



Practice Focus

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Series 2 Advanced Training

Session 4 Clinical Experience (Part 2)

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Hello, everyone, and welcome to another Practice Focus all about the patient engagement.

Today we are talking about the second aspect of the clinical experience. **This really is also the second triangle of trust.** After the interview when we move into the clinical exam portion, our clinical team member has done an amazing job of building the case of working through the materials that you did last month. And now we're ready for the almighty doctor to walk into the room and to make the magic happen.

So today I'm very excited because this really is the essence of everything that we've been culminating up towards, and it is what will determine right now, right here, this is what will determine the success of the rest of the patient experience.

So I introduce you to this amazing new concepts that you can practice and work together as a team on and improve your ability to help the patients. And now we begin.

As I said, today we begin one of the most significant and most often under-utilized neglect, completely missed parts of the patient experience that makes everything that happens from this moment forward so much easier to achieve. Right now we are entering into the very essence of the triangle when a clinical team member is conveying all the information over to the doctor.

This is incredibly powerful when done right and absolutely detrimental when done wrong or not done at all, because it deflates the momentum and defaults all focus back to tunnel vision short-term diagnosis instead of long-term optimal health and big picture dentistry.

By now you should be experts at naturally and effectively creating goals and expectations for your patients before they even open their mouths. And also, you should be excellent at seamlessly taking the records and engaging the patient with them so that you have built up a case.

You've sold the problems that exist and planted seeds of the future outcome and benefits of what is possible for their health, mouth, smile, and whatever other key objectives you have as part of your clinical approach in your practice. To make this very simple, the idea of the triangle of trust from the clinical team member to the doctor is designed around four key elements. The first one is to save the doctor time and to give the doctor focus. As we know, the doctor is moving from room to room, patient to patient, a lot on their mind and a lot going on.

If they have to come in to any patient, hygiene, operative, new patient, emergency patient, consult patient, any patient, and they have to go on a discovery for themselves. They have to pick up the information off the floor, off the computer, out of the chart, out of the patient's mouth, even. Then it takes time. It also loses the human element. It loses the relationship aspect of this. And so it's so critical that we save the doctor time. This is what will allow them to secure a comprehensive diagnosis. Most of the time when a doctor short changes the diagnosis (which is the single thing holding your practice back, by the way), it is either done because of:

1. The doctor doesn't have time.
2. Because, of course, they're bashful about the treatment.

Practice Focus

In most cases, the more time we have, the more comprehensive the diagnosis will be and more importantly than even the comprehensiveness of the diagnosis is the actual ability to engage and make it interactive with the patient. We also want the doctor to be able to focus, to focus on what they're doing, what's right in front of their face. This patient, they're not gonna remember every patient throughout every day.

You're providing them with the cliff notes, with the details, setting them up for success. The second element is you're positioning the doctor properly and giving the doctor status that they deserve. They're not coming in with the idea that they're a clerk or a car mechanic or something. There's nothing wrong with clerks and car mechanics, but we want the doctor to have an elevated positioning.

So you need to say very beautiful and amazing things about the doctor. A, when they walk in the room, you stand up properly. You say, "Patient, I'm so excited and so happy for you to have the opportunity to meet today Doctor so and so. The doctor is a really, of course, as I've been telling it all day, a very special person, and they're gonna know just how to take care of you and give you the best care."

Now, you're telling the patient these things and introducing the doctor so that the doctor has a welcomed introduction. As you well know, as you well know, people who are important get introduced.

Now, the third aspect of this is the doctor is designed to be able to deliver the good news. What we want, what we want is for the doctor not to be the one who's telling the patient about all the problems. Of course, there's gonna be some element of this explanation, but more often than not what we want is for the problems to already be created and the doctor to be able to say, "Great news. We're gonna take care of you."

You know I call this is the super hero mentality. We don't want the patient attaching all of the money and the problems and all these other things to the doctor. We want the patient to be able to see the doctor and be very happy because they're gonna bring them all of the solutions.

So the fourth element, and really I would say above all else, it ensures that the patient hears everything again, in your words, not theirs and he hears your skills to draw out the importance of the problems, the treatments, the goals that have been discussed with the patient.

This makes them more emotionally committed and mentally involved in the treatment and the process. More important even than hand-delivering all this information to the doctor is to be able for the patient to hear it again themselves.

Before I explain the best way to do this triangle, let me tell you what is not the best way. The biggest mistakes that are made are the following:

Could be doctor comes in to no introduction. It could be doctor comes in and is rushing, maybe even visibly rushing. Maybe just mentally rushing.

It could be the doctor comes in, says hi, and goes straight into the mouth. Very terrible. Very bad, bad, bad.

Practice Focus

Could be the doctor and the clinical team member talk diagnosis to each other and not to and with the patient.

Could be doctor walks in, and there's nothing set up, nothing ready to go, no pictures, nothing that's organized. So therefore it's very inefficient.

The clinical team member could also and not give personal information as well or communicate the goals of the patient and summarize everything ideally visually to the doctor.

If you avoid these five or six mistakes, then for the most part you can't mess it up. Now the question becomes, "How well can you do it." Okay? And we have an amazing victory right now. Ultimately, if you've finished this doctor exam portion and you leave without a decision with the patient on the next steps, the overall treatment and health objectives and outcomes, or something that is conclusive, then you have failed.

You have ultimately failed, and you will be setting up the next team member to be climbing an uphill battle to secure the investment and scheduling on anything of substance.

So, again, remember this piece, if you think you have patients that complain about the money, they bring up the insurance, they diminish the treatment, they don't accept. If you have a retention problem, but you all have an element of all the things I just mentioned, then you please understand this, that more of it is based on what happens in this spot right here in this doctor exam portion, than anything else, more of it is about this right here.

So if you fix and master this, every other aspect of the the patient experience becomes infinitely easier and more capable of being perfected. Okay? So let's walk through the best ways to built the case, to perform the clinical exam, to create the treatment plan and ultimately get what we want, which is a clinical yes.

Say the words, "Clinical yes." Do you hear me? Because this is the yes we must receive. **There's no other yes gonna happen without this one first.** I can't over emphasize, okay? You can never get tired of me saying this, because this is the secret of all secrets is making sure the doctor receives and gets the clinical yes before we move on to anything else.

Now, this is a long step process. I'm gonna give you 12 steps. Please understand that they don't go like a checklist, that when you do it properly it's breaking it down in a dialogue form. It's more like four or five different stages of the experience, but I want to make it very, very simple.

Step 1:

So, of course, the first step, the clinical team member's going to introduce the doctor and give some light personals. Okay? Tell some personal information. "This is the patient. They've been living here for such a long time. They were referred to us by so and so. You know, doctor, it's a funny thing. They also love doing whatever." Okay? You can give some light personals.

Practice Focus

Step 2:

The doctor says hello, shakes hands, looks them in the eyes and exchanges them small pleasantries. "Oh, it's nice meeting you. I'm happy to hear... I have two children, too, going to the same college. Blah blah blah, whatever."

Step 3:

The doctor looks back at the team member and asks for the update. This is where doctors usually screw it up, because they go straight into the patient and the diagnosing instead of moving back to the team member to let the team member tell them everything that's happened.

So ideally we say, "Now, team member, tell me how are we gonna help Mr. Patient today?" And then it sets up the team member beautifully to move into...

Step 4:

The clinical team member tells the doctor about the patient's goals, concerns, challenges. They restate the expectations that have been shared. This is circling back to our original interview from the very first triangle. We're now inserting that information here. Clinical team member is now setting the patient back up for success by reminding them what they said they wanted to see happen.

Step 5:

The clinical team member pulls up the records which, by the way, the facial smile photo should have been already on there. Some elements of a picture should have been already on there. Extraoral retracted view smile photo there front and center, ideally.

Now the team member's gonna quickly walk through pulling up the pictures, scanning the intraorals, going back up to the x-rays and just telling a few things to the doctor. "I noticed a little bit over here. We talked about this. The patient's very uncomfortable with this certain area in their frontal smile. As you can see, Doctor, we definitely have some perio challenges going on here." You know, whatever. You're telling the doctor all the problems, presenting the clinical information as if you were back in school and you're reading the x-rays. You're going over the photographs. You're telling the doctor.

So important that you pick out key items and bring it into perspective so that the patient's entire mouth is brought into the forefront of the conversation with the patient and the doctor.

Clinical team members, please whatever you do, do not go back to being problem-focused. You're going to be optimal health focused, bringing about all quadrants of the mouth, the smile, the bite, everything. Okay? Gums, teeth, occlusion, everything.

Whatever your clinical objectives are in your practice, obviously, you're making this portion as relevant as possible.

Practice Focus

Step 6:

The doctor asks a few questions ideally to the patient to bring them back into the discussion about what the clinical team member said. Now, you could ask the clinical team member, "Clinical team member, would you please bring up that other quadrant photo again, the back left side?" Whatever. You're gonna use your clinical words probably. And then you're gonna say, "Now, patient, you notice over here you can see your teeth are very broken down. We can even visibly see that crack." Okay?

Or you say, "You know, you have a lot of gum recession on this side." Or you say, "Please bring up the x-rays. Now, patient, if I just pull this up here, you're gonna play doctor." Point to wherever you see the major problem going on. Okay? Then you say, "Well, you see over here? The crack's right here. You can see the breaking down. You can see this problem down here in the roots."

Okay? You say to the patient, you say, "Now, patient, we're looking at this smile photo right here. I can make some assessments myself. Obviously I do this all day long. What would you want to say to me about this picture?"

And then you let the patient move with this information emotionally get back involved. If there's another place where most doctors mess it up it's right here.

You do not follow what we agreed to, what we agreed to, you and in in the very, very beginning that you would ask the patient more questions. Okay? So important. Let me say, unless you ask the patient questions, they don't own the discussion. They don't own the treatment. They don't own the problems. Okay?

Step 7:

Remember, moving from need to want to deserve is a question process. Based on the responses the doctor is searching for the patient to engage in something. You want the doctor to go deeper into the vision. Okay? And you want to bring up the patient's goals to your vision.

Now, let me say to you right now, in step number seven, this is where we do something that no one on the earth ever tells you about. That is where we connect your clinical philosophy (what I say the doctor's vision) with what I call the patient's optimal. We want to move the patient's optimal up to, and by the way this is what the patient should want. Okay? The patient's going to settle for as little as possible. That's not the patient's optimal. When they walk through the door, whatever they want is not the patient's optimal.

Our job is to raise up the patient's awareness, their desire, okay, their expectation for themselves, and we're supposed to lift up to where the patient is even with you. Now, we may not get all the way there. We may not. But we want the patient to want total comprehensive treatment all at once. Okay? Total mouth, everything. Reconstructive everything. State of ideals, state of perfection. And unless you do the questioning, the patient's gonna stay down at their level. So questions lift them up.

Step number seven, and what I said was, the doctor must be searching for something within this patient portion. Okay? And from those questions to be able to grab on to that's going to

Practice Focus

be your ticket, okay, to lift the patient up to what your standard is. Never forget right now you have to have a deep discussion about the goals, the vision of the future, the master plan for the long-term health.

Remember the need, want, deserve I've given you, remember the questions tied to pictures, proof, and pain. Remember those six things, need, want, deserve, pictures, proof, and pain. If you go back and study that psychology from our training so long ago, you should have made it muscle memory by now.

Step 8:

Can you imagine step number eight out of 12 steps we haven't even begun the exam. The doctor then asks for permission to begin the exam and then reads the clinical information off to the team member to create the charts, to make the notes, and to begin the foundation of the treatment plan.

Now, rest assured step one through seven doesn't take very long. It should take less time probably than what I've even explained to you. It's so important, so important that step number eight is the exam, not step number one, two, three, four, five, six, seven.

So we are just now getting into the mouth. Why? Because all of the beginning steps made it about the person, the human, the patient. It did not make it just about the clinical treatment. You have to make it about the person.

Now step number eight, we can tie your exam. You're gonna do your same exam, of course. But we can tie your emphases back to the patient's desires, because you already know them. If you do the exam first you don't know anything about the patient situation, about what they're really gonna engage with you on.

If you just make sure you follow this right here, my goodness. You're gonna have so much fun because the patient's gonna do everything. Now, this again is the passing back of the information from the doctor to the team member. We're switching it, switching it, because this is where we're actually creating the treatment plan and the diagnosis.

Step 9:

As the exam is being done, the doctor should be making a decision as to what the next step will be. Will it be hygiene? Will it be perio and scaling? Will it be study models? Will it be some emergency step? Will you be presenting treatment today or will you be bringing it back in for a treatment conference? And of course for our specialists, we're always looking for same-day opportunities to initiate the treatment process. Maybe to start the impressions. Whenever records are needed to be done, ideally you want to do it the same day.

They have to wait. Whatever you have to do. You don't want multiple step, step, step, step. Okay? You want to ideally get them while they're excited. And then by doing the impressions it gives them the commitment to want to come back, because you've done something to them already. Therefore they want to know what the hell's the next step. They want to know. They come back for the answer, the surprise, the outcome. If you delay all the next steps, the patient can change their mind because they feel no sense of obligation or entitlement because you have not brought enough into the process.

Practice Focus

Remember you want the patient to be treated like a team member. They're a part of the team. This number nine step is critical because you want to be definitive about the next step. Everything's fine. We're going to hygiene. Everything's a disaster, we're gonna take care of the gums first. Okay? Everything is completely train-wrecked out, and you have to have total treatment plan presentations.

So we're gonna do a conference. Or we gotta major issue here we're gonna execute on or treatment. It's not so much. It's under five figures. We're gonna go ahead and present it today and get the patient to commit.

You have to be deciding. Doctors, do not be wishy-washy about this. This is nothing to do with building the treatment plan. You're still going all in on the treatment plan. You want to have a total comprehensive treatment plan.

But whether you go all in on telling them this yet, you have to be able to make a decision, gut intuitive decision. Now, ultimately the treatment coordinator can also have a piece as well. You can relay all the information to the patient. You can let the treatment coordinator initiate the next steps. That is your prerogative, but there has to be something determined.

Step 10:

The doctor finishes and says, "Let's review our plan to insert their goals right here." Okay? "Let's review our plan to..." Boom. Insert the goals. Whatever they said originally. You're going to relate to the original questions and answers that were done in steps four, five, six, and seven. And then going back to reviewing the photographs by pointing out and talking through the overall comprehensive treatment plan.

Remember how I say the treatment coordinator should move through the photographs again? So should you. The team member went through that and the clinical team member presented the photographs to you. Now you've gone through everything and engaged the patient. You've moved into your exam and built your diagnosis. Now before you verbally spew your clinical mumbo jumbo to the patient you're going to go back and restate their goals and remind them of the purpose that you two agreed upon in step four, five, six, and seven.

And then you're gonna go back to photographs. And doctor, bada bing, bada bang. You're gonna go back to photographs and talk through the treatment plan visually, please. Okay? It doesn't take any time. It's a photograph. Put it up. Pull it out. Next. Put it up, point it out. Next. And you just re-articulate the treatment plan in a way that they will see it.

Step 11:

Are you ready? Because this is the secret. Okay? Every step matters, but this one right here is the ultimate magic potion. Step number 11, the doctor's gonna turn to the patient and you're gonna ask them, "So, patient, we've covered so much information today. The good news is we're going to," and you insert the positive statement. **"We're going to give you the beautiful smile you always wanted and that you deserve. You deserve it so much. Now, the bad news is unfortunately we have some significant challenges here that we're gonna have to work through. But don't you worry. You're in good hands, and it's all gonna be just fine."**

Practice Focus

Okay? Or you say, “The good news is we’re gonna get you healthy. We’re gonna get you eating again, I mean bite of an apple, that juicy steak that you love.” Or, “The ice cream’s not gonna hurt your teeth because we’re gonna fix all of the sensitivities. Now, the bad news is we got some work to do. You don’t deserve to have these problems, and they sure aren’t gonna fix themselves. Okay? There’s nothing in here that we’re looking at that’s gonna go away on its own naturally. So that’s why you’re here, and I’m really happy about it, because we’re going to take care of you and you’re gonna be so happy.”

So what you have to understand is that you’re giving an affirmative statement, but you’re overcoming objections by inserting a reminder that what we’re talking about is not just good news. Okay? You have bad news that must be taken care of. Now, I love good news, bad news. You can use whatever you want. But if all you do is say to the patient, “We’ve covered a lot of things today, and here’s what we’re gonna do. Blah blah blah blah blah.” The patient is going to say, “We’re not going to do any of that.” Because they don’t feel like they have to. But when you anchor the plan with the reason, they feel obligated.

No patient is gonna let the doctor say, “You know, you got these challenges going on in your mouth. You’re gonna lose these teeth if we don’t action. That’s why you’re here, and you made a great decision today to move forward with it, and I want to say congratulations.”

Now, is any patient gonna say to you, “Well, I think I really don’t want to do that?” No, because you’ve told them what they’re supposed to say. Can I tell you something that I may have never told you before?

I’m gonna use the word. Okay? Selling. It’s what it is. One of the most powerful things to do is to tell the other person what they’re supposed to do before you ask them to do it. Now, this is 100% engaging to patient. I’m gonna read it one more time to you so you get it down. I’m not gonna just articulate. I’m gonna read exactly.

You’re gonna look at the patient. You’re gonna say, “Patient, we’ve covered so many things today, so much information. The good news is we’ve got a powerful plan that’s gonna put you out of pain once and for all, gonna give you the most beautiful smile, which you 100% deserve. Now, I want you to understand you’ve made a great decision being here today because these problems you’re facing, the pain you’re suffering, the peace that you’re missing, you absolutely cannot live any longer like this. Okay? It’s not fair for you, and these are problems that are only gonna get worse. So that’s we’re gonna be a great team, and we’re gonna get everything back on track.”

You’re gonna finalize the statement by asking the patient, say, “Now, patient, I’ve told you what I believe is best for you, and we’ve gone through everything in your mouth today. I’d love to know what you’d like to see happen.”

And then you’re gonna be quiet, and you’re gonna let the patient reaffirm everything you just told them. This is the single most important question you can ever ask at the very end. If you will commit to this, you will have your patients accept more treatment in bigger amounts and faster than you have ever thought possible consistently and predictably.

You will give them the power to determine their own treatment plan, and you will find out just how well you’ve done. If the patient doesn’t give an answer you’ve done terrible. If the patient gives you an answer you’ve done great. If the patient gives an answer you don’t like,

Practice Focus

you now know. So therefore you can go back and say, “Well, I’m very surprised to hear you say that. Perhaps there’s something I said to you that wasn’t very clear. I would like to know if you understand the consequences of not moving forward with the treatment we’ve discussed.”

You have to do this. We call this a trial close if I have to go back to the selling analogy to find out where the patient’s at. You’re going to let them play doctor. You must ask them, “Patient, what would you like to see happen?” Or, “What would you like to do about this problem?”

Let the patient build their treatment plan after you’ve already gotten answers. Remember this. You give them power to determine their own treatment and that’s the way you will find out how well you’ve done.

Step 12:

Based on this final interaction, you tell the clinical team member to get the patient concierge or the treatment coordinator to come into the room or depending on your approach and the type of patient, if it’s hygiene, operative, new, limited consult, emergency, you can hand off the authority to the clinical team member to make the triangle of trust to the next person.

And this, my friends, is where we will pick up next month. Right now your action steps other than practice, practice, practice are:

1. I want you to make 100% certain that everyone is clear on what exactly the doctor expects and what is the protocol for when they walk into the room in any given situation with any given type of patient or visit experience.
2. I want to make 100% certain that everyone knows exactly what the doctor’s clinical exam order structure flow entails so that the proper charting and notes can be organized and consistent across all team members.
3. I want you to go over the next step options and the alternatives for every possible scenario so that everyone is on the same page based on the dynamics of a patient diagnosis or outcome. You literally are going to choreograph your clinical exam and engagement based on everything I’ve outlined here for you today.