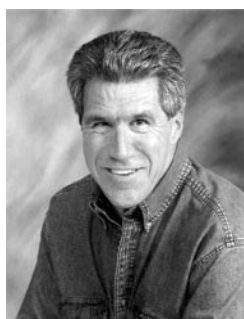


The Importance of Stories: *The New Patient Interview—Part Two*



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The new patient interview process is like a dance—it is loose enough in structure that it allows the conversation to go where it needs to and bring out discoveries; and is sufficiently constructed so that all parties know where they are going and say what they need to say, and are heard. The process for the new patient interview is as follows:

- discover the current conditions/disabilities
- listen to the patient's story
- tell your story
- take the next step.

Discovering the chief condition and the most significant level of the disability early in the new patient conversation is critical to keeping the conversation relevant from the patient's point of view.

DISCOVER THE CURRENT CONDITIONS/DISABILITIES

Begin the new patient conversation by discovering why the patient has come to you. Your administrative team should use the initial telephone call to discover critical information, including the following:

- chief condition—the intra- or extraoral condition that most bothers the patient (e.g., poor appearance, loose dentures)

- chief disability—how the condition affects their life (e.g., lack of confidence at work, inability to enjoy meals)
- current events in the patient's life
- urgency
- referral source
- significant medical history issues
- any other concerns on the patients mind.

Review this information with your team immediately before the new patient's appointment. A good way to start the new patient conversation is to let her know what you already know about her.

"Hello, Michelle—welcome to our practice. I was talking to Ginger, my receptionist, who spoke to you on the phone, and she shared with me that you're not happy with the appearance of your front teeth. Tell me more about that."

If you do not know much about the patient, invite her to tell you why she has come to see you.

"Michelle, welcome to our practice. How can I help you today?"

With this invitation, most patients will tell you what is bothering them. Listen for the link between what they say is wrong in their mouths (their conditions) and how it affects their lives (their disabilities). *Conditions* are biological, esthetic, functional, and phonetic issues in the mouth (i.e., broken teeth, dark teeth, loose dentures, pain). *Disabilities* usually are emotional issues—embarrassment, fear, concern, or anxiety.

Be curious about how the disability is affecting the patient's life. Ask open-ended questions such as, *"When did you first notice this problem?"* or *"Does this bother you more at work or at home?"* or *"Tell me when this*

condition bothers you the most." Questions like these often lead to the patient telling you a story about her disability, which is great for gaining a deeper understanding of how her teeth are affecting her life.

You can tell your patients how you feel about dentistry and how you enjoy seeing great results.

Dr. John Gordon, of Kansas City, Kansas, has an effective method for discovering the patient's disability at its most significant level. I observed him in his office during a new patient interview with a woman in her mid-thirties. The conversation was as follows:

"Sue, how can I help you today?"

"Dr. Gordon, I really don't like the appearance of my front teeth. They look ugly."

"Which front teeth are you concerned about, the uppers, the lowers, or both?"

"It's mainly the uppers."

"What is it that you don't like about them?"

"I don't like the chips in the edges, and see how they overlap in front and how these two are crooked?"

"Yes, I see. How does this bother you? When does it bother you the most?"

"Mostly at work."

"Tell me how they bother you at work."

"Well, I can tell that people notice my teeth. Every so often I catch someone staring at them."

"It sounds like you're embarrassed about your appearance at work."

"Yes, I am. I have an important job as a database manager and I talk to people all day long, and there are times when I feel awful."

"Tell me more about that. What happens?"

"Well, the other day I was working when a few people who were standing near my desk started laughing, and it seemed like they were laughing at me. I felt so bad. I'm so ashamed of the way I look."

"Don't worry, Sue—we can help you with how you feel about your teeth."

This conversation first disclosed her chief condition—chipped and crowded front teeth. Dr. Gordon then guided the conversation to discover the most significant level of her disability—her embarrassment at her appearance at work. Which is a stronger platform for the doctor to build value for his dentistry—veneering the patient's front teeth or relieving her shame? Relieving the patient's shame is why she will accept treatment of her front teeth. Discovering the chief condition and the most significant level of the disability early in the new patient conversation is critical to keeping the conversation relevant from the patient's point of view.

Dr. Betsy Bakeman, of Grand Rapids, Michigan, talks about getting the patient to discuss what relieving the disability and enjoying the benefit would mean to them:

"Often a patient has never verbalized what having better dental health would mean to them in specific terms. It's common for it to become an emotional moment for patients when they get in touch with how they really feel about getting their teeth fixed. As they state their reasons and what it means to them, I listen very closely and make sure that their reasons play a dominant role in my future conversations with them about their care."

The early part of the new patient interview is also a good time to review medical history. In addition to

its impact on treatment decisions, medical history can provide important insight into readiness issues. Patients who are considering future surgery or who have recently been ill may or may not be ready for dentistry now.

A good thing to keep in mind during the first part of the new patient interview is not to offer treatment recommendations or get into technical conversations. When the conversation gets into the technical aspects of care, the dialog dies because the communication becomes one-way, from the dentist to the patient. If Dr. Gordon had launched into a show-and-tell about veneers too early in his conversation with Sue, he might never have learned about her deeper disability.

LISTEN TO THE PATIENT'S STORY

The next step in the interview process is to encourage the patient to tell their story (you may have already heard part of their story in the discussion about conditions and disabilities).

These stories have a "crisis" or turning point (a life-changing event, good or bad, that causes patients to take action, change their beliefs, or become ready for a change). Crisis statements in your patients' stories sound like these:

"My front tooth on my partial popped out in the ladies' room at my high school reunion and I wanted to die."

"Now that my kids have graduated and are on their own, it's time to take care of me."

"I just got promoted and my new job puts me in front of a lot of people—I have to look good!"

Not all patients reveal their crisis or turning point, however. In situ-

ations like these, simply ask them questions like the following:

"Sue, you've told me you haven't been to the dentist for many years. What brings you here now?"

"Tamara, tell me what's happened to make you interested in fixing your teeth now?"

It is important to listen for the crisis/turning point because it discloses to you what is important to patients and how they became ready for care. Knowing what is important to them is at the heart of the "benefits" statements you will make in the consultation appointment.

Stories also have endings with new events and a focus on the future. The following questions encourage patients to tell you what they would like for themselves and their dental health in the future:

During the new patient interview, avoid specific treatment recommendations.

"If you could wave a magic wand and have anything you want in terms of your dental health, what would it be?"

"Tell me how you'd like your dental health to be years from now?"

"How do you see your dental health in the future?"

(A caution here about future-oriented questions during the new patient conversation. These questions can easily take the conversation down the path of treatment recommendations and stifle the intention of the new patient conversation. A patient who is not ready for treatment may perceive future-oriented questions as sales pressure. Future-oriented questions often are safer after the patient has had an oppor-

tunity to get to know you and your team.)

TELL YOUR STORY

It is important during the new patient interview that patients learn about you and hear your story. Your story might be about a life crisis/turning point that is similar to what your patient told you about, or a story about something you have in common—hometown, a hobby, or people, for example. The most important story to tell, however, illustrates why you practice dentistry.

I used my story for 20 years. My own dental history is dramatic: in 1975 I endured extractions, orthodontics, palatal expansion, vertical pull chin cup, headgear, and a sagittal split osteotomy. I know what it is like to have bad teeth and I know what it is like to get them fixed. I use my story to let patients know I understand what it is like to be in their shoes. This brings us closer.

For example, Nanette, a new complex care patient, was discouraged about all the dentistry she thought she needed. I told her a brief version of my story:

"Nanette, 25 years ago I had teeth that were in bad shape. I was a junior in dental school when I decided to get them fixed. Now I get compliments all the time about my teeth and I feel good about them. I'm glad I had them fixed. I hope you'll be glad, too."

You may not have a dramatic dental history to share, but you can tell your patients how you feel about dentistry and how you enjoy seeing great results. You can talk about how you love helping people and why you want to make a difference in people's lives.

Notice that the story I shared with Nanette consists of only five

sentences; most of these stories can be told in just a few sentences. Work on them until you have them down to the simplest language with the fewest words. Good short stories are far more persuasive and memorable than long, boring ones.

TEAM MEMBERS' STORIES

Your team members need to tell patients why they work for you. For example, your patient Guy tells your assistant Sally that he is worried about costs. She then says:

"Guy, I've been a dental assistant for eight years and I've worked in three other offices. I love my work and wanted to find an office that appreciated me. I've been here now for five years and I feel great about working here. They take good care of people here and they'll take great care of you, too."

The best story I have heard from a team member was told by a hygienist in the office of Dr. John Hopp in Gillette, Wyoming. I asked her to role-play with me as if I were a patient and to tell me a story that would help if I were hesitant about periodontal care. She didn't hesitate a second:

"Paul, you remind me of my father. My mom and dad became patients in this practice 15 years ago. They both had dental problems like you do—loose teeth and infected gums. My mom went through treatment and today she has all her teeth. My dad didn't and today he wears dentures. What would you like to do?"

TAKE THE NEXT STEP

When you reach a point in the conversation where you sense that you and your patient understand each other, it is time to recommend the next step. For most complex patients the next step is a limited examination to discover the condition

responsible for their disability, or a complete examination if no urgent condition or disability exists. This is the simplest aspect of the new patient interview and it signals that the conversation, for now, is finished and you are moving forward together. For example:

"Michelle, I understand how you feel about your teeth and you've given me some good insights into what's important to you. Let me make this recommendation. Let me take a look in your mouth and examine you so I can better understand your conditions. After the examination, we'll return to this conversation and together we'll decide the best way to proceed. How does this sound to you?"

A key point deserves repeating here. During the new patient interview, avoid specific treatment recommendations. That is not to say you should avoid telling success stories of other patients with similar conditions or avoid referring to your clinical experiences. Rather, resist the urge to educate and make treatment recommendations. When the new patient conversation turns to treatment recommendations, its purpose of discovery and disclosure is lost and replaced with a one-sided show-and-tell, often leading you and your patient into a superficial dialog, which benefits no one.

The new patient interview is a conversation that begins the process of you and your patient learning about each other, and provides evidence to your patient that she has made a good choice in selecting you as her dentist. Great leadership, solid relationships, and excellent first impressions start with a great conversation. *Alj*



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