From the moment a new patient walks into the practice, members of the dental office staff play an indispensable role in learning about the past dental histories of patients and what kind of smile that person would like to have. They have an opportunity to educate patients about options for treating missing or hopeless teeth and/or replacing ill-fitting removable prostheses. The patient experience starts with the receptionist (the face of the practice at this point), who can make patients comfortable with the knowledge that they are in the right place and will be taken care of. Receptionists must have the skill sets to graciously pass the patients off to the assistants and/or implant treatment coordinator. This transfer must be done professionally and with great care, such that patients continue to feel that they are in the right place.

Assistants generally walk the patient through the exam process and should educate the patients as to what they can expect: medical and dental histories, digital radiographs, complete physical examination, assessment, diagnosis and treatment plan options. Treatment coordinators, depending on the particular practice, will then be called upon to explain the diagnoses and describe the benefits and limitations of the treatment plan options. Dental hygienists, who develop trust and rapport with their patients over time, can further support this process by educating them about the options that are now available.

An extraordinary opportunity for staff members to enhance their skills will unfold Saturday, March 9, at the dedicated Allied Staff Education Program that is a part of this year’s 28th AO Annual Meeting in Tampa, Fla. The program is intended for implant treatment coordinators, dental hygienists, assistants and business office staff/receptionists.

The day will start with Dr. Carl Drago’s overview of comprehensive care needs of “dentally exhausted” patients. Although many dental practitioners have spent their careers “saving” debilitated teeth, when ongoing expensive and time-consuming dental care continues to yield less than optimal results, patients may fare better by having their compromised teeth extracted, followed by immediate placement of implants and full-arch restorations. This approach represents a significant paradigm shift from “traditional” dentistry. Drago, of Waukesha, Wis., will discuss how office and clinical staff can interact with and support patients in their decisions regarding full-arch implant-supported restorations.

A significant number of patients do not warrant full-arch treatment and have one or two problem teeth or areas. Accelerated treatment protocols have been well researched and clinically proven. However, not every patient is a candidate for immediate implant placement and provisional restoration in the esthetic zone. Dr. Joseph R. Carpentieri of White Plains, N.Y., will discuss the delicate balance that must be struck between using accelerated implant-placement protocols and achieving predictable esthetic outcomes. In particular, he will focus on criteria for distinguishing which patients are good candidates for implant placement and provisional restoration immediately after extraction of anterior maxillary teeth.

After an audience-participatory discussion and a break for lunch, Dr. Robert N. Eskow of Livingston, N.J., will continue the focus on the role played by staff members in identifying potential candidates for elective implant therapy. He also will explain some of the pre-treatment therapeutic measures that can be administered to enhance the likelihood of achieving optimal results.

Before, during and after implant treatment, effective preventive care is essential to sustaining esthetic restorations, teeth and implants over time. Registered Dental Hygienist Valerie Sternberg-Smith of Summit, N.J., will be discussing the causes of peri-implantitis and how to recognize the early signs. She also will explain how to determine the best plaque-control aids for various esthetic restorative/prosthetic designs.

About the author
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