



## Proactive Versus Crisis Dental Care: Part 2

By Richard A. Green, DDS, MBA,  
Director Emeritus of Business Systems  
Development

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I'd like to start with a word of encouragement. As we move along and I listen to you, I have noticed that we are all basically the same size when we start out but some of us stretch ourselves a little more and make more discoveries along the way.

Life is made up of many, mini transitions that have beginnings and endings that are often clouded by what seems like a bit of chaos before, during, and after. Sometimes, the mini transitions are grouped together. When this is observable, I think of them as life's chapters. With each chapter comes greater understanding.

When we feel uncomfortable learning something new, our tendency is to retreat to a comfort zone of doing the dentistry with which we feel most competent. We also have a tendency to retreat when the

gap between what we know and what the patient understands is such that the patient says "no" and we are frustrated in our attempts to refine the dentistry we practice. The retreat into being busy doing dentistry (what I have come to think of as analogous to calf roping) leads our practices into a pattern of addressing only the urgent (crisis) needs of our patients. The way out is to be consistently and consciously proactive.

From time to time, in discussions with you at the Institute, I talk about the comfort zone model. It is curious to me how many use this model as an excuse for not behaving differently. Too often, I hear, "It is not in my comfort zone."

If you want to develop, improve, refine, go forward...then, you must get out of this rut! Give yourself permission to feel uncomfortable.

Here's something that might help. Visualize for yourself a new bull's eye model. Place your comfort zone in the center of two concentric outer rings. Visualize your comfort zone as the bull's eye center of the target. The next ring is the learning circle, and the outer ring is the panic circle. Learning theory invites us to partake in a proactive life at the border of learning and panic. I know it's an uncomfortable place but, by staying

[rich@evergreenconsultinggroup.com](mailto:rich@evergreenconsultinggroup.com)

5302 Ladyfinger Lake Road  
Sanibel, Florida 33957



there, we have opportunities to learn much about others and ourselves.

The border between learning and panic is where you will come to know your patients well enough to help them make decisions where they make them – at the feeling level. Interact on this border often enough in getting to know your patients, and doing so will become comfortable. You will hit a bull's eye!

Patient Satisfaction Survey (PSS) data continue to reveal that, as a whole, dentists and staff initially handle relationship management issues quite well. In varying degrees, though, dentists and their staff are effective at intentionally extending themselves to patients as they continue to communicate. They typically find it difficult to engage the patient in co-discovery experiences and not just telling sessions.

The steps in a deepening relationship that lead to trust do not occur in linear fashion but in multi-faceted moments of self-revelation among the doctor, staff and patient at the feeling level. Patients experience us caring about them through briefs and debriefs. They come to feel better about themselves for being proactive in their health decisions.

We observe they need coaching, and we begin to see ourselves as health facilitators. Over time, through intentional conversations, we address ownership of health and gently encourage our patients to accept responsibility, knowing that those who do will make decisions that lead to greater health.

Sometimes, it is a difficult lesson but when we don't enable our patients to see their responsibility for their own condition, we get in the way of them making better decisions. This is a prime example of intentionally placing yourself on the border between learning and panic.

You need to intentionally initiate conversations about the patient being responsible for her or his condition. Of course, you need to be diplomatic in choosing words that motivate rather than crush. Imagine what it feels like for your patient, and you will do a better job of motivating and facilitating greater health. This is not to say, though, that some patients need to be pushed into seeing their responsibility.

We've also learned from studying the PSS data that good oral healthcare behavior is reinforced when we verbally acknowledge it to the patient. For example, when we observe some minor improvement in the patient's condition

[rich@evergreenconsultinggroup.com](mailto:rich@evergreenconsultinggroup.com)

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Sanibel, Florida 33957



and remark upon it in a positive way, the behavior that led to that improvement is repeated by the patient. Our positive regard leads to proactive behavior by the patient.

As we more clearly see ourselves (dentist and staff) as facilitators of health and proactive choices, we will work to create opportunities and experiences that foster self-discovery and positive (values-based) choices by others and ourselves. As we progress, patients begin to say, “yes” to a comprehensive approach and plan for their oral health. When that plan is uniquely individualized, and based on the patient’s circumstances, objectives and temperament, we learn something else. People tend to support what they helped to create.

How are you stretching yourselves to transfer the responsibility for health, through creative engagement, back to the patient? Carl Rogers, a noted psychologist observed that significant learning is more than the accumulation of facts. “It is learning which makes a difference in the individual’s behavior, in the course of action he chooses in the future, in his attitudes, and his personality. It is a pervasive learning, which is not just an accretion of knowledge, but which interpenetrates every other portion of his existence.”

Dr. Pankey must have been a Rogerean thinker because he often said, “It takes time to get it (philosophy) in your tissues.” That’s just another morsel for your crucible as you endeavor to move from crisis to proactivity. Rub it around awhile. Give yourself permission. It takes time!

I believed he had finally understood his present dental condition and what I teach. As we said good night and shook hands, Bob said, “Would you be so kind as to give me your business card with the name of a dentist who thinks like you do? In fact, I’d like three one for each of the locations of my golf clubs!”

There are too many dentists, too many writers of articles in dental publications, and too many podium speakers of practice management, who in their attempt to help you get busy and do more dentistry encourage you to adopt crisis systems in your daily routine. You may not even be aware that this is what they are promoting. I would encourage you to wonder about the systems you have in place, with which you interface with your patients/clients. Place these systems in your crucible and add the concept of being proactive to the mix. Evaluate this, and see what you discover! Until next time, keep your discovery hat on!

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