

CLINICAL MANAGEMENT OF PATIENT DECISION MAKING



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Editor's Note: Dr. Stonisch is the inventor and owner of the Smile-Now™ appliance that is discussed in this article.

ABSTRACT

Studies show that almost 90% of human communication is nonverbal, most of it visual.¹⁻⁴ Cosmetic dentists who apply this insight by using flexible templates to show potential patients the improvements that can be made are getting to "Yes!" faster than they did with photographs and computer graphics. The cases addressed here assess the effectiveness of using Smile-Now™ instant dental templates for immediate case acceptance. The reaction from 30 of 600 dentists polled⁵ (a response rate of 5%) indicated that they found Smile-Now easy to use and that it had a positive impact in their practice.

It is all part of a new patient-centered approach that focuses on the outcome rather than on the dentist's marketing ability. And it saves clinical time, effort, and money.

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INTRODUCTION

In today's world of quick results and short attention spans, we need fast and effective tools to help our patients assess, plan, and communicate their cosmetic dental needs. Although proven effective,⁶ digital imaging can be quite time-consuming.



Figure 1: Smile-Now instant dental template.

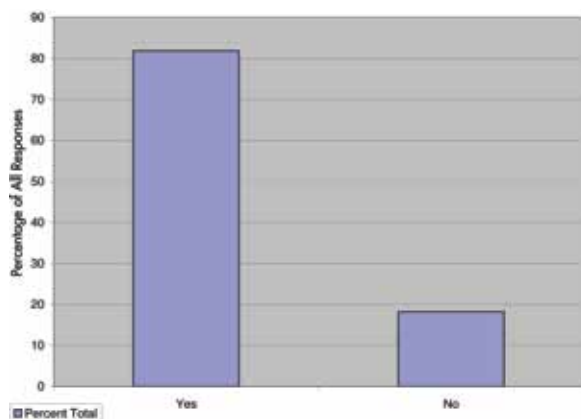


Figure 2: Survey results indicating that Smile-Now is easy to use.

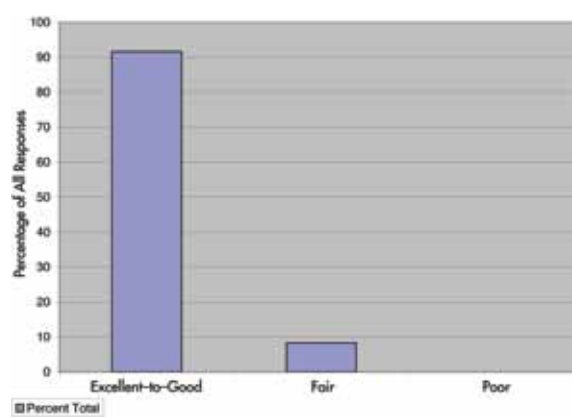


Figure 3: Survey results rating Smile-Now as an excellent-to-good product.

The emphasis in today's practice must shift from a focus on the practitioner's technical expertise to a patient-centered approach, one in which we can perform as coaches rather than as omniscient directors. From the patient's perspective, the question should not be "What can you do to make me look great?" so much as, "What do I need to be happy with my appearance?"

INTERPERSONAL SKILLS

This is the core of a patient-centered approach, and it demands something of the dentist in the way

of interpersonal skills. We must assess the patient's willingness to change, as well as the clinical need for reconstruction. We must determine if the patient's motivation is healthy and realistic. And since we are change agents, we want to create an environment in which assent to treatment is easy and conducive to meeting realistic expectations.

At the same time, we must deal understandingly and flexibly with the financial aspect of treatment—which is a real barrier for many people—while recognizing that, for some, it is a pretext for not chang-

ing (or, at best, putting off a difficult decision).

Sometimes there is little that can be said in the clinical setting to advance a reluctant or conflicted patient to "Go." But is there something that can be *shown*? That is a different story. Studies conducted at the Massachusetts Institute of Technology by brain researcher Nancy Kanwisher reveal that almost 50% of the human cortex is dedicated to vision.⁷ We can use this dominant sense to persuade potential clients to accept cosmetic smile enhancement.



Figure 4: Case 1, before, full face.



Figure 5: Case 1, before, smile.



Figure 6: Case 1, measuring patient's central incisor to select appropriate template. Widths correspond to different template sizes. For example, an 8-mm central width corresponds to a small template.



Figure 7: Case 1, insertion of template.



Figure 8: Case 1, template in place.

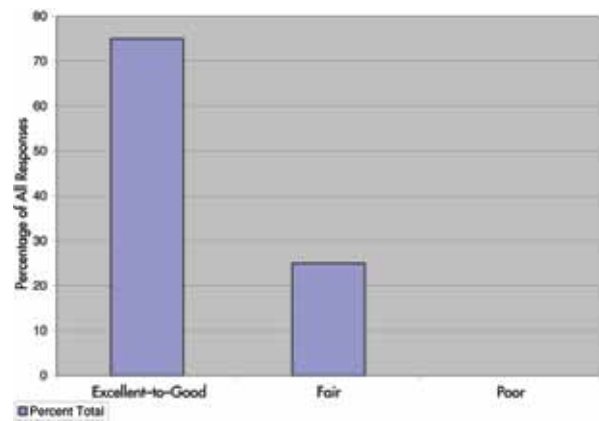


Figure 9: Survey results representing patients who had an excellent-to-good response with Smile-Now.



Figure 10: Case 1, after, full face.



Figure 11: Case 1, after, smile.

SMILE-NOW APPLIANCE

My staff and I have had success using a new visual demonstration tool to foster patient-centered communication and decision making. The tool, Smile-Now, is a flexible, disposable polystyrene dental template (Fig 1) that can be applied quickly and easily to the upper arch so that patients can immediately appreciate potential results. In the survey referenced earlier,⁵ 81.8% of dentist respondents found Smile-Now easy to use (Fig 2). In addition, 91.6% of clinicians rated this product as a good or excellent addition to their armamentarium (Fig 3). As will be seen in the three case studies below, this simple appliance alters communication style to a more nonverbal approach, much like an approach that may be used with digital imaging, but quicker. Similarly, the clinical dialog changes from one in which the dentist (convincingly or not) describes advantages and prospective improvements, to one in which the patient sees the poten-

tial and drives the discussion based on a favorable perception of potential results.

CASE STUDY 1

The patient was a 53-year-old male landscaper who came in for a cosmetic consultation. He knew little about what that meant, but was motivated by self-consciousness about teeth that were, in his own words, "worn down and small" (Figs 4 & 5). With Smile-Now, he saw how he would look if he proceeded with enhancement (Figs 6-8), and was obviously pleased. He also saw the need to treat both his upper and lower teeth. It is interesting that his motivation remained strong enough to see him through a full-mouth rehabilitation before any specific cosmetic measures could be taken.

A comprehensive examination had revealed a Class III malocclusion, worn dentition, multiple missing molars, a lower remnant molar root tip, and faulty as well as missing restorations. Afterward, full-mouth

radiographs, models, photographs, and jaw measurements were taken, from which a diagnostic wax-up was completed, and cosmetic enhancement commenced. This patient's response was in the majority based on our recent survey,⁵ in which 75% of patients had an excellent-to-good response with Smile-Now (Fig 9).

"I always wanted a nice smile," the patient says today. "When I put the template on, it really surprised me. I could now see myself with larger and whiter teeth. In my business, I prepare three-dimensional landscape pictures for customers based on photographs, so they can see what the property will look like. This was similar to what the dentist did, and I thought it was a great idea. I always wanted to have beautiful teeth. I had the work done, and everyone has noticed. It's great" (Figs 10 & 11).

CASE STUDY 2

A 62-year-old male manufacturer came to us for general dentistry (we were already taking care of his wife



Figure 12: Case 2, before, full face.



Figure 13: Case 2, template in place.



Figure 14: Case 3, before, full face.



Figure 15: Case 3, before, smile.



Figure 16: Case 3, after, full face.



Figure 17: Case 3, after, smile.

and children), and initiated a conversation about the possibility of cosmetic enhancement for his worn teeth (Fig 12). He was fitted with a large Smile-Now appliance (Fig 13), and told us the same day of his decision to proceed with full-mouth reconstruction. He confirmed that the appliance "...made it real. You could visualize exactly what the change from your existing situation would be. There was nothing more to discuss. It was not a projection of some kind, but a very good, real-time visualization."

CASE STUDY 3

This 54-year-old female office manager (Figs 14 & 15) learned about our services at a medical open house where we displayed and demonstrated Smile-Now. She took a template home and, as she later told us, tried it on and off until deciding that she would proceed with anterior cosmetic dentistry. The template convinced her. "When you try it, you can see right now what you'll look like, rather than waiting. Later, I went for a consultation and the color card helped me decide on the right shade. Between the template and the card, I knew how I would look" (Figs 16 & 17).

CONCLUSION

If seeing is indeed believing, there is a scientific basis for the success of Smile-Now. It lies in the fact that well over half the cerebral cortex is involved in visual processing.⁷ Of the five senses, vision is the most evidentially persuasive, which is why courts depend on eyewitnesses and why magicians enjoy their greatest success with tricks that "fool the eye."

Well over half the cerebral cortex is involved in visual processing.

In our practice, we no longer proceed with models, photographs, jaw measurements, and diagnostic wax-ups before the patient has made a decision. With Smile-Now, we are able to increase productivity by allowing the patient's decision, whether positive or otherwise, to drive our activity. When we proceed with models and measurements, it is now for the committed patient, and thus worth the time and effort involved for both the patient and our staff.

Does it work? Based on our experience, emphatically yes, even in cases where the patient does not initially have cosmetic enhancement in mind. That is why we call this approach "patient-centered" and why we are so enthusiastic about the results for our practice as well as for our clients.

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