

Introduction

This “Patient Centered Services Manual” is an update to the “TC Manual” used in the past. The many tried and true techniques from the TC program form the basis for the new Patient-Centered program. The main difference between the two programs is the degree to which you interact with the patient vs. the parent. As you know, the patient is the star of the exam and treatment consult and the family is the audience. You and the patient act out a play that makes the patient feel important and acknowledged. That acknowledgment makes the patient become more involved and excited about treatment and as the patient gets more excited and involved the family naturally follow suit. The joy that is expressed on the parent’s face as the patient is caught up in the moment tells it all.

This is not news to you, since as an exceptional TC you have developed the skills to acknowledge the patient as the *subject* and not the *object* of the exam. Unfortunately, by including the parent as a source of information the attention is taken away from the patient, which if done for too long makes the patient the object and not the subject of the exam. Thus, by eliminating the parents involvement to a friendly greeting at the start of the exam or consult and to a friendly discussion after the patient is done reduces this potential to “lose” the patient.

The new Patient-Centered program does not require learning new TC skills; whatever personal skills you have developed using the TC program are automatically transferred over to the new program. You will though, need to develop some new skills (procedures, dialogue, etc.) to make the program work best for you and your patients. The differences between the two programs are:

- ☺ A “New Pt. Call Sheet” is initiated at the New-Pt. Call. It allows for better communications control, for patient processing up through the exam visit.
- ☺ A “Health History Questionnaire” (HHQ) is mailed to the family after the call for them to fill out and bring with them to the exam, thus eliminating the need to get this data from the parent at the exam. This 4-page HHQ is also required to have an accurate medical record on the patient. It also includes a welcome letter and a map to your office. The HHQ *partly* replaces the old “Pt. History Form”.
- ☺ The TC makes a pre-exam call to the patient and introduce herself, to allay any fears, to help with any HHQ questions and fortify bringing a completed HHQ to the exam, and to confirm the exam visit.
- ☺ At the exam, the TC uses a “TC Interview” form, along with a colorful example the patient can refer to, to personally obtain information about the patient. It is also used to verify information on the HHQ as seen from the patient’s point of view. This accounts for the rest of the information obtained on the old “Pt. History/Acquaintance Form”.
- ☺ Imaging pictures at the exam are included in the exam procedure at the most appropriate time.
- ☺ The Exam Summary (Orthodontic Evaluation for...) card has been changed to better show diagnostic findings and to better correspond with current methods of financial agreement negotiations. There are also up-to-date methods and forms to help almost any patient to afford orthodontic treatment.
- ☺ The rest of the exam and consult forms and procedures are slightly updated to make them easier and more in line with current orthodontic thought and protocol.

Overall, you will find the new Patient-Centered program to be easy to convert to, more fun, and an excellent addition to your exceptional TC skills.