

## Notes from Dental Training Day

1FTV = 100 consults/vacc per month – this means at least 75 potential opportunities for dental support and health.

In order to do this and talk to clients with conviction you must –

1. Believe in it
2. Know how to do it
3. Follow it through

When talking to a client, especially around Grade 1 and 2 dentals

1. Examine the mouth
2. Recognise and look for the disease – be aware of gingival swelling and or bleeding and what that means
3. KNOW it is going to get worse if we don't treat it
4. It WILL progress, and depending on the breed/animal, can progress – within a year- to a grade 3 or 4 – and is irreversible – often with up to 25-50% bone loss
5. We NEED to SEE and TREAT dental disease early!

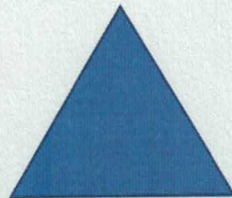
Compare dental disease to any other health problem we see. Why would we NOT treat it/NOT recommend it?

Would we leave a hotspot and not treat it? No, we treat it straight away.

Would we not recommend vaccination? No, we routinely recommend this.

Remove "its not too bad" from your vocabulary!

Compare the dental to humans



Compare to vaccination

It is actually a WELFARE issue and it needs to be done

If your gums were reddened and swollen, would you be happy with your dentist deciding not to treat it and leaving it to a later date?

We KNOW

- The likelihood of a small breed dog going from a G1 to G 3 or 4 – 90%
- Large breed 50% (why? The mouths are often more spaced and therefore more easily cleansed)
- We also KNOW that only 20% of dental disease is picked up in the consult room – it really requires a GA and phone call to advise the client of the ACTUAL findings.

WE agreed, on our current vaccine/consult numbers to aim for 40 dentals per month.

Whatever you focus on expands!! This is going to be our only practical focus for this year.

So, what resources do we need to reach that target?

1. Resources

Dental procedures chart with grades, what is expected, what it consists of  
New dental cart  
Tools  
Resources – models, sheets, etc

2. Staff awareness – what more do you need to know?

Can you change the way you think?

In consult?

In grooming?

In puppy school?

In senior consults?

In pre-puppy consults?

Remember – WE ARE NOT RESPONSIBLE FOR MANAGING THE CLIENTS BUDGET!

WE ARE RESPONSIBLE FOR THE WELFARE OF OUR PATIENTS

WE ARE RESPONSIBLE FOR, AND DETERMINE, THE STANDARDS OF VETERINARY MEDICINE

DENTAL DISEASE WILL PROGRESS!

WE NEED TO ALL PORTRAY THE SAME MESSAGE FOR THIS TO BE EFFECTIVE

Remember – CLIENTS WANT CERTAINTY AND CLARITY – YOU ARE THE ONE TO PORTRAY THIS!

BELIEVE WHAT YOU SAY – SPEAK WITH CONVICTION AND CLARITY

Human behaviour is driven by WHY. When we add value (explain the WHY) the client is being educated to the value of what we offer

Every client objection is an opportunity to educate and add value to THEIR experience

*DON'T PROJECT YOUR OWN VALUE SYSTEM ON THE CLIENT- HELP THEM UNDERSTAND AND SEE THE VALUE OF WHAT YOU ARE TALKING ABOUT.*

3. Radiograph experience – FUS and PRACTICE

4. Scripts

These are examples – how do you feel about using them?

Remember – Certainty and clarity! This is often in the tone of the voice, rather than our words.

Im sorry, but it looks like Bella has some plaque and tartar build up on her back teeth. We should think about doing something about that

OR

See this build up on Bella's teeth? This is plaque and tartar which is the start of dental disease. The great news is that we caught it before it has a chance to get worse and cause her pain and the potential loss of her teeth. Because we KNOW ..... Its important for her health that we make a time to book this in now.

OR

I notice that Bella has some plaque and tartar build up on her back molars. Her gums are also red and inflamed. Look here, let me show you (using the ultraviolet light the plaque and tartar glow pink and clearly highlight the problematic areas).

Unfortunately, if we don't treat this as quickly as possible, the bacteria causing this build up will begin to enter deeper into the tooth socket causing the tooth to become loose. This will be painful. It's also very unhealthy for Bella to be constantly swallowing this bacteria which enters her blood stream and can cause problems for other organs'.

By adding VALUE to the recommendation – we provide the WHY. Also making the unknown, known. In most cases the client has no idea what you do beyond the consulting room.

Book the procedure in!

### Our minds most frequently go to a price objection

- The greater the value you are able to build, the lower the price objection
- Less than 10% of our clients will primarily be driven by a cost objection
- Consider if the client is presenting you with an objection based on price, that you have not sufficiently educated to value.

Client: My pet seems happy and well. None of my other pets have ever had a dental and they lived for many years. Why should I worry about teeth?

**Response:** Dental disease is painful.

It is likely that your dog or cat will not show obvious signs of being in pain

If we have a sore tooth, we would still need to eat, but we would just make an effort to avoid chewing on the painful side. Your pet may be doing exactly the same without your realising! They will adapt to the pain and act normally.

It would also be very sad if we waited for our pets to stop eating or reduced the amount they ate because they were in such pain they could not bear to eat!

Dental disease is not just a dental problem that causes bad breath and rotten teeth. The bacteria associated with dental disease can also enter your pet's bloodstream and harm other organs – specifically the heart. Liver and kidneys.

Client: Can't I just brush her teeth and get that off?

**Response:** Unfortunately the plaque and tartar are firmly adhered to the teeth and the only way to remove it is with an ultrasonic scaler under GA. Also the problem is not just what we can see, it's the build up under the gum line that causes problems. While she is under GA I'll use the tip of the scaler to gently remove the build up under the gum line. I'll also properly examine her mouth and the gum health of every tooth. Dental x-rays will also help me understand what's going on below the gum line that we cannot see by visual examination only. We will phone you with any additional information which we may find after the xrays are taken.

Lets find a suitable time to book this in.

I'll need to think about it OR I'll need to talk to my partner about it

**Response:**

Just so I'm clear, what exactly is it you need to think about? (This way you can make sure they have understood the information you have given them)

What further information can I provide to help you make the right decision for Bella?

Mrs. Johns, we are going to send you an email which outlines everything we have spoken about today. We will give you a call on Wednesday (2 business days) to make sure you have received the email, answer any questions you might have and find a suitable time to book Bella's dental procedure in.

## Some General Standards Of Care In Our Practice As Reflected In The Price Matrix Are:

- 1 All treatments with the exception of a Grade 1 dog dentals include full mouth radiographs
- 2 All patients over the age of 7 years are considered a minimum of an Anaesthetic RISK 2
- 3 We do not have a staged approach to dentals.
- 4 We utilise our nurses to complete all the radiographs and to complete all Gr 1 and 2 treatments
- 5 PAP refers to an IDEXX Preanesthetic Chemistry 10 test
- 6 WP refers to an IDEXX Preanesthetic Chemistry 14 test as well as Haematology & Electrolytes
- 7 All blood tests undertaken for patients over 5 years include an SDMA.
- 8 Intraoperative fluids and oxygen therapy are included in all GA
- 9 Many estimates will include a range to account for the variability
- 10 A patient who has Gr 3 or 4 dental disease is automatically considered an anaesthetic risk 2 or higher.

## *The gift that keeps on giving*

How do we educate our clients about the importance of home care?

Post-operative discharge - Focus here is caring for the patient following the procedure

### **BUT**

Explain the contents of the dental take home bag. Samples = Visual reference to what we are going to talk about at the follow up appointment in a weeks' time.

### **AT THE FOLLOW UP APPOINTMENT ONE WEEK LATER**

- 1. Ensure that the pet has physically recovered from the procedure and that there are no health concerns
- 2. Explain in detail to the client the importance of maintaining dental health at home.



### **Post-Operative Check Up**

Two recommendations.

When doing so, consider:

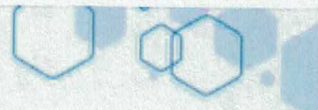


Passive intervention



Active intervention

Conclude this consultation by re-booking a free dental health check in 6 months' time and explain the value to client



## T-A-S-C

**T**

Who Is Going To Be Responsible For Which Task?

*"I'm going to hand you over to Sally (vet nurse) and they are going to find a time to book Bella in for her dental"*

*"do you have any questions or concerns?"*

*"no",*

*"So, Dr Tony has diagnosed Bella as having Gr 1 dental disease. This is great news because it means we have caught it early and the disease process is completely reversible. We definitely don't want to leave it because as you know, dental disease is one of the only diseases that without intervention will get worse"*

**A**

Who Is Accountable For Completing The Task?

A successful dental program is the shared responsibility of the entire team.

**S**

Have The Team Been Set Up For Success?

Is the outcome clear?

**C**

The Checklist

How many dentals are the team aiming to book in, in a week?

Where are they being recorded

Who is responsible for tallying them up at the end of the week and reporting them back to the team?

How many dentals should we be aiming for?