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Treating People, Not Patients: Eight Keys to Team Stability in Interdisciplinary Care

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Introduction

As dentistry becomes increasingly specialized, interdisciplinary treatment has become not only more common, but often essential to achieving predictable, esthetic and biologically sound outcomes. Complex treatment involving periodontics, orthodontics, restorative dentistry, oral surgery, prosthodontics, laboratory support and hygiene maintenance can produce extraordinary results – but only when the team functions in alignment.

Over the years, we have come to appreciate that outstanding outcomes are not created by isolated technical excellence alone. They are created by stable teams: teams grounded in trust, united by a common purpose and committed to delivering coordinated care centered around the person behind the case.

Patients may enter our offices for treatment of missing teeth, periodontal disease, esthetic concerns or restorative complications, but what they ultimately experience is much larger than the procedure itself. They experience our communication, our consistency, our responsiveness, our values and the degree to which we work together on their behalf.

That is why the concept of team stability deserves greater attention.

Years ago, one of us described Six Keys to Team Stability as a practical guide for interdisciplinary collaboration. With time and experience, that original framework has evolved. Today, we would expand it into Eight Keys, incorporating

two essential dimensions that deserve to stand at the very beginning of the discussion: first, the importance of starting with why; and second, the enduring principle that we must always strive to treat people, not just patients.

Together, these eight keys provide a blueprint not only for better case execution, but for stronger professional relationships, greater fulfillment in practice and, most importantly, a more seamless and meaningful patient experience.

1. Start With the Why

Every enduring interdisciplinary relationship begins with a shared purpose.

Before discussing treatment sequencing, surgical timing, prosthetic design or tissue management, the team must first be aligned around a more fundamental question: Why do we do what we do?

As leadership expert Simon Sinek famously observed, "People don't buy what you do; they buy why you do it." If our answer is limited to replacing teeth, regenerating bone, moving roots or achieving esthetic outcomes, then we are operating only at the procedural level. Those are certainly important goals – but they are not the whole story.

Our deeper "why" is to improve people's lives. We help patients regain health, comfort, function, confidence and quality of life. We help them eat, smile, speak and interact with others with less fear, less pain and more security. We support their long-term wellness and, in many cases, help restore something deeply personal: their sense of self.

When an interdisciplinary team is united by a clear "why," clinical decisions become easier to navigate. Difficult conversations become more productive. Differences of

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opinion become less personal. The question shifts from "What can we do?" to "What is best for this person?"

2. Treat People, Not Just Patients (And Build on Trust)

One of the greatest strengths of modern dentistry is its technical sophistication. One of its greatest risks is that we can become so focused on the technical details that we forget the human being at the center of the treatment plan.

Interdisciplinary teams often manage advanced and emotionally significant cases. These may involve failed prior treatment, severe tissue loss, missing teeth, esthetic compromise, financial investment, time demands, fear or uncertainty. To the clinician, this may be a complex case. To the individual sitting in the chair, it is often something much more personal.

That person is not simply a patient record, a CBCT scan, a recession defect or a restorative challenge. They are a person with concerns, expectations, relationships, work and family obligations, prior health care experiences and emotional responses that influence every part of treatment acceptance and follow-through.

Treating people, not just patients, means we listen more carefully, communicate more thoughtfully and recognize that trust is the invisible currency of interdisciplinary dentistry. It is what allows a periodontist to confidently hand a case back to a restorative dentist and what allows a patient to feel secure as they move between different offices.

As researcher Brené Brown notes, "Trust is earned in the smallest of moments. It is earned not through heroic deeds, or even highly visible actions, but through paying attention, listening, and gestures of genuine care and connection."

In our practices, trust is built in these small moments: a timely phone call between specialists, a shared smile of reassurance to an anxious patient or the seamless transfer of records. When a patient witnesses a team that implicitly trusts one another, their own anxiety diminishes. They realize they are not being passed around; they are being held up by a united front.

3. Quality of Patient Care Must Always Be Paramount

Once the team's shared purpose is clearly established, the first practical principle of stability becomes straightforward: Quality of patient care must always come first.

Every member of the interdisciplinary team must be committed to doing the best work possible, even when that means revising, refining or repeating a step in the process in order to achieve the outcome the patient deserves.

At times, this may require remaking a provisional, modifying a restoration, recontouring soft tissue, revisiting orthodontic movement, correcting a laboratory detail or addressing a complication without passing along additional cost to the patient. This is not a sign of failure. It is a sign of integrity.

4. Respect Biological and Human Variability

Even with ideal planning, careful execution, and excellent communication, there is always the potential for variation in the final result. That is the reality of biology.

Outcomes can be influenced by the ease or complexity of a given case, anatomy and site limitations, tissue phenotype, wound-healing response, systemic or local factors, oral hygiene and maintenance, patient compliance and the skill and judgment of the clinicians involved.

Recognizing this reality is not a lowering of standards – it is a mark of maturity. Highly functioning teams understand that interdisciplinary care is not engineering in a laboratory. It is health care delivered to human beings.

5. Clearly Define Expectations and the Shared Treatment Vision

A surprising number of interdisciplinary problems are not caused by poor clinical skill. They are caused by poor clarity.

For teams to function predictably, expectations must be defined clearly from the beginning. This includes alignment around diagnosis, prognosis, treatment objectives, sequencing, timing, responsibilities, limitations, and the envisioned final result.

When expectations are clearly defined, the team remains focused, and the patient benefits from coherence rather than confusion.

6. Respect the Expertise of Each Team Member

Interdisciplinary treatment only reaches its highest level when each member of the team truly values the expertise of the others.

No one discipline sees the full picture alone. The periodontist, restorative dentist, orthodontist, oral surgeon, prosthodontist, laboratory technician, and hygienist each contribute a critical perspective that strengthens the outcome.

Stable teams are not built on competition for control. They are built on mutual respect, role clarity, and trust in expertise. As organizational psychologist Adam Grant observes, "The most meaningful way to succeed is to help others succeed." When specialists support each other's work rather than working in silos, the entire team elevates its standard of care.

7. Accept Responsibility and Address Problems Directly

One of the clearest markers of a strong interdisciplinary team is accountability.

Each team member must accept responsibility for the treatment they render. If a concern arises during the course of care – whether identified by the patient, another clinician, or a member of the staff – there should be confidence that it will be addressed directly, professionally, and without defensiveness.

The best teams do not ask, "Whose fault is this?" They ask, "What is the best way to solve this for the patient?"

8. Commit to Respect, the Relationship, and Continuous Improvement

The final key to team stability may be the most important of all: Do not abandon the relationship when things become difficult.

There will be moments in every interdisciplinary relationship when treatment does not go exactly as planned. There will be complications, refinements, disappointments and differences of opinion. Stability is built by how we respond to them.

Strong teams stay in the conversation. They stay committed to one another. They learn from what happened. And they improve.

A Symphony in Action

Perhaps the best metaphor for interdisciplinary care is that of a symphony. Each participant is highly trained. Each has a distinct role. Each contributes something essential. But the patient does not come to hear isolated instruments. The patient comes to experience harmony.

When the interdisciplinary team is functioning well – when the purpose is shared, the communication is clear, the expertise is respected and accountability is embraced – the process becomes seamless for the patient.

Conclusion

The concept of team stability extends far beyond logistics or referral relationships. It reflects a deeper professional commitment to shared purpose, mutual respect, accountability and the kind of patient-centered care that places the individual – not merely the procedure – at the center of every decision.

When these principles are lived consistently, interdisciplinary care becomes more than coordinated treatment. It becomes a seamless expression of trust, purpose and excellence. And while the clinicians may grow, the practice may flourish, and the team may deepen in strength, the greatest beneficiary remains exactly who it should be: the patient.

References for this article are available by scanning this QR code.

Learn more about the book "Treating People Not Patients."