Strategies for Mastering Enrollment, Part 1: The Ability to Influence

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People are more likely to buy services from those whom they like and trust. The challenge is for the doctor and team to influence patients to want to make decisions to improve their health and/or appearance.

In order to influence, there are a minimum of four major areas that must be addressed consistently:

- communication skills that move patients emotionally
- physical appearance of the doctor and team
- practice's physical aspects and the technology available
- financial options that make treatment affordable.

If all of these critical areas are mastered, then enrollment and case acceptance will be significantly improved.

In this first of a four-part series, Alan and Sandy Richardson address "the ability to influence."

"In the right key one can say anything: In the wrong key, nothing. The only delicate part is the establishment of the key."

—George Bernard Shaw

Influence, when used appropriately, moves people in positive directions. The challenge is for you and your team to move your patients emotionally, in a short period of time, to want to make decisions to

improve their health and/or appearance. Knowing the skills of influence provides you with the ability to make a significant impact on your patients so that they are ready to accept treatment and do so with certainty.

People experience the world very differently and it is vital to be able to meet them in "their map of their world" if you want to build and maintain rapport and understand what is *important* to them. Those who wish to create and sustain positive change in others must understand how it occurs. Fortunately, there is a great deal of scientific evidence on how, when, and why people say "yes" and why people say "no" to treatment opportunities.

Let's begin with the hypothesis that people buy from people they like and trust and are more likely to buy from people they perceive to be like them. Perhaps now is the time to ask yourself what you must do for people to like and trust you. What do you have to do to influence your patients as they make decisions? How can you have a bigger impact on your patients' health?

You may tend to assume everyone is just like you and thus communicate with others the way *you* want information to be delivered. The problem, however, is that most people are not like you; and you must guard against forgetting this when communicating with your patients. Most dental teams tend to forget this when listening to their patients. You naturally speak from your own script, which comprises *your* values, rules, references, and experiences. In so doing, your success in influencing others is limited. To deliver the best care to your patients, you must discover *their* values, rules, references, and experiences; and learn how to speak their language. The most effective way to discover what they value is to ask questions—questions that will give you the information you need to understand how to be influential.

The new patient interview is the preferred appointment to begin gathering information about the patient, to determine how your patient makes buying decisions. As a result of this, you will know how to best influence your patient to get what they want. The objectives of the interview process include the following:

- to establish rapport
- to understand the patient's values and rules
- to discover how the patient processes information through their senses (modalities)
- to determine the patient's buying strategies (metaprograms)
- to create high trust and likeability.

Knowing how to connect with your patient quickly is an important step in influencing them. It all begins with establishing rapport.

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Rapport

Rapport is one of the most important features or characteristics of unconscious human interaction. It is often described as a commonality of perspective, being in "sync" with another person or being on the same wavelength as the person with whom you are talking. There are several techniques that can help you establish rapport with a patient. The first of these is called "mirroring and matching."

Mirroring and Matching

Mirroring is simply the process by which you offer the behavior of others directly back to them. You do this by matching their words, body language (gestures), and tone of voice. In other words, you become a "mirror" to your patient. This skill allows you to connect quickly with your patient and is a significant first step in being able to influence them. This technique is about establishing an environment of trust and understanding, of respect and honor for the patient's world. During the exploratory new patient interview, it is essential that you "mirror and match" your patient.

A 1970 study conducted by Dr. Ray Birdwhistle at the University of Pennsylvania[1] concluded that 93% of communication occurs nonverbally (55% is physiology or body language, 38% is tonality or how you say your words), and only 7% is the content or words you actually use. When you match the tonality, volume, and cadence of the patient's voice simultaneously (mirroring the patient's physiology), rapport is established; you and the patient are "in sync" with one another and a connection is made that helps the patient be more open to your influence and information. The resulting rapport provides comfort for the patient and opens up the opportunity for your patient to pay attention to you and your team.

Values and Rules

The second objective of the interviewing process is to understand the patient's values and rules. By asking good questions, you can discover what they value about their overall

oral health—not just their teeth. As you discover their values you must also learn the rules they hold in support of those values.

Ask good questions

For example, you might begin with the simple question, "*What is the most important thing we can do for you today?*" If the patient answers, "*Help me get myself into good shape,*" you have learned that "getting into good shape" is a value your patient holds. Now you must move to learning the rules behind "getting into good shape." You can do that by asking a follow-up question such as "*What does getting into good shape mean to you?*" The patient's answer could be one of many, ranging from "*Making sure nothing is going to hurt,*" all the way to "*Getting everything in my mouth healthy, attractive, and stabilized for the rest of my life.*" It is imperative that you don't apply your rules to the patient's answers to the questions (your rule for "getting into good shape" could be quite different from your patient's rule). Once learned, this information must be made available to each member of the team.

Another example of this process might be the question, "*What is most important to you in your relationship with a dentist?*" The patient may answer, "*That she respects me.*" To establish the rule for the value of respect, ask, "*What would have to happen in order for you to know that you are respected?*" The answer might vary from "*Being on time*" to "*Not talking down to me*" to "*Being a good listener*" to "*Allowing me to participate in making a final decision.*" Again, asking the "rules" questions helps you learn how to customize your communication with each patient.

By asking a series of carefully chosen questions and learning values and the rules for those values, you will get a better understanding of where your patients are coming from; and as a result, you will strengthen your relationship.

Additional examples of questions to learn your patients' values include:

- *"What is most important to you in your relationship with your dental practice?"*
- *"What do you like most about your teeth?"*
- *"What is most important to you about your teeth?*
- *"What did you like most about your last dental office?"*

So far in this interview process, you have accomplished the first two objectives. Namely, establishing rapport through mirroring and matching, and determining some of the patient's values and rules.

By asking a series of carefully chosen questions and learning values and the rules for those values… you will strengthen your relationship.

Modalities

The third objective is to determine the modality of the patient. We get information about the world through our five senses. We tend to rely more on one or two and we use language that reflects those senses. The three most common senses are visual, auditory, and kinesthetic, referred to as *modalities*. It is important for you to know if your patient is visual, auditory, or kinesthetic, so that you and your team can choose the modality that the patient most comfortably functions within.

Visual patients

Visually oriented patients typically speak more quickly. A visual patient is attracted to pictures, models, imaging, and drawings; and so, is attracted to intraoral pictures, x-rays, visual descriptions, and visual words.

Auditory patients

Auditory patients love to talk and to be listened to, love verbal communication, want explanations, are more social and are affected by auditory words. These patients have a tendency to lose interest in overuse of visual demonstrations.

Kinesthetic patients

These patients are emotionally driven, are responsive to gentle touching, have low interest in intraoral pictures, often speak more slowly, and are more sensitive to temperature.

How do you identify the patient's preferred modality? It was determined by Richard Bandler and John Grinder, co-founders of Neuro-Linguistic Programming (NLP),[2] that people use their eyes to stimulate different parts of their brain. When patients look up, it indicates a preference for visual modality; lateral movements indicate an auditory preference, and downward eye movements indicate a kinesthetic preference. You can get additional information or confirmation by paying attention to the patient's word choice.

People envision and process information in their preferred modality. Learning about that preference will allow each member of the team to communicate in the patient's own language.

VISUAL WORDS AND PHRASES

- *See, look, view, focus, envision, clear*
- *"Can you picture what this will look like?"*
- *"Can you see how this treatment will benefit you?"*
- *"Is that clear to you?"*
- *"I see what you're saying."*
- *"Let me draw you a picture of your treatment plan."*

AUDITORY WORDS AND PHRASES

- *Hear, listen, sound*
- *"I hear what you're saying."*
- *"That sounds great."*
- *"Let's fine-tune your appointments."*
- *"That's clear as a bell."*
- *"Let's talk about your treatment plan."*

KINESTHETIC WORDS AND PHRASES

- *Feel, touch, solid*
- *"Let's try to get a handle on this."*
- *"Can you feel how this treatment will provide you with long-term health?"*
- *"I know we can firm up your appointments to fit your schedule."*
- *"Can you get in touch with this treatment plan?"*

METAPROGRAMS

The fourth objective is to learn the primary metaprograms that each patient uses when making decisions. Metaprograms are the general, pervasive, habitual patterns used by a person across a wide range of situations. Examples of NLP metaprograms include the preference for where to place one's attention during conversation, habitual linguistic patterns, and body language, among other things. Metaprograms are the keys to understanding how a person processes information. They are powerful internal patterns that help determine how people think, react, and behave. Understanding your patient's metaprograms helps you to understand what motivates them, how they communicate, make decisions, and ultimately make choices about care.

Combining what you have learned about your patients' metaprograms and modalities (visual, auditory, and kinesthetic) allows you to communicate at an enhanced level and significantly increases your ability to influence. Research suggests that there are more than 50 metaprograms. Let's look at three of them.

Metaprograms are the keys to understanding how a person processes information.

TOWARD VERSUS AWAY

A person's attention is directed either *toward* what they want or *away from* what they don't want. This would be useful to know when wanting to understand whether the patient is more drawn to expected benefits, or resistant based on perceived consequences (this is the "pleasure or pain avoidance" principle). What compels the patient to take action: the carrot or the stick?

For example, you might ask, *"What is most important to you about your teeth?"* If the answer is, *"I want to keep my teeth,"* then they are a "benefits" person—keeping their teeth is the benefit. If they say, *"I don't want to lose my teeth,"* then they are a "consequences" person; the loss of teeth is a consequence. The result is the same but the language to get to the result is different. Again, it is essential that this information be communicated to the team so that during case presentation and enrollment, the doctor and team use the appropriate language. The doctor might say, *"The benefits to you of this treatment are …"* or *"By accepting this treatment, you avoid …"* Both patterns are motivators. There is no right or wrong. When your patient has periodontal disease, you can motivate easily with specific language of their metaprogram. To motivate your "moving toward" patient to a healthier state, you can say, *"In order for you to get healthy, you must..."* (list the protocol for health). To motivate your "moving away from" patient, you say, *"To avoid losing your teeth, you must..."* (again list the protocol).

Because people process information differently, if treatment presentation is provided in a format in which they are not comfortable, it can cause physical discomfort, anxiety, and frustration.

BIG PICTURE VERSUS DETAIL

A second metaprogram defines the patient as either a "big picture" or a "detail" person. You will learn this by asking the following question: *"When I explain this treatment plan to you, would you like the big picture or the details?"* You must listen to the answer and then make sure you give the patient the information in the format they prefer.

A "big picture" presentation could sound like this:

"The treatment recommended involves three crowns and two fillings. It will take two visits and can be completed in three weeks." If the patient is a big picture person and wants more detail, they will ask for it.

A detail presentation is just that, and could sound like this:

"I highly recommend a crown on #7 because … and a similar crown on #28 because ... We do a crown by first removing the cracked and decayed tooth structure…" If you give this level of detail to a big picture person, they will become anxious and distracted; their eyes will glaze over and they likely will not accept treatment. If you give too big a picture to a detail person, they will feel short-changed and not sufficiently cared for.

You must establish the language in which the patient processes information and then adapt yourself to speak and process in the same way.

There are a significant number of metaprograms that can be studied and mastered to better interact with your patients and your team. When the first two are implemented, you have taken a major step in meeting the needs of your patients. Now let's look at a third.

Possibility versus Necessity

This is a valuable method in sorting patients. A "possibility" patient is one who is motivated by wanting to stay healthy and acts on possibilities—a new and better way to get healthy or look better. A "necessity" patient will do only what is absolutely necessary. Necessity patients may often come to you as emergency patients, do what is necessary at that time, and have little interest in continuing care. These patients often feel overwhelmed by too much choice. For example, if you are marketing "free whitening," this will attract possibility patients but will be of little interest to necessity patients.

So far, you have established rapport and come to understand the patient's primary values and rules, modalities, and metaprograms. This first stage of the process is now complete. The patient's record is fully documented for each member of the team to reference at each visit. All team members, by looking at the record, now know how to communicate with the patient in their "language." Mastery of these tools will help you become more influential in the choices your patients make; it is a "win-win" situation for everyone.

High Trust and Likeability

By combining the results of rapport, the understanding of patients' rules and values, their modalities, and metaprograms, you will create a high level of trust and likeability. The final step is to remove as many distractions as possible, so that the patient can pay attention and has nothing about which to make negative judgments. Your appearance and demeanor are critical. You must be impeccably groomed, radiate health and success, be empathic, and a great listener with great questions. Having these skills is the ultimate step in building trust, likeability, and confidence.

References

1. Santangelo J. *NLP mirror and matching; The basis of rapport and communication skills!* http://EzineArticles.com. Accessed December 20, 2006.
2. The Empowerment Partnership. http:// www.nlp.com. Accessed December 20, 2006.

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