

# MANAGEMENT & MARKETING

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*(Editor's Note: This quarterly JCO column is compiled by Contributing Editor Howard Iba. Every three months, Dr. Iba presents a successful approach or strategy for a particular aspect of practice management. Your suggestions for future topics or authors are welcome.)*

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In this month's column, Holly Thompson reminds us of the importance of making a good first impression. Most orthodontic offices expend considerable time and training on handling initial phone calls from prospective patients. Many have written scripts for their staff members to use in obtaining and imparting necessary information. Scripting can be effective, but as Ms. Thompson points out, if you are busy giving the prospective patient or parent a prepared speech listing all the great things about your office, you may be miscommunicating. While you are not listening, the caller might be so focused on his or her concerns that your crucial information will not be properly absorbed.

Ms. Thompson has a master's degree in psychology and is a consultant to dental and medical offices, specializing in communication skills and conflict resolution. As she notes in her article, true listening is an art. But it is also a skill that can be learned. It may take extra time and training, and your phone calls may last longer, but the impact on your case acceptance could be powerful. I applaud Ms. Thompson for reintroducing us to the art of the initial phone call.

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Dr. Iba



Ms. Thompson

## The Art of the Initial Phone Call

**H**ow do people choose an orthodontist? Some need nothing more than a referral from their dentist. If you are fortunate enough to be the only orthodontist that dentist refers to, then the decision-making process may be over. But many patients are given the names of two or more orthodontists. Still others may seek out an office based on recommendations from friends.

Regardless of how patients first hear of your practice, their initial contact with your office is usually by phone. The more alternatives people feel they have, the more important this phone call becomes. Patients form an immediate impression of you and your practice before ever meeting you or seeing the office. People assume the way they are treated on the phone will be the way you will treat them in person. Therefore, the experience they have during their initial call often determines whether they set up an appointment and, ultimately, whether they choose your practice.

As with orthodontic treatment itself, there is both an art and a science to the initial phone call. The science is the specific procedure involved in handling the call—the information to be gathered and information to be imparted—and can easily be taught to any staff member. The art, however, requires a different kind of training, along with experience. It means developing the ability to focus on the exchange of information and to communicate what is relevant to each individual patient.

## Answering the Call

Have you ever noticed how new patients

seem to call at the busiest times? Part of the art in handling these calls is recognizing that although you cannot control when they occur, you can create an atmosphere that lets new patients know how important they are and that your practice is not too busy for them. Some of this involves planning and teamwork. Since the ideal situation would be to take the call right when it comes in and continue without any interruptions, it would be useful for your team to discuss how it could arrange for the ideal situation in most circumstances.

But what about the times when this is simply not possible? Then the communication becomes even more crucial. Words and tone of voice must convey the message that you are glad the person called (even at that time). The staff member answering the initial call needs to have a warm, welcoming tone of voice and to sound interested in what the caller is saying. If the person sounds rushed or distracted, people may assume your practice is too busy for them. If the person sounds apathetic, they may conclude that having new patients is not important to you. The tone of voice alone communicates a great deal to a prospective patient.

For the conversation to be most effective, however, the words must match the tone of voice. When it is evident that a call may be interrupted, it is important to say so. People tend to be less annoyed when they are informed about what to expect, rather than being surprised by it. It is also important to give them choices whenever possible. Asking patients whether they want to continue or to be called back when there would be no interruptions is another way of communicating that they are, indeed, important to you. Use empathetic language such as “I want” or “I wish”: “I want to have the opportunity to talk with you when I won’t be interrupted”, or, “I wish I could talk with you and not be interrupted”.

### Obtaining Essential Information

What information is absolutely necessary to obtain from the phone call before scheduling an appointment? In most practices, this would

include:

- First and last names of the patient and both parents (if the patient is a minor)
- Addresses of the patient and both parents
- Home and daytime phone numbers
- Patient’s birth date (so x-ray labels can be made, if needed)
- The dentist or other person who referred the patient

Being clear about this essential information frees you to focus on the issues that are relevant to the caller. In general, people will start either by inquiring about scheduling an initial appointment or by spilling out all their concerns and the problems their dentist has identified (Fig. 1). To gather the necessary information while keeping the patient’s needs foremost, you must follow the patient’s lead.

### Three Aspects of Listening

Following the patient’s lead means, above all, listening to the patient. This kind of active listening involves much more than just being quiet until you have an opportunity to ask for the essential information. First, it requires giving full attention to what the patient is saying and responding to that. Second, it is not assuming what the patient means, but seeking to learn more. Third, it is the ability to imagine yourself in another person’s place. These three aspects of listening transform the exchange of information into something pertinent to the person calling. No two phone calls are exactly the same, because no two people are.

It may sound simple to give your full attention to a prospective new patient, but there are many distractions, both internal and external, that constantly compete for your attention. You must be willing to suspend your own thoughts and feelings to hear what is important to the caller. Every time you become aware that your mind has drifted to other sounds and thoughts, you must consciously bring your focus back.

By summarizing and restating what people have said, you let them know they have been heard. Then you have the opportunity to respond

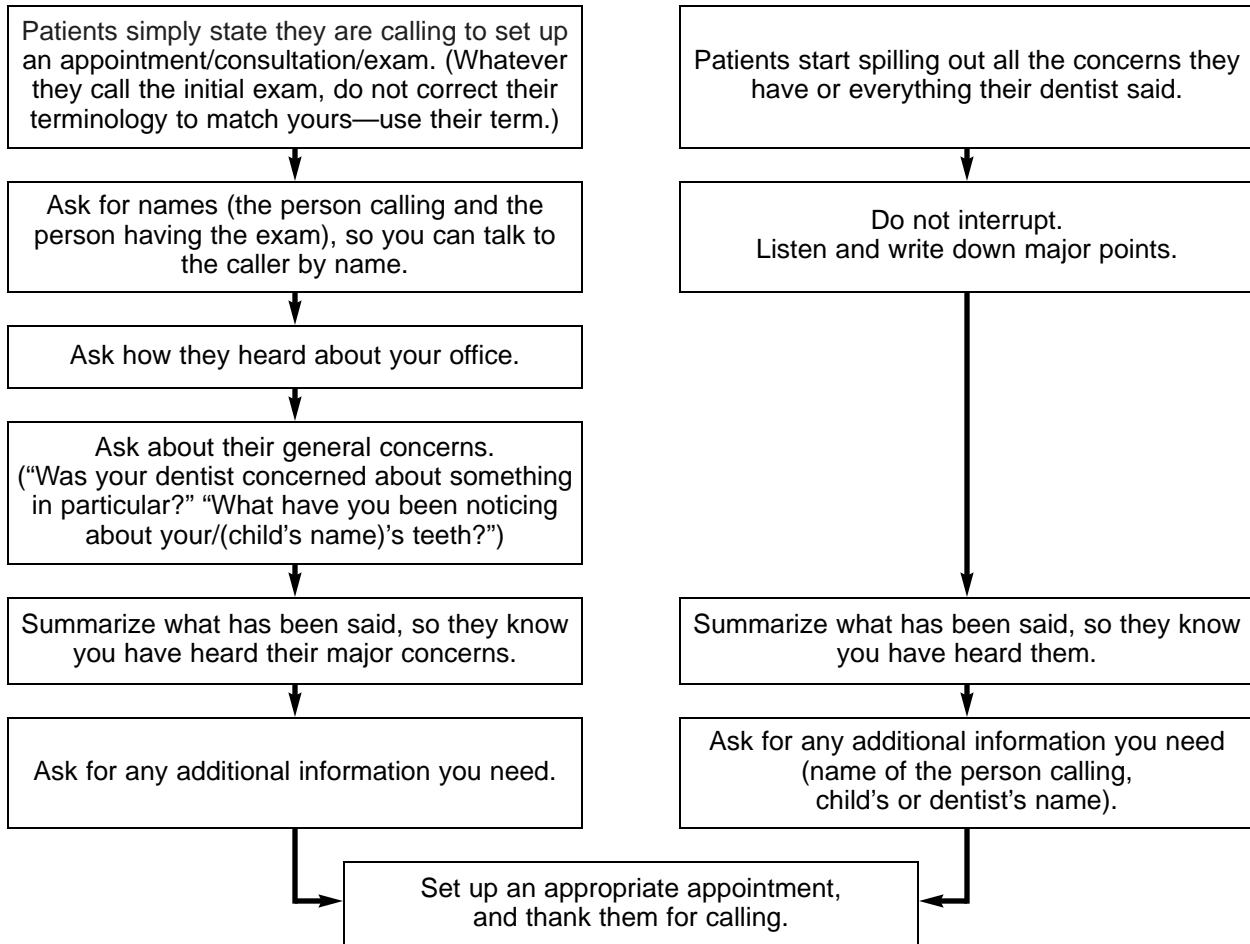


Fig. 1 Two possible scenarios for initial phone calls.

with pertinent statements about orthodontics. For instance, when a dentist refers a 7-year-old child, the parents may express concerns about starting braces at such a young age. You can reassure the parents that having an exam does not presume orthodontic treatment will be started, and certainly not full braces. You can also inform them that there are certain situations when it is beneficial to begin treatment before all the permanent teeth have erupted. This also provides an opportunity to mention the orthodontist's expertise in determining the ideal time to intervene.

The second aspect of listening is an obligation to determine exactly what the patient means

before drawing any conclusions. This can be done by asking clarifying questions (questions that start with who, what, where, when, or how) or inviting them to continue to talk: "Tell me more about that." Another way is to paraphrase the essence of the communication in concise terms: "So, Jeff is eager to have braces because he's been teased about his upper front teeth sticking out." Regardless of how you clarify the patient's meaning, it is most effective when you maintain an attitude of wanting to learn more about that person. Patients can sense whether you are inquiring out of a genuine desire to serve them or simply to fill in blanks on a form.

One of the most powerful ways to serve patients better is by responding with empathy—the third aspect of listening. As patients are talking, try to imagine what it might feel like to be in their position. To do this, you need to draw on your shared human experience, even though the precise circumstances may be different. You may never have felt anxious about a child starting orthodontic treatment or worried about how you would pay for it. But we have all felt anxiety, and we have all experienced worry. To listen with empathy, you have to pay attention not only to the words the patient expresses, but also to the feelings underlying those words: “It must be scary to think about your son having orthodontic treatment when you remember your braces being so painful.” As you respond with empathy, the patients will know they have been heard.

### **Conclusion**

This is the heart of communication, and the

art of the initial phone call. The three aspects of listening must be developed with awareness and practice, every time a new patient calls. It would be easier to train staff members to ask a series of questions and recite a list of statements about your practice. But if you find yourself already calculating the additional time spent in handling initial phone calls with empathy and understanding, be sure to factor in the amount of time saved in clearing up miscommunications. These calls do not have to be lengthy to be effective.

Imagine, in our computerized age of voice mail and e-mail, calling an office where someone actually listens, where someone wants to hear your questions and concerns, where someone understands and responds to what is pertinent to you. When people have an experience like that, they not only become patients, but they tell others about your practice.

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