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Setting Proper Expectations for Patients and Team Members So Everyone Is Prepared to Make Smart Decisions

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The Practice Profit Accelerator is where we dive deep into the most pressing questions we're hearing from teams across North America.

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Kevin: Welcome, everyone, to the latest edition of the Dental Success Today Practice Profit Accelerator Podcast! It's the one and only—the man, the myth, the legend—Mr. Scott Manning: welcome to the show!

Scott: All right, Kevin, you get me excited every time, and nothing better than listening to your own introduction. I always call these the halftime. We do them before halftime which is kind of smart. It's kind of like the rally cry to refocus.

Everybody knows what to do. The question is, "Are we disciplined? Are we relentless? Are we making sure we're not letting life and busyness and excuses get in the way of executing our plan?" So, this is really all designed around helping our great DST universe and our community of friends to be more proactive and stay true to the mission.

Kevin: Yeah, I love it, and I appreciate the fact that we do show up prior to the halftime because the hope is always beginning of the month, boom, we're rocking, we're on fire, we're moving along. And since we get to bridge the gap between say week one and halfway point on these particular shows, we get to create that enthusiasm. So then all they've got to do is just get to the two-thirds mark on their own, so to speak, even though you and I show up literally every day of the week for them in writing energy and writing enthusiasm. It's just a matter of how much are you engaging and consuming and then deploying, because that's what matters the most as we all know.

And so, today, Scott, interesting you used a couple words like "discipline" and then "relentless" and those kinds of things. Because today, I want to spend time and focus on the importance of setting proper expectations: both for patients, of course, the obvious, also though for team members, especially because we have team members who are newer, some who are they've been in group for a little bit and then we've got our seasoned veterans of course who we love and adore.

And the reason why I feel like today's a good day to do that is we've done a lot of work leading up to this point, especially because last month, we were talking spring-cleaning, getting the clutter out of the way so that we could focus which is important of course.

And then it's important for us to be on the mission to create the discipline, discipline to be able to replicate an experience for the patient as well as team that can create consistency and predictability. And so, I figured, what better way to do that than to take a step back and to look at every stage of the patient experience and how are we setting proper expectations so that everybody knows their role, everybody knows what's to come, and is prepared to do what? Make smart decisions.

And that's our whole entire mission, is to help a patient make smart decisions about their health, and gain greater total optimal health than at any point in time in their life before the moment that we get our hands on them.

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Kevin:

So Scott, as I always say, if you don't set clear and proper expectations for your patients (applies to the team too), they will come up with their own, and they're always unreasonable and unrealistic. So, we know that leads to disappointment too way more often than not.

So why don't we begin here: you dive in, bring some of your brilliance, I'll follow it up with some tactical, and we'll just keep moving along. I promise this could be the one that makes a huge difference for everybody this calendar year.

Scott:

Well, Kevin, thank you very much. Once again, I think you just give everybody such beautiful life lessons, actually. And so, I would like to take this to, first, a personal application. And, you know, "assumption" gets a bad rap, right? Everybody says the old joke, "When you assume, you make an ass out of you and me." But the reality of it is just like the words I call, "manipulate" and "influence," same words, just different intention.

Well, "assumption" and "expectation," same words, just different intention. So, expectation is actually vital. And we talk so often on these meetings and these calls about visualizing the outcome you desire. I of course talk so much, and with really everybody but certainly with our wealth groups, all about manifestation and attraction. And the energy of it all is really set by the tone and the, what's it called, the almost the aura of the expectation.

So today, we are focusing it on the patients. But Kevin said your team, okay, that's the expectation for each other. And I would just say most of all, yourself, all the way to what do you expect out of this day? What do you expect out of your own attitude? What do you expect outcomes to be?

And, excuse me, we just had our Champions Event, and just doubling down on helping people remember, it's not about the doing, it's about the becoming, right? It's not about the activity, it's about the accomplishment. And all of that is driven by expectations. I also say the most predictive indicator of success is how you start and how you finish. But how you finish is reverse-engineered backwards to that first domino.

And so, I want you to adopt the practice and the principle of one of the great Stephen Covey's first habits of beginning with the end in mind, and allow that to anchor your expectations that everything else from this moment forward is not about going through the motions, it's about making progress towards that end that we began with.

So, to Kevin's point, in the patient experience, before we even deal with an individual patient, we have to identify what is our endgame and endgame maybe because that sounds final, but endgame in terms of what's our main goal, our primary objective? And in this case, I say define that by clinical philosophy. If you have a philosophy of care, then that should ultimately drive the compass pointing north to your clinical outcomes or your ultimate goal.

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Scott:

So, the expectation, and then I want to break this backwards to patient experience, I think Kevin's going to touch on the huddle and each other, but you have to be prepared. In order to know where we're going, you have to do the homework. You have to understand, we know what the goal is but how are we going to get there?

So once everybody knows today's daily goal, right? The daily goal is...well, we have an expectation to hit that daily goal, but only after we have that set can we then say, "How are we going to do it?" It's not enough to just state the expectation. You back it up with action. And that's where the preparation comes into play. And that's why we always talk about building better patients and how our phone call is not just to get an appointment, it's to help create a better awareness in the patient's mind of the type of practice they're walking into.

This is why we don't like bait and switch advertising. When marketing for discount cleanings, patients come in expecting discount dentistry. And so, it does require a higher level of sophistication. It requires a greater commitment to your own principled approach if you're willing to have the genuine conversations upfront with your patients to lay out what those expectations are going to be. What does success look like? And I'll stop there. That's the first level of expectations, is what does success look like?

That can be applied to new patient phone calls. That can be applied to new patient experience. That can be applied to any type of specialty practice. Obviously, we say...I've got to do this...

So let's just say we have TMJ / sleep. We have extractions. We have ortho. We know the objective in a specialty realm is often same-day starts. So, we cannot wait till the patient shows up to then create a same-day start. We have to begin setting the mind forward to success, laying the expectation of that outcome. Oral surgeries: people come in for pulling teeth. We cannot wait until we are getting the tooth pulled to then talk about, "Oh, now what should we do?"

We know the ultimate objective is replacement of missing tooth. We have to begin the educational process early on. The same thing: you want to come into your morning huddle and discover opportunity for the day. You want to talk about strategy with each other. You want to up-level today's results, well, you can't show up in the morning huddle and figure it out. You've got to have the preparation that's going to make that possible.

So what does success look like? Set that expectation and reverse-engineer backwards to how do we make it happen? Anything that's not driving towards that objective, you have to ask, "Is it even needed? But is it distracting and taking us away from making the progress to the goal?"

That's probably a big giant tangent around expectations. But there you go, Kevin.

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Kevin:

I love it. In this particular subject, I believe it's important to start big and broad so that we can start to pull it back in. And where I'm going to begin that process is, I have just a few comments to drill in on what it was that you were just saying, Scott.

So the first thing that I love is when you start talking about not only just commitments but personal commitments, because a lot of times, it's very easy to say, "Okay, here's our team commitments, here's our practice commitments," whatever. And it's easy for people to not feel like their efforts, contribution, role has a, "big impact" there. So, easy to take a pass, easy to make a little bit of an excuse, easy to not put a whole lot of effort in.

Versus, when we put it into the personal component and say, "Your component equally important to anybody else's. No one's greater, no one's lesser." And when you put all those pieces together, that's what creates the beauty of the most amazing patient experience that you can do because it takes the combination of all of us human and our roles to be able to make that happen. So, it's the attitude that you bring, the effort you bring, the focus you bring, the discipline you bring, a lot of things as you referenced, we talked about yesterday and the day before as we were doing our Practice Champions event.

Now, the next thing that I'm going to do and, Scott, I hear you use these two words often, is that it also helps to define who's a "doer" and who's a "creator." Because it's easy to be a doer, right? "Scott, here's 10 things, go do them." "Okay, thanks." You're on cruise control, you could look at your list, you go do it. I'm not saying you won't do a good job. Heck, you might even do a great job. It's just the effort and enthusiasm isn't in it because you don't own it.

You weren't part of the process of creating not only the content of whatever it is that you're going to deliver, but also creating the expectation of yourself! Because in reality, your own personal expectations should be harder and higher and greater than anyone else's when you're truly on this mission.

And on the flip side of it, the creator is that person who is engaged, that person who isn't just involved. Involved is, "I'm interested. I'm doing it, I'm part of it." Whereas being engaged, fully engaged, immersed in the deal, you own it and it's actually, friends, easier.

Rather than just you take the list, you go do it. When you're part of the creation of, it's so easy to own because part of your soul is in that.

And then the last piece that I want to say here because I want people to think, where do they fall into this? Where's my personal commitment towards all of this? Am I a doer? Am I creator? No guilt, shame or judgment. If you're a doer, let's figure out how to get you to be a creator. If you're a creator, how do we create more creators within the organization in a healthy way?

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Kevin:

And the final thing here is this: you said, “What does success look like?” And I love that. And the next step that I would like to add to it, and this goes into the, “how do we set up team members for success philosophy” that we preach on a regular basis is this: if I’ve defined “success” for our energy towards a particular outcome as X, what do I need before I take over? And then what does the next person need from me to continue to create that energy and effort?

So in other words, what expectations do I have as patients come in to me? Step one. Now, I get to perform. Step two. Step three is what are the expectations of the next person of me so that I am setting them up to be successful? And that to me is where we go from tactical in a big, broad sense, into connected, tactical, which is, there is no gap. Because we’re always thinking before, during and after. And hopefully, all of you are starting to connect these dots, because we talk about it in conversation.

Patient comes to you, triangle of trust, what do we do? Pre, during, post. That is the cycle, and it’s just a matter of how do you personalize that in a way that makes sense for all the different systems, processes, conversations, engagements, things of that nature that help us to create what you all are, which is: the most extraordinary patient experience on the planet, in your industry, in your town, city, location, whatever, that far supersedes anything that would be considered as average.

Scott, I’m going to hand it back to you.

Scott:

Wow, Kevin, crazy. Well, listen, I really liked that you went blow-by-blow, also when you went past, present, future. I mean, I just think that you’re making it something so tangible. And I think what matters is, if people think about this at a positional level.

I mean, by the way, the whole thing applies to conversations with your kids, your spouse, your parents, that appeals to anything else, creating health goals for yourself. You’re setting expectations, guidelines, parameters, you’re always figuring out what’s next.

So when it comes to new patients, I like to make it very easy for you to digest. And most of this should be a reminder, but we have to say, “What do we need to know about this patient, and what do they need to know about us, in order for us all to be better prepared when they get here or when they come in? What do they need to know? What do we need to know?”

Bam. Okay? You have proactive expectations. Setting and getting in this case. There’s a little feedback here. Not sure if it’s me, if you can hear me or not. Hopefully I sound fine and it’s just in my head. Usually it’s just voices in my head. The second part, let’s say a patient come in. We’re going through diagnostic protocols. This is why we always say, “Ask more questions.” This is why we say...by the way, Kevin just gave a wild point about engagement. He said something very special about, I can’t remember how he says it, “vital engagement” or something. That’s the idea.

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Scott:

But the other reason to drive engagement is that we are not thinking about just going through taking the X-ray, taking the photographs, asking the patient questions. The whole idea is that we are nurturing and growing the patient along the way based on them not being blindsided by anything that we do, but certainly by the long-term outcome of the treatment plan.

So again, it all comes back to, what do we need to know, what do they need to know, to help us move forward on the progressive journey of wherever the outcome is supposed to be? And this is why we get a little bit upset when we hear somebody, “Well, I don’t have time...” to do something that really freaking matters! Not an answer. If it really matters, it’s going to help to create outcomes, it’s going to move the patient forward, we figure out the time...get rid of something that’s less important.

It’s also why I get a little bit frustrated when somebody says, “Well, haven’t followed up.” What do you mean haven’t followed up? That’s the whole point. It’s not, we follow up when we can, it is supposed to be, the patient didn’t say yes, the only thing that matters is follow up, right?

So, we really use the expectation of outcome, the clarity of what success looks like, to then prioritize and align our executions, our actions, in a way that will allow us to be better. Ding, ding, ding, ding, Kevin, creators. And that’s why the answer is always: D) all of the above, if it leads to the ability to be better creators, and therefore, controllers of outcome. Kevin.

Kevin:

Yeah. Listen, man, I love it. And on that last point there, when we talk about the doers versus creators and how much more of a significant impact that you have when you are a creator, because of the engagement you have, the level of enthusiasm, the level of commitment, all those kind of things. Everyone and I know I say this all the time, I’m certain you, Maegen...every one of you, no matter what your title, role, whether you spend 60 seconds with the patient or 60 minutes with the patient, every person’s touchpoint is critical in delivering the expectations that you are setting forth.

And so, it’s so important to make sure that you value your role. Never look at it in a diminishing capacity, because every person, in combination with each other, is what makes it so special. And to help people who may say, “Kevin, I get it. I’m hearing you and Scott. I have heard you a million times before. There’s just a little bit of disconnect in me with regards to when we get into the details.”

So, I’m going to share this with you, because you all know I try to boil things down as simply as possible; mostly selfishly because I need it that way—not the smartest guy—so I’ve got to make it simple, too. So when I think of expectations, regardless of where I am in the patient experience, when I come into it, when I come out of it, whatever the case is, if I have to deliver a roadmap and I say to myself, “I’ve got 15 things that I have to document from the time patient comes to me to the time I hand the patient to the next person.” When I’m thinking of expectations, I think of really four. I’m sure there might be more.

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Kevin:

This is a nice way to get started is: who, what, where and when. So if I'm talking to a patient and I'm setting up what they're about to experience, I want to make sure they know the who is involved, the what is happening, where it's happening, and then when it's happening.

Now, you could add a little bit of "why" in there. Hopefully though, you're always saying the "why." Because by now, you guys realize that's the most important part of everything. Patient blah, blah, blah, blah, blah: because... Patient dah, dah, dah: here's why... The "why" should just be second nature at this point in time, at least I hope.

So that could give you a really nice starting point. You can say, "Kevin, for the first time ever, I'm going to take a step back and I'm going to do what you asked me to do. I need a place to begin." There it is. Who's involved? What's involved? Where's it happening? And when? And you can apply it to every stage. Screening phone call" who, what, where and when? Patient gets into the clinical setting for the first time: who, what, where and when? Doctor's coming in: who, what, where and when? We're ready for treatment: who, what, where and when?

Friends, it's up... And this is part of the creator part of it. It's important for you to never get yourself stuck. Always figure out how to find your way through. If you don't have clarity, if you don't really know where to go, is always be seeking for what's a better question to ask to help me to get to the endpoint?

Same thing applies with patients: if I'm asking one question and it's not giving me the result, we've got to ask better questions. More thoughtful questions, interesting questions, something to just change the vibe, change the mindset to give you a different perspective and outlook so that you see things in a different way. But this is so important because it applies to team members as well.

The easiest example is new team members. New team member comes in and people always say, "Holy smokes." And they get thrown into the fire, and 90 days later, we hope they're still around. You want to know why sometimes they don't show up? You didn't set the proper expectations of what it is you wanted from them! What it is that you wanted them... They say to me, "Well, I didn't know you wanted me to get this done within my first 90 days of working here." We didn't do a very good job setting expectations.

Anyway, I could go on, Scott, and you know that and we could talk about this for a whole day! My point is though, friends, is we want to not only just provide you with the guide, we want you to be able to just own it so that you can apply it in so many different ways and it becomes a learned response and a learned reaction, rather than just having to have it handed to you. We go from "doers" to "creators." We love you all.

Scott, what do you have to say to that?

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Scott:

Well, Kevin, what I like is giving people questions to use. So, I like that. I think it's very great. And you looped it back to the team. So, I guess, oftentimes we really go big: psychology and concept. And so today, I feel you could literally take a brush and comb across every aspect of your patient experience in every aspect.

You could do the same with your team meetings, with your huddles, with your communication. And you could say, "Where are communications not clear?" Excuse me. "Where are expectations not clear? Where could communication be up-leveled?" Then you could take it and you could say, "How specifically can we better enhance our experiences so that we're getting what we need and we're giving what is necessary and important from each stage? For our morning huddle, for our phone calls, for our hygiene visits, for our specialty follow-ups?" And rub everything up against this point of, are we being creators or are we just being doers?

And if everyone self-assesses, if you did it right now, what you should be doing is taking this, probably the recording, and then using it in a team meeting, listening to it, and then having direct assessment. And the way to do assessment is not to point fingers, it's to look in the mirror. Not to point the fingers, to look in the mirror! And then you self-assess based on what you heard, see. And that's the way to break it through.

Now, the last thing I was going to say, Kevin, and this, we got to go, is anytime you don't get the answer you want, ask a question! So, it doesn't matter if it's a team member, or it's a patient, if it's your spouse: don't get defensive, don't attack. Also, don't retreat. Also, don't just lay down and accept it. Ask for clarification, ask a follow-up. Curiosity, ask. And so, you can keep moving towards your stated expectations if you don't get exactly the outcome you desire first.

On the flip side of that, you can also use this question to gauge where people are. "Tell me more what success looks like for you." "Tell me, I'm curious, how is it that you see it that way? Help me better understand." Seek empathy. So, this all comes back to not being transactional, being more relational, all by everybody understanding what success is from the very start.

Clarity of expectations, standards of excellence, alignment of outcomes, this is what sets people up for success from the onset. And that is what we are all about and what we are striving to help you do.

So Kevin, I'll let you wrap things up. I'm going to jump. And everybody, let's go get it! Let's make the rest of the month better than the first of the month. And most of all, let's use this to up-level your life, your boldness, your confidence, your proactive ability to influence other people, and most of all, to be creators; beginning first and foremost always with your own attitudes and with your expectations over the person that matters most which is called the one staring back at you in the mirror. Go get them, everybody.

Kevin, I'll let you close this out.

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Kevin:

I love it. Great way to wrap this up, Scott. And friends, I want to offer to all of you the, once again, unlimited support that we want to give you. If you want any kind of clarity on this, if you want any help, if you want us to come in and help you ask different questions, give you different perspectives and viewpoints so that you can get this dialed in more than ever before, you know we're here to help you. You just have to ask. We want this so badly for you.

Because the more time and effort you put on this piece of the puzzle, the easier the rest of it is, because you're not leaving anything open to interpretation or very little, I should say.

Okay, friends? So let's go do this. Look at it in every aspect of the patient experience. Look at it in every aspect of your team experience. And as Scott mentioned, look at it outside, too. Look at it in your home life, your personal life, anything else that you put time, energy and attention to that means something to you; it's all helpful and beneficial.

Friends, it's great to be with you again. Thank you for listening in to the latest episode of the Dental Success Today, Practice Profit Accelerator Podcast. Have a good rest of this month. Look forward to being with you all again soon.