I’ve Learned a Thing or Two…

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In the 31 years I have been practising dentistry, I have learned a number of lessons and discovered valuable pearls of wisdom. Looking back, I wish I had been aware of these on day 1, as they would have spared me some frustration along the way. With that in mind, I’d like to share the following 10 basic conclusions I have reached:

1. **You can’t be everyone’s dentist.**
   What one person or family desires in a practitioner, another does not. You and your staff will never please everyone. It can be hurtful when someone leaves your practice, and you may never know why he or she has done so. Learn what you can from each experience, but don’t take it personally; you can’t be everything to everyone.

2. **Avoid doing procedures you don’t enjoy.**
   Let someone else who enjoys them provide that service. If molar root canals are stressful for you, refer the patient. Talk to your colleagues. Now that you’re getting a little older, that young practitioner down the block with nerves of steel may be happy to handle your pediatric clients.
   If you don’t enjoy providing a particular service, you won’t do it as well as you could. My policy has always been that if I don’t feel I can do a procedure as well as it can be done, I will refer the patient to someone who can. I explain that to my patients with no apologies and they seem to understand.

3. **Allow yourself to “divorce” clients with whom you are incompatible.**
   There are many nice ways to do that. You owe it to yourself and your staff to be able to look at the day sheet in the morning meeting with no thoughts of impending doom or dread.

4. **Charge for missed appointments.**
   Do so judiciously, and consider the circumstances carefully, but don’t be afraid to make a statement by levying a charge. Missed appointments are bad for staff morale as well as the bottom line.
   An early mentor of mine told me that when you charge for a missed appointment, you hope for 1 of 2 desirable outcomes: the charge stings and encourages the client to act more responsibly next time, or the charge annoys them enough that they leave your practice.

5. **If you are ever in doubt about whether you should charge a fee for a service you provide, err on the side of forgoing the fee.**
   For example, replacing a failed restoration after 6 months, 1 year, etc. If you question whether or not you should charge a particular fee, your client probably will too. Goodwill takes time to build, is priceless, and can be lost in the blink of an eye. Your relationship with your patient is based on trust and a perception of good judgment and fairness. Despite the saying, the “customer” is not always right, but if you are uncertain and having trouble deciding, err in their favour. You won’t regret it.
Use a rubber dam for crown preps!
A surprising number of new dentists graduate with the idea that they should use rubber dams for fillings, but not for crown preparations. Rubber dams improve visibility, offer better control of the field and provide more patient comfort. Start every prep with a rubber dam, even if you will remove it to finalize. Along the way, modify the dam, removing interproximal rubber where necessary, or packing a cord to avoid insulting the gingiva.

Local anesthetic: every patient’s least favourite part of the appointment. Never stop refining your technique!
- Topical anesthetic works. Try it on yourself, on the left and right buccal sulcus. Even if it didn’t work for a particular patient, there is a huge psychological benefit to its use. Use it, tell your patient you’re using it, and give it time to work.
- “Working” the lip or cheek before and during an injection is an extremely effective way of reducing or eliminating the stimulus of the injection. The labial/buccal mucosa should be “pulled” down over the tip of the needle, as opposed to moving the needle into the stationary tissue.
- Inject slowly. The maxillary labial area, one of the most highly innervated areas of the body in terms of free nerve endings, is tough to anesthetize painlessly. Try injecting a drop over each tooth first, using topical and lip manipulation as described above, and wait at least a minute before reinjecting a little more in each site. Give that time, preferably massaging the area, then deliver all of the anesthetic, painlessly, that you feel the area will need for the duration of the appointment.
- As you prepare to do a mandibular block, coach your patient, young or old, to totally relax the shoulders. I wish I had discovered the benefit of this 30 years ago, as it is profound. If the shoulders are relaxed, so is the neck and pharyngeal area. This allows the needle to pass back to the lingula with little or no resistance and little or no discomfort.
  I ask my patients to think of their shoulders as butter melting in a frying pan. This image seems to help. You may have to coach the patient for the duration of the injection if you see those shoulders narrowing and rising again. Quietly talking to your patient during the injection is helpful at all times, as it comforts them to know that they have your full attention.
- Inject lower. If you are not achieving a good mandibular block 95% of the time, try injecting a little lower than you are presently. I credit Dr. Bob Roda with this tip, and it improved my batting average measurably (after 25 years of practice!).

Use a headlamp (with or without magnification).
If you haven’t tried a headlamp, do so. Take the time to get used to it, and you’ll never want to work without one again. Wherever you look, there’s light! The new LED lamps are lightweight and portable. At first, you’ll only use it for crown preps. You’ll use it for more procedures in no time.

Employ over-the-counter muscle relaxants for longer appointments, for selected patients.
The most difficult aspect of a dental appointment for many patients is the temporomandibular joint ache that ensues after prolonged opening of the mouth. I have found that a single dose of muscle relaxant given 30 to 60 minutes preoperatively prevents this discomfort in most cases, with no obvious side effects.

Have fun!
The less “necessary” a dental service is, the more gratifying it is to provide. That’s what makes cosmetic dentistry so rewarding. Happy patients keep their appointments, come on time, pay with gratitude and tell their friends about your practice.

The above list is anything but exhaustive, and some of the items may not resonate with some readers. For me, these ideas and techniques have increased my enjoyment of this profession. I feel very fortunate to be in a situation where I enjoy my job more today than I did 10 and 20 years ago. When I walk to work in the morning, I usually do so with the thought that I have the best job in town!

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