



Marketing the Endodontic Practice

PART II: Patient Outreach



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Marketing the Endodontic Practice Part II: Patient Outreach is devoted to patient and public marketing efforts, and complements the activities of entire Marketing the Endodontic Practice series. The recommended activities and content contained here for your practice supplement activities conducted by the AAE to 1) educate the public about the endodontist as an important member of the dental health team, 2) emphasize the importance of saving natural teeth, and 3) dispel myths and misperceptions about root canals and other endodontic treatment.

This guide is designed to allow endodontists to take action on their own behalf with resources that address diverse audiences in a variety of easy-to-implement activities. These tactics may be included in your practice's overall marketing plan, which is discussed in the **YOUR MARKETING PLAN** section of the Marketing the Endodontic Practice Part I.

Working With the Media

When the media carry your message in a story, you gain a third-party endorsement, which conveys credibility in a way that advertising and direct marketing cannot achieve. Though you are an endodontist, you also will be wearing the hat of publicist to help make the public and dental colleagues in your community better aware of you and your fellow endodontists.

About the Media

Here are some key things to know about the media and how they work. Understanding these dynamics will help you develop relationships with the media.

Today's Media Environment: 24/7 news cycle

- There is a plethora of media outlets – their goal is to be first, but they are not always right.
- Intense competition has become the new norm in covering all stories at all times.
- Sound bite journalism using the most compelling or sensational quote may not tell the story most accurately, but it is often what will be used.

About Reporters

- Know that it's their job to bring news to their client – the community.
- They are constantly under deadline pressure.
- They are professionally skeptical and seek truth through questions.
- Reasonable, credible access is considered key for them in their relationship with a company
- We can help them do their job by:
 - Providing background.
 - Being a credible source.
 - Providing facts/research they can confirm.

What media want (to understand what they're thinking)

- Good story, e.g. something that inspires or educates readers in a compelling way
- Experts who validate what's being reported
- Interesting interviewees to add color to stories
- Human interest examples that add a real-life element to stories
- Conflict between multiple parties
- Local story tied to broader trend

Creating a Media List

Working successfully with the media depends on a number of factors. One of the foundational elements is creating a strong media list—a catalogue of local reporters and editors you wish to reach. To develop a media list, contact local news outlets to find out which journalists cover health, medicine or lifestyle issues. Ask to speak with an assignment editor who can direct you to the right reporter(s).

Find out how and when reporters like to be contacted with story ideas and note this in your media list. Many reporters prefer receiving information via email. Others favor phone calls or faxes. When dealing with media, timing is also important. Don't call a reporter who is on deadline. Common deadlines are after 3 p.m. for television, mornings for daily newspapers, Thursdays for news weeklies, and just before a major newscast for television or radio. When speaking with a reporter, ask for his/her deadline.

Developing an Appealing Story

It is important to consider what will make good media coverage for you and other endodontists. When developing a story, keep in mind the qualities that journalists look for.

- **Consequence:** Does the information have particular importance to the prospective audience?
- **Audience:** Is it something that this particular group needs to know or would want to know?
- **Interest:** Is the information unusual or entertaining? Does it have any human interest? Can you tie into a trend?
- **Change:** Do you have a new perspective or adjustment to an existing topic?
- **Timeliness:** Is the material current? If it isn't, is it a new angle on an old story?
- **Proximity:** Is this story local? If not, how can you make it local?
- **Impact:** Is this the first, best, biggest, etc.?
- **Prominence:** Is there an event or person of prominence tied to this story?

Note: When dealing with the media, be sure to be sensitive to any ethical or legal obligations involving patient confidentiality.

Pitching Strategies

The final ingredient to working successfully with the media is knowing how to convince them to write your story, also known as “pitching.” The pitch can start with a phone call, or begin with a news release or media alert followed by a phone call. What form the pitch takes depends on the story and how much time you have to pursue coverage. Once you develop relationships with reporters, it's best to begin with a phone call and follow up with additional materials. That saves time and allows you to respond with exactly what the reporter wants.

When you contact the media by phone, you have only a brief opportunity to sell your story. Even if you've sent material in advance, you can never assume reporters know what you're talking about—the chances are good they haven't even looked at it. In pitching reporters, the first objective is to get them to listen to you.



Here are some tips for pitching successfully via telephone:

- **Write out your pitch.** Be creative. Stick to the point.
- **Practice your pitch** with staff or a family member.
- **Know the reporter's deadline.** Ask the reporter when follow-up information is needed and send it on time.
- **Get reporter's attention.** Be creative. Be informative. If you've sent out creative material in advance (e.g. a news release on root canals accompanied by wind-up chattering teeth), your call stands a better chance of success.
- **Be concise.** Your pitch should be no longer than a minute in length. Tell the reporter the most important and compelling reasons why he/she should develop this story.
- **Prioritize pitch ideas.** If you have a few story ideas you want to pitch, begin with the one you think is best. It's often one strike and you're out.
- **Do meaningful follow-up.** Don't start out by saying: "I'm following up on some material I sent you last week to see if you're interested." Many reporters say that line immediately turns them off.
- **Be flexible with your ideas.** If you find your pitch is not working, don't become frustrated. You may need to revise your pitch a bit. Consider other aspects or angles of the story that might interest reporters.
- **Get a commitment for the next step.** If you're pitching an interview, make the reporter commit to a firm time and date. If a reporter asks for more information take it as an expression of interest and get it to him/her right away.
- **Follow post-story protocol.** When a reporter covers your story, or a closely related story, don't repitch that individual immediately. Do send a personal note after the story comes out. Don't say "thank you" as if the reporter did you a favor—thank the reporter for doing a good job in covering the topic.

Know What Your Peers Are Doing

Since endodontists from the same geographic area may be pitching the same or similar stories to local media, some coordination and communication could be helpful. Coordination can provide a great opportunity to work with your colleagues for the common good of the specialty. For example, two endodontists from the same area might co-author one of the stock articles in this guide, or they might collaborate on a public service announcement. At the very least, you want to try to avoid sending the exact same materials to the same media.

Working with Digital Media

A dramatic shift has occurred in the way people get their news today. In the past, printed media, such as newspapers and magazines, were the primary source of news. Today an increasing number of people get their news through their computer or smart phone. Subsequently, today's media has evolved from primarily print to a mixed online and hard copy format.

Online media has a 24-hour news cycle and, unlike the print edition of a publication, a newspaper's website or blog can quickly post an article without the timeline of a printing schedule.

The rise of digital media outlets has created new opportunities for reaching your target audience and, given the constant need for content, may be an easier target for your consumer media relations efforts.

Outreach strategies for digital media are similar to those used with traditional media (See **DEVELOPING AN APPEALING STORY** and **PITCHING STRATEGIES**) but with a few unique considerations:

- Communication with online media should be in electronic format, such as email or Twitter.
- Content should be succinct and turnkey. Provide content that requires little editing to improve the likelihood of your content being posted.
- Content should be tailored to the online publication's audience. Know who is reading the online media outlet, and offer information relevant to these people.
- Try to include a graphic such as a photo of an event or a headshot of a presenter.
- Include links to online resources or references, such as your practice website or the **AAE WEBSITE**.

In addition to newspaper websites, blogs are another digital media target to consider. Within your area, you may have local blogs that cover events and topics relevant to your community. Utilize a search engine such as **WWW.GOOGLE.COM** or **WWW.BING.COM** to identify blogs that are relevant for your target audience and location.

Take some time to read a few entries in the blog to determine if the outlet is an appropriate target for you. Often email addresses will be posted directly on the blog, but rarely is a phone number offered, so communication may only be via email. Remember many blogs, for example those that cover dental topics, are not specific to a particular location. If you are targeting event attendees or sharing information about a local story, be thoughtful about which blogs you contact.

Key Media Materials

In addition to a general **ENDODONTIC FACT SHEET**, following are various materials you might employ in media relations outreach.

News Release

A news release is a publicity tool designed to announce your news to targeted media and to secure potential print, radio or television coverage. This guide contains a news release sample for you to use to promote endodontics and your practice. Include your own messages and/or quotes in the sample news release, identify area media, distribute the release and follow up with the recipients by phone. Local publications may print the release “as is” or contact you for additional information.

See the **NEWS RELEASE SAMPLE** from the AAE’s Root Canal Awareness Week Member Planning Guide as a model for writing and disseminating releases on a variety of other topics, including:

- grand opening of a new endodontic practice
- hiring of a new endodontic colleague
- endodontic symposium, networking meeting, other event
- receipt of an award or other recognition
- success using new technology, or
- novel innovations you are using to better serve your patients.

Conclude all releases with background information on your practice, which is referred to as “boilerplate text.” It provides details such as the year your practice was established, its size and any notable achievements.

Pitch Letter

Pitch letters are an excellent way to deliver information to journalists without having to adhere to the form of a news release. A **PITCH LETTER** can be sent by itself or accompany a news release. You can send it via email, fax or regular mail, depending on the preference of the reporters you’re contacting. The letter should be succinct and in keeping with general business writing.

Begin with the reason for the letter: You believe the journalist’s readers, listeners or viewers will be interested in reading or hearing about a particular topic. The first paragraph should paint a compelling picture for the reader on the topic and make him/her want to continue reading.

The second paragraph of the letter should focus on the issue at hand. Once you have explained the issue, offer your proposed solutions. For example, explain the role your practice’s new program plays in providing quality endodontic care. Include significant facts about the uniqueness of the solution and the names of key individuals involved. Support the topic by mentioning past successes your practice has experienced. This is your opportunity to really sell the story. Emphasize why this story will appeal to journalists’ readers, listeners or viewers.

Conclude with your contact information and offer yourself as a resource should the journalists have any questions or need further information. Follow up with the journalists to gauge their interest in covering the story or scheduling an interview.

Stock Articles

Local publications (such as smaller, weekly or monthly publications) are often on the lookout for articles on topics of interest to their readers. Some even will allow their readers to author articles. Add your name to the **STOCK ARTICLES** on dispelling myths about root canals, and common causes of toothaches and effective remedies, and submit them to publications in your region. To avoid alienating editors, you may wish to coordinate with area endodontists so you do not send articles to more than one paper at a time or resubmit after publication. You also may call local editors in advance to confirm that they would be willing to review and accept stock articles. These articles also would be appropriate additions to your website.

Media Alert

Unlike a news release, which announces that something has occurred, a **MEDIA ALERT** announces that some event will be occurring to elicit more detailed media coverage. Start by explaining the event in compelling language. Limit the alert to one page. Identify who will be at the event, when and where it will occur, and the significance of the event to your targeted audience(s). Once completed, email, fax or mail the alert to journalists you think would be interested in attending and follow up with a phone call.

Op-Eds

Op-Eds offer you an opportunity to establish yourself as a leading resource on dental issues. Positioned “opposite” the “editorial” page, **OP-EDS** are typically written in response to a recently published story or series of stories. If you feel you can provide insight into an oral health issue, or if you’d like to counter what you perceive as misinformation about root canals, endodontics or related topics, contact the media outlet in question and ask for information on properly submitting Op-Eds. It also is a good idea to read several Op-Eds in that publication to determine the proper tone and format for your submission.

Letters to the Editor

LETTERS TO THE EDITOR are written in response to recent stories or current trends reported on by a publication. Each newspaper or magazine has its own criteria and most provide a specific word limit. Letters to the editor typically are shorter than Op-Eds. Requirements generally include the author’s name, city and contact information (check the relevant publication for submission standards). Be sure to list your degree and practice name when submitting oral health-related letters.

Calendar Listing

One effective way to publicize an upcoming event is to submit a calendar listing instead of a news release. A **CALENDAR LISTING** is designed to encourage attendance, rather than prompt a full story. Calendar listings can be used for events such as open meetings, public lectures or anything else the community would be interested in attending. Calendar listings can be submitted to newspapers, community websites, and television and radio stations. Call and ask for the correct contact people at the news organizations you’re targeting, and find out how they prefer to receive information.

Media Interview Tips

Because oral health is a topic that affects everyone, dental stories appear frequently in the media. As an endodontist, you can be an invaluable resource to journalists reporting on dental issues—whether it’s to explain why root canal treatment is virtually painless, or how the latest digital imaging technology will improve care.

The following interview tips offer practical advice on how to interact with the media once you’ve sold a story: how to develop and use core messages, how to conduct yourself during an interview, and how to make the most of every print and broadcast interview opportunity.

Messaging

- Define and develop a few key messages that you want to convey to your audience. Use the **KEY MESSAGES**, as found in Part I of *Marketing the Endodontic Practice*, as your messaging foundation, and develop additional talking points of your own.
- Return to these messages as frequently as possible throughout the interview.
- Anticipate difficult questions and be prepared to deal with them directly and succinctly without dwelling on the unpleasant or negative.
- Bridge from challenging questions to positive messages. In other words, remain in control of the interview by using tough questions as an opportunity to return to your prepared messages.
- Avoid yes or no answers. Reply in complete sentences.
- Use conversational, straightforward language. Speak as if you’re talking to an intelligent friend who happens to be unfamiliar with your topic.
- Correct false statements or assumptions immediately for the benefit of the interviewer and/or the audience.
- Use examples, anecdotes and analogies to help clarify your point (*e.g.*, “Performing root canal treatment is a little bit like building the foundation for a house.”)
- It’s all right to say, “I don’t know,” if you can’t answer certain questions. But tell reporters you’ll follow up with more information later. Avoid saying “no comment.”
- Don’t speak “off the record.” If you don’t want to see it in print or hear it on the air, don’t say it.
- To provide yourself a moment of reflection without creating an awkward pause, repeat or rephrase questions before answering.
- Don’t address third-party studies, surveys or comments you have not seen or heard.
- Consider when your comments will be published or aired—later that day, later that week, later that month—and frame your answers accordingly.

Demeanor

- Pay attention to your tone, appearance and demeanor, including facial expressions and body language. This is especially important if microphones or cameras are present.
- Don't let the reporter interrupt you. Politely ask to be allowed to complete your thought before answering additional questions.
- Never argue or lose control of your emotions—stay cool, calm and collected.
- Be yourself. Give your personality a chance to come across during the interview.
- Smile. Adopt the attitude that you have a great story to tell and appreciate the opportunity to tell it.

Special Considerations for Broadcast and Print Interviews

- For television interviews, wear conservative colors and clothing, and avoid busy patterns. As you're dressing, consider where a clip-on microphone can be placed.
- For call-in television or radio shows, refer to each person as "the caller," not "the lady" or "the gentleman." Sometimes it's hard to distinguish gender by voice alone.
- For taped interviews, avoid referring to previous answers, which makes it difficult for comments to be excerpted.
- Offer to provide graphics or photos, if applicable, to illustrate print stories.
- At the end of a print or taped broadcast interview, be sure the reporter has the correct spelling of your name, your proper degree, and current contact information for you and your practice.

Public Service Announcements

A public service announcement (PSA) is a written, audio or video message designed to cause readers, listeners or viewers to change their behavior, change their attitude and take action. Media outlets typically reserve space or time for issues of public interest and run PSAs without charge.

To increase the likelihood that your PSA will be printed or aired, focus on the benefit the community will receive. For example, the PSA can relate to a public health issue, promote an upcoming educational event in which you're participating, or announce a program your practice has in place to provide dental care to seniors, low-income patients or other specific populations.

Also make sure that your practice information is included in the text of the PSA and in any accompanying material.

To submit a PSA to a local newspaper, follow the process for calendar listings. **RADIO PSAS** should be submitted as written scripts or produced audiotapes. A script is less expensive and sometimes more effective, since an experienced disc jockey may read the details on air. Television PSAs can either be submitted as calendar listings, pre-produced video segments or scripts. When reaching out to television or radio, keep the script or tape short—no longer than 60 seconds. For video PSAs, you would be wise to seek the services of a professional production company.

Ask the media outlet you're targeting about preferred format. Most radio stations request PSAs in 15-, 30-, 45- or 60-second segments. Write your PSA to fit each of these slots. To time your PSA, recite it out loud and time yourself. If it goes over the time the radio station needs, cut words. Many radio stations have PSA directors who are in charge of receiving the material and determining which PSAs will air.

Speaking Opportunities

Public speaking is a powerful way to educate consumers, dental professionals, dental students and other audiences about the expertise and importance of endodontists. Here are three PowerPoint® presentations you can download from the AAE website:

- **ENDODONTISTS: YOUR KEY TO BETTER ORAL HEALTH**, an introduction to endodontics and root canals designed for consumers;
- **ENDODONTICS: AN INTRODUCTION TO THE SPECIALTY**, intended for high-schoolers, college students and dental assistant programs; and
- **ENDODONTICS AND THE DENTAL STUDENT**, designed to familiarize third- and fourth-year dental students with endodontics and the **CASE DIFFICULTY ASSESSMENT FORM**

Audiences and venues to consider addressing with a presentation include:

- Local dental societies
- Local health departments
- Local park districts
- High school and college career days
- Little League and other children's sports (dental trauma)
- Assisted living and nursing home facilities and senior citizens' groups (preserving natural teeth)

For more about speaking opportunities, see **EDUCATION/SPEAKING OPPORTUNITIES** in Part I of Marketing the Endodontic Practice.

Presentation Tips

Here are some practical pointers for preparing and delivering presentations.

Practice, practice, practice

Rehearse your presentation several times the day before you are set to deliver it. You don't want to stumble over words or give any indication that you are unprepared. Practice also will allow you to gauge the length of the presentation and make modifications if needed.

Arrive early

Give yourself plenty of time on site to prepare for your presentation. Arrive early to get to know your setting and to have a chance to mingle with the host and your audience. In talking with members of the audience before your speech you might even pick up some topics to incorporate into your presentation.

Be "on message"

Identify your core messages and find opportunities to convey them when talking with the audience before, during and after your presentation. Consider the presentation as part of your work rather than a social occasion. You are there to do a job—promote awareness of endodontists. See **KEY MESSAGES** for guidance.

Brand yourself

When addressing your audience, avoid using words such as “I” or “we” when you are talking about your practice or endodontists in general. Your presentation is an opportunity to promote your practice and familiarize your audience with your specialty. In other words, it is a branding opportunity. So, rather than saying, “I have performed 1,000 root canals,” say, “At Endodontic Associates we have performed 1,000 root canals.” Similarly, when speaking of the specialty, be sure to say “endodontists” rather than “we.” Repetition of your practice name and the word “endodontists” is the best way to help people remember your messages.

Avoid jargon

Keep in mind that your audience does not know your topic as well as you do, so use words you think they will understand. Speak in a conversational style, as if you were talking to a friend. For example, rather than saying “gingival tissue,” say “gums.”

Pay attention to body language

Walking and moving about with appropriate hand gestures or facial expressions is preferable to sitting down or standing still. You won’t connect with an audience by hiding behind a podium. Make eye contact with them. Don’t keep your head down or read from a prepared speech. Conversely, avoid excessive gesturing.

Use humor

People like to laugh. And everyone loves a funny story.

Ask questions

Capture your audience’s attention by getting them involved in your presentation. Ask them questions, not only at the end of your presentation but throughout. Call for a show of hands to see how many people know what an endodontist is before giving them the definition. Ask if anyone has ever gone to an endodontist or had root canal treatment.

Leave behind materials

Print out copies of your presentation to leave with audience members. This will remind them of key points from your discussion and provide them with the name, address, phone number and website of your practice. Also remember to bring plenty of business cards. Pass out copies of **STOCK ARTICLES** or **PATIENT EDUCATION MATERIALS** available through the AAE.

Wait, you’re not done

During each presentation, you’ll notice what works and what doesn’t. Make some detailed notes about your presentation so you can revise it before you give it to another group.

About Patient Marketing

Ensuring patient satisfaction not only creates a friendly and trusting relationship between you and the patient, but also produces a profound effect on relationships with other dental practitioners. Patients serve as messengers to referring dentists, and the message they deliver enables dentists to know whether they can continue to recommend you with confidence.

Measuring and improving patient experiences can:

- Improve clinical outcomes because better relations leads to better communications between you and the patient.
- Reduce risk because happy patients are less likely to be litigious patients.
- Increase your marketing advantage for potential referrers through word of mouth with existing referrers.
- Heighten staff satisfaction and retention because satisfied patients make for a better work environment because they are easier to take care of, more rewarding to care for and take up less time.

Keep in mind that a patient's definition of a successful visit can be much different than your own. Patients want a quick, comfortable visit that eases their pain. While your technical expertise contributes to this, many other factors influence a patient's impressions. Everything from the appearance of your office to the manner in which your staff handles payment and insurance claims affects their perceptions.

Patient Information Brochures and Videos

The AAE offers informational brochures and videos to help you educate patients about endodontics while also promoting your practice. Both provide an excellent means for educating the patient before and after treatment. Here are several recommended uses for the AAE's **PATIENT EDUCATION BROCHURES**:

- Place them in the office reception area. The informational brochures available through the AAE explain procedures and answer important questions patients may not have thought to ask.
- Use brochures as visual aids to discuss treatment, explain procedures and answer common questions when consulting with patients. Leave the brochures with the patient so they have a resource for additional information.
- To help with referrals, supply general dentists with the brochures. Stamp each brochure with your office contact information or print custom brochures through the AAE's **CUSTOM PRINTING CENTER**.
- If you make public appearances at health fairs or speak before organizations, distribute informational brochures stamped with your practice name to supplement your presentation and to establish name recognition.

It can also be helpful to offer multi-lingual resources for patients who need them. The AAE has **TRANSLATIONS** of the *Your Guide to Endodontic Treatment* brochure in Spanish, French, Japanese and Portuguese on its website.

The AAE also produced videos that members can use to educate patients about endodontic procedures and promote the benefits of the endodontists-general dentist relationship. The videos can be download from the **AAE WEBSITE** or embedded from the **AAE YOUTUBE** page and used on practice websites, in waiting rooms and operatories.

Insurance and Payment Options

To ensure that patients fully understand insurance and payment options for treatment, it is a good idea to have materials available that present general information about insurance coverage and the specific payment options and policies of your practice. The AAE has developed a comprehensive **DENTAL BENEFITS KIT** for use by endodontists, portions of which were designed for patients to assist with their benefits. One component of the kit is a patient education brochure titled **YOUR GUIDE TO DENTAL BENEFITS**, designed to answer commonly asked questions and define insurance terminology.

Patient Feedback and Surveys

In the AAE's **GP REFERRALS STUDY**, 94 percent of general dentists said having previous patients who are satisfied with an endodontist's work is a primary factor in deciding to make additional referrals in the future. Not only can a dissatisfied patient decide they don't want to come back to you but they can affect future referrals.

One of the quickest ways to assess patient satisfaction is right after you've completed a treatment. Immediately gauge a patient's satisfaction to ensure any immediate questions or issues are promptly addressed. Additionally, a patient survey will provide a forum for you to get more uncensored feedback and show the patient that his or her opinion matters. Options for giving a survey include:

- Have patients complete a brief survey before leaving the office at the end of a visit.
- Hand patients a survey and self-addressed, stamped envelope to complete the form later.
- Mail a survey to patients after their visit.
- If you collect email addresses, email a brief survey to patients.

Whatever method you choose, make sure patients have the option of answering anonymously and remember that communication of any patient information must be HIPAA compliant. To increase the likelihood of receiving responses, create an interesting and simple survey. You also could incentivize patients to complete the survey before they leave by offering an office giveaway such as a note pad or something else displaying your practice logo.



Some survey guidelines to follow:

- Format the survey so it is easy to read and professional in appearance. Include your practice logo so it is consistent with other marketing materials.
- Keep the questions simple. Fifteen words or less per question is a good guideline. Avoid technical terms and be considerate of font size (for those with impaired vision) and reading level (for those who may speak English as a second language).
- Make questions easy to answer. Offer close-ended questions (*i.e.*, those answered with yes or no, true or false, or multiple choice).
- Vary the types of questions and subjects to encourage patients to pause and consider each question before answering.
- Provide at least one open-ended question that will allow patients to address subjects not covered by the survey.
- Assure anonymity to encourage responses but offer respondents the option of including their name and phone number. You may be able to obtain more detailed information with a subsequent phone call.
- Avoid combining two questions into one.
- Avoid confusing, double negative or leading questions.
- If you ask respondents to rank items in order of preference, limit the choices to a maximum of five options.
- Survey patients immediately after treatment. Consider providing each patient with a short postcard-type, mail-in survey. A simple survey will improve response rates and allow patients to assess the visit while the experience is still fresh in his or her mind.

See **PATIENT SURVEY** for an example end-of-visit survey.

When you receive survey feedback from patients, consider the following questions to help establish a baseline for evaluating survey results:

- What are the most important things learned from the survey?
- What do patients like about our practice?
- What do patients dislike about our practice?
- How can we make changes to improve our service based on survey comments?
- Was any feedback surprising?

Once you've identified key learnings from the surveys, you also can consider ways to share results with your partner dentists. For instance, for patients who choose to identify themselves, you can relay their positive comments back to the dentist. You also can use patient testimonials in your practice materials and website (but be sure not to use patients' names unless you have permission).

Special Amenities

Extending unexpected courtesies or small services to patients will go a long way toward ensuring the perception you provide care in a pleasant and caring atmosphere. Below are some suggestions you may find effective and appropriate for your practice.

Phone Friendly Receptionist

Whoever answers the phone in your office must have a “genuine-smile” voice, with the thought that every caller might be a new patient or referring dentist.

Pre-registration

For patients who prefer this method, be sure to have pre-registration forms available for mailing or that they can download or complete online in advance of their visit. This empowers your patients and sets the stage for a successful experience with you in their minds.

Designated Greeter

Designate a member of your office staff to act as a greeter of new patients. This person should also assist patients in filling out insurance forms, orient them to the office, and answer any general questions they may have. Important functions of a patient greeter are to reassure patients who are apprehensive or in pain, and to alert the endodontist of these patients’ apprehensions.

Patient Delays Contact

Delays in seeing patients can be unavoidable, especially considering the emergency aspect of the endodontic practice. As such, you may want to consider asking for the patient’s cell phone number to text or call during long delays so that they need not remain in your reception room. If nothing else, the receptionist should tell patients how long you expect the wait time to be when they arrive. If the endodontist is seriously behind schedule, someone from your office should try to contact patients prior to their arrival at your office. Patients will appreciate your respect for the value of their time.

Childcare

Consider providing childcare for infants and preschoolers one or two mornings a week, and let parents know that this time is specifically available for their appointments.



Reading, Play Materials

In addition to current magazines, have the day's daily newspaper available in the reception room. Consider providing quiet hand-held games and children's books for young visitors accompanying parents. Be sure to keep materials neat, clean and current.

Photo Display

Display photographs of each specialist and staff member in the reception area. This is especially reassuring to patients visiting your office for the first time.

Assistance for the Elderly, Disabled

Provide information on arranging rides to the office for senior citizens and disabled patients. Make sure that there are no physical obstacles that would make your office less accessible to them.

Beverages

You may want to consider having coffee and hot water for tea available in the outer office. At the very least, a drinking fountain or water cooler would be a benefit for patients.

Payment Policies

Offer flexible payment plans for uninsured patients who might find it difficult to pay the entire bill immediately.

Interior Design

Your office should have an inviting, relaxing, nonthreatening atmosphere—one that will leave a positive, lasting impression. The appearance of your office is a reflection of your own personality. Don't let an out-of-date room conflict with the message that you offer cutting-edge endodontic treatment.

AV Capabilities

Consider offering headphones with music for patients to use during treatment. If patients bring their own headphones, consider allowing them to use them if they are not in the way. Also, having a television in the waiting room or treatment room is a nice alternative to reading magazines; it could also show videos to help educate patients about endodontics.

On-Hold Messaging

Systems are available that allow callers to hear promotional information regarding your practice and endodontics in general while on hold. This can be a useful replacement for music.

Patient Service

Beyond amenities are the clinical extra touches you make to ensure patients feel comfortable, welcome and informed in your office setting. Consider the following steps you can take in this area.

Website Reference

A website is an imperative as a simple, one-stop place for patients to learn all about your team, your expertise, different treatments and more. Regardless of whether you send patients there, expect many to look for information about your practice when a referring dentist gives a choice of specialists or sends a patient to you. See **WEBSITES** in Part I of this series for more information.

Pre-calls/Outreach

Patients appreciate an introductory phone call or welcome mailing with information about details that will help prepare them for their visit from clinical information and context to logistical details that will make their visit more seamless.

Follow-up Calls/Emails

After treatments, especially those that are likely to cause lingering discomfort, call patients to ask how they are feeling. In some cases, an email to patients to check on their recovery is also appropriate.

Suggestion Notice

Post a notice telling patients you welcome their comments and ideas. Be sure to train staff to actively seek patient input and to handle any suggestions properly.

Offer Choices

Give patients options whenever possible. If you can perform a procedure with equal ease in one long visit or two shorter ones, ask the patient his or her preference. Patients like to feel they have some control over their care.

Treatment Education

In the moment, you have an opportunity to educate patients about causes and cures for tooth pain, the importance of natural dentition and the role an endodontic specialist plays in preventative oral health. Conduct educational discussions before, during and after treatment, then reinforce your messages with specific written materials.

Patient Talk

Patient care is as much about empathy, relationships and communications as clinical accuracy. In fact, the technically proficient endodontist could be the least sought after specialist for patients if he or she doesn't have a positive "chairside manner." Consider these things as you work with patients.

Avoid the Technical

Remember most patients don't hold a medical degree. Translate medical terms into layman's terms whenever possible. When it's best to specifically name something such as a treatment option, vividly explain and illustrate, if possible, what that treatment is and what it does.

Take it Easy

If you have a rapid-fire delivery, it can be intimidating and scary. It can make patients feel like they should know and understand more, and not ask questions. Instead take your time, leaving pauses for patients to digest the information you're sharing and process questions they might have.

Ease Anxieties

As outdated as it is given today's advanced procedures, 70 percent of American still fear the root canal treatment. Start by asking about and acknowledging a patient's anxieties. After you've listened, offer anecdotes about the positive, pain-free experiences your patients have. Then assure the patient you'll do everything possible to make this as comfortable as possible.

Active Listening

Show you are someone who is there as much to listen for what the patient is thinking as you are to convey your knowledge of the root canal treatment procedure. Watch for verbal and non-verbal cues. Pose open-ended questions. Get clarification of the information provided by the patient.

Non-verbal Cues

Be mindful of your body language and voice tone. Both can speak volumes and over-ride any words you say. Keep eye contact and remain attentive. Speak in a strong yet friendly tone.



Ensure Clarity

Make sure what you are describing is clear and understood. Ask the patient what they understand about the treatment. If necessary, repeat the information and provide sources for additional information. Correct any misunderstandings immediately and fully. Also the AAE offers case presentation forms and full-color illustrated flip charts to help you illustrate and explain root canal procedures.

Compare and Contrast

As you listen to your patients and explain the procedure, consider how that person is alike or different from other patients. Apply things you've learned with other patients with similar backgrounds or concerns. Determine how to adjust your approach to each individual's needs.

Communicate, Communicate, Communicate

Ideally, every person you treat should get an overview of the treatment before you begin work. Then consider how you provide updates as treatment progresses, with active listening for signs of discomfort. When the treatment is complete, provide a thorough summary of what was accomplished, including a discussion of any problems that were encountered.

Be Courteous

Genuinely thank the patient for trusting you with his/her dental healthcare needs. Express that sentiment at the front desk the moment the patient enters your office, as he/she begins and completes treatment, and as the patient heads out after the treatment.

Post Treatment

After the procedure is complete, explain post-treatment care, with clear instructions about what the patient should do in the days and weeks following treatment. Make yourself available and accessible, and take the time to call your patients to see how they are doing.



News Release Sample [to pitch to promotions- and new hire-type listings in newspapers as well as post on your website]

For Immediate Release

Contact: [person in your practice who answers questions from the media]

[Contact's phone number]

[Your practice name] Expands Practice [if this is accurate], Hires New Endodontist

[City, State] [Date you distribute this release, including year] - The [name of your practice] has hired a new endodontist [name of new endodontist] to further its care for patients needing a root canal treatment. Approximately X dentists already refer to the practice, and this will allow [name of practice] to serve even more patients in partnership with general practitioners.

“[quote from principal endodontist about the expertise, technology and quality of care this practice provides],”
[name of principal endodontist, designation in practice such as owner].

[Background about the new endodontist including schooling, hometown, special interests, etc.]

[Background about the practice such as how long you've been in business, how many patients you serve in a typical week, etc.]

For more information about [name of practice], go to [website]

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About [Name of Your Practice]

[Provide a brief summary of your practice, including your address, phone number and website.]



Pitch Letter Sample

(This pitch letter is formatted to be sent via email. If you are sending a letter through the U.S. Postal Service or by fax, use a traditional business letter format.)

“African Americans in Dentistry” is a quick and painless look at remarkable advances in dental techniques and technologies pioneered by African-American dentists. It debuts at the Charles H. Wright Museum of African American History, 315 E. Warren Ave., Detroit, on Nov. 27.

The display documents more than a century of accomplishments by African-American dentists and draws largely on material gathered by Clarence Deveaux, D.D.S., author and distinguished professor emeritus at the University of Michigan School of Dentistry.

The next time you hear that drill, think of local heroes such as Robert Hobson, D.D.S. He served as president of the Eastern Michigan branch of the NAACP and introduced new root canal techniques in the early 1970’s, advancing civil rights while saving countless natural teeth.

I would like to talk to you about covering this exciting event and perhaps interviewing Dr. Deveaux. If you are interested and would like more information, please let me know. I will contact you later today to check your availability. Please don’t hesitate to contact me if you have any questions or need additional information.

Sincerely,
John Dorman, D.M.D., M.S.
Chair, Minority Affairs Committee
Detroit Endodontic Association
313-555-4125

Stock Article: Root Canal Myths

Dispelling Myths About Root Canals

By [Name, Degree]

“I’d rather have a root canal than (anything I really don’t want to do)!” It’s a common cliché. It’s also a statement that doesn’t accurately reflect modern root canal treatment.

Root canals’ stress-inducing reputation took hold several decades ago, when root canal treatment could be painful. Today, its reputation remains unchanged, even though the procedure itself has changed dramatically. A survey conducted by the American Association of Endodontists showed 74 percent of Americans fear losing a natural tooth. Ironically, 70 percent fear root canal treatment, the exact procedure that can save their pearly whites. In contrast, 80 percent of patients who’ve had a root canal performed by an endodontist would return to an endodontist for a future procedure.

“More than half the patients referred to our offices come to us in pain, and a big part of what we do is get people out of pain,” said [chief practice endodontist], at [practice name]. “Endodontists are extensively trained to diagnose and treat oral pain, and we have expertise in performing dental procedures in a way that eases patients’ fears and helps them avoid pain before, during and after a procedure.”

A root canal saves a tooth by removing the pulp—the soft inner tissue containing nerves and blood vessels—that’s been damaged, usually by deep decay. The endodontist cleans, fills and seals the canals, and the tooth is then restored with a permanent filling or other restoration. Nearly 15 million teeth are saved with root canal procedures each year.

In addition to the bad reputation root canals suffer regarding pain, there are other myths associated with them that, if corrected, might ease the fear that the procedure needlessly inspires in patients.

For instance, it’s thought erroneously by many that root canals can cause illness. This claim is based on research performed in the early 1900s that was later found to be faulty. In fact, other researchers have been unable to duplicate this research over the years, and believe that these early findings may have been caused by poor sanitation and imprecise research techniques that were common in that period. Recent studies indicate that teeth receiving proper endodontic treatment do not cause illness.



Another common myth is that a good alternative to root canal treatment is extraction (pulling the tooth). The reality is that saving your natural teeth, when possible, is your best option. Artificial teeth can limit your ability to chew certain foods necessary to maintaining a balanced diet. Not only will a root canal save your ability to enjoy all the foods you love, but it will save you money. Endodontic treatment, followed by the appropriate restoration (a crown placed over the tooth to make it stronger), is usually less expensive than extraction and placement of a bridge or implant, the only alternatives to root canals.

Even better, root canals have a very high success rate, with many teeth lasting a lifetime. Placement of a bridge or an implant generally requires significantly more time in treatment and may result in further procedures to adjacent teeth and supporting tissue.

The truth is that for people suffering from certain kinds of tooth pain, a root canal is usually a blessing, not a curse.

Stock Article: Common Causes of Toothaches/Remedies

Ouch! My Tooth Hurts!

Common Causes of Toothaches and Effective Remedies

By [Name, Degree]

With all of the candy and sweets consumed around (Valentine's Day, Easter, Halloween, Christmas) many people also may find themselves treated to a toothache. The good news is that there is a dental specialty dedicated to diagnosing and relieving tooth pain—endodontics.

“While not all toothaches are alike, all tooth pain is treatable,” said [chief practice endodontist], at [practice name]. “Today's endodontists use techniques and treatments that are not only effective, but increasingly painless.”

Endodontists complete four years of dental school, plus an additional two or more years of specialized training on treating conditions associated with the inside of the tooth. As a result, they are uniquely qualified to relieve toothache pain.

Here are the four most common causes of toothaches and the solutions endodontists typically recommend:

Problem: Sensitivity to heat or cold. You're experiencing discomfort for a few moments after tasting hot or cold foods. This generally doesn't signal anything serious; it may just be a small amount of decay, a loose filling or minimal gum recession that exposes small areas of the root surface.

Solution: Try using a toothpaste made for sensitive teeth. Also, because brushing sideways wears away exposed root surfaces, brush up and down with a soft brush. If this doesn't work, see your endodontist. One last thing: If you just had dental work, know that it could have inflamed the pulp, which are the nerves, blood vessels and connective tissue inside a tooth, causing temporary sensitivity. Wait two to four weeks, and if the problem continues, see your endodontist.

Problem: Pain when biting. You feel a sharp pain when you bite down on food. This could mean decay, a loose filling, a crack in the tooth or even damage to the pulp tissue inside the tooth.

Solution: See your endodontist. An endodontist will clean out the damaged pulp and fill and seal the remaining space, a treatment commonly known as a root canal. In addition, lingering pain after eating hot or cold foods is usually a sign of pulp damage and may mean a root canal is necessary.



Problem: Sensitivity. You feel constant and severe tooth pain and pressure, your gums are swollen and your tooth is sensitive to the touch. You may have an abscess, a pus pocket in the jawbone caused by an infection inside the tooth.

Solution: In this case, see an endodontist for evaluation and treatment to relieve the pain and to save the tooth. (Dr. [fill in the name of endodontist], says that if a dentist recommends a tooth extraction or implant, always get an opinion from a specialist in saving your natural teeth—an endodontist.)

Problem: Pressure. You're experiencing a dull ache and pressure in the upper teeth and jaw. This can be caused by a sinus headache or by grinding your teeth (often in your sleep), a condition also known as bruxism.

Solution: For a sinus headache, see your physician. For bruxism, or pain that is severe and lasts more than several days, see your endodontist for evaluation.

Of course, it's better to avoid a toothache in the first place. The best way to minimize your chances of experiencing tooth pain is through regular brushing, flossing and dental checkups. But when tooth pain does occur, remember to visit your endodontist.

[Name, Degree,] is an endodontist and a member of the American Association of Endodontists.
Dr. [Name] practices in [City.]



Media Alert Sample

Endodontists Convene at Chicago's Signature Room on Dec. 18 to Discuss the Value of Natural Teeth

[date]

Contact: Lauren Ferguson, D.D.S.

Chicago Endodontic Associates

312-881-4125 • lferguson@cea.com

What: Please join us for a night of dinner and dancing as well as a presentation from Chicago Endodontic Associates on [date], at the Signature Room in Chicago. Bill Martin, D.M.D., M.S., will discuss steps you can take to save your natural teeth. A silent auction will take place throughout the evening.

Hosted by the American Association of Endodontists, this annual event has raised more than \$1 million for the association to promote awareness of endodontics and the value of natural teeth.

Who: Confirmed Guests: Mayor Richard M. Daley, former Governor Jim Thompson, television personalities Dr. Phil McGraw and Oprah Winfrey

When: [time], [date]

Where: The Signature Room, 875 North Michigan Ave., Chicago, Illinois 60611

Why: Saving natural teeth should be the first dental treatment option, even when teeth are severely damaged. Although it is necessary in some cases to extract a tooth and replace it with an implant or bridgework, Americans themselves have strong negative feelings about losing their natural teeth. In fact, in a 2014 CARAVAN® Survey it was found that 76 percent of Americans want to avoid losing a permanent tooth.

For more information, please visit [event website] or call [phone].

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Op-Ed Sample

Many health care providers and policymakers like to talk about prevention of disease, the point being that there are things you can do now to prevent a heart attack from occurring when you get older. You shouldn't wait until after your heart attack to start exercising and eating right. There are financial implications to health choices as well. You can pay at the grocery store now for all those fruits and vegetables, or you can pay the hospital later for the heart bypass procedure.

Oral health should be thought of in the same way. Take a dental cavity, for instance. It isn't just a hole in your tooth, it's a money pit.

The Data and Analysis Center has found that the average cost of maintaining a restored cavity in the molar of a 10-year-old reaches \$2,200 by the time he reaches 79. The Center analyzed more than 77 million claims submitted within its affiliated dental-plan network. There are currently no permanent restorative materials available to treat cavities, so the lifetime cost of maintaining teeth that have been treated for decay far outpaces any out-of-pocket costs you might spend to prevent decay in the first place.

The earlier you start, the better. On average, patients ages 7 to 12 who develop cavities in their molars require more than \$1,000 in services by age 40 to maintain each restoration. In some cases, failed fillings are replaced with crowns, which are more expensive.

The moral of this story is "Take care of your teeth." Prevention can not only save your teeth, it can save you money.

[Name, Degree,] is an endodontist and a member of the American Association of Endodontists.
Dr. [Name] practices in [City.]



Letter To The Editor Sample

Your Nov. 2 story (“Caring for America’s Aging Smiles”) about the majority of Baby Boomers growing older with their natural teeth was excellent. You raised several important points that adults and children alike need to keep in mind when caring for their teeth.

But there is another issue that needs to be addressed: many elderly people think tooth extraction is the only option for severely decayed teeth. It is not. In fact, root canals and other procedures performed by endodontists can usually save even the most damaged teeth. With recent advances in endodontics, root canals are virtually painless.

Although extraction is sometimes necessary, it should be considered as a last resort. Nothing functions like your real teeth, so everything should be done to save them.

DEREK SMITH, D.D.S.

Director

Central City Endodontic Clinic

Omaha, Neb.



Calendar Listing Sample

[date]

Contact: Lauren Ferguson, D.D.S.
Chicago Endodontic Associates
312-881-4125 • lferguson@cea.com

Dinner at Chicago's Signature Room on [date] To Discuss the Value of Natural Teeth

Please join us for a night of dinner and dancing as well as a presentation from Chicago Endodontic Associates on [date], at the Signature Room in Chicago. Bill Martin, D.M.D., M.S., will discuss steps you can take to save your natural teeth. A silent auction will take place throughout the evening.

Hosted by the American Association of Endodontists, this annual event has raised more than \$1 million to promote awareness of endodontics and the value of natural teeth.

Event Details:

- Chicago, Illinois
- [time], [date] The Signature Room, 875 N. Michigan Ave., Chicago, IL 60611
- Event cost: \$100 per couple
- To RSVP, please call [phone]



Public Service Announcement Sample

Radio: Public Service Announcement

Saving a Knocked Out Tooth, from the American Association of Endodontists

:60 Version

Announcer:

More than 5 million teeth are knocked out every year. Both adults and children are at risk. The good news is that with quick thinking and swift action, a knocked-out tooth can be successfully replanted by an endodontist, the dental specialist dedicated to performing root canals and saving natural teeth.

Here are a few simple steps to follow if you or someone close to you loses a tooth. Pick up the tooth by the crown, rinse it with water, reposition the tooth into the socket, or place the tooth in a glass of milk or inside your cheek. Then see an endodontist within 30 minutes to have the tooth examined and possibly replanted. For these and other ways to save your natural teeth, visit the American Association of Endodontists Web site at www.aae.org, or contact endodontist Dr. William Waverly, at 847-256-1677.

Patient Survey Template

We greatly value your opinions and would like to know more about your experience at [practice name] with Dr. [name]. Please take a few moments to answer the following questions regarding your visit.

Month/year of your visit: _____ / _____

Treatment/Procedure

- How satisfied are you with the treatment and care you received at our office?

1	2	3	4	5
Unsatisfied			Very Satisfied	
- Did you receive a full explanation of the treatment you received?
YES **NO**
- Were your follow-up care instructions clear and understandable?
 - Yes, I understood the instruction
 - Somewhat, but I could have used more explanation
 - I did not receive any follow-up care instructions

Our Staff

- Please rate the helpfulness of our staff on a scale of 1 to 5.

1	2	3	4	5
Poor			Excellent	
- Please rate your comfort level with Dr. [Name] on a scale of 1 to 5.

1	2	3	4	5
Poor			Excellent	
- If you need a future endodontic treatment, would you visit us again?
YES **NO**

Our Practice

- Please rate the overall appearance/condition of our office on a scale of 1 to 5.

1	2	3	4	5
Poor			Excellent	
- Please rate your overall satisfaction with our dental treatment area (privacy, appearance of area, condition of equipment) on a scale of 1 to 5.

1	2	3	4	5
Poor			Excellent	



9. What, if anything, might improve your experience in the future?

- More parking
- Extended hours
- More patient education hand-outs
- Other: _____

Additional Comments

10. Please offer any additional comments or suggestions regarding your visit.

Thank you for taking time to provide your feedback!

(Optional)

Your Name: _____

Phone Number: _____

Email: _____

Acknowledgements

The AAE Professional and Public Relations Committee oversaw development of the *Marketing the Endodontic Practice* series as part of the Association's Awareness Campaign program. *Marketing the Endodontic Practice Part II: Patient Outreach* presents concepts and techniques to help endodontic practices educate consumers and the media about the specialty.

This publication is not intended or offered as legal or other professional advice and is for informational purposes only. Readers of this material should consult their own legal counsel or other qualified professional for such advice.



American Association of Endodontists

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www.facebook.com/endodontists



[@savingyourteeth](https://twitter.com/savingyourteeth)



www.youtube.com/rootcanalspecialists