



# Practice Focus

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## Series 2 Advanced Training

### Session 5 Clinical Experience (Part 3)

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Hello everyone, and welcome to a very special edition of this month's Practice Focus.

Over the past several months we've been working through the role-playing steps of the new patient experience or any patient experience for that matter, but emphasizing really the process of integrating a new patient into the practice to develop a strong relationship; to develop trust and engaging with the patient so that we can increase the likelihood of the highest and most comprehensive case acceptance possible. This month we move into a very important- maybe the very most foundational- part of all of the patient experience. Which applies to every single type of patient visit, category of visit, and every team member within the practice.

**We're talking about the third triangle of trust: the transition back to the treatment coordinator or the business team.**

Now before we begin today, I want to pause for a moment and congratulate you and express my real excitement for all that you've been doing over the past several months. It takes real champions to take what you do so seriously, to practice and really develop great skills and strategies around helping your patients. Communication is always the most significant setback or greatest success factor in any human interaction. And there is no better way to coordinate and support great communication than by committing to roleplaying and above all else, the triangle of trust is where the role-play must occur.

The transfer of this information is what builds the consistency of the communication between each and every team member and patient; every single time.

**When the triangle of trust is missing, so is your consistency in the communication and the conveying of information.**

Therefore, you lose treatment time, money, opportunity, patient attention, and even trust- with the patient and each other, because you can't read each other's minds. And if there isn't an effective relay of the most significant details between team members and patients, and team members and team members, then of course the doctors, obviously, then there is not going to be clarity in the transfer. And you will be frustrated with the results.

This month, we move to the final triangle and I want to make an extremely important point. Please, don't miss what I said earlier and don't miss us saying right now, because you will do it at your own detriment.

**The third triangle of trust, moving the treatment and the patient from the clinical side back ... okay, through the practice is so prevalent in every single patient experience. No matter whether they are new or old, reactivated emergency, specialty consult, treatment conference, exam, small stuff, big stuff, everything in between, your success in maximizing your day, every day, and compounding your schedule will come always from the mastery and commitment to this, right here.**

Ideally, at the end of every day, every patient would have had some consultative close where there is any treatment or next step present, other than something routine, maybe hygiene or something that's simply closed in the back.

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Now, it's time for the rubber to meet the road. Getting the clinical yes is only a part of the battle. Your success and victory is not complete. This month, you have layered assignments because last month we focused specifically on the doctor and the patient engagement at getting the clinical case built and accepted in the back, helping your doctors truly build bigger visions and more comprehensive treatment plans.

Today, you're going to practice two sides of this transition.

In hygiene, our hygienist must get the clinical yes, even if the doctor executes perfectly, most likely they're going to leave the room and you're going to now have to finish the patient off before their experience is done. Now you must make the transfer.

With new patients, ideally we want the doctor to execute the third triangle in all cases.

For more operative side, usually emergencies and any existing patients performing treatments today, who have other treatments for the future, or any patient who has been suggested up to some other kind of specialty or enhanced procedure, our assistants that could be doing this. It could be sleep, ortho, TMD, whitening, Botox, small makeovers, removal, missing teeth to implants, it doesn't matter.

This requires our assistants to make the triangle happen to the treatment coordinator, whenever the doctor's not able to complete the visit and the transition themselves.

In an ideal world, every clinical yes will be summarized to the treatment coordinator by the doctor in front of the other clinical team member who is present throughout the visit. This of course, is not realistic, which is why we must practice.

And everyone must be able to execute and receive the clinical yes through the last triangle or the treatment coordinator or any business team member can move that patient forward with the full investment of the treatment plan and then schedule it effectively. We will move to money and scheduling in the next couple of months.

Right now, we are focused 100%, on taking treatment that the patient has agreed to and articulating that, ideally, still in the operatory (though sometimes it does have to happen up front) to every business team member so that we have a seamless transition to the closing of the money.

Please make sure that every team member practices both sides of this but especially make sure every clinical team member and every business team member can master their side of the equation.

The things to look for are very simple. Keep the patient engaged. Use words like we, and patient name and doctor have decided, okay, together, so it's a unit. It's not about what we're forcing or telling or suggesting.

For the patient it's stuff that you all came to a consensus on and agreement. Don't talk over the patient or behind their back or out of the room. The triangle involves the patient, too.

Make sure all notes are documented at the time of the diagnosis. And that the treatment is in the system so it's easy for the business team to execute the treatment plan. This idea of

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doing notes later, it's just amateur. It's amateur, that's what it is, amateur. You have to learn to be efficient and effective at what you're doing. It's so critical.

It's not fair to leave the most important part up to the business people. Securing the money and getting this patient scheduled, but yet they don't have enough data and so the patient goes home and then we have to call them back later when somebody has a chance to look at the treatment plans. I mean this, again, it's just very, very amateur.

I want you also to make sure, do not move to clinical vocabulary. You must keep it in "patient speak" when you do the summary and the triangle of trust on the last portion of the transfer. It is nice to reference the photographs that remain up to the business team member whenever possible.

Our business team members want to make certain that you are fully focused and looking at the patient, acknowledging their decisions. This goes for both people.

Like I said, you're not having a conversation to each other, you're having a conversation that involves the patient.

You don't want to disrespect them or be rude by not looking at them and acting like they're involved. It's three people having a discussion, just the patient listening.

Our business team members want to do this in every case, they want to look at the patient and acknowledge the decisions. And what I just said, repeat it twice, it's so important that you learn this aspect of it. Because if you do not get that acknowledgement, once again, you are not really psychologically settling into their subconscious mind of what the patient has agreed to. You want to really cycle back through this again. That's why the clinical yes happens before the summary and the transfer of the triangle.

Many people mistake this. You think the clinical yes is the triangle. No. That's why we handled it last time. The clinical yes must happen before the triangle of trust exits the treatment. You will always reaffirm and reinforce the patient's great decision and then you will ask for any questions for the doctor, the clinical team member.

Then you will exit them if they are ready or you will go and organize while you wait for them to finish up clinically. And then go from there.

I'm going to give you a few examples now, then let you practice. There are really eight, I figure, eight depending on your type of practice of course ... they're really eight different types of triangle of trust that you may exit.

Of course, we have a standard hygiene exit. So a hygiene exit may incorporate any types of treatments. It may be perio, it may be moving them back into treatment conference, out of hygiene or operative triangle of trust, you could have any type of exit possible.

Because this is a category of visit, but it leads us down any road of second step or next step or treatment presentation.

The same thing goes for our wonderful assistants. You may exit a patient into any one of the scenarios I'm going to outline.

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The next, of course we have new patients. Again, same thing.

Then we have emergencies. So you have to make sure that you all outline the definitions of how you want the triangle to look, based on the category of visit the patient is in.

Then of course we have really the four elements that you may pick your own adventure. You may choose your own patient path.

You have something where the patient needs to come back for a comprehensive exam. Now this could be an existing patient, reactivated patient, expired exam patient, emergency patient, many patients could be going back to comprehensive exam.

So how do you want that triangle to work? What does the business team member want the clinical team member to say? What does the clinical team member need to convey back to the business team member so that the patient says secured with the clinical yes from the conference exam.

Then we have big, broad spectrum; the specialty side, okay? The specialty could be we're screening a patient to sleep, TMD, ortho, implants, the smile makeover, so it's very important that you convey that. It might mean that they need study models, they need to come back for the specialty exam, it might mean they're going to go do a sleep test ... it's very important to understand we may be moving them into same day starts.

For sleep, TMD and ortho patients, for goodness sake, I expect you to be moving to same day starts at this point. Even if they have to delay a little bit, the patient stays there and it's fine. And you move into the impressions, the scans, whatever you've got to do.

So you really have to make sure you understand the proper approach to passing back to the business team when we're doing a same day start. In this instance, you may not even move them out of the chair. You may sit there, let them discuss with them.

You might take them back and then you've secured the deposits, you've heard the next steps and then you move right along with your procedures.

Now, we also have the move to the treatment conference. So usually in another scenario we have explaining the fact that you need to gather more information, so this is what the next step is going to be. You're telling that to the treatment coordinator, that way they know what's going on and they know what needs to be scheduled next.

And then of course, we also have the situation where we have a patient who did not give a clinical yes. They accepted nothing. Well, the last thing you want to do if the patient accepts nothing is you want to exit that patient in a standard fashion upfront, schedule their hygiene visit and move on. This is how so much treatment starts to get stale and compile in your database, because the patient is not made to be held accountable.

So I want you to listen to what I'm about to say because this may be one of the greatest turning points in all of your practices. It is as important to exit a patient who does not give a clinical yes to the treatment coordinator or to anyone else on the business team. Because you want them to be able to take another shot at the patient.

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So what you would say is something to the effect of, “Now, treatment coordinator, I want to explain to you before Mrs. Jones leaves today what we have going on here. Mrs. Jones and the doctor couldn’t come to a real firm agreement on what their next steps are going to be with their overall health.

Mrs. Jones does see the pictures, don’t you Mrs. Jones, that we’re looking at right here? She understands and has fully been made aware of, ABCDEFG, and she’s just not real certain yet about what she wants to do.

So what we’ve devised with Mr. Jones and Mrs. Jones, she’s sitting right here, she can agree to this or have any additional questions she may have, that we’re going to bring her back in for a treatment conference or we’re going to bring her back in for this one major tooth problem that we see going on right here. Or she’s going to delay everything going on right now until we revisit, to that next hygiene appointment.

I’ve encouraged her to have a discussion with you about the treatments in case she has any more questions and where she can understand to accelerate the treatment would be in her best interest.”

So the point I’m making is that I’m giving myself a chance clinically, to tell the patient again by way of saying it to the treatment coordinator, about what they are saying no to. This is where we weave in the consequences.

You’re not going to get a clinical yes on every patient. The problem is, clinical team members listen loud and clear, it doesn’t mean you stack it back up inside of the computer in the database. You leave it in their mouth and you just, “Okay, no big deal. No clinical yes.” No. It’s important that you hold the patient accountable.

You’re passing the patient’s denial of the case acceptance off to the treatment coordinator so that they can then go back through the treatment with them, knowing there was no clinical yes, and then figure out if there’s a way to get the patient to move forward with something. So important. Okay? This is why so much treatment is not picked up.

Now, of course we may pass off the patient to the treatment coordinator and the patient may stall out even if they gave a clinical yes, and that’s alright, we’re going to deal with that next time.

But do not forget that it’s your job to complete the circle.

To complete the flow of treatment, the full patient experience is to get them back in the hands of someone else, no matter which of these eight scenarios we’re talking about.

1. Treatment out of hygiene.
2. Treatment out of operative.
3. Treatment out of new patient experience.
4. Treatment out of emergency.

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5. A patient who needs to be cycled back to comprehensive exam.
6. A patient is moving to a specialty stream.
7. A patient who is moving to records or a treatment conference.
8. A patient who doesn't give you a clinical yes for any of the things I just mentioned.

All eight categories must be moved back through to the treatment coordinator or exited up front, with full disclosure and summary in front of the patient's face so that all patients will be held accountable.

Now, my friends, my beautiful friends, it is your turn. I want you to buddy up, two team members practice back and forth doing the triangle. And do every one at once. Everybody practice. And you're going to allocate and go through all eight of these examples. Then you can pick them and role-play them in front of each other. Or you can incorporate one person being the patient. Because you've already secured the clinical yes and you don't need the patient in this specific practice round, it's only because the patient has already contributed, you can practice in a buddy system.

But then you want to go through and have a triad with somebody playing patient so that everybody gets a feel for the dynamic with another human being.

Finally as a team you need to make sure you all have clear and defined protocols on what each of you expect and commit to doing on every final triangle of trust and how you will go about communicating when the patient is ready and any other variable that may come up.

Listen, I'm so excited for you to be at this point. When this becomes habit and you stick to it and integrate it into your practice, culture, and patient flow, you will be amazed at how much treatment you create and close every single day. You will truly be maximizing every patient opportunity and visit and that means we ... you ... will be helping more patients get healthy. And that's why we're here.

Always remember, we can only help those who say yes and move forward. This is what the final triangle is about- making sure that no one falls through the cracks or exits without the final triangle of trust so that we can hold every patient accountable so that we have no gaps in the system and we know where all the treatment is at, at all times.

Go forth and execute. I will see you next month.