esthetic team

the wisdom of shared leadership

COMMUNICATION: THE WISDOM OF SHARED UNDERSTANDING

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This section of the Journal *is dedicated to the doctor/team partnership and is meant to stimulate dialog to create or grow a comprehensive esthetic restorative practice. It is our hope that these articles will be read and/or discussed at team meetings to inspire the doctor/team partnership to another level. A mind-set of team ownership can be developed only if the entire team feels that they are not only employees, but also partners in the practice.*

In our previous two articles, we discussed how important the development of a doctor/team partnership is to the success of a dental practice. We also discussed what "success" may mean to different individuals on the team, and talked about the importance of "shared vision" and "shared ownership." In this article, we want to discuss the wisdom of shared understanding...communication.

There is virtually nothing in life more important than communication; every single one of our relationships depends upon it. Actually, you might say that our very success in life is dependent upon our ability to communicate effectively. Many books have been written on the importance of emotional quotient (EQ) versus intelligence quotient (IQ). In other words, maybe more of your success is built upon your EQ than upon your IQ. So, could improving your ability to communicate also improve the quality of your life?

WHY DON'T WE COMMUNICATE BETTER WITH EACH OTHER?

Did you ever wonder why we all see life a little differently? Why is one person's perception of a situation or condition different from another person's? Why does one individual think a particular situation is funny, whereas another might find it sad? The truth is, we each decide what it means to us based upon our own experiences, values, and belief systems, or even upon our basic personality styles.

Quality communication begins with your openness and your heart.

Hippocrates first talked about the four basic personality styles; the concept is as true today as it was when he first introduced it. Many of you may be familiar with the DISC Personality Styles, one of the many ways that this concept is taught in courses today. For teams that have not yet learned the concepts or internalized the value of the concepts, we strongly encourage you to begin today.

Understanding the differences in people is an opportunity to create a significant change in the way we think and communicate. A person with a very analytical style personality, for example, may trust facts more than intuition; whereas another person, with a more intuitive style, may trust feelings more than facts. Obviously, if neither individual is aware that differences between them aren't right or wrong, they're just different, they may decide that the other person's thinking is "wrong." Not much quality communication transpires out of judgment. By the same token, some individuals are very competitive and driven toward success, while others may not like conflict or competition. It would be very easy for the driven person to judge the other as weak or lazy, while the more steady person might see the driver as insensitive and contentious. Take this a step beyond our working lives and you can see how this judgmental way of thinking can damage our relationships in any arena.

HOW CAN SHARED UNDERSTANDING IMPROVE OUR PRACTICES?

"Judgment" is a word with many meanings: It can be used in a legal sense, in a Biblical sense, as an opinion or estimate, or as *a criticism or censure of others*. How many times do we judge others on a daily basis? And, what do we judge them on? Is it the way they dress, their hygiene, their speech, their values and belief systems, or even that they think differently than we do? How many times a day do we judge other team members and our patients?

You telling them that it needs to be fixed is not the same as them seeing and wanting to fix it.

It has been estimated that only 7% of our communication to others is verbal. Do you really think that we can judge others in our minds and not let it show through our non-verbal communication? Therefore, part of the art of communication is learning to be more accepting of the differences among us. Quality communication begins with your openness and your heart. People can very often sense if you aren't sincere with them or are trying to manipulate them. This is true of patients, team members, family, and friends.

WHY DON'T PATIENTS "GET IT" WHEN WE TRY TO EDUCATE THEM ABOUT THEIR DENTAL NEEDS?

Many times patients don't "get it" when we communicate their needs because the wrong person is doing the diagnosis. When a patient comes in *wanting* to repair a broken tooth, they usually want to get an appointment

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now... to get it fixed *now*. And, usually, cost is not the only factor. So why the sudden urgency, when you've been telling them for years about those old, broken-down fillings? The urgency comes because it is *their* diagnosis, not *yours*. The patient has done the diagnosis for you, has recognized that something is wrong. And now *you* need to fix it immediately...now the patient is an emergency in your office!

The difference between when *you* diagnosed it and when *they* diagnosed it is a case of "want versus need"; it's called *co-diagnosis*. You telling them that it *needs* to be fixed is not the same as them seeing and *wanting* to fix it. Did you ever notice that they don't cancel nearly as many appointments for bleaching? That's because they *want* to do it...(and by the way, whitening isn't covered by insurance).

Co-diagnosis is the process

- by which patients discover for themselves what disease looks and feels like
- of comparing health to disease in their own mouths
- by which patients determine whether they would like to treat the disease
- of taking responsibility to prevent further disease
- by which patients take partial responsibility for the actual treatment (co-therapy)
- of taking responsibility to maintain their health
- of determining whether they can afford or want ideal treatment at this time.

It is when *we* try to make those decisions for the patient that we get into trouble. It isn't our place to judge the patients...rather, our job is to express our concerns and then ask them what they would like to do about their problem. The reason we often feel so rejected is that we set ourselves up for it by telling patients that we are the experts and that they need to do this or that.

HOW CAN WE DEVELOP OUR ABILITY TO DO MORE CO-DIAGNOSIS?

We could develop more co-diagnosis if we look to other specialties that encourage the powerful use of communication in their practices. Think of how marriage and family counselors use communication as a tool for patients' self-discovery. Counselors and therapists don't give the right *answers*; they ask you the right *questions*.

Don't offer a solution until the patient realizes that they have a problem.

"How long have you had these old silver mercury fillings?" I know that *you* can look at them and see that they are old. But it isn't *you* that will make the decision to repair them...it's the patient. Therefore, asking the right question requires that the patient think about how old those restorations really are. If they've been there since their first molars came in and you ask them, "and how old are you now?" the patient should realize that the fillings have been in there for 30 plus years!

This is called "guided thinking" and is the process of creating the right dialog between you and the patient so that the patient is a partner in the diagnosis. This is when you begin using your intraoral camera and other visual aids to let the patients discover for *themselves* that they have a problem.

But, let us caution you here that this is not the time to tell them what they *need* to do to fix it. Don't offer a solution until the patient realizes that they have a problem. Offering a solution (especially a costly one) to a problem that the patient doesn't feel they have is one of the reasons that patients walk out the door without scheduling further appointments. Offer a solution only *after* the patient has acknowledged that they have a problem. Better yet, let them ask you, "How do we fix that?" And finally, please remember to ask, "what would *you* like to do?" Most cases don't get closed simply because we forgot to *ask*. So, communicate with your heart and don't judge others; instead, educate patients through co-diagnosis and then ask them what they would like to do. Not really so difficult, is it?

ARE THESE COMMUNICATION TOOLS ONLY FOR THE DOCTOR TO USE?

Absolutely not. Everyone on the team—hygienists, clinical assistants, treatment coordinators, and administrators—can use the same tools for communicating with patients (and with each other). Sit down and discuss some of these principles of communication at your next team meeting. If you feel that you could all benefit from more teaching in communication, then start planning today where you want to put your continuing education dollars this year; plan your continuing education around you needs. Create a strategic plan to make you the professional you want to be, and to make your team all that is possible. It all starts with you!

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