

# WHEN YOU'RE ASKED TO PERFORM A PROCEDURE YOU'RE NOT READY FOR

How to examine the pressure before fear, ego, or someone else's urgency makes the decision

Growth requires doing unfamiliar things. It does not require pretending that every case, setting, and level of support is appropriate for learning in real time.



# THE SCHEDULE IS NOT A COMPETENCY ASSESSMENT

The patient is already booked. The owner says it is straightforward. Someone reminds you that everybody has to start somewhere. None of those facts establishes that this procedure, on this patient, in this setting, is appropriate for you to perform today.

**Opportunity can support growth. Pressure can imitate opportunity.  
They are not the same thing.**

## WHAT PRESSURE CAN SOUND LIKE

- 'You have to start somewhere.'
- 'It is an easy one.'
- 'Just give it a try.'
- 'We do these here. We do not refer them out.'
- 'The patient already took time off.'
- 'You said you wanted to learn.'

None of these statements answers the central question:

Can you provide appropriate care for this patient, with the preparation, information, time, equipment, support, and backup that are actually available?

# MAKE READINESS CONCRETE

Nervousness alone does not prove that you are unprepared. Confidence alone does not prove that you are prepared. Ask questions that can be answered with evidence.

1

## THE CASE

Do I understand the diagnosis, the proposed treatment, the relevant limitations, and why this approach is appropriate for this patient?

2

## MY PREPARATION

Can I describe the procedure, recognize where it may become difficult, and identify when the plan needs to change?

3

## THE SETTING

Are the time, equipment, materials, assistance, and conditions needed to perform appropriately actually available?

4

## THE SUPPORT

If I need help, is a relevant and willing person truly available - or merely somewhere in the building?

5

## THE ALTERNATIVE

What happens if I pause, seek input, modify the plan, reschedule, or refer? What happens if I proceed without what I need?

**If your plan depends on the case remaining easier than expected, that is not a complete plan.**

# DO NOT CONFUSE A STRETCH WITH A BLIND LEAP

## A SUPPORTED STRETCH MAY INCLUDE

- You understand the case and the planned sequence.
- You can identify the limits of your experience.
- Appropriate supervision or backup is genuinely available.
- The appointment has realistic time and support.
- The patient is not being used to absorb avoidable uncertainty.

## A REASON TO STOP MAY INCLUDE

- The diagnosis or treatment path is not sufficiently clear.
- You would be improvising essential parts of the procedure.
- The help being promised is vague, unavailable, or not relevant.
- The setting lacks the time, equipment, or support you need.
- You are being urged to minimize concerns rather than resolve them.

## LANGUAGE TO ADAPT

- I am not comfortable proceeding today without \_\_\_\_.
- I need \_\_\_\_ before I can determine whether this is appropriate for me to complete.
- This case requires support that is not available in this setting today.
- I want the patient to have a predictable plan, not a rushed attempt.

# A PAUSE STILL NEEDS A PLAN

Stopping does not mean abandoning the patient or ending your growth. It means replacing pressure with a next step that can withstand scrutiny.

1

## **PROTECT THE IMMEDIATE PATIENT NEED**

Identify whether anything requires prompt attention while the larger treatment decision is being reconsidered.

2

## **ASK A SPECIFIC QUESTION**

Seek input about the exact diagnosis, step, complication, limitation, or support need that is unresolved.

3

## **CHOOSE THE APPROPRIATE PATH**

Depending on the facts, the next step may involve additional information, supervision, different scheduling, modification, or referral.

4

## **COMMUNICATE WITHOUT MAKING THE PATIENT CARRY THE PRESSURE**

The patient does not need the office politics. The patient needs an accurate explanation of what happens next.

**Growth asks you to expand your ability. It does not ask you to disguise the current boundary of it.**

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](https://NewDDSUnfiltered.com)

Professional note: This guide is for general education and reflection. It does not determine clinical competence or replace individualized clinical, legal, ethical, licensing, or risk-management guidance.