

# 12 SECRETS TO COACH YOUR TEAM TO BE WINNERS

by Chris Mullins<sup>2</sup>

- 1. Stick to the Phone Success Script.** Many times the appointment coordinator, first impressions director and receptionist can get comfortable in their own routines. They start to feel confident, which is good, but for some it means they get lazy. They start to create their own phone scripts, which means they lose focus on what works. Don't let this happen! The script that works is your best friend, influencing your prospective and established patients to buy – what they wanted to begin with or they wouldn't have called you. If you get lazy about this and allow your team to deviate from the script, you run a very big risk of losing appointment opportunities. What ends up happening is you turn your team into the "Sales Prevention" team. Scripts work. The Phone Success System script is a proven system.
- 2. Provide a list of common objections with the correct answers.**
- 3. Practice how to answer objections.**
- 4. Create scripts for everything that you do.** Scripts are just checklists, guides, blueprints. Then, test the scripts and keep using the one that works the best.
- 5. Practice how to use the script.**
- 6. Make sure your team members know everything about your practice before they get on the phone.** Ask your team, including the doctors, this question... why should a prospect choose us over the competition? Sit down hang on tight you'll be shocked and perhaps start to cry when you hear the answers.
- 7. Create a success story cheat sheet that your team members can quickly refer to.** This helps to build their confidence as well as share success stories with prospective and established patients.
- 8. Coach your team on how to use success stories;** you can't just say, "Use this." Show them how they can weave different stories into their conversations without identifying who the story is about.
- 9. Provide ongoing coaching, motivation and recognition for your entire team.** This is a must because you're dealing with people. People not machines are running your business. Are you Inspecting What You Expect?™ Or, are you looking the other way because things seem to be okay? But, you're still waking up at night worried about the thousands of dollars you're spending on marketing to get the leads to call or to opt-in to your web site and you have no real solid idea, no facts of how each call is being handled. Coaching works for you, right? You're a member of your own Mastermind group, right? Your team needs ongoing support and coaching that never stops... that pushes them out of their comfort zone... that challenges them to inspect the work they do... that ensures they know what they're doing right so they'll keep doing it and know what needs to be fixed, why it needs to be fixed and then shows them how to fix it. You can't do it. That's not your area of expertise, but you can create your own comprehensive coaching program or you can our customized Phone Success Coaching program.
- 10. Daily pop quizzes** are a great way to keep your team focused, moving forward, motivated, sharp, excited and knowledgeable about your business.
- 11. Develop ongoing contests and bonuses.**
- 12. Do the math.** Track and talk about the sales numbers (appointments) daily with your team.

Chris Mullins (aka The Real Phone Doctor) is president and founder of Mullins Media Group™, a communications and consulting firm. For TPD readers, Chris is offering a Free Mystery Call and confidential Doctor Telephone Consultation with Chris Mullins. The doctor will hear the mystery call; and Chris will tell you exactly what to do to fix the problem areas. Email: tanya@mullinsmediagroup.com.

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FROM THE DESK OF GEORGE S. LEE, MD, DDS:

## IS YOUR PATIENT A DENTAL IMPLANT CANDIDATE?

As you already know, dental implants are a great option to propose to your patient for tooth replacement. If your patient is interested in discussing this as an option, please note on your referral or let us know when you call to schedule them.



## STAFF BUZZ

We would like to welcome Lynn as our new patient representative. She will be greeting patients upon arrival, scheduling appointments, and speaking with your staff to request recent panoramic x-rays on your patients. We are excited for her to join our office.

We would also like to congratulate the following employees on their recent work anniversaries; Krista – 4 years, Sam – 1 year, Stephanie – 1 year, Brandon – 1 year, and Christy – 1 year. They work hard to deliver safe care and excellent customer service to every patient. We appreciate each and every one of them.

## WE HAVE AN APP FOR THAT!

We now have an app available for our patients! Right from their smart device, they can:

- send secure messages
- view and request appointments
- view health records
- request prescription refills
- upload pictures of their insurance cards to send directly to us

It is just another way we are working to make your patients' experience as pleasant as possible.



## EARLY EXTRACTION TO AVOID NERVE INJURY IN LOWER THIRD MOLAR REMOVAL

This retrospective study evaluated the effects of early extraction of immature lower third molar on preventing complications, particularly nerve injury following lower third molar removal. All patients were grouped according to age and radiographic results: group A (518 patients, ≤23years, immature teeth with apical foramen not closed); group B (532 patients, >23years, mature teeth with closed apical foramen). Group A included 230 males and 288 females (average age 17years). In group A, 808 lower mandibular third molars were extracted bilaterally in 290 patients and unilaterally in 228 patients; the incidence of complications was 2.48% (20/808) (all were temporary), the incidence of nerve injury was 0%. Group B included 250 males and 282 females (average age 39 years). In group B, 810 lower third molars were extracted bilaterally in 278 patients and unilaterally in 254 patients; the incidence of complications was 10% (81/810), the incidence of nerve injury was 1.6% (13/810). All complications were temporary, except two removals of permanent inferior alveolar nerve numbness (>6months). The investigators in this study concluded that early removal of the lower third molar was effective in avoiding some postoperative complications, especially nerve injury. Early extraction of lower third molar in youngsters is recommended following a team consultation.

\*Zhang QB, Zhang ZQ. • Int J Oral Maxillofac Surg. 2012 May 17

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detailed. Make sure that you take the time and create great templates for asset protection if someone sues the office. The current templates that are already in your software are not adequate for a Board intervention or lawsuit.

- Custom templates should be the same for all doctors and all hygienists. It should be a collaboration to create a template that would stand up in a court of law. These templates are the underpinnings for your defense in any review of your service or treatment you rendered.
- Every clinical notation for any procedure should indicate that the patient just treated “tolerated the treatment well” at the end of all templates to bracket and ensure that in some manner you have noted that the patient was fine, alert, clinically well and back to normal before releasing them to exit your office.
- Your final entry should include written post op instructions for all procedures with a treatment note entry that the patient was given post-operative instructions verbally and in written format. This is part of a comprehensive informed consent and standard of care following a procedure.

Just last week, I made the mistake of chiming in on a blog about “guaranteeing” your work. The only comment I made was that we have a written “warranty” on everything we do. The ripple effect of this was a storm of negative comments about how the ADA expressly prohibits any form of “guarantee” on dental work. About twenty negative posts later, I tried to explain what the law, the State Board Dental Practice Acts and the ADA actually say. Yes, you can never, or should never, try to guarantee the “outcome” of a clinical procedure, but a warranty specifically does not do this. Instead, a warranty merely says that you will stand behind our work to the satisfaction of the patient.

I know some of these folks out there are crazy, but for over 37 years we have “warrantied” our work to the satisfaction of every patient: “If you are not happy with the results, or it fails within 5 years, we will replace it, or refund your investment 100%.” In one way we are saying that we won’t be happy unless you are happy.

With this in mind, let me switch gears a little. As I said, part of a legal informed consent is a written and oral postoperative narrative for the patient following any clinical procedure. In our offices, we always have both the post-op instructions and the warranty on the same piece of paper. The form was color coded differently for each procedure and placed on small 5 by 8 inch tablets kept in the operatory and given out by the assistant or hygienist with the front being the post-op instructions and the back being the warranty. You could look at this several ways:

1. **Internal Marketing:** Standing behind everything you do.
2. **External Marketing:** Everything you do is marketing and if the patient takes this with them, they are likely to show or mention the fact that their dentist stands behind what they do. They might even add that you have consumer hours, take their insurance, love seeing their kids and the whole family, while offering the services you desire.
3. **No Shows and Cancellations:** The patient is required to do his/her part as stated in the final sentence of the warranty: “This warranty is null and void if the patient does not maintain their six month continuing care cleaning appointments.”
4. **Asset Protection:** For the most part, patients don’t sue people they like and respect. This type of warranty elevates you into that category with your patients. It’s a step beyond where most dentists are willing to go. By following through with adequate post-op instructions on every procedure and with every patient, you secure your informed consent as far as the State Board is concerned. You have capped off the standard of care in treating patients.

Like most things, success is in the details. Dotting the “i’s” and crossing the “t’s” is what makes us different from the other dentists down the street.

*You may contact Dr. Mike Abernathy at 972-523-4660 or at abernathy2004@yahoo.com.*

## Standard of Care & Informed Consent

*by Dr. Michael Abernathy<sup>1</sup>*

Whether it is a baseless complaint or a lawsuit with no merit, your records will come under scrutiny by some “predatory attorney” or your own State Board Examiners.

We recently had a client whose patient complained to the State Board that he was over diagnosing. Because of the way most Dental State Board policies are written, this patient has opened a case that the investigators have to investigate and resolve. In the process, they requested his records, x-rays, and a statement from him concerning the disposition of the complaint. Although they found the complaint had no merit, the State Board, in its infinite wisdom, found some inadequacies in the record keeping and standard of care for the patient that had nothing to do with the original complaint. They proceeded to sanction the dentist with a probated two year revocation of his license to practice, a fine of \$2,000 and a requirement to take a certain amount of continuing education.

In another instance one of our clients ended up before a jury trial in a civil case with a talented opposing council that literally made him look like “Jack the Ripper” because there was nothing – absolutely nothing – written in his records to support his side of the litigation. He lost over one hundred thousand dollars (\$100,000) plus attorney fees on both sides of the altercation. Again, this dentist failed to meet even the barest of standard of care or informed consent.

I have yet to check treatment notes or templates for a dentist or hygienist and find them anywhere close to Standard of Care stipulated in all Dental Practice Acts or the ADA Code of Ethics and Care. Simply put, we need to have templates that reflect the fact that some time, some place, and somehow, we will have to defend our actions in a court of law. In this circumstance, what is written is all

there is. It does not matter what you intended or “shoulda, coulda, or woulda” done. If it’s not written down, it just didn’t happen.

With this in mind, let me give you a few areas that need to be addressed that we often find lacking in most templates and treatment notes:

- As a point of reference, every patient seen in hygiene or treated by the doctor should have a current “blood pressure reading” that is recorded in the chart. That means every time you stick someone with a needle they should have a new recorded blood pressure prior to the start of any treatment.
- Every patient must have verbal and written acknowledgement and notation that “there is no change in medical history” every time the patient is seen for any reason. Be sure to indicate there was no change and note this in the files. If there is a change, you must note that also.
- Four bitewings and a Pano do not meet the standard of care for a new patient x-ray exam. The standard is still an eighteen x-ray series with bitewings and PA’s, then, if you want to add a Panoramic x-ray you have met the standard of care. Digital x-rays are notoriously poor at picking up insipient interproximal decay. Don’t short cut your patient exams or your standard of care with just four bitewings and a Pano.
- Every patient must have a written and verbal informed consent. I would record in the chart: “Advantages, disadvantages, risks, and alternatives were given to the patient and the patient consented to treatment.” I will gladly send you a copy of our written informed consent if you email me.
- Patients must have the number of carpules, any administered drugs, medicaments, dental materials and a detailed summary of all actions and treatment rendered, and I mean

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