

## Understanding the Circle Game

There are many things that need to be considered when planning to treat patients, and this is particularly true when the patients have, or will have, dental implants. Perhaps the first question is how we get on the same visualized treatment path as the patient. Our preliminary efforts are meant to identify that we are doing for that patient what the patient really wants done. There are a number of obstacles that present themselves when we are trying to get the patient and clinician to work from the same program guide.

We cannot count on the patient being able to describe their concerns in such a way that the solution is totally clear to the care providers. This is not an intellectual problem; it is a communication problem. After all, we have spent many years learning how to treat the patient appropriately, but we probably have not spent a tenth of that time learning how to effectively communicate with our patients.

In most instances, we have to do some interpretation of what the patient is requesting. We need to try to communicate back to the patient so that the patient is relatively sure that they are telling us what they want. This circular process includes meeting the patient, introducing our team and describing our skill sets, having the patient identify their needs, our confirmation to the patient that we understand their desires, which might be another process that may demand more verbalization of the patient's needs, which requires further discussion, and so on, until it appears to the patient and the treatment team that all are on the same page. And of course, most of this planning occurs with only limited diagnostic information that might be required to ensure that what we have been discussing is truly possible.

The majority of the preliminary discussions are conducted in an effort to ensure that the patient and the clinician are compatible. Oh, it is undoubtedly important

for the patient to be pleased with the treatment plan, but it is also understood that a harmonious working relationship between the patient and clinician will go a long way to ensure such success. Treatment, especially treatment for complex dental diagnoses, may demand meticulous and time-consuming efforts on the part of all concerned. Comfortable communication goes a long way toward the achievement of the required harmonious relationship.

Realistically, some clinicians just do better treating some types of patients than others. We often hear that opposites attract, but this old adage is probably more true in marriage than it is in the provision of dental care. When it comes to dental care, it is nicer to be on the same path.

Wouldn't it be nice if there were a way to determine which patients we could help and which ones cannot be helped by our team? We may not verbalize it enough, but it is important to realize that objective needs are easier to achieve than subjective desires. In this regard, it would be nice to develop a questionnaire that would differentiate the desires from the needs. This alone would go a long way in defining, for the patient and for the treatment team, what can be done to address the problems that the patient describes. If we truly know what is being asked of us, it will be much easier to reach our treatment goals. Moreover, if all we did was treat needs, I would suggest that we would have a much higher likelihood of success.



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