



Practice Focus

Practice Focus

Series 3 Team Mastery

Session 7 The Art and Action of Asking Questions

Listen Online
dst.media/focus31

-
1. Listen to the audio recording.
 2. Follow along with this transcript.
 3. Use the transcript to help complete your Team Activity: **key points are highlighted.**
-

Practice Focus

Welcome back everyone to your Practice Focus session for the month. Let me tell you why I love and keep doing these with you, every single time. Because as they say, practice makes perfect, and yet, we all know that is an elusive thing. One of my favorite sayings is, “What you focus on, you get more of.” That’s why I bring to you high level and advanced reminders, which is what they are, about the most important aspects of your success with each other and with your patients.

I appreciate how serious you study them and involve yourselves with each of the Practice Focuses, because quite frankly, if you aren’t then you are just going through the motions every month, doing the same old thing, and you know what? The expression is, if you aren’t growing, you’re dying. One of my really favorites is if your aren’t winning, you’re losing. There is no pause, nothing in limbo, or idle, or even really such a thing as status quo. There is only striving to get better, or being complacent and getting worse.

You can’t afford to lose your edge or your focus, ever. If you want to truly help your patients get healthy and achieve your goals and theirs, then hey, I’m really talking as much about out of the practice as I am in it. This is always as much about you personally as anything else, even if we were talking about something as specific as we did over the past few months. There is still valuable, personal and life lessons you can always take away from our work here together.

Let’s dive in. Today, we are going to laser focus in on one particular part of communicating with patients. More so than we’ve ever done before, and the reason is because it happens to be the single most effective way to communicate and to understand another person, regardless of whether we’re talking patient, each other, family member, anybody. Okay, anybody.

This is the art and action of asking questions. Yes, you know, I always like to say, like a broken record over the years, and I’ll continue to constantly remind you to take more pictures and ask more questions. Do I ever stop saying this? Should I? Of course not. No different than you can’t stop. Just because you did it on a patient already today, or a long time ago on the same person, it’s a cycle. A continuum, and those that work to master this, are the ones that will have the most influence over others, and therefore the greatest value and contribution to your team.

I say it, questions, questions, questions. Obviously, the reason why is because it’s the only way to know what someone else is thinking and where their mind is at. **It’s the only way to truly learn about them and their perceptions and their past experiences, their goals, and where and why they place their value on whatever they do. Questions are the only way to guide someone into something that will make sense and totally align and feel natural and comfortable with them.**

Questions done right, every patient will always, always walk themselves right into the answer that you want them to have. And, it will make case acceptance, compliance, follow-through, value, and yes, even money easy to achieve with your patients, because you are walking through the dialog and the approach with questions to make it their idea. Before I talk you through it today, I’m going to actually give you the activity and your teamwork first, so that you can have full perspective before I give you a little additional strategy and insight.

Practice Focus

Today, I want you to role-play like never before, and I want you to help each other improve, to be very deliberate about this. Each of you, regardless of your position, front to back and everywhere in between, from phone, and treatment presentation, to hygiene and assistant, and of course, and especially, our doctor, yet you are going to practice questioning, and get even more comfortable than you are now, and work to build your muscle memory around this, until at which point it becomes so natural and routine you never mess it up, skimp out, neglect or even deny your patient the opportunity to respond and be involved in the process.

First, I want to ask you to buddy up. Okay, two people together. One to play the patient, and of course, you're going to flip it around after that, and I want this truly to be, first of all like new patients. Buddy up. Everybody own the position that you do, and just practice back and forth. Your job is to ask the questions. I'm talking about phone calls. I'm talking about interviews. I'm talking about case-building. Talking about the exams, diagnosis. Talking about presenting treatment. I'm talking about everything.

Whatever you do all day long. Whatever you do. Okay? I want you to only be able to ask the questions, listen to the response, and if you need to state something back, well, you can do that, but then, ask another question. I want you to do this until you exhaust everything you need to accomplish. If you run into a road block or an objection, find a way around it and back on track by asking another question.

Really, really, this should be fun, and I want you to make it fun and make it a game. The team member playing the patient can be a little silly, it's okay. It's fine, but I do want you to take this seriously, and actually use real life examples, and as I say, make it real. Otherwise, it's not helpful.

Now, here's the trick. You're going to have to slow down, to be present, to consciously listen. Okay? Of course, you need to be curious, and genuinely caring. These are not hard things to do because this is you. Now, throughout the day, it's tough because you're busy, and so this is why the practice is so critical so you get in the habit of the question being the first place that you go.

Now, I'll circle back later and explain why I'm going to keep this portion very brief, but let's just say, for example, you've all heard me say this many, many times. Patient calls up on the phone, first thing you do, whatever they say, you ask for their name. "May I ask who I'm speaking with please? I'm so happy you called us today. Please, tell me what motivated you to call our office today."

The patient answers the question. You respond with another question. "Oh, I want to get my teeth cleaned."

"That's fantastic. Could you tell me a little bit more about that? When is the last time you had your teeth cleaned?" Or, "How did you hear about our practice?"

You understand. Question, question, question. Now, I'm not going to say the phone is the easiest part, because actually, it's probably the hardest part. It's probably the hardest part. Everybody else has got it easier, because the patient's in front of you, but on the phone, you dig deep. Patient says, "Well, I've been having some pain."

Practice Focus

“Tell me more about the pain. Describe. Where is it hurting? Is there anything else you’d like to tell me? Great, well, let me ask you a question. What would you like to see happen when you come to our practice?”

It doesn't matter. You're going to let the conversation sort of meander and move around, but you're going to be very poignant and direct, but your outcome, what I want you to focus on, is what information do you want to gather off the phone call, and use questions to get that so that you can arrive at our goal: an emotional connection, with a committed appointment or a patient that's excited to come in and that's got something to do.

Remember, questioning on the phone is not just about getting the right appointment scheduled, it's also about preparing and pre-educating the patient, and setting the tone and the expectations and helping share with them how different you are and what we're about. Remember, throughout all of this, the reason questions matter is because it forces you to keep the focus on the patient. The in-office interview, you understand. We're asking the patient about their goals, what's important to them, what they value, what they want to see happen in their mouth. We're asking them some personal questions, and you're taking those answers and you're digging beneath the surface, layer, after layer, after layer.

One of the most important questions, which technically we're going to get into in more depth next time, is you ask the patient, “What would you like to see happen? Tell me, what else? What else interests you?” You want them to keep sharing, keep sharing.

Now, case-building, this could be as simple as saying to the patient, “Do you see the photograph we're looking at together? Of course you do. Do you notice anything over here on the left side? What do you think about that. When you look at that, just describe back to me what you see?”

You see what I just said? “Just describe back to me what you see?” Okay, that's a statement of implying a question to get them to respond. I say, “Patient, do you feel that? We're probing now. Do you hurt a little higher number? Do you feel that? What about when I press right here? Go ahead and bite down for me. Okay, now move your teeth a little bit side to side. All right, open again, close now. Do you feel where your front teeth are hitting a little bit first? Do you feel how it's off size there? Bite down again? Do you see there's a space? Can you feel over here, there's a space? Do you want to know why that is?”

Do you see what I'm saying? These questions don't have to be crazy. They can be, “Now, tell me, what would you like to see happen with this over here? You're missing a couple teeth. It's obvious, common sense, it's no good for you. The only way to live is with all your teeth in your mouth. I mean that's kind of the idea here. Tell me, what would you like to see happen?”

Again, we're just drawing back the question, question, question. Okay, this case-building exam, you know these, the questions are, are you doing them? Okay? You know these. A lot of them are very common sense and very straight-forward. It's all about drawing the patient, and keeping them engaged.

During the treatment presentations, of course you can be asking questions. You can be describing, laying out the pictures, drawing things on them and saying, “When you look at all this, tell me what's most important to you? How does this make you feel? Can you imagine, can you think about your future, just for a second. I want you to tell me. I want you to make a

Practice Focus

big smile right now. Go ahead. I know it sounds a little silly. Make a big smile. How does that feel to you to know that you're going to have the best smile of your life very soon, very soon? That's what we're going to do here on your pathway to health."

Now, I think you get the idea. I want you to think about what you need to gather from the patient to draw them in and to have success. Now, once you've practiced back and forth several times, then come together as a group and role-play, sequentially, through the patient experience with each person, asking questions from start to finish so that everyone on the team gets exposure to what questions others are asking and what type of comments that they're experiencing from patients. Help each other to build a great dialog. Maybe somebody else thinks of even better questions than you. You're working to build your arsenal of questions, and also to have perspective and understanding about the seamless patient experience all the way in complete continuum.

After you do that, we're going to go back and then break down to the buddy system and role-play out questions that are not to new patients, that are not to new patients. This could be, for example, patients of record, calling on the phone to cancel, to reschedule, to leave the practice. Okay, to leave the practice. Terrible, unless you want them to. To ask about insurance stuff or billing statements or questions they have. Maybe somebody's following up on a treatment plan. This could be a patient in hygiene or operative with additional treatment pending, or you could be seeing an emergency. It could be a specialty case. It could be a screening into sleep or ortho or TMD or an implant consultation. It could be a comeback treatment conference for a patient that's been there forever. It could be a person that's got a broken down mouth, you've talking and talking and talking, but you have not effectively used the questions. Okay, you haven't effectively used the questions.

It could be handling objections in the back, which we did a lot of last time. Do your best, and think through as many patient scenarios as possible, and use questions to engage your patients, to better understand, and to convey information with the questions. Okay? Very important.

Now, remember, we can also give feedback or make comments about anything you want. When you finish, you must finish with a question to your patient until they arrive at the best conclusion and answer that you want them to have. You are using questions to guide them to results that is in their best interest. That's always the point.

Now, I've given you some examples throughout this. What I'm not going to do is give you a stock list of questions. I get it. It's what you would want, but at the same time you don't. Because, you know what? No one likes being scripted, and honestly it takes the entire point out of the relationship with the patient, because it's not as genuine as authentic, and the best part about all of this is the real interaction and the personable approach to your patients. You, your personality.

What you're going to do is create your own list of your questions that you're going to have in your arsenal to use as needed for your particular part of the patient engagement that you own the responsibility for. Now remember, not all questions are necessary every single time. This is what I mean. It's not a list that you want to just run through. It has to be appropriate and a natural flow. I will also tell you that you should err on the side of too many questions versus not enough. Everyone listening to this right now, I can promise you, is not getting enough information for your patients before you start dictating whatever you do to them.

Practice Focus

You don't listen enough. You don't dig deep enough. You don't get the patient drawn in enough and involved enough.

That's not criticism. It's fact, because it can always be better. The more the patient talks, and the more committed they are to the process into what is going on, their relationship with you and ultimately to the outcome you want for them. Once you complete the second round of buddy questions, bring it back together to everyone, and go around so all team members hear your various scenarios and how you're using questions to help your patients win.

The last point I want to make here is you are not waiting for objections to happen to use questions. You are not waiting for patients to ask questions for you to take control and start asking them. You want to have proactive questioning. Okay? Proactive questioning. We handled objections in great depth last month. This is about using questions to move the patient forward, to open their eyes and mouth, and to get them making positive progress on the next steps of the experience and with their pathway to health with you, proactively, so we avoid the objections because the patient's so drawn in.

As the old saying goes, knowledge is power. And one more, from good old President Roosevelt, nobody cares how much you know until they know how much you care. Moreover, the more you know about your patients, they know you care about them, and then they will care about what you can do for them. That is what this is all about.

You should finish with a practice-wide list of questions that can become protocol for training and development of any new team members in the future. I can tell you, this is one you will want to revisit and continue to practice and perfect. The most important way to make this successful is to challenge each other, and make sure no one is skipping out or stopping too early, and that they are really listening and getting the most relevant and important information.

You can be social. You can be fun, and friendly, but ultimately your questions should be gathering information so that you can better compel your patients to make great decisions for themselves and their health, because this will take some time.

I'm going to stop here. If you do it right, it will take some time. I'm going to stop here for today. Follow my instructions. Practice, role-play, make it real, and have fun learning about your patients so you can help them through mastering the art and use of questions. Very important. This is about learning enough about your patients, drawing them in, getting them to understand, to believe, to be a part of the process so that we can build value, build trust, build commitment and move patients forward on the pathway to health with their goals and your goals for them, and by the way, make your job so much easier and so much more fulfilling because you have a willing patient in your hands, that you become the guide and influencer and leader over.

That's why we call them patients, folks. That's why they come in: to listen, to be guided and advised, and helped by you. I'll see you on the flip side. Can't wait to hear about the magic that you're going to create together in mastering the art and use of questions, to be a guide and to have more influence over your patients. Take care.