



From Your Patient's Point of View

Janice Hurley-Traitor²

We've all heard the statement that says: if we want to really understand someone's situation, we need to walk a mile in their shoes or moccasins or sneakers, right? I think we can use this philosophy and apply it to our patients' everyday experiences in the dental practice. The suggestion is to take a look from the patients' viewpoint and see what they see from their perspective. Look high and low. Look all around.

Looking UP!

On the high side, when your patient is tipped back in their chair and they are looking up, what do they see?

Before the light is shining in their eyes what are they looking at?

- Old posters of cartoon characters?
- Leaky ceiling tiles?
- Twirling teeth on a mobile?
- Chipping ceiling paint?
- Old television screens?

I have been in dental practices that have inadvertently treated their patients to those eyesores listed above. I think it's easy to forget about what's on a ceiling. In fact my parents once bought a home with hideous wall paper on the ceiling of their newly purchased kitchen. Neither of my parents liked it and had plans to replace it "right away." Year after year as I returned home to visit my parents, I would ask about their plans to replace the kitchen wallpaper until my Mom answered on one visit by saying, "You know... I just don't notice it anymore." I am afraid that scenario sometimes happens in our hygiene treatment rooms. We either forget about what our patients are looking at when they are looking up at our ceilings or we don't notice those items that need repair or replacement.

Another area that needs consideration is what our patients see when they are receiving treatment and they look up. Please double check:

- The cleanliness of your own glasses or loops.
- The cleanliness of the overhead light.
- The cleanliness of the protective glasses you hand your patients (no scratches please).

Looking DOWN!

Finding cleaning staff to properly clean and maintain the physical properties of your dental practice can be a challenge I know. Many times when it's time to cut practice overhead we look at reducing what is spent on cleaning services. There is certainly no guarantee that spending more gets you more but... sometimes it does. Either way, it's important to keep your eyes open from the patient's perspective and oftentimes it is the base of your chairs that get missed in the cleaning process.

Looking AROUND!

How would you describe the overall esthetics of your treatment room? Do you have equipment that stands out as being dated?

Do you have dental chairs or x-ray heads that creak and groan when you move them?

Patients are looking down and around and sometimes they take notice of things we take for granted. They look at the floors and the carpet the cabinets and the equipment. Please take a look at your treatment room with the eyes of a first time patient who is noticing their environment with keen alertness.

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Broken Appointments – Fix Them!

Dr. Michael L. Curtis³

Do your patients break appointments? Cancellations and no-shows may be the largest single expense in dentistry! Why do we get them and what can we do about them? We hear that fear, cost or time are the problems but the real issue is that people too often don't see their dental needs as a priority.

Some Tips:

1. **Ask, Don't Tell:** "Passive learning" is when we tell patients what treatment they need. "Active learning" is when people discover their problems themselves. The difference in follow-through can be profound! For example, let's say you find a fractured filling (recurrent decay, etc.) with no symptoms. You can tell the patient about it, or you can project an image with your camera or digital x-ray and show the problem.

Great communicators ask rather than tell. "John, tell me, what you see?" Then direct people to consider the implications of waiting.

2. **A Cavity Is An Infection:** Making reference to the "latest research" paints you on the cutting-edge, and can add credibility to your recommendations: "John, a cavity is a bacterial infection. The latest research has shown that as dental infections progress, oxygen gets depleted. This allows more dangerous organisms - that may be resistant to antibiotics to take over. The longer you wait, the faster the problem worsens and the harder it is to eradicate."

3. **Graphic Analogies:** If it fits your style, torment your patients a bit with graphic images they can't help but remember: "John, bugs are crawling right though that crack. When they creep under your filling, they eat away at your tooth, gum and jaw bone like termites. Their waste is toxic, causes foul mouth odor and the infection can enter your blood stream."

4. **Say Nothing:** One of the most effective communication tools is silence. Give patients time to assimilate information. Count to 10. Make the silence deafening until they implore: "How soon can you fix it?"

5. **Mid-Treatment Photos:** Consider mid-treatment photos to your before & after albums. The image of dark, ugly decay we see every day can be quite motivating.

6. **Someone Like Them:** Think of a real patient and discuss a disaster that occurred due to their inaction: "John, you remind me of Marty. He had a time-bomb like yours. He let it go and he swelled up and ruined his vacation in Cancun."

7. **Delegate To Staff:** Assign as much of this presentation to your team, as possible. Why?

Patients commonly trust a "disinterested third party" with no obvious financial gain. Many patients feel more open about asking questions or expressing concerns to staff members.

It is more effective for you to confirm problems and solutions than to present the care yourself.

8. **How to Build Better Rapport:** These communication skills are not about manipulating or coercing people into treatment. If you want to follow the Golden Rule and help others, your "people skills" are often more important than clinical abilities... and they can be learned. Contact my office and ask about one of my books if you're interested in specific tips, scripts and narratives.

9. **Monitor Your Phone:** Do you know how your front desk is handling people on the phone? Most large companies monitor and record phone calls and so can we:

Contact your IT or phone company to inquire how to record calls with your phone system.

Dentists do not have time to review all calls, so consider listening to inbound calls over two minutes, where more information is exchanged and more staff errors may occur.

10. **Put It In Writing:** How often do patients seem eager for treatment in the office, only to have it fade later? Help your front desk reinforce your case presentations when patients attempt to cancel. Our "Awesome Appointment Card" takes only seconds to fill-out and prompts your team on what to say when patients call to break appointments. See our "Financing & Collections" guide for 29 ways it can transform your practice.

Dr. Michael Curtis practices in Connecticut and is the author of the "100s of Pearls" books on "Anesthesia," "Endodontics," "Collections" & "Case Acceptance"; each with over 400 pearls in 80 categories. For questions or to order, visit www.100sofPearls.com or call 800-427-2830.



CONGRATULATIONS TO DEREK FOR PASSING HIS DAANCE BOARD EXAM:

The Dental Anesthesia Assistant National Certification Examination is a two-part continuing education program comprised of approximately 36 hours of self-study material and quizzes and a standardized, computer-based exam. This course is designed for oral and maxillofacial surgery assistants or assistants employed by other dental professionals with valid anesthesia permits. The American Association of Oral and Maxillofacial Surgeons is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. The American Association of Oral and Maxillofacial Surgeons designates this activity for 36 continuing education credits.

Upon successful completion of the final examination, the assistant will receive proof of certification and a program completion lapel pin.



It's Not Just What You Say...

For years I have tried to hammer home to my staff the importance of the words they use when talking to patients and how they phrase their questions and responses. I have gone so far as to give them lists of words to use and words to avoid when talking to patients. Because I do quite a bit of marketing these days in keeping our new patient flow up, I am always aware of the words I use in my ads. For instance, there is a reason the Discover Card is called the Discover Card. Discover is a powerful word that tends to evoke a positive response in a person.

How we phrase our questions to patients is critical to obtain the response that we want. My staff is told never to ask a question that will give them an answer they do not want. For example, when making an appointment for a patient they are to choose two appointment times that need to be filled and offer the patient a choice.

First, they would ask the patient if they prefer the mornings or the afternoon times for their appointment. Once that choice is made, they ask if they would like Tuesday at 10 a.m., or Wednesday at 11 a.m. We really don't care which one they choose as we need to fill both times. The patient is given a choice and feel they have a say in their appointment time, while we have controlled the conversation to elicit the response we wanted. Try this with your family the next time you want to go out for dinner. Rather than ask where they would like to eat, give them two choices of places that you would like to eat. We even have scripts in the office on how to handle a patient who is upset with us. Language skills are critical in case acceptance trying to get patients to accept the care that they need.

This hit home for my 14 year old daughter Meghan recently. Meghan is growing very tall and just hit 5 foot 8 inches. She decided she wanted to play basketball this year. While she is the fastest and the tallest kid on the team she

lacks experience. She made the team, but the coach was not giving her any playing times in the game.

While she certainly was not the best player on the team, she was as good as many of the girls who were playing. The coach just seemed to overlook her. Even if the team was winning or losing by a large margin, she did not get playing time.

Being the competitor that she is and being used to starting while playing soccer, she was getting very frustrated. She wanted to confront the coach as to why she was not getting played. This coach does not have the best personality around and I felt if she confronted her, she might get the opposite effect and ride the bench the rest of the season. So I counseled Meghan on how to approach the coach with her problem. Rather than challenge the coach, Meghan told her of her frustration with not being able to play in the games, then asked what SHE could do to improve so as to get more playing time. The coach was almost speechless. She told her to work on learning the plays better. Then told her that she really had no reason to not play her and that she had unintentionally overlooked her. She was just not part of the coach's regular rotation of players.

The next game Meghan played a full quarter. While she did not score she used her height and drive to make quite a few rebounds. She got her chance to show the coach what she could do. She controlled the conversation and got the result she wanted. By the way she told me she heard another girl confronted the coach head on last year about playing time and she had to run laps!

Meghan has learned first hand the importance of the words we use and how we use them to get the results we want. Maybe it is time to talk to your staff about their language skills to improve you results.

...But How You Say It!

Dr. Craig Callen

It's Not Just What You Say	(1)
Patient's Point of View	(2)
Broken Appointments	(3)
Congratulation Derek	(4)