

Knowledge, Systems, Teamwork Keys to Proper Treatment Decisions

Michael R. Sesemann, DDS; Brian L. Wilk, DMD; and Frederic J. Norkin, DMD

Q: What steps can clinicians take to best assure predictable treatment outcomes?



A: Dr. Sesemann

Over the years, my staff and I have actively taken strategic steps to help build a practice in which we are able to best assure predictable treatment outcomes for our patients. For me, the keys to predictable treatment outcomes in patient care are: *knowledge, systems, and teamwork.*

Active practitioners must be continuous and consummate students of dentistry's science, building their core knowledge throughout their careers. In my opinion, clinicians who are not absorbing at least 100 hours or more of continuing education (CE) per year are falling behind. Individual state requirements for relicensure are absurdly low, averaging 10 to 20 CE hours per year. These requirements are in no way a metric for optimal competence. Remember, too, that CE for staff, related to their respective duties, is also necessary.

A dental team works best in an office where systems are in place to guide their actions. Responsibilities and objectives for everyone's work-related activities need to be clear. From the initial phone contact with a prospective patient, to treatment execution, and establishing a dental home for the patient of record, things work best when team members' actions are guided by systems. Systems allow dental team members to act with confidence and to critique their own performance through regular evaluation of the results achieved.

Ensuring the right treatment decision requires a comprehensive, systematic examination, beginning with a new-patient interview with the doctor, followed by clinical data collection, and ending with a new-patient consultation. The consultation should outline an approach for patient care based on the patient's needs and wants.

As a private practitioner, the final key for me in assuring predictable treatment options is having a staff of committed, career-minded people. It is a rewarding experience to be among devoted individuals working together towards common goals with synergistic dedication. When staff members are mentally keyed in to the methods and goals of predictable treatment, the approach benefits the patient, clinician, and staff, allowing everyone to be involved in the practice of dentistry on an enjoyable level.



A: Dr. Wilk

To best assure predictable treatment outcomes, most dentists—regardless of specialty—would agree that proper diagnosis and treatment planning can help avoid poor outcomes. To properly devise a treatment plan, the dentist must also focus on the patient's desired treatment outcome. Not all patients have the same expectations. For some patients—who, for example, may have been edentulous for decades—nothing short of implant therapy with impeccable esthetics is an acceptable option, while others may consider restoration of function with a removable denture to be a success. Listening to patients' desires prior to the start of treatment is important. If their expectations are impractical or unreasonable due to biologic or financial restrictions, the dentist must educate them about the options that are appropriate and realistic.

With today's many advanced tools available that aid in treatment-planning success—ranging from dental implants, digital radiography, and cone-beam computed tomography—dental care has reached a point where predictable treatment outcomes are the norm rather than the exception. We now have no reason to be surprised when evaluating a site for a future implant. We can avoid having to open up a flap to treat a periodontally involved tooth only to learn, once uncovered, that it is non-restorable. In years past, many dental problems treated with endodontic therapy were hopeless from the start, but clinicians had no way of knowing this until today's technology came along.

Material science has also enabled us to treat cases completely differently than in years past. For example, bruxism was frequently treated with cast gold restorations, or even gold with acrylic facings. Today, these cases are treated with full-contour milled zirconia restorations with greatly improved esthetics and patient satisfaction.

Patients must be made fully aware that, despite new technologies and materials, there may be factors that are beyond dentists' control. Therefore, explain to them each step and what you are looking to accomplish. If I am dissatisfied with something—for example, a framework try-in that doesn't seat properly—I explain how I plan to remedy the situation.

It is important to instill in your patients confidence in your skills as a dentist, as they will then be much more receptive of any changes or suggestions as the treatment progresses. The office staff—administrative, assisting, and hygiene—also plays a major role in the overall patient experience. Many patients have left skilled dentists due to the inadequacies of their office staff. A patient must feel well cared for, and a team approach is important to achieve this.

It's not just one piece of a puzzle that assures a great outcome; it's combining all the pieces into one great patient experience.



A: Dr. Norkin

Professor emeritus Morton Amsterdam—the father of periodontal-prosthesis—taught us that “there may be many ways of treating a disease, but there is only one correct diagnosis.”

Doctors log extensive hours of continuing education seeking predictable, time-saving, highly esthetic outcomes for their patients. All too often, clinicians are lured by new lifelike materials and techniques that offer diminished chair time, reduced cost, and/or fewer steps. Clinical dexterity, dental materials, and improved techniques, however, are of little value without a proper and exhaustive diagnosis. One cannot treat what one does not diagnose.

To reach an accurate and thorough diagnosis clinicians should work their way through a checklist examining each aspect of care much like a pilot does prior to, during, and after a flight. Despite the fact that the pilot has flown the same equipment and route countless times, logging hundreds if not thousands of hours, he or she goes through an exhaustive checklist examining the airplane, computers, communications, weather, and flight plan. The checklist's

value was never more evident than in the case of the “miracle on the Hudson” a few years ago. As you'll recall, Captain Chesley B. “Sully” Sullenberger and his crew safely landed their damaged plane in the Hudson River saving hundreds of lives. Despite their vast experience, the crew followed a “mental checklist” of what to do in the event of a complete loss of power to their aircraft. As a result, not a single life was lost.

Similarly, doctors should follow a checklist when performing an examination of their patients and ultimately arrive at an exhaustive diagnosis that describes all of a patient's restorative, periodontal, endodontic, orthodontic, occlusal, dentoalveolar, and pathologic issues. By creating a thorough diagnosis, the clinician can come to an appropriate prognosis and treatment sequence and thus provide realistic expectations for treatment and predictable outcomes.

ABOUT THE AUTHORS

Michael R. Sesemann, DDS

*Clinical Instructor, Kois Center for Advanced Dental Education, Seattle, Washington;
Private Practice, Omaha, Nebraska*

Brian L. Wilk, DMD

Private Practice, Restorative, Esthetic and Implant Dentistry, Chalfont, Pennsylvania

Frederic J. Norkin, DMD

*Adjunct Assistant Clinical Professor, Department of Periodontology, Nova
Southeastern University College of Dental Medicine, Fort Lauderdale, Florida;
Private Practice, Boca Raton, Florida*