Doctor, I’d like you to spend a little time eavesdropping over the next few minutes or so. Listen carefully to how members of your staff handle day-to-day patient communication.

Chances are pretty good that you’ll hear exchanges similar to the following:

“Mrs. Jones, would you like to schedule that crown appointment now?”

“No, I’ll give you a call when I’m ready,” says Mr. Collins.

Or perhaps, this will be more common in your practice:

“Mr. Collins, would you like to discuss the status of your recent financial statement on Tuesday, Mary?”

“No, I’m sorry, I have a conflict. I’ll let you know when my schedule frees up,” answers Mr. Collins.

Unfortunately, in each of these scenarios the staff member doesn’t realize that the manner in which these daily patient exchanges are handled directly affects the outcome.

In each case the patient is moving away from the desired action. The patient is showing some measure of resistance, which is quite common, but all too often is not acknowledged. The dental team runs into resistance from patients every day, but typical- ly the staff member has no idea how to respond when patients say “no” or “I’ll think about it,” or “Not today,” etc. In each scenario, the patient is controlling the outcome, and the team member has relinquished that control without blinking an eye. The reason for this is that you can be called “communication complacency.”

Communication complacency prevails in many practices when it comes to the staff-patient interaction. Dental teams discuss scheduling, finances, appointments and treatment with patients continually, yet give any thought as to how these everyday exchanges dramatically influence patient actions. Why? Because we use what’s known as a “routine” interaction and it is likely they’re handled with little thought or preparation. When the interaction is with a patient communication, the focus is typically on completing the task and not necessarily on completing it effectively.

If you’re experiencing too many openings in the schedule, prolonged fillers, concerns about cash flow and just can’t understand why these systems are there on your staff’s behalf, you may be

necessary to look specifically at the unintended messages your staff members are sending to patients. Perhaps it’s time to make sure everyone is on the same page, or more specifically, the same script.

Script Outcomes
Prepared scripts ensure that when it comes to day-to-day patient communication, everyone is emphasizing the same points and essentially speaking with one voice, and that it is the voice of the practice.

For example, when new patients call the practice a script helps the team ensure that no matter who takes the call, each person is prepared to gather the necessary information. When it comes to collections, a script enables even those most reticent to request payment from patients to do so more effectively. The schedule has fewer gaping holes because team members understand how to consistently reinforce the value of each visit with the patient. Team members learn how to use language effectively to guide patients toward specific appointment times, to ensure the doctor and hygienist can be scheduled to meet specific production goals.

However, regardless of the many advantages, staff often will resist the idea of scripting patient communication. In fact, the mere mention will likely prompt a chorus of groans, a fair number might say “you must be kidding!” as well as a smattering of sour and sideways glances from the team members. The typical response to the suggestion is, “We’ll sound canned.” Or, “It won’t sound natural.” “What if I mess up my lines?”

Scripts are often mistakenly viewed as stilted, unnatural conversa- tion when, in reality, they are tools for effective communication that build patient relation- ships and keep systems on track.

But staff resistance shouldn’t be surprising. After all, you’re suggesting a change in how things are done so some opposition is to be expected. Not mention- ing the fact that recommending scripts indicates that something is wrong with the way staff current- ly handle patient communication. Nonetheless, once staff

has fine-tuned their patient communication skills, they will won- der why they didn’t welcome the approach from the beginning.

Role Playing & Role Practice
The best scripts use words, phrases and questions that prompt patients to respond in a way you want them to respond. Those who are able to use scripts most effectively understand the message they need to convey. They know the information and material thoroughly and are able to adapt the scripts so they come across naturally. That’s more, teams that use scripts most effec- tively practice using them and regularly engage in role playing.

Role playing is essential in helping staff with average commu- nication skills raise their level of performance. In addi- tion, it enables the team to determine how to best phrase ques- tions and determine the most appropriate sequence for state- ments and questions. For exam- ple, you would carefully script where you place questions in- volving insurance or statements regarding the financial policy as not to imply to patients that your central focus is on making money.

What’s more, role playing enables the team to close at- tention to their tone and how their words come across to oth- ers. Are they perceived as being warm and caring yet still as-sertive? Do they come across as timid and easily flustered or ma- nipulated? Or might they seem abrupt and cold.

Listening to responses and coaching each other on how to improve those responses en- sures that team members are well-prepared to handle routine patient communication as well as the occasional difficult ex- change. Moreover, it enables the doctor to hear how staff would react in specific situations and to redirect that approach if it is in- consistent with practice protocol or policy.

There is no other way but to prepare your staff accordingly. It is imperative that you know exactly what you will say to the patient in virtually any circum- stance. Take collections, for ex- ample. The patient that will be returning for a procedure costing more than $200 should be given the opportunity and encouraged to make payment before the next appointment. Take this ap- proach, “Mr. Jones, your next appointment is a crown, and that fee is $670. If you would like to pay for the procedure today or on the day of your first appointment you will receive a 1% reduction on the fee, which would be $667.”

Wait for the patient’s re- sponse. If she says, “No, I can’t do that,” let the patient know that the practice accepts major credit cards. If the patient says she cannot place it on her charge card, but she would like to make payments of $50 per month, po- litely and compassionately ex- plain to the patient that as a small business, the practice is unable to extend interest free loans to patients.

Then tell the patient about the arrangements you have made with a patient financing firm, such as CareCredit. Patients are very open to pursuing major treatment when zero or low-in- terest financing is provided and clearly explained.

Identify the various scenarios that the collections coordinator and other staff members are likely to encounter and plan for those using strategies similar to what is outlined above. Role- play the situations during staff meetings so that the staff fully understands the policies, and those responsible for collections, scheduling and other systems are prepared when patients raise questions such as:

Handling Objections
Scripting and role playing can be tremendously helpful in handling challenging questions or the rare confrontational situa- tion. But most importantly, it helps staff to effectively handle patient objections, which occur daily and can wreak havoc on any number of practice systems.

In most cases, an objection does not mean “no.” Rather, it means, this is not a good time. On the phone, the dental office employee cannot see that Ms. Elliot, the busy executive, just had the responsibilities of three former employees handed to her, or that Ms. Jones has had the responsibilities of two former employees handed to her downsize staff but not services. If Mrs. Taylor cannot talk right now, she may be heading out the door to pick up children from school. Or perhaps, Ms. Jones just found out she has to have a new roof put on the house before she arrived for his appointment today.

This is the time for empathy. It is not the time to be pushy. The patient needs to be given the opportunity to talk, express concern, to offer alternatives and suggestions. Demonstrate that you care about how the pa- tient has to say. Don’t interrupt.

Show respect and understanding for the patient.

For example, if a patient will not allow you to schedule an ap- pointment at this time, it is prefer- able to offer to contact him or her at a more convenient time. This allows the practice to maintain control of the call. However, if the patient insists he or she would prefer to call the practice back at a later date, politely conclude the conversation. Pleasantly accept the patient’s preference.

Follow-up the phone call or discussion with a letter confirm- ing the conversation that took place. If you cannot encourage the patient to contact the office at his/her earliest con- venience, it should also empha- size that the office looks forward to providing the highest quality care possible in the near future. Enclose a card with the office phone number and fax number for the patient’s con- venience.

Continuously practice and refine your patient communica- tions. Track which approaches are most effective and reinforce those. Before long, you’ll find staff patient communication is anything but routine.

Sally McKenzie, U.S.A.

“Tune In” to Discover Why Patients “Tune Out”

Sally McKenzie, U.S.A.

United Kingdom Edition

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Practice Matters 15

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