

# Discover What's Important to Patients: *Speak Like A Leader*



by Paul A. Homoly, D.D.S.

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## "YOUNG FRANKENSTEIN," D.D.S.

Near the beginning of the classic 1973 film *Young Frankenstein*, Dr. Frankenstein (Gene Wilder) journeys to Transylvania to study the work of his late grandfather, reputed to have "reanimated life from the dead." Arriving at the Transylvania train station one foggy night, he is met by Igor (Marty Feldman), the humpbacked caretaker of his grandfather's castle.

Noticing Igor's large humpback, Dr. Frankenstein offers, "I'm a rather brilliant surgeon and I don't mean to be rude, but I can help you with that hump." Igor replies, "What hump?" leaving Dr. Frankenstein speechless.

The concept, "What hump?" is a good leadership lesson for us, the lesson being: speak first about what interests your listener, speak second about what interests you. Otherwise you lose the listener's attention and your message goes unheard. Steven Covey says this in another way in his book *Seven Habits of Highly Successful People*: "Seek first to understand, then to be understood." Knowing what your listener's/follower's/patient's interests are and paying attention to them before you express your own interests is at the heart of speaking like a leader.

## DENTAL "HUMPS"

Let's take the lesson learned from "What hump?" and apply it to speaking like a leader to patients. Dentists are skilled at finding "humps" (i.e., conditions that patients are unaware of and not bothered by) and at recommending treatment for them. For example, you might say, "Ginnie, you've got periodontal disease and I'm going to recommend root-planing, rigorous home care, an equilibration, and a nightguard." But Ginnie responds, "What periodontal disease? I'm not having any problems"—and now you're stuck not only trying to defend your recommendations, but also trying to keep a good relationship with your patient.

Confronting patients with a list of all the things wrong with their mouths, followed by a detailed description of how to fix them *without first understanding what's important to them* is a great way to confuse patients, overwhelm them with too much information, and motivate them to leave your practice. Instead, speak

like a leader—learn the language of disabilities and conditions and help patients to make good decisions about their dentistry.

**CONDITIONS VERSUS DISABILITIES**

A *condition* is a clinical finding that is out of normal/healthy limits—pathology, esthetic, phonetic, or functional disorders. Fractured cusps, abscesses, temporomandibular joint pathology, caries, and periodontal disease are a few of the many conditions that may exist in our patients’ mouths. Remember, these may or may not be associated with a disability. A condition is what concerns the dentist and/or team member.

A *disability*, on the other hand, is what bothers the patient—how his or her dental problems affect their lives. “I hate the way my teeth look and have no confidence when I teach my classes,” or “Every time I eat I worry that I may choke on my food,” or “My jaw joint hurts me 24 hours a day and makes it impossible for me to concentrate” are good examples of how dental problems affect people’s lives.

Communicating to patients with disabilities requires a different approach than does communicating to those without disabilities. To challenge us further, patients often have several conditions, some that are associated with disabilities and some that are not. To communicate in a way that is clear, confident, and appealing (i.e., speaking like a leader), we must adapt our communication style based upon each patient’s level of disability and awareness of their condition.

**THE DISCOVERY GUIDE™**

The Discovery Guide™ is a leadership communication tool. It will help patients to understand their conditions and will help you and your team understand their disabilities. It also guides us in our discussions with patients when we present care.

Dr. Susan Maples of Holt, Michigan, is the co-developer of the Discovery Guide. Maples says:

As a mirror and explorer are to cavity detection, so is the Discovery Guide to case discussion.

Finally we’re using a simple tool to get us on the same page with the patient. First, by clearly differentiating between *condition* (what bothers us) and *disability* (what bothers the patient), we discover what is most motivating to the patient in case acceptance. Second, it guides us through an easy communication pattern that helps the patient learn more about their condition—through their own curiosity. The Discovery Guide has taught us an entirely new way of thinking; the lights are on and we’re all home.

The horizontal axis of the Discovery Guide (Fig 1) relates to disability: either patients are experiencing a disability or they’re not. The vertical axis relates to awareness of condition: either they are aware of a dental condition or they’re not. The Guide is divided into four quadrants, each representing a situation that is a combination of awareness of condition and disability. Keep in mind that patients may have situations represented by all four quadrants existing in their mouths.



Figure 1



Figure 2

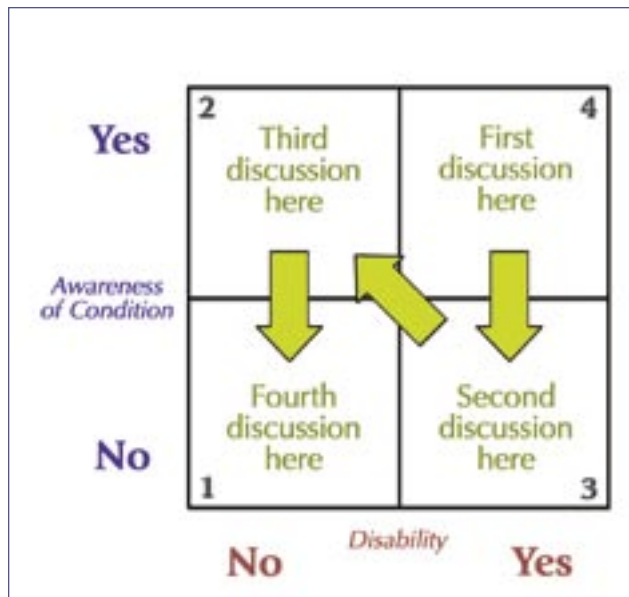


Figure 3

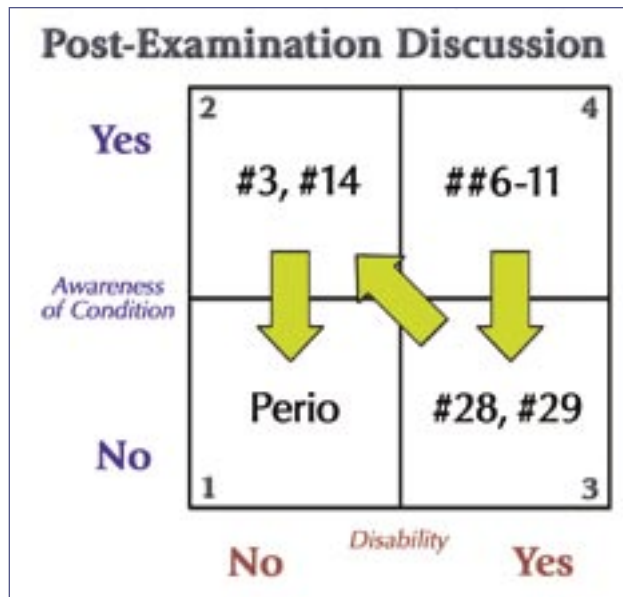


Figure 4

**QUADRANT ONE—CLUELESS**

In Quadrant One (Fig 2), patients aren't experiencing any disability and are not aware of any condition—they are clueless to the situation. For example, patients with periodontal disease, periapical abscesses, or dysfunctional occlusions may be completely asymptomatic (no disability) and completely unaware (clueless) that anything is "wrong" in their mouths. (Note: The quadrant labels describe the situation in the patients' mouths, not the patients themselves. A patient may be clueless about a dental situation, yet be an intelligent person.)

**QUADRANT TWO—APATHETIC**

In Quadrant Two (Fig 2), patients are aware they have a dental problem. They know something is not right, but it doesn't significantly affect their lives (no disability). They are apathetic to the situation and are not motivated to do anything about it now. Posterior missing teeth, bleeding gums, or jaw joint noises can be typical examples of Quadrant Two situations.

**QUADRANT THREE—AGGRAVATING**

In Quadrant Three (Fig 2), the patient is experiencing symptoms that are affecting her life (a disability) but she is unaware of what is causing it. Typical examples of this include loss of sleep from a toothache of unknown origin, embarrassment from chronic bad breath, or the inability to concentrate brought on by jaw joint pain and headaches. Situations in Quadrant Three are aggravating the patient, but she doesn't know what's causing it, and usually wants something done about it.

**QUADRANT FOUR—COMPELLING**

In Quadrant Four (Fig 2), the patient has a distinct disability and is aware of what's causing it. Good examples of this are the embarrassment associated with discolored/chipped front teeth, inability to enjoy food caused by a loose mandibular denture, or slurred speech associated with a sore tongue rubbed raw by a broken filling. Situations in Quadrant Four mean that the patients are very clear about why they are in the dental office. These situations are compelling and patients usually are

very interested in treating the condition responsible for their disability.

The Discovery Guide is used to steer the sequence of conversation (Fig 3). Patients listen best and are influenced most when you discuss what's important to them first and important to you next. Therefore, when you're talking to a patient after any examination, discuss situations in Quadrant Four first, Quadrant Three second, Quadrant Two third, and Quadrant One last. Let me be quick to add that the discussion sequence is not the same as the treatment sequence. Treatment sequence is governed by the therapeutic decisions; discussion sequence is determined by what the patient is most likely willing to listen to—speaking like a leader.

**CASE STUDY USING THE DISCOVERY GUIDE**

Michelle is 43 years old and during her preclinical interview she says, "I hate the way my upper front teeth look. It's come to the point where I'm embarrassed when talking to customers and I'm beginning to feel

