



# Practice Focus

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## Series 4 Elite Practice Evolution

### Session 3 Setting Your Patients up for Success (Part 3)

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Welcome everyone, and today we're going to begin this month's very important, of course they all are, Practice Focuses with one of my favorite sayings. "Knowing is not enough. We must apply. Willing is not enough. We must do." And this is why I'm introducing you to our third series in setting your patients up for success.

Now, that saying was said by a person with the last name Goethe. It also happens to be someone who said my very most powerful saying that I keep in my office all the time, which talks about how nothing happens until someone is committed to the outcome, to the action. Anyhow, we'll save that one for another time. Bruce Lee also had a version of this quote, but once again, it's very important. Knowing is not enough. You know what to do. Of course. We must apply it to our every day approach, discipline, routines and behaviors.

And certainly to be willing to do a good job is also not enough. We must actually do the good job. Today, I'm going to just really hit you hard and fast with this. We're just taking a very specific concept, one section of your engagement with your patients. And we're just doing a deep dive into this so that you can really get back to some great role-playing. I'm not going to give you a bunch of activities or assignments or even a fodder to start with here. I just really want you to take this month's Practice Focus and really make it your own. You're at that level, you're at this point, you're fully capable. Okay?

The bottom line is just like last month, this is not new stuff that you need. It is making sure you're actually applying and doing what you already have the knowledge, skill and most likely even have refined and perfected the state of the ideal protocols that you want.

It is the commitment to carry this out every time with every patient. So, we aren't going to use any of our time today to go back over the last two months. I'm going to trust that you crushed it and that you have made significant progress and steps forward on solidifying your core protocols around the patient engagement and building cases through each time of exam, visit, part of your patient experience.

Today, I would like to move back to role-playing, and doing it in a very advanced and sophisticated way, to continue building up your confidence to be a guide and leader with our patients to create more complete and comprehensive health, awareness, conversations, and ultimately, treatment plans. I'm going to attempt to keep this brief, not always easy for me, in order for you to maximize your time interacting together. Today, let's be laser-focused and specific on our approach to diagnostically build the vision with your patients at every step and stage of the experience, regardless of what position you are in and what role you play.

I expect and hope that this is review in concept and principle, but much more dynamic and proactive in application and verbiage in the actions you take with your patients. I hope you didn't miss what I said in the passing seconds ago. If we want to build the bigger, more complete cases, for our specialists out there in the TMJ sleep ortho realm there might be more case-start driven, all closely equal in size and amount and approach. Remember that complete cases, it does not necessarily mean big cases in dollar figure, just that the patients more easily and readily accept treatment and that you are taking the responsibility to build the value and move the patient forward with your experience, interaction, demonstration and verbiage and communication with them. What I said was this, you have to start with building more complete awareness in your patients' minds. Then you have to create more complete actual diagnosis in the vision of health.

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Then and only then can you create more complete treatment plans that the patient will be interested in and accept. It is not hard for you to create a big treatment plan or to comprehensively treatment plan your patients, if you take the time and pay attention. It's the science of what you do. However, that hardly matters if it remains only your idea in the first place. Remember, what I call dictating or dumping diagnosis instead of making it interactive with your patients. Therefore, we want to begin every interaction with your patients with an end in mind of what we want for them.

We want to create and end in mind of what we want for them. Optimal health, by whatever that means to you and your philosophy, is the key to all of this. You have to have a baseline, a standard, an expectation, a benchmarks, something that you're helping the patient work towards in comparison to what they have today.

We have a couple months ago worked on the what are you about and how do you define, describe your mission to your patients. Today, I want to take the protocols of your visits from last month and I want to move that forward into practicing verbiage and role-playing out with each other what you want to say and convey to every patient in order to expand the diagnostic success of your case building.

Here's how we'll do it. First, we want to establish what do your patients need to know, see, understand, be aware of, in order to make the best decision for themselves? That begins with what health is by your standards; what every patient deserves. I want you to define and describe these things. How do you explain it? How do you demonstrate it? Why does it matter to them? What are the benefits to the patient today and longterm? Now, that's a giant amount of work right there.

If you take it seriously, if you unpack it and you dive down deep into what I just said, the first part of your Practice Focus session this month. Next, and most importantly, you now need to contrast this against the patient's existing and current state of reality of their health. I call it the state of their health, meaning the reality that they're living with right now. In what ways do you demonstrate this? How do you educate and make your patients aware of it? How do you create and establish proof and believability?

This is where you give the patient ownership over their health. You can't bypass this. It has to be stated and articulated by the patient that they accept and understand and acknowledge their current state of health. In this way we can now build a bridge between where they are and where they deserve to be.

This is your ultimate and complete comprehensive treatment plan. That's it for today, folks. This is all I want to do. And there may be nothing more important than this. These two things, nothing else. This is a year long, 365-day seminar if we want it to be. This is the magic. This is the point. This is where you create everything that brings to light your vision for your patients and helps them to accept and buy in and want their health to be your idea of optimal health.

Now, if you want the advanced version of this, I want you to make a list of the most common problems you see in your patient's mouths and with their health and take, say, the top three, four, five and role-play out how you want to go about talking to them from this problem in expressing the state of ideal and possibilities that go with reaching optimal health.

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I want you to do this for every team member, for every team member's perspective, the most common discussions on the phone, the new patient interview, the clinical experience, hygiene patient, operative patient, whatever category of patient you have in the procedures you provide. I want you to work on creating complete conversations in order to build complete cases and set your patients up for success. Helping them say "yes," because you've clearly defined and painted the picture of what success really is and should be for them. And then brought them back down to reality over their mouth and health so you can work together to create a comprehensive plan that closes the gap between the two.

Finally, either as part of these actions, or after the fact, I want you to go through all the tools that you have that can be used to make this more interactive: testimonials, case studies, before and afters. Obviously the photographs and x-rays of their mouth. State of ideal photographs and x-rays, the other posters or props in your office or treatment rooms, models, etcetera, props, tools. You get the idea. Remember, it should be for every patient, this is what our state of ideal is. Here's why, and the relevance to you.

Then, let's go discover how you stack up to that. When we see recession or worn dentition or snoring or malocclusion or missing teeth or whatever, so on and so forth, you get the idea, here's what that means and here's why it matters, and here's how it's relevant to you. When this type of experiential dentistry is happening, when your verbiage is dialed in and consistent and conveys these two things, it is very easy to move the patient from where they are to where you want them to be, and for them to want that for themselves.

However, if you miss anything or if every step in every conversation between all team members and parts of your experience are not fully congruent, if there's any misalignment, then we break the trust and the believability and we take away from the significance, lessening the overall importance and then the value of what you are trying to accomplish. The more personally you make this and keep it about the patient, the better.

Please. I want you to have fun with this, to be proactive and bold. Feel free to use real patient examples and to go to work mastering, and helping your patients get healthy by setting them up for success and creating the standard and benchmark for ideal health, and compare it with the patient's reality and build a bridge between the two. It really is that simple. What we usually miss is setting the expectation of where we're headed, what the goal is, why that's the goal.

The significance behind the actual vision instead of it being our idea it must have become the patient's idea but first you have to educate them on what that is and why. It's easy to pick apart their mouths. It's much harder to be able to get them to be excited about something more than what they have, unless you first create that vision. Work together to understand that getting clarity over how each of you fit into the experience and what your expectations are over each other along the way, as we further expand our advanced strategies, always keeping our core principles that we have been reviewing intact.

I look forward to your breakthroughs and continuing to build your confidence in your discussions with your patients, in your communication around complete and comprehensive diagnosing, and giving every patient the best chance and opportunity possible to have the health they deserve.

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Again, my friends, there's no one better than you at this. Don't shortchange yourself because it only means we shortchange the patient. This is the dynamic interaction that really makes complete and comprehensive case acceptance possible. It allows you to help your patients say "yes" more often to more dentistry that's going to get them to their goals and the goals that you know are in their best interest. Let's bring this to life, my friends, and let's make it happen.