



Practice Focus

Practice Focus

Series 2 Advanced Training

Session 3 Clinical Experience (Part 1)

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 3. Use the transcript to help complete your Team Activity: **key points are highlighted.**
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Hello everyone, and welcome to our next Practice Focus: Patient Engagement Part Three.

This month, we're going to be talking all about the clinical patient experience, which I've divided into three different aspects, just to make it very easy, very simple for us to have a very productive meeting, to get a lot of great ideas, and most of all, some decisions and actions that you can use to take your patient success and case acceptance, to an all new level.

Now, I've titled this one "The First Triangle to Trust, and the Start to Building the Case." Is there anything more important than this? I hope you've made the last two months fun for yourselves because there really is no better way to make a lasting impression on your patients than the attentiveness and the personally individualized approach to the phone call and the patient interview to get to know each patient and make them feel important. And above all else, to show them you listen and care, and that they are not just some random person going through the motions of your process and system.

While every single part of your patient experience, for both new and existing patients is critical and important right now today, this month, we are talking about where the real crucial steps begin to opening the patient's eyes to what his possible. The big picture of how dentistry fits into their lives, and their mouth, and the foundation of all case building clinically, begins right here. I'm dividing this into three parts as I said, related to the clinical experience.

First, with the clinical team member's introduction, taking pictures and x-rays, and preparing with a doctor to enter the room and engage the patient. Next month, we'll move to your triangle of trust with the doctor.

And then we'll conclude the clinical segment with patient engagement, with a clinical yes and triangle back to the treatment coordinator.

First, let's review the basics of where we ended with last month after the interview, to the introduction of the clinical team member. And then we'll hand off the first triangle of trust.

Remember, the key point to the entire interview and the clinical engagement is really three things:

1. To keep the clinical team member on time and the patient's comfort managed.
2. To get the patient to relax and also think deeply about their goals.
3. Set the proper expectations and create rapport and a relationship to anchor back to once we go to close the case.

Then as we move to the clinical team member, we want to be certain that number one, to transfer personal information briefly, so that there is demonstration that you listened to the patient during the interview process.

Number two, to convey all the concerns and objectives the patient has to the clinical team member.

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And then number three, so important, to give the clinical team member something to grab onto so they can pick up where they left off, and start building the case clinically.

When you do this, it's very important to restate in front of the patient, to the clinical team member, what you told the patient was going to happen next.

X-rays, pictures, total perspective of their mouth, and the vision of their health in the future. Whatever brings your philosophy to culmination, must be re-conveyed to the patient, in front of the patient, to the clinical team member, just so there's congruence. We want to make sure the clinical team member doesn't have to start all over again- and this saves them valuable time, and they can get to the main points of why the patient is there.

Now, as we move into building the case, there are five simple things to remember that you will want to master and develop muscle memory, and habitual routine over; if you want to become the very best at building cases the patient can believe in, and they want so they're desirous to ask and accept treatment as established when the doctor comes in for the exam. We'll take each of these steps very slowly, very simply, one at a time.

1. **State why you are doing what you're doing, to build the importance of it.** And really tell the patient about it, and what it tells us, and what it shows us. So let me explain what I mean by this.

I'm telling you that when you take the picture of the patient, you need to tell them why. "Why do we take your picture?" You're taking x-ray's. "This is an x-ray over here." I cannot tell you how many times myself, me, myself and I, have been to the dentist time and time again, where they do not describe what is going on. Okay? I don't care what this complicated this is that I'm sticking in my mouth and biting down on. I want to know, what's the point? So you need to share why. It's so easy, all you have to do is when you go to make a step, think about it. Even probing for example, you have to give an explanation. This is not just for us. **Remember, everything we do is not just for us. It is for the patient, more so than you. It so the patient will have the believability about what you're doing.** Again, number one is, state why you are doing what you're doing, and build the importance of it. And so you tell the patient what it says to us and what it shows to us.

2. **Point out at least one thing about each x-ray and photograph that you want to look more closely at.** You take x-ray, you say, "X-ray, look at this. We see something right here. We're going to make a note, let the doctor take a look. Over here you see the picture? Yeah, you can see the discoloration in your teeth; you can see a receding gum line; you can see that the teeth are not symmetrical in this area right here; you can see where you're very broken down." Doesn't matter, you have to explain. "Oh, we have a missing tooth right there. Have you been missing this for a long time?" Please point it out.

Now, you might choose to gather all the data and then go back through them with the patient if you've allowed enough time to do so before the doctor comes in. Otherwise, you need to do it with each step. Whatever is more efficient for you that you can commit to and stick with, please do that. I personally prefer you take all the x-rays, you take all the photographs, intraoral and extraoral, unless the doctor is doing the tour of the mouth intraorally. You take extraoral, and then you just have general dialogue with the patient and ask questions about what they want.

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You have to look at their smile, and dig deeper into their goals and find their pain points. And then whatever you want to call it, pour some salt, some alcohol, drive the finger to the pressure point, doesn't matter. You got to make those pain points come to life.

Then, the secret of all secrets, you're going to go back through each item, and you're going to discuss with the patient so that everything has been brought up and visible. Plus it's been explained so that you are doing the heavy lifting for the doctor. You review everything in advance. So when they come up to talk about it again, it won't be the first time the patient has heard it or seen it.

This step, people miss: not allowing enough time to review all the materials so the patient is going through it before the doctor gets there. That way you can go faster, you can do a better job setting the doctor up, and the patient will have already heard and seen it. Please, so important.

This builds the greatest level of trust and transparency because you can have an intimate conversation, whether assistant or hygienist, one on one with the patient, and they will feel that you're being very genuine. And they can ask questions along the way. It won't feel like you have to tag team. Nobody wants to feel like the tag team. You want to have individual discussion first, and then you set them up with the doctor.

3. The third step if you want to get them to ask you questions by feeding leading statements to the patient. We're still talking pre-doctor my friends, pre-doctor. Such statements like this, think about it. "Have you ever looked at your mouth in this way before? I'm just curious. Have you seen this type of picture from your mouth? Do you see this right over here? Do you know what this means? Do you want to know what it's telling me? I will help explain it to you. Oh, on this part, we have something that we really need the doctor to take a closer look at."

"Does this hurt any time with the cold of ice cream, or hot liquids or foods? Is there any sensitivity you feel with eating sugar? Do you notice anything when you bite down, open and close? Do you see chewing, does it hurt this area? Because it looks like it should hurt because you have a problem in this tooth here. What questions, patient, come to mind when you see this? Don't be concerned, it is a problem when you have the blood right here, but we're going to fix. The concern is if you don't fix it, but don't worry, we have some probing, deep numbers we're talking about. It's all right, it's all fixable, we just got to take action on it now. The doctor's going to help you do that."

And of course, you will have many of your own personal things that you can use from your own experience when you engage the patients. You can tell stories, you can talk differently about different things. It's very important, okay? You really, really have to get the patient engaged before the doctor is there.

4. The next step is you want to give them a general overview of what you see, and ask them what they would like to discuss with the doctor when they come in. So basically you say, "Listen, patient ..." Same thing I tell the doctors, okay? Next month we get to the doctors. I'm not going to tell you that today. I tell them this though, you need to have to discuss with the patient and say, "Patient, we talked about a lot of things, you've seen a lot of information. What about this would you like to address with the doctor directly?" And get them to say something. You're kind of doing a little soft engagement here.

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If the patient is not doing any interest, if they have no questions for the doctor, then guess what? You didn't do a good job. You should have made something urgent enough, concerned enough, problematic enough, severe enough, that they want to ask the doctor something.

If they don't, then you need to say, "Well you know, my suggestion would be, let's stay focused on this bigger picture here. We need to look at all areas of your mouth. You have a little bit of problem on this side, this side not so bad. We'll run through this smile makeover you're talking about, and we're going to let the doctor know and we'll just go a step at a time through each of the photographs with the doctor when they come in." Now, you can do whatever you want, but I'm encouraging, you must do a general overview so that you can prep the patients. When the doctor comes in, they're able to make progress.

5. Now the fifth step, so important, please listen to the fifth step. At the end of all this, you want to tell the patient exactly what's going to happen, just like the treatment coordinator should have already done. When the doctor comes in, you are doing the same thing. The treatment coordinator says, "Here's everything that's going to happen next." Then you say, "Here's everything that's going to happen next." This is your chance to set the doctor up for comprehensive dentistry, okay?

Most people, they move one tooth, or one problem, one step through the process, boom, boom, boom, boom. That's stupid. You have to go big picture. Now is your chance. So you say to the patient, "Patient, when doctor comes in, we're going to review everything we talked about today. We'll go back to your x-rays and photographs. Now remember, our doctor's objective is to show you the overall vision of your mouth to achieve the goals that you set, plus also make sure that we have a comprehensive plan for taking care of your health for the longterm. This means that the doctor wants you to save the teeth you have in your mouth as long as they're the good ones. And we want to build back up your health overall. We've talked about several key issues today. When the doctor comes in, we're going to come up with a game plan. That's his objective, or her objective, is to come up with a game plan. Does all of that make sense to you?"

Now what I just did was got rid of stupid objection of breaking down treatment, single tooth dentistry, insurance bullshit. I did this for the doctor, I did it all. So now the doctor doesn't have to be the bad guy or the bad girl, and they can build a truly comprehensive treatment plan. If we don't set the doctor up properly right here right now, then the doctor's going to be wham blasted into the corner, pigeon hole themselves down at the urgent matters.

Now, next week we'll talk about this, but if the doctor comes in and does something stupid, like ruin everything that you built and blow up all your photographs. And they go to some urgent piece of the one part of the mouth, or they talk about the next step, or the tooth, or all the areas we can wait and watch. Then you're going to give them a quick kick in the face, or the knees, or step on their toes, or punch them in the gut. You got to tell them to quit screwing up the process, but you have to do your part before it gets to them.

Building big cases is not tough. Getting people to say yes to it is not tough, it's just that we wait until the end to do all the work. If you do it in the way that I've explained from phone call, to interview, to clinical engagement step one, you will find by the time we get to the end of this, I don't even know, maybe it's going to take a couple years, there's so many steps.

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By the time we get to the end of this, you're going to see how the case acceptance falls in your lap and all the patients move forward with bigger treatment.

Now, thank you for listening. Three things you got to do:

Number one, you got to focus on what they're looking for.

Number two, you got to tell them what the goal is overall.

Number three, you got to go over what the outcome will be, example, the pathway to health and the treatment plan.

You're summarizing to the patient what the three key things the doctor's going to do. What they're going to look for, what their goal is overall by the time they finish, and that their bottom line and outcome is pathway to help and comprehensive treatment plan, all of these beautiful things.

Today, this month, I want you to do something very special together. I want you to cover all three areas of role-playing that are very advanced, and I cannot overstate the importance of these. They will be very firm, because this is what you do. This is where the magic happens. The first one you're going to do, it's multi-faceted because some of you may be negligent in the basics. And some of you, you'll have it completely dialed in, and you'll just be able to go straight into role-playing.

The first priority is, you need to make sure that every single person in the practice, clinically and non-clinically, both sides, are on the same page with exactly what the protocol is for preparing for the comprehensive exam, x-ray, extraoral, intraoral, probing, sleep screening, TMJ, whatever it is. Everything possible, you need to know ... Everybody needs to know. You need to have a test over this.

What's the proper flow step approach to the preparation of diagnostic findings in the records leading into the doctor's comprehensive exam?

Additionally, you need to master the timing of all of this. I also strongly encourage every, at very least, every clinical team member, and every qualified person to be able to take and use all the necessary technologies. You want this process to be as seamless as possible. Then you're going to incorporate the role-playing of what you say and how you talk about each of the steps. I recommend practicing on each other please.

Now, the second aspect is what you're going to do next. You really should be doing this already, but if you're not, we're going to do it in a different day. I want you to take patient records on each other, depending on how brave you are, or run through every record and have someone play patient, and one person play clinical team member and engage the patient with every x-ray and photograph, and any other part of this, the different pieces of the clinical process.

You should make this a habit at least once a month, having somebody do this in front of the entire team. Today, you should all take turns being both patient and clinical team member, no matter role you play in the practice, and literally go through this step by step.

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Number three, the last stage of the game for this month. This may take you a couple meetings by the way, but guess what? This is it. This is the most important play of all the practice. This is the difference between big cases and tiny cases; between complete case acceptance and insurance objections, okay?

Finally, this is very specific piece of this, practicing very specific. I just want you to go through the final three steps of preparing the patient for the doctor. The three key things I have outlined in this training. Do this again, and again, and again so that it becomes a habit, and very effective and consistent with each team member and every patient and doctor transfer. Now, you can get the doctor's preferences on all of this, you can create a written out script, an outline so that you have a protocol for the practice. It's so important please, it's so important. Everybody needs to practice this.

Lastly, and I can't emphasize this enough, never forget that the expression about how to effectively convey any information to another person. And those things, it goes like this, this is very famous. "In order to communicate properly to a person, you're going to tell them what you're going to tell them. You're going to then tell them. And then you're going to tell them what you told them." Repeat, "Tell them what you're going to tell. Tell them, and then tell them what you told them." You remember this from high school or college.

I have embraced that proven physiological structure into each phase of this. And it has been brilliantly installed into this training so that you bring the patient along with you, and you elevate them up to the same level of awareness you need them to be for the doctor to work their magic. You know. You have succeeded at this entire component of engagement if the patient is ready and nearly anxiously awaiting the doctor to come in and solve the problems, you and the patients have discussed and created, and that they have begun articulating to you, what they are interested in doing, and have begun developing for the vision of their mouth.

This month's training requires commitment and conviction to the process, and realizing that you are the patient's guide and leader, and you hold the responsibility of your health in your hands. Case acceptance is after all, all up to you. Not only that, but perhaps more importantly, the size of the case and the completeness of the acceptance is established and created right here, right now, with this very component.

Next month, we're going to get into the most effective way to transfer information over to the doctor in order to actually soft close, soft close a selling term. Moving the patient forward with the yes before the money, to the emotional buy-in of the treatments.

The patient will move forward into the treatment plan before the plan and formalized diagnosis is ever been established, and I will give you my key secrets to setting the doctor up for success and overcome the objections before they occur. We'll also talk about, maybe for the very first time you've ever heard me openly discuss it, the key strategies flow and layering, I suggest to the doctor's to engage the patient and complete the exam portion of the patient engagement, clinically.

Okay, let's get to work. This is, as I always say, what you do, let's be the best at it and make every visit count because every patient matters.