



by **Rosemary Bray**

I grew up in an Italian home where *talking* never stopped. Maybe we didn't always *communicate*, but we sure did talk! My dad, who worked for the phone company his entire life, taught me that the three most effective forms of communication were telephone, television, and telawoman!

Maybe that's cute, but in reality there **are three** forms of communication and we use them daily in our ortho practices:

1. **The telephone...** every time we pick up the handle of that annoying phone,
2. **Our written words...** every letter, postcard, and form we send, now including fax, e-mail, and text,
3. **And the most important, the verbal...** face-to-face, verbally talking to each other.

Every time we write an insignificant postcard to an 8 year old patient or a 3 page technical letter to the oral surgeon... Every time we pick up that darned ringing telephone... Every time we speak face-to-face with our patient, their parent, our co-worker, or the doctor...

The image of the entire practice is now on the line!

Our communication at work is so critical to the image and professionalism of our practice and yet, we continue to take for granted and often even abuse that most important moment of good communication, no matter which of the three forms it has taken. The poet, Rudyard Kipling, once said that "*Words are the most powerful drugs used by mankind.*" Wow, if that is true, let's get rid of the idea that there is nothing to this communication thing.

We have to recognize that it is both difficult and demanding. It is at the very core of every problem facing us as individuals, as families, as spouses, as businesses, and even as nations. The power of the spoken word has tremendous impact on the listener and it directly influences the outcome of the communication—or its lack!

Many businesses (including ortho practices) lose customers, revenue, and goodwill every day because of someone's poor verbal skills. However, a pleasant, professional, understanding voice can accomplish wonders—just as the wrong word, or wrong tone, can create war.

The goals of using professional communication:

1. To create trust
(a main reason why people do business with us)
2. To enhance our service
(people will not buy if they don't understand)
3. To build relationships
(mostly with our patients and parents)
4. To persuade and promote people
(this is again patient, parents, and referrals)
5. To impress and influence others
(mainly patients, parents, and those referrals)

Phone Communication

There is no phone communication as vital to the practice as when we are speaking during that initial phone call to a brand new patient—one who does not yet know us. This is our first opportunity to shine and to help them make the right decision: to become **our** patient! They want the person they are speaking with to be: *efficient, intelligent, empathetic, interested in them, kind, organized, nice, knowledgeable, entertaining, and caring.* And... all at the same time!! And, we should be!

I have now made 376 new patient calls to ortho practices, posing as an adult patient, or the parent of a child, and booked an appointment to test the practice and evaluate

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their phone skills. Out of all those calls, only 29 people have received a grade of A, and 88 have failed. It is much easier to do poorly, than to excel on the phone!

Most ortho team members answering phones have never received any formal training in phone etiquette, but have instead been trained by the person seated next to them or by the one who just left the practice.

And sadly it can often show in the delivery. Do remember — this is the **first** impression and their introduction to you, your team, your doctor, and your entire practice! If you are experiencing a fair number of no shows, this could be a reason. Please act like you **love** making this type of appointment—that it's the

As we covered in part one, there are three forms of communication we use daily in our orthodontic practices:

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Every time we write an insignificant postcard to an 8 year old patient or a 3 page technical letter to the oral surgeon... Every time we pick up that darned ringing telephone... Every time we speak face-to-face with our patient, their parent, our co-worker, or the doctor... **The image of the entire practice is now on the line!**

Written Communication

The primary parts of your written communication are your **logo** first and foremost, your **brand** as we say, including letterhead, business cards, and all forms and papers given to patients and referring offices. We also must have great looking note cards, envelopes, practice brochures, thank you cards, referral cards, billing statements, mailing labels, and of course our very important Welcome Packet for the new patient and the Walk Out (or Exit) Packet for the patient leaving our initial exam.

Everything we mail or hand to another person that is written must be letter perfect. That means no tiepos, no mizpelled wurdz, no grammer ereors, no punkuasion miztaeks (you get what I mean). And of course nothing is a copy of a copy of copy laid on the copy machine crooked with toner lines down the side. And sadly, I see this over and over in quality offices. **Every piece of paper given out is a representation of the entire practice, and it must look as great as the treatment looks.**

highlight of your entire day. Then make that statement be true. If you do not really feel that way, have someone else (who does feel that way) schedule these important new patients. We want to be passionate but not sappy. Happy but not silly. Sincere but not phony. Love what you are doing and remember this:

If You Do it Right, this New Patient Will Be Writing Your Paycheck Next Month!

In part two of this article (January 2010) Rosemary Bray will cover the second and third forms of communication: written and verbal. ☺

Part 2 of 2

Once again, the most important written communication goes to our new patient, so that Welcome Letter must be outstanding, with the patient's name spelled correctly and nothing being a copy. It is the first thing they will read (after your webpage of course, which is also written communication) so it has to be impressive, crisp, and very professional both in look and in content. The quality of the paper is also critical. Does it warrant your fee?

Be sure everything you have on paper is *branded*, showing your colors and your logo so that name recognition becomes easy for patients and the public alike. McDonald's did it well, Starbucks has done it, and Coca-Cola and Shell Gasoline are easily recognizable without having to read any words. And so it should be with your ortho practice.

Verbal Communication

I have learned some interesting statistics about verbal communication:

1. 7% of our message is
the actual choice of words we use
2. 38% of our message is
the tone of our voice, the speed, the pausing, the up, the down, the soft, the loud... what we call the inflection
3. 55% of our message is
our body language, what we do with our eyes, our hands, our smile or lack of, do we touch, do we move, do we look comfortable or rigid?

So understand right away, it is not so much that we carefully choose the exact best *words* to use when we communicate with others, it is more how we *sound* when we say the words we happen to choose. I love the saying, "Say what you mean and mean what you say; just don't be mean when you say it!"

About the Author



Rosemary Bray is an orthodontic consultant and professional speaker with more than 30 years experience in the dental profession. She will present "Wadda Ya Mean I Ain't Talkin' Good?" and another course at the 2010 Ortho2 Users Group Meeting.

Rosemary lectures nationally and internationally on a variety of topics, specializing in new patient exams, marketing, customer service, communication skills, and team building. To contact her, visit www.rosemarybray.com, e-mail rosemarybray@msn.com, or call (760) 268-0760.

Communication with our patients has to be on a professional level with proper English, no slang terms, and not like a totally like Junior High vocabulary (and I do know you get that one!). We are being judged every time we talk to a patient, a parent, a referring general dentist, or the mail carrier. It is all critical to the image of the entire practice.

Improper verbal skills can lead to failure in three ways:

1. Failure to the practice... because of loss of the business, not keeping the patient
2. Failure of the person whose responsibility it is to represent the office well
3. Failure to the patient or parent who does not receive the customer service and the response that he or she anticipates and deserves

Always keep in mind that people may not remember WHAT you said to them, but they will never forget HOW you made them feel!

Again, it comes back to not so much the words themselves but the tone of voice, the hands on the hips, the rolling of the eyes and the sigh... that accompanied the word choice!

And lastly, work hard on being a great listener. Being interrupted is the **number 1** complaint in all communication surveys. So do not be an interrupter, even when you want to, and you know how often you want to. Refrain! Remember that **silent** and **listen** have the same letters in them, and I think for a very good reason. If you're not silent when you're listening, it means you're talking and not listening at all. Use your **two** ears and your **one** mouth, because to listen twice as much as you speak is more important and also more difficult than being the talker. Great communicators are superb listeners.

Remember that *great communication is a learned trait*, so be patient with yourself and keep practicing! There are so many books, audio tapes, and CDs, and a variety of excellent courses to take to help improve communication. but the best teacher is practice, practice, practice! ♡