

DENTAL PRACTICE

Direct Gold as a Practice Builder

R CRAIG BRIDGEMAN

Summary

The knowledgeable use of direct golds in a private practice can build a practice today despite today's crisis situations brought about by an oversupply of dentists and an undersupply of new patients. An 11-year veteran of practice building presents his experience, citing his methods of sharing the values of direct gold and high dental standards with patients, arriving at cost effectiveness, and creating a desired reputation for excellence in the community.

is: "Because it works"-- but only when used properly. As for the comments from those dentists who assert that gold foil is just an ego builder, I would counter that I am proud that I have invested the time, and am still investing the time, to allow the masters to teach me the techniques of gold foil restorations. Because of my commitment, I am able to offer that service option to my patients, which may be construed as egotism, but it is certainly a patient-centered egotism. So, then, I shall suggest why one would one want to use direct golds as a practice builder.

INTRODUCTION

My views, reflections, and experiences, from the past 11 years of building a private general practice, are presented during what many consider to be the greatest crisis brought about by an oversupply of dental manpower in the history of our profession. Those of us in full-time private practice know that new patients are at a premium. The majority of practicing dentists may legitimately ask: "Why would one want to use direct golds as a practice builder?" The answer

WHY USE DIRECT GOLD?

Value in the Changing Market

Emerson's advice to build a better mousetrap and the world will beat a path to your door is still true today, and applies easily to dentistry. The problem arises in the public's perception of exactly what constitutes a better mousetrap. Is it a pretty, low-cost, tooth-colored, plastic mousetrap, or is it a painstakingly created mousetrap of durable materials with a potential of lifetime service? We all know that our marketplace is driven by the law of supply and demand. We also know that the effective and efficient use of direct golds is not a capability of every practitioner. We can bemoan what we judge to be the quality of service delivered by those practitioners, or we can accept it, and use it to our advantage. The very fact that direct golds are not a routine part of every practice tilts the supply side of the supply/demand equation overwhelmingly in our direc-

Heritage Court, Suite 1, Hwy 105, Boone, NC
28607

R CRAIG BRIDGEMAN, DMD, is currently in
private practice

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tion. When our patients understand the values of direct golds in relation to our modern-day substitutes, the demand side of the equation can become unlimited. In theory, this should produce a marketplace situation so advantageous to us that its potential would surely provide us with an abundance of patients. That, then, is the first reason for using direct golds as a practice builder--the law of supply and demand indicates that it is logical.

Cost Effectiveness

The second reason is that direct gold restorations are cost effective. Obviously, a direct gold restoration can be placed faster and more economically than a cast gold restoration. But what about the relative cost of a class 3 or a class 5 gold foil compared to a composite resin? At first glance, the resin appears to be much more economical, but if one considers the cost and time involved in replacement, the cost of a foil and several resins over a lifetime will probably even out. Furthermore, replacement cost is not only measured in dollars and hours but also in tooth structure lost and by the potential for increased pulpal trauma at each subsequent replacement.

Connection to Excellence

The third reason for using direct golds as a practice builder is to acquaint the community with the dentist's commitment to excellence. If a patient is aware that he is receiving a service which not likely to be available elsewhere, he will tell others. I frequently give patients a hand mirror so that they can watch the placement of a foil. It not only keeps them from being bored, it also gives them a great deal more to talk about after leaving the office. When patients begin to sense and understand the level of care being delivered in a practice, the practice itself naturally evolves in that direction. The patient's referrals will reflect his concept of the dentist's values. As I began to educate my patients about the benefits of conservative restorative dentistry, I began to see through their referrals new patients who came for that type of service. Of course, we still get those patients who want emergency-only care, exodontia, dentures, and the like, and we look forward to the challenge of educating them.

As a Response to the Oversupply Dilemma

We in dentistry today are faced with a serious manpower dilemma. Government projections of the 1960s of increased demand for dentists have not materialized. At that time the market was put in motion to increase substantially the annual number of dental school graduates, many of whom are now working in volume for an hourly wage, are being employed as hygienists, or are seeking employment in other fields.

As is characteristic of our free enterprise society, problems seem to stimulate creative instincts, and the result is that we now have a subculture of people who travel around the country proposing to teach us how to fight competition and become the most successful dentist in town. Some of these programs are oriented toward making ourselves more visible in order to increase our share of the market, others are oriented toward changing the public perception of the traditional dental practice in order to create a brand new marketplace. State licensing boards complain about a decline in ethical practice. Practitioners who cannot succeed in one state complain about state licensing boards. We have growing evidence of overpayment of patients.

All these issues appear to be problems, but in fact they are not the problem at all. They are merely the symptoms of one problem--an oversupply of dentists. As a result, we find ourselves trying to nurture our dental practices in an atmosphere which sometimes makes us feel as though the actual practice of clinical dentistry is the important ingredient in the recipe for success.

PRINCIPLES OF PRACTICE BUILDING

Having explored some of the reasons for using direct golds as a practice builder, I would like to discuss briefly the general principles of practice building, and then apply these principles to the use of direct golds in our practices.

Robert Levoy (1970) has written what I consider to be one of the best treatises in practice building. For those who have never read *Successful Professional Practice* I would highly recommend it. And when you have finished reading it, read it again. In my opinion, Levoy's principles for success are based on effective, honest

communication, and a sincere concern for the welfare of the patient. Nowhere in this text will one find the means to capitalize on new, unproven clinical modalities that happen to have mass public appeal, nor will one find the guidelines for a television blitz campaign. What one will find is an excellent course in human relations.

Your Goals

Before one can formulate a route to one's destination, one must first know where one is going. There are many ways to measure success in dentistry—patient loyalty, gross income, pride in the ability to sense and provide for patients' needs, longevity of the services provided, or any other tangible or intangible entity. How one assesses the growth or maturation of the practice is an individual decision, which every individual must make for himself in a manner consistent with his own values. If my values are different from the reader's, I cannot measure my success or failure using his value system. The only true way to measure success is to compare one's present performance against one's past performance within the parameters of one's personal definition of success.

The Importance of Skill: Communication

Successful dental practice is built upon three major skills—clinical skills, interpersonal skills, and business management skills. If any of these skills is significantly lacking, the practice will have a difficult time progressing as a successful venture. I believe that communication skills are paramount for successful practice building, for even with excellent clinical skills the dentist will have a difficult time building a practice if he and his staff lack this capability.

MARKETING DIRECT GOLDS

Internal Communication

We hear a great deal today about marketing in the dental practice—internal (sometimes referred to as in-house marketing) and external (advertising). I use strictly internal marketing in my practice. The basis of good internal marketing is communication—both verbal and nonverbal. Verbal communication is simply conversation

between the doctor and patient, doctor and staff, and most importantly, staff and patient. It is no secret that a well-trained staff will sell more dentistry than the doctor.

"Selling" is a word that bothers many dentists. They have taken perhaps too literally the concept that a health professional should not have to sell anything. It is true that the patient's welfare and not our personal interests should be the foundation of our treatment recommendations, yet we must be salesmen for our goals. The educational process that enhances the patient's understanding of his problems and his appreciation for the recommended solutions is nothing but good salesmanship.

Patients are usually much more open when talking with staff because they do not feel threatened. They also feel the doctor is a busy professional whose time is valuable, whereas the staff seems to be more accessible. Why not use human nature to our advantage? If patients are more comfortable talking with staff, then why not let the staff be the sales force? I do this routinely in my practice. At an examination I merely suggest the type of restorative services that will best serve the patient, possibly answer a few brief questions, and then leave the patient with the chairside assistant or the hygienist to continue the conversation. It is imperative that the staff be knowledgeable and enthusiastic about the merits of direct gold services. When the dental auxiliary understands and believes in the service being presented, he or she will be successful in gaining patient acceptance. If, however, the auxiliary does not believe in the service, patient acceptance will be low.

Another principle that I put to work daily in my practice is "seed planting." We always try to present the patient with the optimum treatment plan, but if the patient requests another option, or chooses to do nothing, we do not get huffy or visibly upset. We respect the patients' decision, suggesting that the optimum services will be available in the future. Our objective is, of course, to keep the patient in our recall system so that we can continue the educational process. Eventually most of these individuals begin to accept optimum care, and it is very fulfilling to watch the change occur. We have had many people with low dental IQs who started out with emergency-only care, and three to five years later opted to have their teeth restored with gold. The seeds planted daily concerning quality may take

months or years to reap in harvest, but that is all part of the challenge.

Clinical Skills

The first requirement for the marketing of direct golds is clinical skills. One cannot sell direct golds if one does not possess the skills. One must be able to deliver the goods, and do so effectively.

Where does one acquire the skills? It used to be that one could get a good working foundation in the clinical manipulation of direct golds at virtually any dental school. Unfortunately, that is no longer the case. Although many schools have retained direct golds in their operative core curriculum, many others have demoted it to an elective status or eliminated it altogether. The most unfortunate students are those at schools which have completely obliterated it from the curriculum. For the serious student of direct golds, a good starting point is participation in a two-week course offered by the Associated Ferrier Clubs. The best way to upgrade skills is through regular attendance and participation in a clinical gold foil study club. Some of these groups have closed memberships, and others, like the George M Hollenback Operative Dentistry Seminar, are open. Regular participation will keep one in contact with other believers in direct gold, who will not only teach techniques but share their experiences with, enthusiasm for, and commitment to the use of direct golds in private practice.

For the young practitioner, participation in a group such as this may represent a substantial investment of both time and dollars, but it is one that is very worthwhile. I would recommend to any young graduate on a budget that he or she consider continuing education objectives similar to those I pursued upon leaving dental school. For the first three years of practice, 80% of my continuing education budget was spent on courses that would help me become a better clinical dentist. My reasoning was that if I could not deliver the service, I was only asking for trouble if I tried to sell it. Eighty percent or not much is even less, so most of that budget went to the gold foil study club. But I did not just learn about foils. I gained valuable insights into how to run a practice simply by rubbing elbows with other successful practitioners who shared a common goal of delivering high-quality care.

Besides gaining a knowledge of clinical skills from a study club, those attending will absorb enthusiasm for the technique--the second requirement for the effective marketing of direct golds. Once we master the principles, placing foils becomes fun, and fun generates enthusiasm. Patients who witness an operator thoroughly enjoying his work are bound to talk about that operator with their friends and neighbors.

While discussing the subject of improving clinical skills, it is a common argument that gold foils are a good teaching medium--that they allow the clinical faculty to assess a student's manual dexterity; however, if one flips the coin, foil is not only an excellent teaching medium but is also one of dentistry's finest learning mediums. By learning the discipline required to place serviceable foils, one improves his or her skills in all phases of restorative dentistry. One of my role models, Dr Miles Markley, emphatically stated that using gold foil made him a better restorative dentist. I do not have to accept that as gospel simply because Dr Markley said it, because I can testify to it firsthand. By using foil, I have learned to pay more attention to the intimate details of cavity preparation--both intra and extracoronal. I have learned to use the rubber dam as an invaluable aid, rather than a hindrance. I have learned the importance of a dry field, about soft tissue management, and about finishing techniques that carry over into cast gold procedures. All in all, gold foil has come to be the standard by which I measure my growth or stagnation in clinical abilities. If one concedes that clinical abilities are vital in the building of a successful practice, and I believe that they are, then it follows logically that a successful practice with clinical excellence at its heart would be very difficult to achieve without the use of direct golds in the practice. To those who will inevitably contend that they enjoy clinically excellent practices without the use of direct golds, I offer the following challenge: "Why not add direct golds and improve your level of excellence!"

Another basic requirement for the effective marketing of direct golds is a firm belief in their value. Patients will quickly pick up on the dentist's values. The staff's attitudes and values are usually a direct extension of the dentist's. It is very important that the dentist and his staff believe in the value of direct golds because, just as insincerity will show through, so will belief. (Does the car salesman himself drive what he is

trying to sell you?) We can sell what we believe in regardless of merit. A prime example is the use of posterior composite resins, often promoted by those who have trouble placing serviceable amalgams and who shift responsibility for choice to the patients--"they don't want gold, they want plastic." Since we program our patients with each visit, why not program them to accept and expect quality dentistry? The dentist who truly believes in the effectiveness of gold foil will have little problem with patient acceptance. Since your staff can probably sell more dentistry than you do, try some foils and castings on staff members. Their subsequent appreciation will generate enthusiasm among your patients.

Including Gold Foil in Treatment Planning

Another area that I consider to be one of practice-building potential is treatment planning, and the use of direct golds in their proper indications. The first rule of thumb is that restorative modalities should be selected to fulfill the needs of the patient, and not the needs of our egos. Foils are not always my treatment choice. A notable example is the large class 3 situation. In today's society, cosmetics is a major consideration. In my practice, class 3 preparations which violate the facioproximal line angle of anterior teeth will likely be restored with a nonmetallic material. Placing a conspicuous foil in a very self-conscious patient may well deprive that patient of the benefit of my future services. This situation is certainly not a practice builder.

There is a certain myth about direct golds that needs to be addressed. We all need to recognize that a restoration is not "excellent" simply because it is fabricated of 24-carat gold. Excellence is the result of the attention given to detail in the placement and finishing of the restoration, rather than the material that is used. A tiresome, heroic effort devoted to a large foil may well result in a less serviceable result than a well-placed amalgam or casting. Heroics aside, though, there are still many ideal indications for direct golds. If one combines the use of this material with the proper prior education of the patient so that he knows what he is receiving, it can only enhance the patient's perception of the dentist's keen judgment and remarkable clinical abilities.

Dr Hunter Brinker taught me years ago that by delivering excellent dentistry for patients one

does them a service that far exceeds the parameters of the service itself. Dr Brinker states that because dentists are somewhat egotistical, when a new patient presents a mouth restored with fine dentistry, the new dentist is likely to go to extremes to match what is already there. I do not accept that rationale completely, because not all dentists are capable of delivering the level of care that Dr Brinker renders. But I do know that when patients have been accustomed to receiving fine restorative care and appreciate what they have, they will go to extremes to seek out a practitioner who can continue the tradition for them. If the practitioner has that ability and reputation, he will find these kind of patients attracted to his office. The joy is that the dentist does not have to educate such patients, he does not have to sell them on quality restorations, because they are already sold, and he does not have to feel unappreciated, because they appreciate the attitude and efforts of the dentist. This is the ultimate in practice building--the patient seeking out the dentist because he knows the dentist can deliver the level of care he values.

I sometimes use direct golds as a way of saying thank you to my patients. I have placed them at no charge upon completion of considerable fixed restorative dentistry. Patients become fascinated by the technique, are appreciative of our efforts and often become a valuable sales force in the community.

CONCLUSIONS

The question "Are direct golds really a practice builder?" can indeed present a paradox. Such restorations have a remarkable track record for longevity. If direct golds were universally well taught, thoughtfully treatment planned, and used extensively in everyday general practice, a substantial amount of our daily efforts would not be necessary. If our goal is simply to stay busy, then direct gold treatments would definitely be self-defeating.

On the other hand, proper use of direct golds can increase our patient population by spreading the word about the technical excellence and long-term predictability of today's dentistry.

Reference

LEVOY, ROBERT P (1970) *The Successful Professional Practice* Englewood Cliffs, NJ: Prentice-Hall.

Direct Gold as a Practice builder

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Introduction : "Why would one want to use direct golds as a practicebuilder?"
The answer is "Because it works"..but only when used properly.

Why use direct gold ?

1. Value in the changing market.

Direct golds are not a routine part of every practice. When patients understand the values of direct golds, the demand can become unlimited.(The law of supply and demand)

2. Cost effectiveness.

A direct gold restoration can be placed faster and more economically than a cast gold restoration.

Compare to a composite resin, the cost of a foil and several resins over a lifetime.
Replacement cost - dollars, hour
- tooth structure lost & increases pulpal trauma

3.Connection to excellence.

To acquaint the community with the dentist's commitment to excellence.

4.As a response to the oversupply dilemma.

Principles of practice building.

Levoy's principles for success are based on effective, honest communication, and a sincere concern for the welfare of the patient.

Your goals.

The only way to measure success is to compare one's present performance against one's past performance within the parameters of one's personal definition of success.

The importance of skill : communication

Successful dental practice is built upon ;

1.Clinical skills

2.Interpersonal skills

3.Business management skills

Marketing direct golds

1. Internal communication.

The basis of good internal marketing is communication-both verbal and nonverbal.

"Selling" ; It is true that the patient's welfare and not our personal interests should be the foundation of our treatment recommendation, yet we must be salesmen for our goals.

"Seed planting" ; To keep the patient in our recall system so that we can continue the educational process.

2. Clinical skills.

The first requirement for the marketing of direct golds is clinical skills.

- participate in a two-week course offered by the Associated Ferrier Clubs.

- through regular attendance and participate in a clinical gold foil study club

The second requirement is enthusiasm for the technique.

Another requirement is a firm belief in their value.

3. Including gold foil in treatment planning.

When patients have been accustomed to receiving fine restorative care and appreciate what they have, they will go to extremes to seek out a practitioner who can continue the tradition for them.

Conclusion

Proper use of direct golds can increase our patient population by spreading the word about the technical excellence and long-term predictability of today's dentistry.

Kulip Jane Kulapongs