

TOO SLOW?

How to tell whether the problem is your pace, the appointment, the case, or the system around you

Taking longer does not automatically mean you are incapable. This guide helps you examine what is actually consuming the time before you make yourself the entire problem.



SPEED IS NOT ONE VARIABLE

When an appointment runs long, the easiest conclusion is also the harshest: I am too slow. But elapsed time is created by the dentist, the case, the appointment design, the available support, and everything that interrupted the work.

Speed is an outcome. It is not a safe starting instruction.

1 THE TASK IS STILL NEW

You are spending conscious attention on steps that experienced clinicians perform almost automatically.

2 THE CASE CHANGED

Access, anesthesia, isolation, behavior, anatomy, existing dentistry, or an unexpected finding altered the appointment.

3 THE APPOINTMENT WAS BUILT TOO TIGHTLY

The scheduled time assumed an ideal case, an established rhythm, or support that was not actually available.

4 CLINICAL SUPPORT WAS MISSING

Setup, turnover, materials, imaging, documentation, or chairside help quietly became the dentist's workload.

5 YOUR SEQUENCE NEEDS WORK

Repeated stopping, searching, changing instruments, or making decisions late may reveal a process you can improve.

FIND WHERE THE TIME WENT

Do not review the day as one emotional blur. Choose one appointment and separate the time into facts you can examine.

1

WHAT TIME WAS ACTUALLY AVAILABLE?

Record the scheduled length and when clinical care could truly begin. Setup delays and interruptions still consumed time even if they were not visible on the schedule.

2

WHAT CHANGED AFTER THE APPOINTMENT BEGAN?

Identify added findings, patient needs, technical difficulty, missing records, anesthesia delay, or anything else that changed the original plan.

3

WHICH TIME BELONGED TO THE CLINICAL WORK?

Separate preparation, procedure, decisions, documentation, room problems, and waiting for help or materials.

4

WHERE DID I LOSE MOMENTUM?

Look for one repeatable point: an uncertain sequence, late setup, unnecessary repetition, indecision, or a handoff that stalled.

A clock can show you that an appointment ran long. It cannot tell you why.

DIFFERENT PROBLEMS NEED DIFFERENT FIXES

Do not prescribe yourself 'go faster' until you know which problem you are trying to solve.

WHEN REPETITION IS THE GAP

Choose one part of the procedure to prepare, rehearse, observe, or repeat more deliberately.

WHEN THE APPOINTMENT IS TOO SHORT

Bring specific examples of what the procedure has required under the current conditions.

WHEN SUPPORT IS THE GAP

Name the missing task, material, preparation, or chairside help and how it changes the appointment.

WHEN THE CASE WAS NOT ROUTINE

Do not use an outlier as the permanent measurement of your normal pace.

LANGUAGE TO ADAPT

I want to understand this accurately. The time is being affected by _____. The part I can improve is _____. The support or scheduling question is _____.

CHANGE ONE THING YOU CAN OBSERVE

The goal is not to defend every delay. The goal is to identify the most useful next change without sacrificing the patient to the clock.

1

CHOOSE ONE RECURRING APPOINTMENT TYPE

Patterns are easier to see when you stop comparing unrelated procedures.

2

TRACK THE SAME CATEGORIES

Notice preparation, clinical work, interruptions, support, documentation, and unexpected complexity.

3

CHANGE ONE CONTROLLABLE PART

Improve a sequence, prepare earlier, ask for a needed setup, or clarify the time requirement.

4

REVIEW WHAT ACTUALLY CHANGED

A useful adjustment should improve flow without forcing rushed decisions or compromised care.

You may need more repetition. You may need a more realistic schedule. You may need better support. Find out which one before turning the clock into a verdict about your ability.

A short guide can give you language and a place to start. It cannot see your schedule, hear your conversations, or weigh the trade-offs in your position. Without context, even good advice stays generic.

For a deeper dive, explore the New DDS Unfiltered Digital Library or work directly with Dr. K.

NewDDSUnfiltered.com

Professional note: This guide is for general education and workflow reflection. It does not replace individualized clinical, employment, safety, or practice-management guidance.