

HOW TO BUILD
A TEAM OF...

HIGH FLYERS

TO DELIVER A FIRST CLASS
PATIENT EXPERIENCE





HELLO!

Captain **Barry Oulton** here. I really hope you and the whole practice team enjoyed this year's **Practice Plan Workshop Tour**. It was a pleasure to be with you on the day.

We've put this booklet together to provide a reminder of many of the key topics we covered on the day so that you can keep the momentum going when you're back at your practice.

When applied, all of the things we covered will make a significant impact on team performance and your practice's success.

So keep talking, discussing, creating and implementing – it will definitely be worthwhile.

Finally, a big thank you to the Practice Plan team who have been magnificent in their organisation of the Workshop Tour. Their passion, attention to detail and support have been second to none – truly a team of high flyers!

*Happy Flying
Barry*



WHAT ARE THE ATTRIBUTES OF A FIRST CLASS TEAM?

BREAKING DOWN THE VIRGIN AD...

In just two minutes, the Virgin Atlantic advert highlighted a host of key attributes that high performing teams possess. How many of these attributes are present in your team – not just in one or two people, but the whole team? Here are a few of those attributes that you recognised during the workshop:

**Anticipation • Dexterity • Inquisitiveness • Risk-taking • Inclusivity
Pride • Innovation • Perseverance • Exploration • Creativity
Attention to detail • Being visible • Consistency • Passion • Design
Exceeding expectations • Agility • Learning • Dedication • Positivity**

CULTURE

The more you develop and embed these attributes across your team, the more you create a powerful team culture that, after a period of time, becomes second nature – simply, the way you do things.

CREATING A HIGH FLYING TEAM BY DESIGN...

The paper aeroplane exercise was great fun, but it also threw up some very relevant learning points for dental practices. Here are a few of the things that we talked about...



• A CLEAR VISION

Every flight has a clear destination and everyone on board the flight knows what that destination is – the pilots, the cabin crew and the passengers. This is no different to how it should be in your practice. If you want everyone to pull in the same direction, the team need to know what direction that is.

Creating a vision is easy, it's about creating a clear picture of what the future looks like – in as much detail as possible. The clearer the picture is and the more it is talked about, the more the team will buy into it.

• SETTING STRETCH GOALS

A stretch goal is a goal that is unlikely to be achieved simply by getting incrementally better at what you already do. A stretch goal is a catalyst for creativity – it should force you to think differently and better.

Think about setting some stretch goals for your practice – perhaps around treatment uptake, reducing DNAs, attracting new patients or increasing profits. If you set those goals out of your comfort zone, you'll be amazed at what ideas you can generate and the difference they will make.

• WORKING BY DESIGN

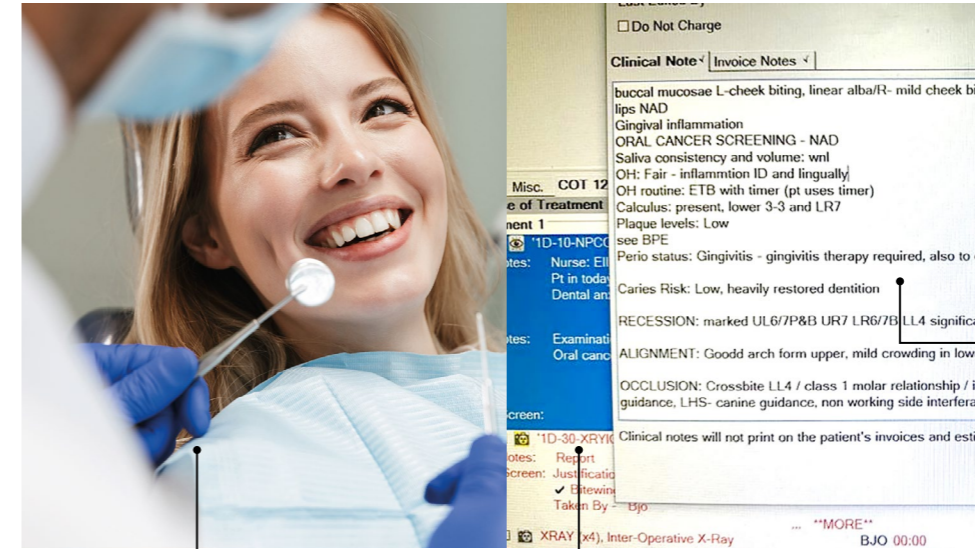
Customer journey design is the fastest growing area of design in the world. You can deliver the best dentistry in the best environment, but if the patient journey is clunky or poor, then that's what becomes the overriding memory for the patient, and that's what they tell their friends and relatives about.

Look at all of the touchpoints on your patient journey and make clear decisions about what you're going to do – and what you're not going to do – at each of those points, and ensure all of the team have a clear set of instructions and are trained to consistently deliver.

• LEARNING FROM OTHERS

Too many dental practices operate in a bubble, unaware of what's happening in the wider world. We've shown that, if your starting point is poor, then making incremental improvements only widens the gap between you and those at the forefront.

Benchmarking your business against others helps to endorse the things you're doing well and shine a light on the areas which need dramatic improvements. If you don't know you're lagging behind, you're not inclined to try and catch up. But if you do know, see the section on stretch goals.



BARRY'S TIPS

Nurse types notes in real time

Dentist provides running commentary for patient

Checklist controlled by nurse

CO-PILOTING

I'd like to think that I'm a very thorough dentist. However, in the past, there were times when I would become so absorbed in one aspect of a patient health check that, after the patient had left, my nurse would point out that I had missed one or two things out from the exam. So, we introduced a nurse-led, co-piloting system for general health checks to provide an added layer of security and also to help with making the exams more efficient. The results have been amazing!

Ensure your nurse has a full checklist for each appointment

Co-piloting a dental health check is something that should be nurse-led. Go through the structure of an examination together and make a list of all the things that you want to check and record and then load these onto your software system. The nurse then talks the dentist through each of the stages ensuring nothing is missed out.

Create a simple traffic light that patients can understand

In our practice, we have a simple traffic light scoring system that is communicated to the patient at the beginning of the appointment. The patient is encouraged to listen throughout the examination. **RED** means **Action** – there is disease or another issue that requires immediate attention. **AMBER** means **Prevention** – there are potential issues that need managing and could be considered now to prevent future deterioration. **GREEN** means **elective** – where we talk to the patient about non-essential cosmetic options.

Make notes in real time

The nurse can be typing the dentist's notes into the system in real-time. These can be easily checked later by the dentist to ensure everything has been captured correctly.

Benefits of using a co-pilot system in your practice:

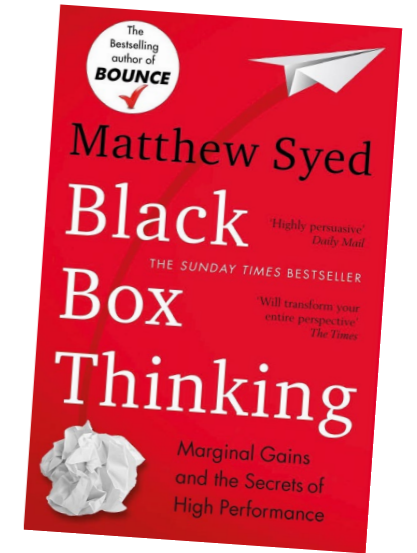
- Ensures nothing is missed out of the examination
- Involves the patient more in their own dental health and builds rapport
- Creates a stronger partnership between the dentist and the nurse
- Reduces the time spent on making patient notes
- Gives the nurse more responsibility and greater job satisfaction
- Saves time
- Increases treatment uptake
- Increases likelihood of referrals



More than anything, black box thinking is a frame of mind – a willingness within teams to accept that mistakes are made and to learn from them positively and without recrimination. It’s about a collective desire to continually challenge the way you work and to look for different and better ways of doing things.

How many times do we hear on the news, after a preventable tragic event, that warnings were given but not heeded? Black box thinking is about heading off problems at the pass.

Use this simple form, which can be easily drawn out on a sheet of A4 paper, to identify problem areas and to ask why they are occurring and what you can do, as a team, to put them right.



BLACK BOX THINKING

Whenever an aeroplane crashes, we always hear about the search for the ‘**black box**’ – the device that records all the flight data and the conversation between the pilots and air traffic control. The black box data is used to identify what went wrong so that lessons can be learned for the future. In his book ***Black Box Thinking***, Matthew Syed looks at how learning from failures separates high performing teams and organisations from the rest.

The problem or issue: <i>e.g. the dentist continually running late</i>	
Why is it happening?	Ideas for improvement

A FIRST CLASS EXPERIENCE DOESN'T HAVE TO MEAN A FIRST CLASS PRICE TAG

Two plane journeys, two completely different sets of customer needs and expectations. How does the customer drive service design?



A first class experience is one that is perfectly aligned to customer needs and expectations. Think about the two example flights we looked at – the first was a low-cost flight from Manchester to Amsterdam, the second a long-haul, business class flight to Los Angeles. They had two very different price points that were only matched by the difference in customer expectations. On the short haul flight, what mattered most to customers was a hassle-free, low-cost way of getting from A to B. On the Los Angeles flight, the customer was looking

for a personalised experience that pampered them from start to finish, and delivered them to their destination rested and fresh. These two experiences have direct parallels to your patients. When they arrive for their regular health check, they want a seamless journey that gets them in and out with minimum fuss and, hopefully, no extra cost. However, a patient committing to a £10k course of treatment might have very different expectations. The key learning point here is about understanding what's important to your patients and tailoring your service to those needs.

COMMUNICATION FILTERS

Understanding and using a patient or team member's communication filters will help you to develop rapport and achieve desired outcomes.

CONVINCER REP

Think about a time when you're considering a new purchase – a new car perhaps. What is it that convinces you to make your decision? Would you be swayed by the glossy brochure? Do you need to hear all about the car and its capabilities from the car salesman? Would a ringing endorsement from a trusted friend persuade you? Or do you need to sit behind the wheel and take it for a test drive yourself? We all have different ways in which we convince ourselves that a product or service is right for us. This is your convincer representational mode.

We might also need repetition (would you act on seeing one positive Google review, or do you need to see many to feel confident?) and time. Some people will make instant decisions whilst others will want to go away and think about it for a while, which is why you need to follow-up on outstanding treatment. They're probably not lost, just simmering on the back burner. Convincer rep goes hand-in-hand with other representational systems – check them out on the next spread.

SAMENESS

They're all the same shape
They all have wings
They all have numbers



DIFFERENCE

They're different colours
Pointing in different directions
With different patterns

Isn't it strange how two people could look at the exact same scene, yet process it in completely different ways? The exercise we did with the three aeroplanes showed how some people look for sameness and others for differences. 'Sameness' people look for continuity and they are comfortable with routines. Whereas 'difference' people are happy dealing with change, always looking for new experiences and new ways of doing things. Communicating to each in their own language will help you maximise their potential.

Away from and towards is a directional filter. A patient with a 'towards' bias will say things like, '*I want straighter, whiter teeth*' – they have a clear picture of what they are trying to achieve. 'Away from' patients will say things like, '*I don't ever want to have dentures*' – they have a clear picture of what they are trying to avoid. It's important to reiterate each patient's motivation back to them in line with their own their own directional filter.



REPRESENTATIONAL SYSTEMS

Everyone has their own representational view of the world and we all process information and communicate differently. Understanding an individual's representation preferences allows you to modify your language and actions to maximise the chance of striking rapport and building trust. You may not have the time to identify a particular patient's preferences, so using a range of approaches will help.



VISUAL

Visual people look at the world through pictures and images and understand by making pictures of the meaning. They are often gazing over your head or off to one side; this is because they are literally looking at the pictures or movies they are creating while you are speaking. Looks are very important to visual people. When dealing with them, remember the old saying: 'a picture is worth a thousand words'. These are the people who really do form first impressions.

AUDITORY

Auditory people use words like sound, hear, discuss, and phrases like 'clear as a bell' and 'sounds good'. Auditory people listen carefully to what people have to say and accept it if it sounds right. They remember events and experiences by the songs they were listening to at the time, or the tone of voice a person used. Often they will tilt their heads in order to line their ear up to receive the sound most clearly. These are the people who happily spend hours on the phone.

KINAESTHETIC

Kinaesthetic people are very tactile. They like to get a feel for people and things. They need to feel the garment, squeeze the fruit and pick things up and play with them. They need to be doing. Those with kinaesthetic preferences need to meet you in person. Talking over the phone doesn't do it for them, they need to meet you, shake your hand and get a feel for who you are and what you can do for them.

AUDITORY DIGITAL

Auditory digital people need to understand why something is important; instructions have to make sense, everything must be ordered and logical. They not only enjoy but also need printed details and flow charts. When you are presenting information to them, they will often take notes and will hone in on the details. They will expect and probably have a degree of technical know-how. They may appear dispassionate and calculating, in the most positive sense.

Every patient journey has a number of touchpoints – each of these is an opportunity to create memorable moments that lead to stories – stories that your patient will tell their friends and relatives.

Customers tend not to talk about their experiences if they are average and bland. They will however talk about memorable moments, be they for the right or the wrong reasons. We identified fifteen touchpoints in our patient journey, you might have one or two more or less. The key here is to take control of those touchpoints and ask yourself how they can be elevated from the mundane to the memorable.



BARRY'S TIPS

Patient journey

TOUCHPOINTS



Initial enquiry: explain what a first appointment involves

Which of these approaches has the most perceived value?

'An initial dental health check is £75' or... 'Our initial health check is a 30-minute appointment, during which the dentist will carry out a thorough sixteen-point examination, checking your teeth and gums. He will take x-rays to look for any hidden issues and also check for any early signs of mouth cancer. The dentist will also talk to you about your own personal goals for your dental health and appearance. This initial health check is just £75'. Exactly!

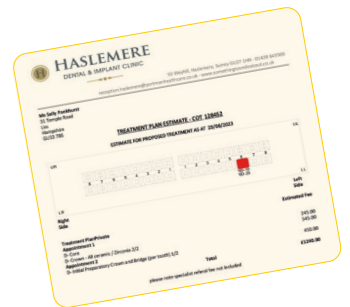


Studio check out - leave the bib on

This is such a simple thing, but it works. When you take the patient's bib off at the end of an appointment, they see that as the signal that the appointment is finished and they start to stand up. Leaving it on does the opposite and keeps them in the chair, listening to your check out advice.

Show your Practice Plan discount on your treatment plans and invoices

Patients only appreciate the value of their plan, when they see it. Presenting a treatment plan or invoice where the plan discount has already been deducted has no value. Showing the discount in black and white emphasises the benefit of being on your practice's patient plan.



Follow-up – a little TLC makes a huge impact

Whenever a patient has had an invasive treatment, always make a point of following up the day after their appointment. A simple phone call to check that everything is alright, or to listen to any concerns makes a huge impact, showing the patient that they are important to you and that you care.



WHAT'S THE MOST POWERFUL QUESTION IN DENTISTRY? IT'S THIS...

IN TERMS OF YOUR DENTAL HEALTH, DENTAL FUNCTION AND DENTAL APPEARANCE, TELL ME... WHAT'S IMPORTANT TO YOU ABOUT THOSE THINGS IN, LET'S SAY, 20 YEARS?

I've been using this **20 Year Question** with patients for over a decade and it's incredibly powerful *and* empowering. It causes the patient to take a long-term view of their dental health, function and appearance and to focus on what's important to them. We call this 'future pacing'. From the dentist's perspective, it helps you to get a clear understanding of your patient's drivers and also to build rapport and loyalty. The more you use this question, the more tuned into your patients' needs you become and the more adept you become at using what comes out to create a win/win for you and your patient. Typically, when you ask this question, patients increase their treatment acceptance.



BARRY'S TIPS

Keep the question relaxed, but specific

Whenever I ask the **20 Year Question**, I always do it in a very relaxed and chatty way that feels to the patient like I've just thought of it. The full question should be like this '*In terms of your dental health, dental function and dental appearance, tell me, what's important to you about those things in, let's say, twenty years?*

Listen carefully and use your patient's directional preferences

As you listen to the patient's answers, make a note of what directional filters they are using. Are they saying, '*I'd like my teeth to still be bright and attractive*' or '*I don't want them to look ugly or stained?*'. It's important to reflect what they say back to them, without flipping the language.

Use the conversation as a springboard to a long-term treatment plan

Once you have a clear understanding of your patient's drivers, you can start to talk to them about how they can achieve their goals. So, you might phrase your response to the two situations above in two ways: '*1. To help you keep your teeth bright and attractive 2. to ensure that your teeth don't deteriorate and start to look ugly or stained... we'll need to see you every six months for a hygiene appointment and we should also deal with those two cavities.*'

Change the timescale according to the patient's age and general health

The **20 Year Question** works well with anyone under the age of sixty. However, if you are asking an older patient, you might want to reduce the length of time down to ten or fifteen years to avoid a response along the lines of, '*I'm not sure I'll still be around then!*'



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