

KerrSpeak

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NOW What ?!?! Workshop Scenarios

Clinical:

1. A patient of record has broken the cusp of a molar. There is no pulp exposure, but the ragged edge of the filling is sharp to the patient's tongue. Your schedule is jammed. How can you quickly and easily resolve this problem?
2. An emergency patient presents with the complaint of pain on bite pressure and sensitivity to cold, but is vague as to which tooth it is. What diagnostic aid might prove helpful in isolating the problem?
3. You've treatment planned your implant patient – in conjunction with your oral surgery team – to have a stock abutment placed after integration to eliminate the need for a more expensive custom abutment. Unfortunately, however, the oral surgeon severely reduced the custom abutment after torquing it into place to allow the patient to fully close! How can you obtain the necessary impression/records to account for this change and achieve the appropriate restorative result?
4. You've just been told to obtain alginate impressions on one of your patients, but you haven't used alginate in a long time. What might you do to improve your self-confidence and enhance your success?

5. Your doctor has just determined that your emergency patient has a tooth which cannot be restored. Fortunately, it isn't painful, and isn't contributing to any bone loss or infection. The patient (1) will be in a wedding this weekend, (2) is terminally ill, (3) is out of insurance benefits for the year, or (4) is from out of town, and would like to have their own dentist evaluate it. What might you do for the patient to delay extraction?
6. Your patient complains of a toothache, but is uncertain as to which tooth is the problem. The periapical radiograph is within normal limits, no decay or fracture is noted, and no teeth are percussion tender. What additional test might you consider to help you make a proper diagnosis?
7. One of your long-time patients of record who only seeks care on an emergency basis has reappeared on your schedule after a typical three year absence from routine care. Your notes reveal that you last saw this patient to extract the upper left second molar, tooth #15, and that she never returned for a post-extraction exam. Now you learn that she has diffuse, radiating pain in the upper left sinus area and has been under enormous stress the past few months. All teeth are vital and percussion negative, and the periapical radiograph is within normal limits. What might be the source of this patient's pain?
8. On a day with little flexibility in your schedule you are told that an unscheduled patient of record insists on being seen immediately. In an attempt to accommodate that patient, you screen his emergency need in an open operatory only to find that an implant crown you placed three years ago is extremely loose. Worse, you learn that he is boarding an airplane this afternoon to fly to his son's wedding. What do you do?
9. Your patient complains of chronic dentinal hypersensitivity. What might contribute to such a complaint?
10. You've just been told to obtain the shade for a crown prep. What steps might you take to enhance your ability to obtain a true shade?

Management:

1. You've just seated an emergency patient new to the practice. As part of the diagnostic process, your doctor has ordered a periapical radiograph. Your patient refuses the x-ray. What do you do?
2. Your office has relatively up-to-date equipment, but is starting to look a bit "run down." What improvements to the facility might be undertaken without spending a fortune?
3. You've just finished another thoroughly unpleasant appointment with Mrs. Magillicutty. She's impossible to please, thoroughly rude, and ruins everyone's day. Fortunately, she needs no further restorative care, nor is any treatment incomplete. What steps might your doctor take to dismiss her from the practice?
4. You recognize that in today's marketplace, it is more important than ever to keep your patients happy, and remain competitive and profitable. What could you and your team do to contribute to your practice's continued success?
5. Your doctor plans to hire a new staff member. Unfortunately, he always seems to hire the wrong person! What steps could he/she take, and what could you and your current teammates do to help your doctor avoid a serious hiring mistake?
6. Upon reviewing the full mouth series of radiographs or panorex on your new patient, or upon completion of the intra-oral screening for cancer, your doctor notes an abnormality, and suspects pathology. How do you handle the situation?

7. You and your doctor completed treatment on Mrs. Hatschronce months ago, but she still hasn't paid her bill! You truly believe that the practice should be paid for the services you delivered, but you remember that she wasn't very happy when she left the office that day. Should your doctor send her account out for collection?

8. To your surprise and dismay, you discover at the morning huddle that your new front office assistant has scheduled ex-spouses for appointments this morning at the same time! Although the ex-wife's chart is clearly labeled "Never schedule me on the same day as my ex-husband!," the ex-husband's chart has no such warning. The staff error was an honest mistake, as she was unaware of the recently completed bitter divorce or the request of the ex-wife. What do you do?

9. You are aware that your office doesn't seem to have a "marketing" budget, but what inexpensive things could be done to promote your practice?

10. Your doctor has just confirmed that your hygiene patient has a cracked tooth which should be restored with a full crown. Your patient has no symptoms, however, and questions the treatment recommendation after the doctor has left the operatory. How might you educate your patient, and help them understand the need for restorative care?