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DENTISTRY – IT’S A RELATIONSHIP BUSINESS!

In dentistry, there has long been a major emphasis on verbal skills. Verbal skills are important, no doubt about it but so too are body language and tone and pace. In fact, it is commonly thought that 55% of everything that we perceive during communication is attributed to body language, 38% to tone and pace and only 7% is the actual words.

My 85 year old mother called me up the other day from South Africa almost in tears. She had been afraid because she needed to have a tooth extracted that afternoon. She called me at the end of the appointment and declared that her dentist was the greatest dentist out there. My ears pricked up and I wondered how she had reached this conclusion. As she was walking across the parking lot to her car from her appointment she heard a voice call “Jean!” It was her dentist, standing at the front door of his practice with a big grin and a thumbs-up sign. He had just connected with her. Connection, the often missing ingredient in our busy lives and busy practices.

Our lives are so hectic that it is very easy to go through the motions of communicating and yet never truly connect. Phrases like “have a nice day” perhaps used to mean something but nowadays, when someone says that to us, it certainly doesn’t make you feel as if that person has just connected with you let alone actually cares how your day is going.

The good news is that it doesn’t take a huge amount of effort to truly connect with people. It doesn’t take a huge amount of time but the results are outstanding.

So, what does this connection using body language, tone and pace look like and how does it get ‘taught’ to the team? There are a couple of key areas and almost all of them occur when there is a transfer of the patient from one person to another or from reception to clinical area to front desk. Let’s take a look at some of these.

- *Telephone greeting:* A smile can be heard on the other end of the telephone, of that there is no doubt. Help yourself and your team to develop the habit by mounting small mirrors next to each and every telephone in the practice.
- *New patient greeting:* Administrator should welcome a new patient into the practice by standing up, shaking hands and introducing herself to the patient.
- *Introduction to the assistant or hygienist:* The assistant or hygienist goes out into the reception along with the administrator and is formally introduced to the patient. She smiles, shakes hands, invites the patient to accompany her into the clinical area.
- *First five minutes:* As soon as the patient is seated, the assistant/hygienist sits down facing the patient so that they are eyeball to eyeball. She is not fidgeting with the bib or getting anything else ready. She is directing all her attention to the patient. As she is getting to know the patient and finding out their motivators and concerns, her posture is relaxed, warm and friendly.
- *Doctor introduction:* Similarly, when the doctor comes into the treatment room, he/she is seated eyeball to eyeball with the patient. Shake hands or pat them on the shoulder. The assistant/hygienist should be in the room during this transition to introduce the doctor and discuss any pertinent information she has gleaned. In fact, it is a good idea for the assistant/hygienist to



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be in the treatment room all the time unless they are developing x-rays or collecting something for the treatment room.

- *Examination:* Having introduced themselves to the patient and had the initial discussion, the doctor asks permission to take a look and lays the patient back. Before discussing findings and treatment options, the patient is brought back up to a sitting position and the doctor once again is seated eyeball to eyeball with the patient. His/her posture is relaxed and the mask is removed.
- *Assistant/hygienist Wrap up:* When the doctor leaves the treatment room, instead of talking to the patient while removing the bib, the assistant/hygienist sits facing the patient, eyeball to eyeball and wraps up by finding out if there are any lingering questions. They then recap the next phase of treatment that the patient needs to be scheduled for before taking the patient up to the scheduling coordinator.
- *Front desk handoff:* This is another important transition. Every time there is a transition from one person to another or one area to another, just picture the patient as a delicate bubble that will burst if not carefully handed from one person to another. The assistant/hygienist accompanies the patient to the administrator and transfers all the necessary information about what was completed today and what appointment needs to be scheduled. She warmly smiles, perhaps lightly touches the patient on the shoulder and leaves. Now for the important part: before scheduling the patient, the administrator warmly smiles, looking directly at the patient and asks how the appointment went. Then and only then does she look at the computer screen and begin the checkout process.
- *Farewell greeting:* Again, a warm smile, direct eye contact and focus should be the main ingredient.