

Moments of Truth

How to Make a Good First Impression that Lasts a Lifetime

Ahh, a new patient—what every dentist hopes for! Unfortunately, the true value of a new patient to a dental practice is usually never uncovered because so much is lost in the early moments of truth. The first conversation the patient has with the doctor—whether it takes place in a treatment room, consultation room, or reception area—sets the tone for his or her relationship with the dental practice.

Patients choose a practice ultimately because of the dentist, but you and your practice may have already made several impressions before they even arrive. They may have noted staff members' poor attitudes over the phone, been given the wrong directions, had to schedule their appointment at an inconvenient time, and so forth. And now here they are, and the rest is up to you.

We call the initial greeting a "moment of truth" for a doctor because, like it or not, a person's initial impression of you is the strongest one.

As a practicing dentist, you do a lot of running around in your office. You wear many hats throughout the course of a day. It's difficult to just erase all remnants of the difficult procedure you've just completed or a difficult situation a patient may be dealing with. But before you step in to meet a new patient, stop and take a few slow, deep breaths. Erase as much tension, anxiety, stress, fatigue, and frustration as you can before you make your first move. Clear your mind and be ready to listen. Refresh your memory of any information you have about the new patient. Put a smile on your face. You have to be emotionally available and receptive to whatever the patient shares with you because, from this point on, there are no magic formulas, no foolproof phrases, and no special selling techniques that will substitute for how you will establish the relationship.

Critical elements of the new patient process

There are plenty of experts who can review the mechanics of providing a complete examination. For now, we will focus on the human relation aspects of the new patient exam.

The staff member who initiates the new patient process should introduce you. Also, it's extremely beneficial that the staff member knows you well, not only professionally, but personally (e.g., how many kids you have, their ages, your hobbies, etc.). Why? The more a new patient connects with you, the more comfortable he or she will be in your presence. People bring their business to doctors who they feel they know and with whom they are comfortable. After your staff member has introduced you to the patient, it's important for you to pick up the ball and run with it. Make a comment or two to show your interest in the patient as a person.

Ideally, the staff member who introduces you also should brief you on any areas of concern about the patient's health history. He or she should identify the patient's key concerns and issues, and explain why the patient has chosen you for his or her care. If the staff member is really good, he or she also may be able to tap into the emotional side of the patient and convey those feelings as well.

Getting new patients is not like hitting the lottery; they are not \$25,000 treatment plans waiting to happen. True, some people are ready for a lot of dentistry, but that's unusual. No one wants to spend a lot of money, and few people these days want to spend money on unnecessary



things. Patients are in your office with the desire to be or stay healthy. Your job is to find out what your patients' concerns are, understand and answer their questions, conduct a thorough exam, and find a way to help them be or stay as healthy as they want to be.

Some patients may need a prophylaxis, some have reached a point in their life in which they want to improve their smile, and some have reached a stage in which they cannot tolerate their current situation. How do you know what your patient needs? We hope by now you realize that you just have to ask. So let's discuss the conversation you're going to have.

The initial conversation

Most dentists love a system, a recipe, a step-by-step approach to doing something. That's why they are so good at procedures.

Unfortunately, this is where the systems get thrown out. The good news, however, is that there are guidelines you can follow. Here are six concepts to help guide you during the initial conversation with a new patient.

Guideline No. 1:

Ask.

Begin by asking one open-ended question—one that cannot be answered with a "Yes" or a "No." For example, say, "Mrs. Jones, how is it that I can best take care of you?" or "Mr. Smith, what would you like to get out of today's appointment?" or "Ms. Clark, how can we be the last and best dental office you'll ever visit?" It's very important that you get to the point of the patient's true wants and needs very quickly. Additionally, each of these questions allows you to chart the course of the conversation by setting the tone and direction and addressing the concerns or issues that are on the tip of your patient's tongue.

Guideline No. 2: Listen.

After you've asked the question, be quiet and listen. Too many doctors want to take the first tidbit of information and make a treatment plan based on extremely minimal information. If you say anything, ask another open-ended question.

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Guideline No. 3: Follow up.

Don't ignore the information you receive. Follow up to receive more information, ask for clarification, and get your mind around whatever your patient is telling you. Don't make assumptions and don't move on until you are clear about what's being said. When you've asked an open-ended question, your follow-up questions will keep you on course—a course that's designed to work collaboratively with the patient to determine a course of care.

Guideline No. 4: Have a clear picture.

Don't stop the conversation and move to the exam room until you have a very clear picture of the patient's situation, concerns, issues, and wants. When you have arrived at this stage, ask for his or her permission to do your evaluation.

You'll know when you've arrived at that stage because the patient will look and feel ready to find out what's going on in their mouth, how you can help them, and what their options are for treatment. You can tell by the look on the patient's face, a change in his or her body posture, or a readiness you didn't feel when you first came into the room. For most patients, it takes about 15 minutes, but for a rare few it may take 30 minutes or longer. The key

is flexibility. Being willing to listen to the patient until the cows come home shows that you are a caring doctor.

Very few patients will ever abuse your time. Patients generally know that you're busy and that they can't just go on and on and on about mindless matters. If you're concerned that might happen, address it with that patient—but please don't jump to this conclusion too quickly. If the time you have allotted has been used up in conversation, so be it. Remember, you are developing a relationship with the patient that will hopefully span your career. If you treat them like a treatment plan, they may do some or all of the treatment you've recommended, but they're not apt to stick around after that.

Guideline No. 5: Ask permission.

You've previously heard that you should "inform before you

LEARN TO LISTEN

We all think that we listen well, right? Although it may seem rudimentary, listening actually is one of the most difficult skills to develop. There are more than 200 different things to listen for in a conversation, including values, concerns, issues,

wants, behavioral clues, and even things that the patient may not be able to fully articulate. Listening is a skill that should be developed, and it's something that very few of us have ever been taught—certainly not in dental school! Many of

us have already developed a few listening skills and strategies, such as active listening and reflective listening, and these are helpful. To provide an incredible experience for the new patient, you will have to be an excellent listener.

perform." Well, the same goes for a first exam. By asking a patient's permission, you gain his or her cooperation and trust. It can be as simple as saying, "So, Mrs. Jones, it looks like we're ready to move ahead with the exam today. How does that sound to you?"

Guideline No. 6: Make sense.

Use language that patients can understand during the exam. If you start talking to your assistant in "code," you'll start to lose the patient's trust. If you need to use dental jargon, let the patient know what you're doing first and reassure him or her that you will review all of the findings. If you're going to do periodontal charting, make sure you tell the patient what you're doing. Don't assume that the patient has ever had a periodontal chart completed before. The same goes for an oral cancer exam, muscle palpations, TMJ evaluations, and so forth. In addition, tell patients about the records that you are taking or that you're delegating to an assistant. Say to your assistant, "Mary, I'll need for you to take a full mouth series of X-rays for Mrs. Smith. When you're finished with that, I'll also need for you to take impressions for study models." When a patient hears that exchange, he or she will feel that you are taking the records that are necessary to evaluate his or her dental condition. If your assistant begins taking records without that communication, your patient may become worried and start to mistrust you.

Following these guidelines will help you to not only develop a great relationship with the patient from the start, but it will build your patient's trust and confidence in you, which you'll need in order to treat them. You'll have taken the time to understand your patient and his or her needs. You'll have provided outstanding professional services by doing a complete evaluation, something many patients have never before experienced. And, most importantly, you'll have cared for your patient in a way that few ever bother to attempt. And that's true patient care! ♦



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