

MANAGEMENT & MARKETING

(Editor's Note: This quarterly JCO column is compiled by Contributing Editor Robert Haeger. Every quarter, Dr. Haeger presents a successful approach or strategy for a particular aspect of practice management. Your suggestions for future topics or authors are welcome.)

This month's Management and Marketing column reminds me of Malcolm Gladwell's excellent book, *Blink*. Mr. Gladwell demonstrates in this book how we use snap judgments to evaluate people's intentions, trustworthiness, and professional skills.

In a similar vein, the importance of creating an immediate positive response to the practice on the part of initial exam patients cannot be overestimated. The "Smile Questionnaire" presented this month by Drs. Gerald Samson, Jennifer Fogle, Lysle Johnston, and Jay Bowman can enhance those first impressions, supply useful talking points for new patients, show our intention of caring, and provide valuable insight into specific areas of esthetic concern for patients and parents.

I've already incorporated some of these questions into my new patient exam. I would highly recommend that you carefully read the article and design a "Smile Questionnaire" for

your own practice. To make it even easier for you, the authors have made available a downloadable PDF of their form.

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The Smile Questionnaire

Esthetic self-perception, rather than function, traditionally drives patients to seek orthodontic care. Initially, orthodontic treatment was intended primarily to "straighten smiles", but there were also expectations that attractive teeth would function normally.¹ Soon, the gold standard for successful orthodontic treatment included a triad of interrelated goals: esthetics, function, and stability (Fig. 1).

Despite more than a century of collective experience, no consensus has developed regarding



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the definition of these goals. Scales such as the Peer Assessment Rating (PAR) and ABO indices² have permitted an objective evaluation of finished results, at least by orthodontic criteria.³ Unfortunately, such outcome-assessment indices provide little in the way of esthetic evaluation.^{4,5}

The public is generally unaware of the considerable differences among treatment methods. When exposed to differing opinions, some from

self-serving commercial entrepreneurs, people can easily become confused by the complexity of choices. Prospective patients come to us with expectations and preconceptions about orthodontics and what it can do. They may have been told that they need braces to fix their bites, or they may simply be looking for better smiles. They might also assume that these outcomes will be stable. The challenge is for the patient's and the practi-

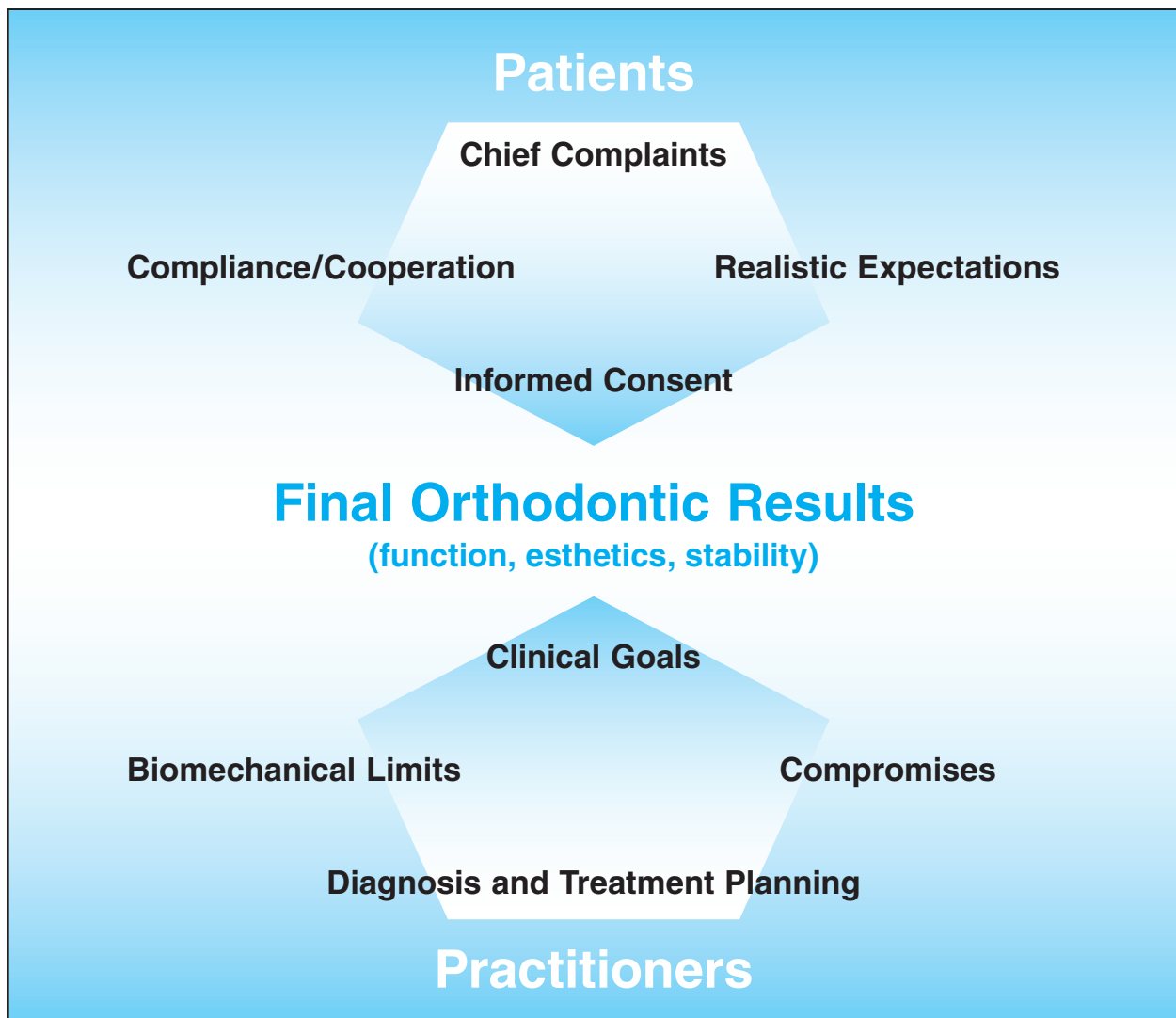


Fig. 1 Achieving treatment goals, resolving patients' chief complaints, and meeting realistic expectations of both patients and practitioners generally lead to favorable final results.

Your "Smile" Questionnaire

Patient's Name _____ Date _____

To evaluate your needs and expectations as accurately as possible, please help us by answering the following questions:

Do you feel that your teeth are (circle all responses that apply):

Too small or short?	No	Yes
Too large or long?	No	Yes
Crooked or crowded?	No	Yes
Misshaped (uneven/pointed)?	No	Yes
Off color?	No	Yes

Do you feel your front teeth "stick out too much" ("buck teeth")?

No Yes

Are there spaces between your teeth that you do not like?

No Yes

Does too much or too little gum tissue show when you smile?

No Yes

Have you had previous orthodontic treatment (including braces or other appliances)?

No Yes

If so, when and by whom?

Are there other dental issues not listed above that you would like to discuss or have treated?

No Yes (explain—use other side if needed)

Do you have a preferred time of the day/week for your appointment?

Signature _____ Relationship to patient _____

Fig. 2 The Smile Questionnaire. (Originally developed by Dr. Fogle; modified by Drs. Samson, Bowman, and Johnston. Available for free download at <http://gnathosce.com/smile-questionnaire.pdf>.)

tioner's goals to be synchronized as part of the diagnostic and treatment-planning process. The practitioner's goals must be expressed in terms understandable to the layperson, and the patient's must be made clear, in addition to being both realistic and attainable orthodontically. Communication between patient and practitioner is thus the key to achieving a common understanding of what can be accomplished with treatment.

The topic of esthetic improvement is probably the most complex aspect of the informed-consent process, given its inherent subjectivity and the lack of validated standards to reference during the treatment-planning discussion. Perhaps as a result, the diagnostic information-gathering system tends to be more concerned with taking measurements than with talking to the patient. We contend that the patient's opinions about esthetics are considerably more important than the conjectures of "esthetic experts".

To this end, we have developed a Smile Questionnaire to identify patients' chief complaints and, more important, to clarify their expectations (Fig. 2). The answers are used to initiate a dialogue regarding the esthetic concerns of the patient. Of equal importance is the opportunity for clinicians and staff to use this information to assess their own ability to successfully and realistically meet these concerns. If the patient's expectations seem unrealistic, additional discus-

sion is warranted. Ultimately, if expectations appear to be unachievable, the best course of action may be to encourage a second opinion.

As part of the patient's record, the Smile Questionnaire can be referenced during treatment and at the completion of care, should questions or concerns arise.

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