



# Team Activity

# Team Activity

## Series 8 The Four Pillars

### Session 9 Schedule Control (Part 2)

**Listen Online**  
[dst.media/focus90](http://dst.media/focus90)

- 
1. Make a copy of this worksheet for each team member to use.
  2. Complete the Team Activity.
  3. Fax or email one “Master Worksheet” containing your team’s collective efforts.
- 

## Send Us Your Master Worksheet

**Fax**  
**615-807-3301**

**Email**  
**[Champions@DentalSuccessToday.net](mailto:Champions@DentalSuccessToday.net)**

# Team Activity

## Step 1 Review and Tally up Our Scorecard

Begin by reviewing our action items from Scott's session on Schedule Control (Part 1).

Grab our Master Worksheet from the last Team Activity to review and score how we did.

What did we decide was our new daily goal, and what percentage of days did we reach it?

---

From 1-10, how would we score our commitment to schedule control and maintaining our perfect playing field?

---

From 1-10, how would we score our commitment to each portion of the 3-Part Checklist for Preparedness?

**1. Discovering opportunity and value.**

We treated every patient like a new patient.

---

**2. Deciding the outcome of every visit.**

We reverse engineered each patient's pathway to health and upheld our clinical philosophy.

---

**3. Dealing with bottlenecks preemptively.**

We acted instead of reacted.

---



# Team Activity

## Step 2 The 5 Scheduling Impact Areas

Gain perspective and inspiration by delving into the five most impactful areas of schedule control.

Let's review these keys and fine-tune our game plan.

### Impact Area 1

Clarity on Appointment Type and the Way We Screen and Schedule

Hold a full-circle discussion with both the front and clinical teams.

#### Example discussion points:

- The duration of certain appointments
- The specific days or times certain appointments can be scheduled
- The amount of Doctor's time that's allocated for certain appointments
- Columns and anchors

Are there any simple adjustments we'd like to make going forward?

---

---

---

---

---

---

---

---

# Team Activity

## Impact Area 2

Morning Huddle Preparation

**What are the key details we want the Clinical Lead to pick up on?**

### Examples:

- Human elements and personality details
- Goals

**To begin, we can always start with these basic, default goals before diving deeper:**

- Having a functional mouth
- Being disease-free
- Getting to healthy maintenance mode

### Our Goal

Getting to a patient goal of SUBSTANCE as quickly as we can.

**What are our top priorities of communication, and how will the business team commit to maximizing our time in the huddle to update the rest of the team with powerful, personalized patient information?**

---

---

---

---

---

---

---

---





# Team Activity

## Impact Area 3

Clinical Yes

**Is the Clinical Yes, the agreement between Doctor and patient on outcome, being clearly communicated to whoever's responsible for scheduling?**

**Examples of how to “bring Doctor into the conversation” and relay this information:**

- “Doctor recommends...”
- “Doctor and patient agreed...”
- “Doctor and patient are on the same page...”

**Leverage Triangles of Trust to reinforce the Clinical Yes, and level them up by sharing “how” via “the good news.”**

**Example of low-level language:**

“You have two crowns to do.”

**Example of high-level language:**

“You have two crowns to do, and here’s the good news: we can get everything done for you in only two visits.”

**Leverage bundling to create effective handoffs.**

**Ask Doctor for clarification on bundling:**

“Doctor, before you go, can we get everything done in one visit, or would you like to have it done differently?”

**Bring Doctor’s recommendations into the bundling conversation when scheduling:**

“Doctor wants to get you to your goal of X, and they recommend moving forward this way...”

**Leverage that patient goal:**

“The good news is when we’re done with Y, it’s going to get you to X...meaning...it’s going to get you back to healthy maintenance mode/take care of you for the rest of your life.”



# Team Activity

## Impact Area 4

Scheduling Verbiage

**Are we being directive, taking control of the conversation, and avoiding the trap of being order takers?**

### Example of low-level language:

“Patient, what’s good for you?”

### Examples of high-level language:

- “Doctor wants to see you at...”
- “We have the right team here on this day...”
- “We have the right equipment and room set up at this time...”
- “Doctor likes to do this appointment first thing in the morning: do you prefer Tuesdays or Thursdays at 8:00am?”

**Build on being direct and taking control by teaching patients why prepayment is good news.**

### Example of high-level language:

“Good news: if we take care of the full payment today, not only will you get a savings, but it means you won’t have to worry about it on the day of your visit—you’ll get to walk right out whenever you’re done, and that’s always a great feeling.”

**How can we commit to leveling up our scheduling and collecting conversations?**

---

---

---

---

---

---

# Team Activity

## Impact Area 5

Words to Watch Out For

**Are we allowing disappointment and negativity to creep into our conversations, or is everything positive and on purpose?**

### Examples of words to watch out for:

- “When is good for you?”
- “When would you like to come in?”
- “Sorry...”
- “You don’t have to...just watch and see...”
- “We can wait till next year...”
- “That’s elective/optional...”

### Questions to consider:

- Can we only have scheduling conversations about what we CAN do, not what we can’t do?
- Can we replace apologies with positivity?

“I’m sorry, we’ll have to bring you back...”

Vs.

“Doctor wants more time to study this and customize your pathway to health, so we’re going to bring you back to perfect our plan for getting you to ‘state of ideal’ as efficiently and effectively as possible.”

- Can we stop giving patients permission to delay and deny?
- Can we make everything valuable and important?
- Can we speak in terms of halves and arches instead of quadrants?

“We’ll do the upper right and lower left.”

Vs.

“Patient, we’re going to start with the upper and then move to the lower.”

“Patient, we’re going to start with the right side and then move to the left side.”



# Team Activity

## Step 3 Reverse Engineer

Once again, it's time to practice our preparedness, our positioning, and bring schedule control to life.

Let's look at our schedule and reverse engineer the next two weeks.

---

### Consider the 3-Part Checklist for Preparedness:

1. How can we discover opportunity and add value?
  2. What's the outcome of every visit?  
(Especially with what's discussed and decided when Doctor's in the room.)
  3. Are there any bottlenecks we need to deal with preemptively so we can move smoothly through the day?
- 

### Consider the 5 Impact Areas:

1. Clarity on Appointment Type and the Way We Screen and Schedule
2. Morning Huddle Preparation
3. Clinical Yes
4. Scheduling Verbiage
5. Words to Watch Out For



