

# The first challenges as a dentist

Host: DentaNet, Danish Dental Educators (DDU) and the Danish Dental Association

Speaker: Julie Erica Schlosser, Dentist, ADENTA

Date: 25.08.2023

## Top 3 Dental Insights

### 1. Eat some more "FUCK UP cake"

We should celebrate our mistakes with FUCK UP CAKE! We only learn from our mistakes.

The best advice from other experienced dentists that you can do as a new dentist:

- Prepare yourself
- Ask for help

On average, a dentist makes 1800 decisions in one day!

Ally yourself with your dental assistant. Make rules together on how to handle different situations. Your dental assistant will become your best friend.

The team is crucial to success. A good dental assistant can provide great assistance, even if you don't have experience with all the treatments. It's also important that your manager has your back if you need help. You need to be confident in order to learn. We can only learn from our mistakes.

Failing to plan is planning to fail! Print out your appoint book of the day.

Never blame your dental assistants or your dental technician! You have to take the blame yourself, even if it wasn't your fault. Buy a big bouquet of flowers for a patient who has had a bad experience. We're all going to make mistakes.

Get to know each other's personality types better. Get the whole team to take a personality test, and share it with each other.

### 2. Never go down on equipment

Documentation is of course our record keeping, but it is also documentation of major treatments, such as medical history, talking to the patient about why they are coming, why is the patient here now, x-rays, panoramic x-ray, CBCT, clinical photos and video. In particular, clinical photos and video can do wonders for both having the peace of mind to make a good treatment plan and instructing the patient.

You can use the app "Dental Shooting" - for 11 predetermined images and 1 optional image (Julie always chooses to take a 12 o'clock smile/tip down smile, i.e. stand at 12 o'clock behind the patient and ask the patient to smile up at you).

Record video of the patient in different situations where the patient talks about their life and what they love to do (work, leisure, family) and then take stills from the video in different situations.

Clinical before-and-after images and mock-ups are great patient communication tools. Displayed to the patient on an iPad, for example, when sitting at eye level with each other. The first mock-up is a motivational mock-up that is printed (in e.g. Luxatemp, which is max 40 degrees Celsius), and then the patient can try out their "new smile".

Good equipment: social media, intraoral scanners, CBCT, 3D printing. Julie uses a dynamic guide (X-Guide) as a guide rail when placing implants. There is a lot of great equipment out there.

### **3. Your everyday life should be meaningful**

Going to work should be meaningful. We each have our own path in life and we are all different.

Julie has only one requirement for new patients: they must be at least as nice as existing patients. Most patients will stay with a dentist if they are happy with them. Find out why they liked/disliked their previous dentist.

If you've burned out in your profession, you've turned yourself off along the way. You have to find yourself and find meaning in what you do.

We need to charge money for everything we do!

Dentists have a good mix of: artist - nerd - empathy.

Find a space where you can use your profession in a way that brings you joy!

Continuing education is the best investment!

**Those were the Top 3 Dental Insights.  
Get the rest of the notes right below.**

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### **Should you treat all patients the same?**

B-people have a hard time showing up for patient treatment at 8:00 am!

When you're a newbie, you're thrown into a lot of new challenges that you have to deal with yourself, such as patients fainting, treatments going wrong, colleagues disagreeing with you, you have no one to ask, etc.

It's the greatest joy when you can help other people and give them back the joy of life and accompany them along the journey of their lives.

When you're trying something for the first time, it's slower and you need to find the courage and maybe a little push. And once you've tried it, you can have a WOW experience.

The best advice from other experienced dentists that you can do as a new dentist:

- Prepare yourself
- Ask for help

Challenges from the course participants:

- Taking over patients from an older dentist who has primarily done maintenance treatments, so now there's a lot of cleanup work.
- As a new graduate, you need a lot of help and someone to ask.
- Took a break from clinical work and want to get back into the profession now.
- Finding the first job when you lack experience - especially if you're from Copenhagen.
- Parents of children in community dentistry can be difficult and know-it-all.
- You need to know a lot of basic treatments, especially if the clinic doesn't have a mentoring program.

Team up with your clinic assistant. Make rules together on how to handle different situations. Your dental assistant will become your best friend.

Going to work should be meaningful. We each have our own path in life and we are all different.

For example, Julie and her family went to South Africa to help Save The Children with a dental check-up. They got help from Dental Health Without Borders (TUG). Bring your kids along so they can have that experience too.

The biggest cause of school absenteeism in developing countries is toothache! You can increase their educational attainment by improving their dental health.

Dentists have a huge advantage because we can take our jobs out into the world and help people - both as employees and volunteers. It's important to try to integrate your work life with your family life because we live a whole life and we are a whole person.

### **The patient journey from call to bill - and why it's important for us to understand**

Every patient's journey through dental treatment is different. It's a human being in the dentist's chair and they need to be treated differently.

What affects the treatment is:

- The team
- Good communication
- Equipment
- Planning and scheduling
- Documentation
- Protocols

What affects treatment the most is the team!

The team is crucial to success. A good clinic assistant can provide great assistance, even if you don't have experience with all the treatments. It's also important that your manager has your back if you need help. You need to be confident in order to learn. We can only learn from our mistakes. We all have to learn how to walk, and in the process, we sometimes fall and hurt ourselves.

Communication with your assistant is important and can be so good that you don't need to say anything, but can be decoded by body signals. Communication with the patient is also important so they understand what we suggest and instruct them to do.

Documentation is of course our record keeping, but it is also documentation of major treatments, such as anamnesis, conversation with the patient about why they are coming, why is the patient here now, x-rays, panoramic x-ray, CBCT, clinical photos and video. Clinical photos and video in particular can work wonders for both having the materials to make a good treatment plan and being able to instruct the patient.

Planning your treatments is a great idea.

Equipment: social media, intraoral scanners, CBCT, 3D printing. There's a lot of great equipment out there.

## How to communicate

We have to communicate differently to patients because they are so different. Some just want teeth to chew with and some are worried about whether their teeth are white enough. Some patients you just can't communicate with because you don't "speak the same language" and it's best to send them to another dentist. You can say: "I just don't think I'm skilled enough to treat you." You don't always have to treat every patient. Sometimes you have to refer them on. You have to treat patients who understand what you're communicating and are grateful.

Most complaints are about poor communication between the dentist and the patient.

Get to know the patient. Ask the patient if it's okay for you to get to know them, to see their facial expressions and plan their treatment based on their smile. Then you'll know where the patient's motivation lies and where their limitations lie. Photos and video are great for seeing the patient's behavior around their mouth and teeth. It's also good to be able to show the patient before-and-after photos/video so they can see how their facial expressions and smile may change after dental treatments.

## Documentation

Record video of them in different situations where the patient talks about their life and what they love to do (work, leisure, family) and then take still images from the video in different situations:

- Are they smiling with their mouth closed or with their hand over their mouth?
- How do they smile when they smile the most?
- How is their true, genuine smile vs their photo smile? (You smile 30% more in the true smile)
- How are their facial expressions when they speak?
- How do they laugh?

## Charge for your work

You can use the app "Dental Shooting" - for 11 predetermined images and 1 optional image (Julie always chooses to take a 12 o'clock smile/tip down smile, i.e. stand at 12 o'clock behind the patient and ask the patient to smile up at you). It provides a PDF or slideshow option. Easy to share with your team. One-person job.

When getting to know the patients, you can take an examination fee.

Julie charges a fee for taking clinical photos and video.

Remember to get insight into the patient's calendar so they don't end up without teeth or need to be treated in the middle of a graduation party, work meetings or other important events.

**First visit:** medical history, clinical photos and video, intraoral scan, x-ray, panoramic x-ray, CBCT. New appointment. Patient knows what the second visit costs.

**Second visit:** mock-up, presentation, review, price estimate for the total treatment. It costs money for the first visit, the second visit and the total treatment.

We need to charge for everything we do! We've spent 5 years learning how to do it, and we shouldn't give away our work, e.g. a treatment plan - then they probably won't pay for the treatment itself. Both planning and treatment should cost money. Both are work.

## **Use your network**

If in doubt, call a friend! If in doubt about a treatment plan, ask a friend! It's important to have a good network to get help from.

Clinical before-and-after images and mock-ups are great patient communication tools. Show them to the patient on an iPad, for example, when you're sitting at eye level and the patient is out of the dentist's chair. Then you can talk to each other on a more equal footing, and the patient can follow their own set of teeth on the screen as if they were a 3rd person. You need to be part of the patient's journey.

Patients shouldn't feel like they're being scolded or talked down to. It's not an upper left premolar or a lower right first molar coming through the door, it's Sophie who has just been divorced and Henry who has just been to work, that are coming through the door.

The first mock-up is a motivational mock-up that is printed (in e.g. Luxatemp, which can reach a maximum temperature of 40 degrees Celsius), and then the patient can try out their "new smile" - without anything having been done to their real teeth yet. You can also draw on the artificial mock-up teeth with a black marker if you need to shorten some of the mock-up teeth.

Failing to plan is planning to fail!

If the patient just wants one tooth done, even though they need a lot more, you have to say "Okay, you can go there! But I want to tell you what you need." It's not just ordering dental work from a menu. We need to use our professionalism to tell patients what they really need - because that's what we're trained to do.

We love teeth, but we also want have time off! And we don't want to do the same treatments on the same people over and over again because the treatments don't work. It has to be done properly.

## **Equipment**

Julie uses a dynamic guide (X-Guide) as a drill guide when inserting implants. Old gamers are also great at working with their hands while looking at a screen.

## **Durability**

Durability of the dental work requires strict follow-up! It's not just the teeth that change, it's the whole facial expression, the face and the whole person that changes. Before, during, after e.g. with intraoral scanners.

Patients need to know what's inside their mouths and what treatments they've had.

## **Conclusions**

- See the whole patient
- Take a moment to wonder
- Get to know your patients
- 9 out of 10 patients come on recommendation from an existing patient
- Which dentist have they had?
- Red/yellow/green/green/blue type

Julie has only one requirement: New patients must be at least as nice as existing patients.

If you've burned out in your profession, you've turned yourself off somewhere along the way. You have to find yourself and find meaning in what you do.

Most patients will stay with a dentist if they are happy with them. Find out why they liked/disliked their previous dentist.

It can be difficult if you're locked in by a price, such as "It can't cost more than 500 DKK (\$70 USD) the first time the patient is here, otherwise they won't come back". It's normal to lose some patients (at least 20%) when you take over a patient database. Sometimes older dentists can be more conservative in their treatments, while younger dentists can be a little more radical, but the right solution is probably somewhere in between.

## Patient types

Red/yellow/green/blue type (DISC profiles)

Red = Dominant  
Yellow = Influential  
Green = Stable  
Blue = Analytical

Red and Yellow = Outgoing  
Red and Blue = Task-focused  
Yellow and Green = People-oriented  
Green and Blue = Cautious

**Red** = Talks more than they listen. Could be your boss? Hates small talk. The most important thing for the red person is the result. How long does it take? How much does it cost? What are the pros and cons? Wants drive and determination. Want people to take responsibility. Don't want problems presented, but want suggestions for solutions. You have to stick to the point. Be specific. Give answers, preferably quickly. The red person is decisive, ambitious, assertive, enterprising, problem solver, competitive, curious, direct, energetic, determined, result-oriented, initiator, strong-willed, impatient.

**Yellow** = Is a great acquaintance. Might be your best friend? Doesn't like skepticism and pessimism. Likes a sense of humor. Gives energy. Are a bit flighty. Listen and play along with the conversation. Be open to new ideas. Be positive and welcoming. Talk into the possibility of being first with the new. Hold on - seek to stay in control. Reward with attention. Be outgoing, positive, warm, creative, spontaneous, optimistic, attention-seeking, happy, persuasive, open, curious, empathetic, sensitive, creative, verbal, energetic, inspiring.

**Green** = Maybe it's your dental assistant? Many dentists are green types. Want a work environment with positive relationships. Opportunities for peace and quiet. Loves protocols. Checks that everyone is doing well. The green type is the glue. Always remembers everyone's birthday and important things others should. Is a good friend. Recognized for their efforts. Predictability and security. Loves protocols and recognizable things. Is a team player, helpful, conscientious, listening, reliable, loyal.

**Blue** = Maybe yourself? Many dentists are blue types. Love protocols. Are often competent specialists. Good at immersing themselves in and handling large amounts of information. Be prepared, accurate, focus on facts, supplement with written material, respect the need for distance, allow time for reflection, don't be pushy, don't speak too quickly. Good at ensuring processes are followed to the letter. Detail-oriented, quality-conscious, observant, analytical, formal, perfectionist, expectant, cautious.

Find your personality type.

It is very valuable for the team at the clinic that everyone does the test and shares their results with each other! When we know each other better, we can work better together.

When you present your treatment plan and price estimate, you must KEEP SILENT! Then the patient should be allowed to think, and then it's THEIR TURN to say something afterwards.

We should celebrate our mistakes with FUCK UP CAKE! We only learn from our mistakes. Google's department X has a party when they make mistakes.

Clinical assistants are our most important partners. We braid fucking legs with them! Most dental assistants are green types and many dentists are blue types.

Remember, regardless of color/personality type, few people have only one color, but most do have a dominant color. We need all colors/personality types in the workplace. We express ourselves differently. All types have emotions and can be reasonable, but we have different focal points and different ways of communicating.

### **Dental records - and how they become a valuable tool**

- Use the same template every time aka a macro.
- Have a good framework of questions that you and your clinical assistant use every time. Example: the acute patient. This can be transferred directly to the medical record.
- Use your clinical assistant, e.g. to write a draft journal.
- Drop the sticky notes, because they get lost.
- Triage patients into acute or sub-acute. The acute pulpitis need to come in immediately! The others can wait a little.
- Print out your daily appointment book for the coming week. Not everything is electronic. Review the coming week together with your assistant. Make a note of any things to be aware of. Make your clinic assistant the conductor so that she takes control and co-responsibility.
- A morning meeting at the clinic is great for setting expectations for the day with the whole team.
- Read out to your patient what you write in the journal if it's a case that isn't completely straightforward and communication is a bit difficult.
- Always make a note of what happened and what needs to happen next. Then others can take over if necessary.
- Create your own macros if you need to. Then you can always copy and paste your macro text. It can be a Word document or your own journal where you enter these macros.

On average, a dentist makes 1800 decisions in a day! It's great if your dental assistant can be the conductor, so you don't have to make as many decisions. And the reception runs the whole shop. It's nice when we help each other and everyone can feel that we are equal. Ask if you can help with something if you have time to spare. We need each other.

It's a DREAM DAY when Julie only has longer treatments on 4 patients. It's really nice to have time between patients. Other people have other kinds of dream days. We need to do more of what we love!

### **Guest talk by the Danish Dental Association**

The Danish Dental Association has a department for employed dentists that looks after the interests of publicly and privately employed dentists.

Some battles are best left to others, because while the challenge may be a gentle giant, it's still a giant.

We're stronger together.

### **Guest talk by Nino Fernandes, oral and maxillofacial surgeon**

The vast majority of complications are related to wisdom teeth.

Complications:

- Wisdom teeth
- Over-instrumentation
- Sinus perforation

Over-instrumentation:

- Better be a little careful
- Keep calm
- Keep an overview
- Call a friend

Sinus perforation:

- Wrap with Surgicel
- Cross suture
- Sinus instruction
- Refer to more experienced colleague

Wisdom teeth:

36,882 wisdom teeth removed per year in Denmark (2011)

Number of wisdom teeth removed per dentist: 8 per year

Pick the easy patients and refer the rest!

Per-operative complications:

- Medical history - medication, co-surgery, mouth opening
- X-ray - enoral, panoramic x-ray or sectioned panoramic x-ray, CBCT (you need to see it all!) - assessment of inferior alveolar nerve and other anatomical structures, if you need a CBCT you should probably refer to a more experienced colleague!
- In the clinic - experience, knife time, assistance, equipment

Just like runners, it takes different amounts of time to run 5 km depending on how fit you are.

Trained surgeon: 5-10 min per wisdom tooth

Experienced dentist: 20-40 min per wisdom tooth

Novice dentist: 60-120 min per wisdom tooth

Complications during surgery:

- The patient is still in pain despite a lot of local anesthesia.
  - Solution: Note: This is often due to the n. transversus colli (coming from the cervical plexus), which can be anesthetized with a deep buccal infiltration for the lower third molars. Not enough with a shallow buccal anesthesia.
- Bleeding.
  - Solution: Compress, Surgicel, elcauder.
- Lack of overview.
  - Solution: If you don't have an incision, you can't see enough. Small incision, small surgeon. Big incision, big surgeon! You need to be able to see what's going on.
- The tooth is stuck.
  - Solution: ALWAYS remember to luxate the tooth BEFORE splitting! Remove more bone. Divide and conquer!

- The roots are stuck.
  - Solution: ALWAYS remember to luxate the tooth BEFORE dividing! Remove more bone. Divide and conquer!
- The roots are cracking.
  - Solution: ALWAYS remember to luxate the tooth BEFORE dividing! Remove more bone. Divide and conquer!

Post-operative complications:

- Bleeding
  - Solution: Create an overview. Look. Compress with Surgicel for at least 10 min. Consider referral, there may be a blood vessel and bleeding.
- Dry socket (alveoli's sicca dolorosa). 2-3% get it.
  - Solution: Rinse the alveolus and apply eugenol meche, must be changed after 1 day. Note that eugenol can corrode the nerve. Alternatively, use terramycin meche. Use A-PRF, which is centrifuged blood without anticoagulant (advanced platelet-rich fibrin).
- Sensory disturbances (neurosensory disturbances and paresthesias). Typically transient. Permanent in about 1% of AIN cases.
  - Solution: It is a risk to operate. If you don't want to take that risk, refer.
- Sequestration.
  - Solution: Sometimes rejects spontaneously. Can be removed with tweezers. Occurs if there are sharp edges after amotio.
- Swelling
  - Solution: Most patients swell after surgery. Can also be a sign of a post-operative infection. Give adrenal cortex in a masseter before surgery, this will take the swelling down.
- Fracture of the jaw. A fracture can occur if a lot of bone is missing around a wisdom tooth that is removed.
  - Solution: Refer to TMJ in hospital.

Most complications arise from a misguided belief in one's own abilities. Take a lot of continuing education. Look over the shoulder of a more experienced surgeon. Get a mentor. It's a craft! Practice, practice, practice. Be prepared with plan A, plan B and a backup plan for plan B! Have a lifeline if/when things go wrong.

Nino doesn't use magnifying loupes for wisdom teeth because you can lose track, but he uses magnifying loupes for everything else.

Always set up for surgery as if it's a big operation. That way you're well prepared!

You can purchase a chairside apprenticeship with e.g. Mats Gade Filipson, who will come out and train you at your clinic.

**As a DentaNet member, you can get a 10% discount on all DentaNet courses and partners - Including the newly launched platform Dentakurser, which is a digital reference work for online courses for dental professionals**

Conclusions of the day:

- The simplest treatment on the wrong patient can end in disaster.
- The most difficult treatment on the right patient can be a success.
- Embrace your mistakes and share them with others to make them less so.
- Who do you call when life gets tough?

Continuing education is the best investment!

10 tips for you as a whole person, not just a dentist:

1. Live healthy (diet and exercise)
2. Wear magnifying loupes
3. Appreciate your dental assistant - every day!

4. Set yourself goals
5. Have a trusted colleague you can share EVERYTHING with
6. Prepare yourself - remember printed daily notes
7. Understand your mistakes - why did the treatment go wrong, could it have been avoided, be honest with yourself
8. Do something other than teeth
9. Accept your limitations - although it can be tempting to be persuaded to perform the patient
10. Continuously educate yourself

And here's a bonus: Forget the worries! Just deal with the problems when they're there.

Avoid putting yourself in a position where you're locked into a high salary or situation that prevents you from pursuing your dreams and what you want to do in dentistry.

Mistakes can always happen. Never blame your dental assistants or your dental technician! You have to take the blame yourself, even if it wasn't your fault. Buy a big bouquet of flowers for a patient who has had a bad experience. We're all going to make mistakes.

We should have a FB group called "My Friday Fuck Ups", it would be so liberating because we could all learn something from it!

Dentists have a good mix of: artist - nerd - empathy

Find a space where you can use your profession in a way that brings you joy!