



Practice Focus

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Series 5 Personal Growth and Practice Development

Session 7 Patient Success Equals Practice Success (Part 3)

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 3. Use the transcript to help complete your Team Activity: **key points are highlighted.**
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Practice Focus

Welcome everybody and thank you for being here, making time to invest in yourselves as I tell you every single month, there's nothing more valuable than this. Taking time away from patients, some people they look at it as a cost, an expense, a liability, a waste. But instead I say to you and remind you, taking care of the team... nothing more important... because your patients will only be as good as you are. And I just want to say good for you, and thank you for giving me the privilege to help lead and guide, to challenge and grow all of you. Now, let me just say, I'm super excited about this month's Practice Focus. You better believe it! And if you do it right, you'll be excited, too, and you'll find this to be perhaps one of the most valuable Practice Focuses you've ever done. We are returning to our famous role-play practice: the principles of visualization and living out exactly what we want to happen in reality! That's right!

It's the equivalent of pushing pause and orchestrating, stacking the deck, creating exactly the way we want it to be. Not many people enjoy role-playing. That's just the truth, but it doesn't have to be torture. In fact, considering you are the consummate professionals that you are, you want to do your very best possible every single time with every single patient. And this is why you, personally, and as a team, the whole of the group right there listening to me today, you welcome the idea of role-playing and practicing to help each other. Anything other than role-playing, real-time practice is nothing but noise. It's theory. It's conceptual. It's just pretending. Role-play is where the rubber meets the road and is where you actually have the opportunity to make each other better. Our theme over these past few months has been all about helping patients be successful in their experience and their understanding, and ultimately in their decisions to get healthy, and the more we practice our approach at doing that, the more successful you will be.

We are bringing back into our Practice Focus this month, the very, very specific topic of our triangles of trust. And we're using a simple theme, a simple theme for you to have consistency on how you go through each of these. I'm asking you to role-play through what happens right before you execute your triangle, what happens during the time you are actually doing the triangle, and then as you make the transition to what happens after the triangle. Some of our old guard or veterans at hand, will remember our very original before, during, after patient experience, phone to front door, everything inside the four walls of the building and when they walk out. I'm asking you to do a deep dive internally and focus in on before, during and after each and every one of your triangles, your transitions, your hand offs, your transfers, you get the deal. Done properly, which I know you will do this, this will bring to life and showcase the parts of the triangle that you never get to see happen by other team members that you are either delivering the triangle to or receiving the triangle from.

We do a little bit of this in our advanced training, which you may remember long ago, or may be having upcoming, again. This really is so different because you get to do it right there in the intimacy and the comfort of your own practice, and really take your time and work through the finer details, the important nuances. We can call this, "complete practice." Is there any practice other than that? As I say, a waste of time without complete practice. Because while we are going through one aspect of your interaction responsibility, once everyone has done their part, you will see it become that full circle communication, and we will in fact have a fully connected patient experience.

You see how I did that? Yes, we are using this month's Practice Focus as a way to bring everything into one comprehensive culmination from the last two months.

Practice Focus

Done properly, right, done properly, I know you found some significant areas of improvement and ways to enhance your patient experience from the connected focus, as well as to close up any communication gaps with your full circle focus that you did. Now, we are bringing our patients back into the mix and we're going to move through the practice from start to finish. Before I dive in and explain what exactly to do, I want to say that if you're not actively doing a triangle of trust every single day, you are the main person, maybe on the phones or you're doing sterilization or you're handling insurance or whatever else, please, don't worry. Don't feel left out. There'll be plenty for you to weigh in on, and in fact, it's very often information on the phone delivered in the morning huddle that helps the patient experience start off on the right foot. It's very often that someone managing insurance sees that there are gaps or missing information or incomplete charts or treatment plans or notes or codes or whatever, when triangles of trust are done and route slips are transitioned. Everyone plays a part, and everyone has a voice with this very Practice Focus. With your perspective, it matters, and you see, or what you don't see, people do that will make all the difference in how to help everybody.

Okay. We're going to attempt to do this in three different layers. Though it's going to be very hard to fit it all in in the time that you have, please do your very best, no matter how much you get through, it's quality over quantity. And I want you to use your focus on the significance of your interactions.

Don't speed through it. Slow it down. Just like we say to do in real-time during the patient experience, during the schedule, during everything going on in your day. Slow it down, and really get into the heart of the matter, get to the significance of it. Okay? Since the most common triangles are going to involve the doctor and the treatment coordinator, you will most likely do the first one as a group, and then you can role-play through each triangle as it actually happens. Part of the power of role-playing is everyone watching each other so you can help learn from what they do as well as give them valuable advice and feedback.

First, it's a forest through the trees kind of thing. First, here's what you're going to do. I want you to go through every person's point of view and review exactly what expectations you have of yourself and what information you should be delivering in your triangle.

We're going to go back up to everything, from what information you gather on the phone, what information is provided in the morning huddle on new patients, what information we get in the interview triangle, what information as a hygienist I want to accomplish before the doctor comes in, what information as an assistant I want to cover with patients before the doctor comes in, you get the idea. Think about the first person you deliver a triangle to and ask them, "Am I giving you what you need to be successful?" What are the expectations for a successful triangle in the first place? Take this all the way through the case acceptance and the closing of the case. Okay?

Now, this is going to be more of an open discussion. It's very important to do the expectations properly and to really have a good, clear, upfront, open-minded, no offense taken, feelings hurt dialogue about this.

Am I giving you what you need? What else could I do better? What expectations do you have of me? So that everything is truly outlined. This does really build on the last two months.

Practice Focus

The next activity, I want you to actually role-play through each triangle.

This is nothing that you haven't done before. Though you should be better, we are improving all the time. We're evolving. This will begin with someone playing a patient, which could be one of those team members that is not often included in a triangle. Then go through every clinical team member and every type of visit. New patients, three triangles. Emergency patients, three triangles. Other patients whether hygiene or specialty, a couple triangles. Practice, practice, practice. And please make sure you begin this before you do the triangle, the patient or action that leads up to you being ready for the triangle itself.

I really want you to own and seek your teeth into the before, the triangle starts, the during, the triangle happens, the after, the triangle is over. It's so important. Complete practice with a patient. Not just the two team members of the doctor. You must involve the patients. Whoever's going to play the patient. Okay? Now, this is very special and unique, because we've never done it this way before. It is one team member, one patient, and you are role-playing the time leading up to when you are now ready for the triangle to happen. And once again, take it all the way through to finish and complete the patient experience in each of these categories, all the way to case acceptance, prepayment, scheduling of treatment, whether up to the front or in the consultation room.

Now, remember that role-playing is not going through the motions. It's not talking about it. It's actually doing it with real verbiage and real communication. Okay.

Stop here. Talk about what you're noticing, what you were learning, what you can do to improve, how the expectations in this real practice tie together to give everyone a better understanding and more clarity over what success looks like.

Okay, finally, we're going to go to the third layer.

We're going to finish this month's Practice Focus with one specific part of the triangle of trust, that quite frankly, we do not invest enough time and attention in, and that's the parts of the triangle of trust that are not just transitions or handoffs, but they are interactive triangles. I call them, you know, the tag team triangles. The most common one is the doctor and hygienist engagement. And then with assistants and doctors, during procedures or at the beginning and end of a clinical visit, and of course the new patient clinical team triangle, where the two people are in the room or the doctor's there with the clinical team member, and we're going back and forth to build the case. Finally, you also have the treatment consultation triangles where the doctor and treatment coordinator are presenting a case, wherever this is applicable in your practice.

I can't emphasize this enough. And it's where I really want you to put some extra time and effort, where the two team members exist in the triangle and are taking the tag team approach back and forth. This is the longest part of the triangle of trust. It is literally the middle inside of the three bars, the three lines, of the triangle. This is the middle. This is the substance of where the tag team triangle takes place. And this is where all the magic happens.

Again, someone play patient, have the doctor and hygienists role-play through the entire check, the triangle engagement and the same with an assistant and doctor, and then the same with the doctor and treatment coordinator doing a treatment consultation.

Practice Focus

As you do this, I want you to be open to feedback from everyone and the people that aren't involved, talk about how they're doing and what they could enhance. You should also self-reflect personally from your position and comment on what you could do better, more consistently, more thoroughly, and how you can use this tag team part to expand the case building, increase the case acceptance, and ultimately drive patients forward faster on conversion, investment, acceleration of treatment and consolidation of visits. You get the idea.

Now I'm intentionally wanting you to have as much time as possible to practice and role-play through these three layers of communication and triangles and next month, boy oh boy, we are going to get really advanced about it. And I'm going to challenge you with some innovative strategies and ways to up your game in the triangles and help each other help more patients say yes to more dentistry faster.

Here you go friends, expectations on triangles, information, transfers, transitions, hand offs, setting each other up for success, complete flow of the connected patient experience and full circle communication done specifically through the triangles, from phone to follow through and role-play out with each other. And finally, a dedicated focus on tag team triangles of the actual clinical experience.

Do not shortcut these, do not shortchange yourself, do them completely. Slow it down and finish off with the doctor and treatment coordinator consultation presentation to close.

Make a list of your takeaways, your areas of opportunity for growth and improvement, any adjustments in priorities and decisions that came from your work here together this month, and any insights that were gained from everyone having the full patient perspective through the eyes of your other team members, as you bring to life the last two months of the connected patient experience and the full circle communication by involving your patients and executing on your triangles of trust better than ever before.

Let's get to work, and I look forward to your feedback and your results, and I'll see you here next month.