussion about treatment needs from the discussion about treatment fees and payment is so important. The financial coordinator can emphasize that the dentist’s primary concern is the patient’s oral health, while stressing that their focus is on helping the patient handle the financial aspects of dental care.

When a clinical team member transfers the patient from the dentist and case presentation to the financial coordinator, what should the introduction include? (Check all that apply.)

☐ Personal introduction
☐ Specific explanation of the treatment that the dentist has recommended and for what specific diagnosis of the patient
☐ Specific explanation for why the dentist is recommending these treatments to correct the patient’s oral health problems
☐ Review of how the patient feels about his/her problems and the proposed treatment based on any answers or comments they gave to the dentist’s questions

Notes:

Why should the clinical team member ask the patient if they have any clinical or treatment-related questions before leaving the patient with the financial coordinator?


Why is it important to ask an open-ended question about any obstacles there might be to moving forward with treatment?


Which of the following are statements and/or phrases that can be used to help empathize with patients, demonstrate concern for their well-being, and convey a sense of urgency regarding their treatment plan? (Check all that apply.)

☐ “One concern to consider is that postponing treatment now could cause the need for more extensive—and expensive—dentistry that could otherwise be avoided.”
☐ “Would scheduling fewer appointments with more time for each one work better for your schedule?”
☐ “Our goal is to provide the best possible dental care for you, and we understand that financial concerns affect how you choose to move forward with treatment. I’m here to help you decide which arrangements will best meet your needs.”
☐ “Would it be helpful to you if we schedule appointments around your time off?”

Helpful Hints

- Remember that patients want to see the total cost of the treatment, everything that is included in the cost, what the estimated insurance coverage is for the fee(s), and what portion they will be responsible for out-of-pocket.
- Present the patient with two to three payment options to choose from so that they can decide how best to manage their out-of-pocket expenses according to their budget and finances.
- Offer to help the patient complete any outside financing applications, or assist them in completing and submitting an online application right in the practice.
On Monday Morning...

Now that you understand how verbal and non-verbal communication, patient interactions among team members, records gathering, scheduling, and case presentations all work together to impact case and treatment acceptance, what areas of how your practice handles patient consultations and the new patient experience—or your own role during these encounters—would you like to improve upon? What opportunities and challenges do you see for making positive changes? Use the table below to outline your action items for setting goals that will help you deliver an exceptional patient consultation experience each and every time, for each and every patient.

Area(s) for Improvement: _____________________________________________

Goal(s): ____________________________________________________________

Challenges:
1. ____________________________ Solutions:
   1. ____________________________
2. ____________________________ 2. ____________________________
3. ____________________________ 3. ____________________________

Action Items:
1. ____________________________ Target Completion Date:
   1. ____________________________
2. ____________________________ ____________________________
3. ____________________________ ____________________________

Acknowledgement
Contemporary Product Solutions would like to thank all the practice enhancement teams that, over the years, have given so many ideas and thoughts to perfect our consultation and case presentation skills.

About Shannon Pace Brinker, CDA

Shannon Pace Brinker, CDA, is a national and international speaker and published author and has been a full-time practicing dental assistant for more than 23 years. Shannon is past faculty member at the Dawson Academy and Spear Education. An active member of the American Academy of Cosmetic Dentistry (AACD), she is the first auxiliary to sit on the Aacd Board of Directors, and was awarded the Rising Star Award in 2014.

Shannon is a member of the E4D Clinical Operations Operators (ECO) group and contributed extensive input for the Certified Dental Designer (CDD) Certification. Selected one of Dentistry Today’s Top 100 Clinicians, she also was selected as Dental Products Report’s 25 most influential women in dentistry and Dr. Bicuspid’s Dental Assistant Educator of the Year.

Shannon and her husband Erik are the owners of Contemporary Product Solutions, which provides lectures and hands-on training for the complete dental team. For information on dental assistant programs, please contact her at 757-285-9477 or email at shannon@cpsmagazine.com.