

The Story You Tell Will Make the Difference in Who You Become: StorySelling in Dentistry



by Paul Homoly, D.D.S.

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Stories are magic. Study any book about management, leadership, or selling, and you will find that their authors agree—telling great stories to illustrate your ideas is critical to your success. All the great leaders, businesspeople, salespeople, and managers use story telling to distinguish themselves, their ideas, build relationships, and make great first impressions. You can, too.

You and your staff must tell the success stories of your patients.

Why is any business successful? It is successful because of the success of its customers. What is your practice if it isn't the success of your patients? Who is telling their story to the public and new patients? Right now, probably no one. You and your staff must tell the success stories of your patients. If you don't, then you're missing the most compelling reason for people to get their teeth fixed—other people who have found help and hope for their dental problems. The story you tell will make the difference in who you become.

When you combine your story with a business objective—leading, managing, case acceptance—storytelling becomes StorySelling.[®] (StorySelling includes narratives, colorful comparisons, metaphors, and similes. StorySelling leads, not pushes, people toward the right decisions and behavior.)

StorySelling is done at the Coca-Cola Company, Hallmark Cards, Apple Computer, Adobe Systems, Grocery Manufacturers of America, Nike, Pinnacle Systems, Intel, Silicon Graphics, Simon & Schuster, and others. In the business world, it is becoming a powerful tool to communicate memorably and persuasively.

WHY STORIES?

Why do stories work so well as a team leadership and case acceptance tool? Stories are the natural medium for conveying an appealing message. Many important decisions—including those about dental healthcare—are made with a strong emotional influence. And stories tap into emotions better than anything else. Without stories, much of professional dental communication is a “data dump” of information patients are unlikely to remember. Consider how your staff and patients understand, believe, and remember things. If they understood what you said, did they *believe* it? And if they believed it, did they remember it? And did they *remember* the key things to move them to the outcome you want? That is what stories do.

“WASH YOUR HANDS”

Let me offer a personal example. Many times when I was in grade school, my mother would remind me to wash my hands. Naturally I looked for ways not to, until one day she told me the following story:

“Just down the street from the house I grew up in was the railroad switching yard. Your grandpa would send us kids to the tracks early in the morning when the locomotives were switching cars. As the coal cars would slam against each other, coal would be jarred

out of the hoppers onto the tracks. We’d run up the hill like ants, grab the coal with our little hands, pack it in paper sacks, and bring it back to our father. We were poor and we needed the coal to keep the kitchen warm. At school we could always tell who the poor kids were because their hands would be dirty from coal.” Then my mother looked right at me and asked, “Do you want people to think we’re poor?”

I will never forget that story, and 40 years later I still remember to wash my hands. Notice that this was not just a story my mother was telling me about her childhood; this was a personal story tied directly to a leadership objective: getting me to wash my hands.

The heart of StorySelling is that it helps the listener, patients, and staff to feel your message. People often remember what they feel more than what they hear. StorySelling is a leadership and case acceptance tool that helps change behavior—whether it is to wash a pair of dirty hands, alter an attitude, lead your team, or accept comprehensive care.

ANSWERING THE TOUGH QUESTIONS

These are the toughest question patients ask:

- “Why is this dentistry so expensive?”
- “Do I really need all this work?”
- “Why aren’t you a provider with my new PPO?”
- “I’m not sure I should have this done—what do you think?”

Here are a few comments from team members:

- “I don’t think I’m appreciated around here.”
- “I don’t know why there’s so much stress working here.”

- “You talk to patients nicer than you talk to us.”

When you hear these questions/comments do you find yourself groping for words, overexplaining things, or apologizing? Most of my clients find themselves trying to use logic to answer these and other questions. Is logic effective as a persuasion tool when a patient/team member is emotionally upset? Not usually.

Imagine this scenario.

“Oh, doctor, I’m scared to death about you grinding my front teeth down. Is it bad?”

“Don’t worry, Mrs. Salvin. We’ll use intravenous sedation for you. We use a combination of Versed and Inapsine. We’ll monitor your vital signs every step of the way. You’ll be fine!”

Does this answer relieve her? It might sweep the question under the carpet, but it does not ease her fear. Patients’ emotional issues about dentistry—fear, pain, money, time, safety, beauty, etc.—are not adequately addressed with pure logic. Emotional issues are best addressed using emotional language tools, with support, when needed, from logic. The language tool of choice when trying to appeal emotionally is the story or story-like device.

HOW STORIES WORK

Has this ever happened to you? You’re with your friends and someone starts telling a joke: “A priest, a rabbi, and a dentist were on an airplane, when...”

And halfway through the joke you are reminded of another joke. And this process continues until everyone runs out of jokes.

How does this process work? It works because other people’s jokes remind us of ours. The same is true

Normal World



Crisis



New World

Figure 1

for stories—my story will remind you of your story. The power of the story is when my story reminds you of your story, and we grow closer. Will your story give me information I could never have gotten on my three-page patient history form? Absolutely; storytelling is a wonderful form of disclosure.

Now we have more in common and we have more of a personal relationship. When things become personal, they become important. Do you want your recommendations for care to be important to your patients? Help the patient develop a personal relationship to you and, consequently, to the dentistry. Stories do that.

STORY STRUCTURE

Figure 1 shows a simple structure and sequence for storytelling that has worked for centuries. It looks like this:

The “normal” world describes the world at the beginning of the story. “*Once upon a time...*” signals the description of the normal world. In the classic story *Cinderella*, her normal world consisted of doing dirty housework and suffering under the rule of her nasty stepsisters and evil stepmother.

StorySelling... is intended to teach or persuade the listener.

The crisis of the story is the event that changes the normal world. “*Then one day...*” signals the arrival of the crisis. For *Cinderella*, the crisis is when her tiny foot slipped into the glass slipper. Keep in mind that “crisis” does not necessarily mean something bad; any life-changing event is a crisis—a big promotion, a wedding, a divorce, the birth of a baby.

The “new” world is how the world looks following the crisis. In *Cinderella*’s case we don’t know much about her new world other than that she married the prince and “*lived happily ever after.*”

To use stories effectively in a business setting or in the dental office, the story must have a point—a reason for telling it. Unlike traditional storytelling told for entertainment only, StorySelling in a business setting is intended to teach or persuade the listener. The teaching and persuasion aspects of StorySelling come from the lesson(s) learned as a result of the crisis. This lesson is the reason to tell the story. This lesson is transferred to the listener such that it can become the listener’s lesson. StorySelling is a great way to tell people what to do without making them mad. Figure 2 shows how this looks:

Aesop’s fables always contained a lesson for the reader—the moral of

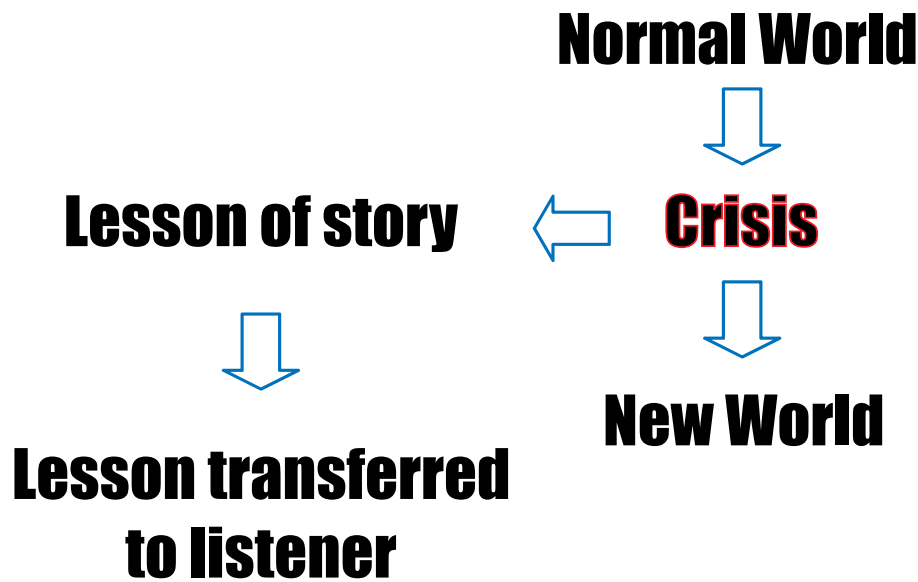


Figure 2

the story. These were simple stories whose characters experienced crises. The lessons gained from these crises were transferred to the reader, implying that if the character in this story had this crisis, you can have it, too. And the lessons the characters learned? You can learn them, too.

USING STORIES IN THE DENTAL OFFICE

Imagine that your patient asks, “*Why is it so expensive?*” How do you reply now? I bet it is by re-explaining your recommendations; emphasizing the care, skill, quality, and judgment involved in the process; and crossing your fingers—a response using logic. This is not an incorrect response, but it is an incomplete one. Is the question, “*Why is it so expensive?*” a logical or emotional question? Most questions about money are emotional questions. They understand (logic) what \$10,000 means. What they don’t un-

derstand is how they’re going to pay for it, how much they may have to tighten their belt, why they let their teeth get into this mess, etc. These are all emotional concerns. The following is a simple formula for addressing this and many other emotional questions.

- Think of a patient who had the same or similar question/objection, but overcame it and successfully completed his or her dentistry.
- Recount the patient’s **normal world** prior to having his or her teeth fixed.
- Recall the specific event (**crisis**) that motivated the patient to seek dental care.
- Describe his or her **new world** with new dental health.
- What **lesson** did this patient learn from the experience?
- How can this lesson be **transferred to the current patient?**

Let’s put this formula to work with the question/objection, “*Why is it so expensive?*”

Think of a patient who had the same or similar question/objection, but overcame it and successfully completed his or her dentistry. “*This patient reminds me of Mabel Aker.*”

Recount the patient’s normal life prior to having her teeth fixed: “*Mabel was recently divorced and scared to face the world. She had neglected her teeth, and felt guilty and embarrassed about it. Money had always been the reason for not getting her teeth fixed.*”

Recall the specific event (crisis) that motivated him/her to seek dental care:

Mabel’s friends talked her into going out for dinner and dancing. She actually was pleasantly surprised by the amount of fun she was having. In the ladies’ room, while putting on lipstick, she noticed the plastic front tooth on her partial denture was loose and ready to

fall out. She ran out of the restaurant in tears and knew then she had to do something about her teeth.

Describe her new life with new dental health:

Today, Mabel is a different woman. She laughs without worrying that her teeth look bad, and her kids are thrilled with their "new" mom. She loves her new teeth and that makes Mabel feel good about herself, which makes life fun again.

What lesson did this patient learn from her experience?

Mabel learned that the cost of poor dental health was greater than the cost to fix her teeth. Mabel's only regret is that she didn't do it sooner.

How can this lesson be transferred to the current patient?

The cost of poor dental health is greater than the cost to fix teeth. When we're finished with your care, you'll wish you had done it sooner.

Now you're ready. You're in the consultation room with Kristen, to whom you're explaining treatment and fees, and you sense she's

concerned about the cost of care. A story can help Kristen make a good healthcare decision.

"Kristen, you remind me of Mabel—we treated her years ago. Mabel hated the way her teeth looked and the way it made her feel about herself. She was concerned about cost too.

"During an evening on the town with her girlfriends, Mabel's plastic front tooth on her partial denture loosened and almost fell off. That was the moment she decided to get her teeth fixed.

"Kristen, today Mabel loves her teeth and how good she feels again. She's a single parent and her kids say she looks great, and she has a lot more confidence on the dance floor. Her only regret is that she didn't do it sooner. Kristen, I hope you'll feel the same way. Let's find a good way to fit your dental care into your budget."

This story takes only 15 seconds to tell and fits into the flow of the conversation. Does this story answer the question "Why is it so expensive?" in logical terms? It doesn't. The logi-

cal response would be an explanation of laboratory fees, time, care, skill, judgment, overhead, etc. Is the logical response wrong? No, but it is incomplete.

The story of Mabel does not address the cost, but it demonstrates how others eliminated/overcame the frustration and lived "happily ever after." And if other people can do it, so can she.

Using stories broadens your expressive range, making you a more influential and memorable communicator. In the real world of dentistry, neither logical or emotional responses will overcome or answer every concern. By themselves, logical and emotional responses are incomplete. But including both options of responding to patient concerns gives you more tools to help patients make the right decisions about dental care. *AK*

