

DR. GEORGE CAMPBELL

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Dr. George Campbell was a young dentist working in the private practice of Dr. Samantha Jameson. Dr. Campbell looked forward to delivering a final denture to Mrs. Susan Matthews, but initially found himself nervous and feeling ill-prepared for the appointment. After extra appointments with the patient and preparation on his part, he felt that his communication skills and confidence had improved and was anticipating a good outcome and a satisfied patient.

FINALLY, IT WAS TIME TO DELIVER THE DENTURE.

Dr. George Campbell—a new dentist who had just graduated in May 2012—was working in the office of Dr. Samantha Jameson, an experienced dentist in a major city. In June 2012, Dr. Campbell was planning to deliver a lower complete denture to his patient, Mrs. Susan Matthews. Dr. Campbell had read through the patient's chart and reviewed the practice policies written by his boss, Dr. Jameson, a few days in advance and felt prepared for the appointment.

“Welcome, Mrs. Matthews, how are you today?” he asked, as he brought Mrs. Matthews to the clinic room for the denture delivery.

“I’m well. I’m excited for a new denture and hope it’s as comfortable as my old one,” she said.

Dr. Campbell remembered his past conversations with Mrs. Matthews, where he discussed denture stability and the importance of having a denture big enough to sit on dense bone. He had documented all the conversations in the patient's electronic dental records. He explained that this larger denture could reduce bone loss long-term. Mrs. Matthews previously had a lower denture that was smaller and supported solely by the alveolar crest—bone that is less dense and resorbs more easily. Because Mrs. Matthews was only 60 years old, Dr. Campbell considered the importance of maintaining bone levels. After all, Mrs. Matthews could be expected to live many more years and deserved a denture that would stand the test of time.

“I have your new denture here. Let’s try it in,” Dr. Campbell stated, as he inserted the lower denture for Mrs. Matthews. Dr. Campbell then opened his eyes wider in delight as he saw the denture fit easily in her mouth. This was his first solo attempt at making a denture and was thrilled with the results.

“Why is this so big? My old denture was not like this.” Mrs. Matthews stated.

“Remember how we discussed stability of the lower denture at your last appointment? We need to make sure we preserve your bone so that the denture fits long-term. That means it is going to be a little bigger and feel a little different at first.” Dr. Campbell replied.

“OK, but can we make a few adjustments?” she asked.

“Sure, let’s check for pressure spots. I have a paste to detect them.” Dr. Campbell said.

Dr. Campbell had been looking forward to making his first denture adjustments on a live patient. Today was the day!

He gently placed the white substance on the denture, making smooth brushstrokes. He placed the denture in his patient’s mouth and removed it.

“I see a few places that are impinging on your gums. Let me fix that so it doesn’t bother you.”

Dr. Campbell proceeded to remove small increments of denture material. He was satisfied. He knew the next step was to remove the paste and repeat the process, until pressure spots were removed.

“I’ll just clean this up for you. Then we will repeat the process,” he said nervously. He realized as he reached for the paste remover that it was a different bottle than what he had seen before. Was this new? It said “Paste Remover” on the label. This must be the same product, just repackaged. He sprayed the denture with the paste remover and wiped the denture with a small gauze. As Dr. Campbell was cleaning the denture, Dr. Jameson walked into the clinic room.

At the same time that Dr. Jameson said “Hello Mrs. Mat...,” the denture slipped from Dr. Campbell’s hands, landed on the floor, and broke in half.

Dr. Campbell stared at the ground. He could see the two distinct pieces of the denture, broken in half.

Dr. Campbell stood, shocked into silence and disbelief. He had worked so hard on this denture. How could this have happened? What should he do? Should he speak to the patient or to Dr. Jameson first?

After 10 seconds of staring, Dr. Jameson yelled, “Why are you looking at it? Pick it up!” Dr. Campbell scrambled to pick up the two denture pieces and quickly handed the broken pieces to his boss, Dr. Jameson, who had her hands outstretched.

Dr. Jameson sounded angry when she spoke next.

“I’ll fix this to make a temporary denture, but you have to remake this properly. Start again from the beginning,” said Dr. Jameson as she briskly walked out of the operatory.

Dr. Campbell was frozen in place. Thoughts were swirling in his brain like leaves in a storm.

I don’t actually know how to fix a broken denture. I didn’t learn about this in school. How should I handle this? What is the protocol? Should I excuse myself from Mrs. Matthews and follow after Dr. Jameson? I mean, she is my boss. Will she fire me? Will I still get paid for the work I’ve done? I have student loans to pay. My patient probably has a ton of questions. Is she angry too? Is she even going to want me to be her dentist after this? What am I going to say to her? Besides all of this, why didn’t anyone warn me that this new liquid is so slippery? You would think the practice would send out a memo when products change!

Quickly his decision was made and Dr. Campbell decided that his patient was his first priority. He apologized and then explained to Mrs. Matthews that he would need to remake the denture.

“No problem. I enjoy our appointments anyway. I don’t blame you for dropping it,” she said.

Dr. Campbell breathed a sigh of relief and thought, “OK, the patient is the focus. As long as she is happy, everything will be ok. I can sort out the rest later.”

However, as the ensuing denture appointments took place, Dr. Campbell did not feel “fine.” He took a great deal of time to create the denture by hand, adjusting the placement of each individual tooth to fit the size and shape of Mrs. Matthews’s mouth. It took him five hours of dedicated lab time to finish all the steps. He was so busy working on the new denture that he hadn’t given much thought to the encounter with Dr. Jameson. Until he heard from other staff that Dr. Jameson had been upset with him.

What could he possibly do to make things right with Dr. Jameson? He was only a new dentist in a large and established practice. He was a little intimidated. As well, he had never seen Dr. Jameson angry before, and wasn’t sure if she would welcome a conversation. To add insult to injury, Mrs. Matthews continued to ask for a replica of her old denture. Despite repeated explanations of the impossibility of denture replication and the necessity of bone preservation, she persisted.

“I can’t seem to please anyone,” Dr. Campbell thought.

After extra appointments, Dr. Campbell delivered a new denture to Mrs. Matthews.

“This still feels bigger than my denture that was made 10 years ago,” stated Mrs. Matthews.

“Let’s make adjustments. More carefully this time...” he replied. They shared in a laugh. “I have you scheduled for tomorrow as well. If you have any sore spots at our 24-hour follow-up appointment, we will make additional adjustments.”

Dr. Campbell proceeded to check pressure spots and adjust them. He made adjustments at a table top and only used water and gauze to remove paste from the denture. He thought, *“OK. If I go slowly, I can do a good job. I don’t need to rush. This is going so well!”*

“The denture is still so big. Why does it go so far back? My old denture wasn’t like this,” Mrs. Matthews said.

Dr. Campbell replied in a louder volume than before, “We need to give the denture extra stability, so that it can last a long time. When dentures are too short, they decrease the amount of bone in the mouth and can wobble. I’d like you to have good bone for the next 30+ years. You’re only 60!”

Mrs. Matthews chuckled and shrugged it off. “We can make more changes tomorrow, right?”

“Yes,” he replied.

24 hours later, Dr. Campbell greeted Mrs. Matthews in the waiting room.

“How is the denture?” he asked.

“It’s great. Really great.” She said, with a stutter. She chuckled quietly and walked into the clinic room.

Mrs. Matthews sat down and handed over the denture.

“It looks different than it did yesterday. Is everything ok?” Dr. Campbell asked.

“Well... well.” Mrs. Matthews paused and smiled widely. “I... made a few adjustments.”

“Oh goodness. Was it that uncomfortable for you?” he asked.

“Well, you know. You can buy these things that spin and look just like what you use in the clinic. I wanted this to feel like my old denture,” She responded.

“You bought dental equipment for your house?” Dr. Campbell asked, with one eyebrow raised.

The patient nodded affirmatively, with a smile. Dr. Campbell inserted the denture and noticed that it did not extend as far in the patient's mouth as it had the day before. The patient had removed one centimeter of denture material in many places. Dr. Campbell summoned one of the senior dentists, Dr. Franklin Polk. Dr. Polk was not an owner, but was well-respected by all the employees in the practice.

Dr. Polk shook his head slowly while evaluating the denture. In front of the patient, he asked Dr. Campbell, "Why didn't you tell the patient about denture stability? Did she not know you would do adjustments multiple times?"

Dr. Campbell felt his stomach drop. What now? What should I say to Dr. Polk? Do we need to remake the denture AGAIN? Does this cause any warranty or guarantee on our dentures to be canceled? Should I talk with Dr. Jameson before word gets back to her? Do the senior dentists think that I am not doing my job? Or worse, that I don't know what I am doing? How is this going to impact my future here? How do I handle this professionally?