Are new patients tripping over your phone line?

By Sally McKenzie, CMG

It’s the usual busy day in the dental practice. The phone is ringing. Patients are flowing in and things are moving along smoothly. Sure there’s a cancellation or two and maybe an emergency. As the dentist passes the front desk, he hears Linda, the business assistant, wrapping up a conversation.

“No, I’m sorry, we don’t.” We don’t what? What don’t we do that someone wants to know about? The dentist makes a mental note to follow-up with Linda. He’s overheard her give similar replies in the past and meant to ask her about it before.

Here’s what the dentist didn’t hear …

Linda: Good morning, Dr. Stanton’s office, Linda speaking.

Carolyn: Hello Linda, my name is Carolyn Samson. I recently moved to town and I was just calling to find out if the doctor is accepting new patients.

Linda: Yes, he is, although the schedule is pretty full right now.

(Without even realizing it, Linda is sending a message to this prospective patient that she might not be welcome in the practice. It’s already a busy place and Linda doesn’t know how the office is keeping up with the patients it has, let alone encouraging any new patients to join. That comes through loud and clear to the caller.)

Carolyn: Do you offer any Friday afternoon appointments?

Linda: No, I’m sorry, we don’t.

(Silence ensues for a few moments while Carolyn waits for another option from Linda, but none is offered.)

Carolyn: OK, thank you. Goodbye.

To Linda, this is just a routine inquiry — nothing special, and she doesn’t think much about it. After all, there’s no established protocol. She’s just answering questions as they come in.

No, the practice doesn’t offer Friday afternoon appointments because the office is closed, but perhaps the practice offers Wednesday evening appointments or Saturday morning appointments.

Alternatively, perhaps the practice sees new patients at a specific time of day so that the dentist can spend quality time with the patient and is less likely to be interrupted with emergencies or oral hygiene exams.

Yet, Linda makes no effort to offer possible alternatives or to educate the patient on the options and why they would be worth considering. She simply answers the questions the prospective patient asks and feels she’s done her job. It’s a common scenario because few practice staffs handle telephone communication until they are often very surprised by what they hear and, unfortunately, not in a pleasant way.

Dentists really cannot judge how well their staffs handle telephone communication until they hear it firsthand. Does the business team use proper phone etiquette and correct grammar? Do patients have to wait too long on hold or for the calls to be transferred? How do staffs handle telephone communication until they hear it firsthand. Does the business team use proper phone etiquette and correct grammar? Do patients have to wait too long on hold or for the calls to be transferred?

Here’s what the dentist didn’t hear …

The irony is that while dentists typically place a high value on telephonic communication, they simply haven’t been trained, and educating staff on effective telephone communication can significantly improve their approach. Moreover, it can prevent the loss of hundreds of patients and tens of thousands of dollars every year. However, it doesn’t stop there.

Calls are recorded and the dentist has the opportunity to hear firsthand what is transpiring between his/her staff members and prospective patients. What we are finding is that dentists are often very surprised by what they hear and, unfortunately, not in a pleasant way.

In the medical community, “mystery shoppers” have been used for several years. Dentistry is embracing the concept as more practices have come to realize that the “mystery shoppers” have been used for several years. Dentistry is embracing the concept as more practices have come to realize that the telephone is often a major point of entry where patient satisfaction or dissatisfaction is often determined.

McKenzie Management has developed a telephone assessment protocol in which a professional trained and certified “mystery shopper” makes multiple calls to a dental practice and assesses the effectiveness of the team’s telephone skills.

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Dentists really cannot judge how well their staffs handle telephone communication until they hear it firsthand. Does the business team use proper phone etiquette and correct grammar? Do patients have to wait too long on hold or for someone to answer? How does the staff handle questions and requests for information? What are the staff’s tone, attitude and demeanor? Do staff members come across as welcoming and helpful or annoyed and rushed? Most importantly, how many new patients might be lost after month because of inadequate telephone protocols?

While the reality of how phone calls are commonly handled can be an unpleasant shock, we also find that it tends to be a major incentive for dental teams to identify exactly where protocols can be established so that the practice can make improvements right away.

Oftentimes, very capable dental employees unwittingly drive new patients away because they simply haven’t been trained, and educating staff on effective telephone communication can significantly improve their approach. Moreover, it can prevent the loss of hundreds of patients and tens of thousands of dollars every year. However, it doesn’t stop there.

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Identify the ulcer

The patient presents with an ulcer on the left lateral border of the tongue. The patient noticed the ulcer — which causes pain and a burning sensation when eating — about three months ago. The patient has smoked five cigarettes a day for the past seven years.

Clinical examination of the lesion shows that the ulcer is reddish-grey in color with slight sloughing, inflamed margins, a firm and indurated base and about 2 x 2 cm in size.

Which type of ulcer is this?

a) Tuberculosis associated ulcer
b) Traumatic ulcer
c) Squamous cell carcinoma
d) Aphthous ulcer
e) Herpetic ulcer

(See page 6 for the answer)