

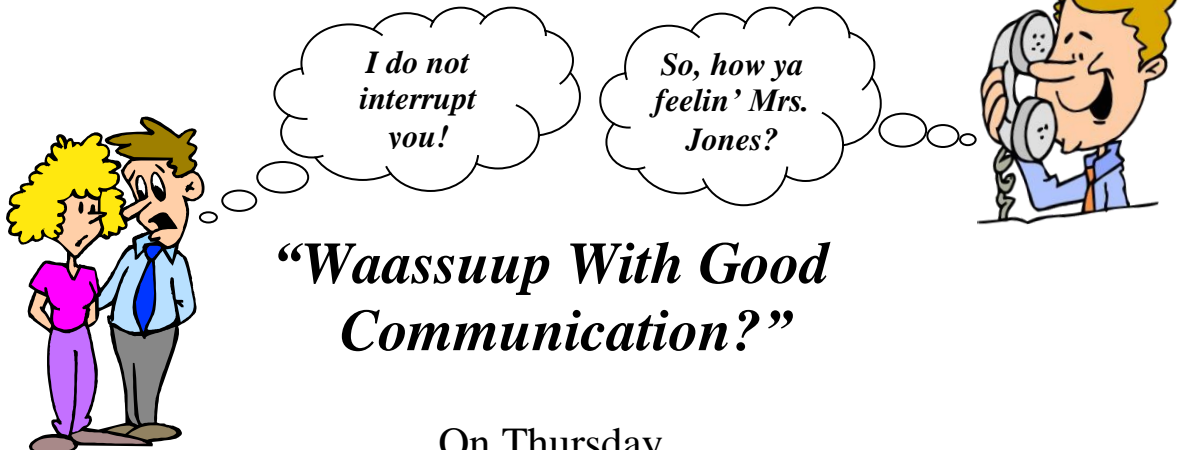
The New Zealand Association of Orthodontists



Is Pleased To Present Their 2019 Conference
In
Tauranga, New Zealand

Featuring A Guest Lecture With

Rosemary Bray



**“Waassuup With Good
Communication?”**

On Thursday

Sept 5th, 2019
At The Trinity Wharf Hotel

6263 Paseo Callado
Carlsbad, CA 92009

Email : Rosemarybrayortho@gmail.com
Website : www.rosemarybray.com

Tel/Fax 760.268.0760

“Waassuup With Good Communication?”



____% of our time awake is spent communicating in some way ~ ____% is listening, ____% is speaking, ____% is reading and ____% is writing. Bet you never thought about that! We will recall only about ____% of the verbal message we heard and after only 10 minutes time, we have lost 10% of it. Later in the same day, another 10% is gone. By the time your patients call you back after an initial exam, they have forgotten almost all of what you told them which is why it is so critical to support your entire verbal message in writing. It takes people on average ____ seconds to decide whether or not they are going to like you after first meeting you. So perhaps, in the first seconds when someone meets you, do not say anything crucial that people will need to remember (such as your name!) because that is the time they are busy visually checking you out! Yep! They are. It is what you and I do too.

The three basic forms of communication are **1) Phone** **2) Written Words** **3) Verbal, face to face.**

The Goals of Using Professional & Polished Communication Are ~



1. To _____ (a main reason why people do business with you)
2. To enhance _____ (people will not buy if they don't understand)
3. To _____ with our patients and parents (Ortho IS all about that)
4. To _____ & _____ people (without it, people go elsewhere)
5. To _____ & _____ people (we call this selling folks, accept it)

PHONE COMMUNICATION ~ There is NO phone communication coming IN to your practice as vital to your success as when speaking during that _____ to a _____ patient – one who does not yet know you. This is the first opportunity to shine and to help them make the right decision: to become YOUR 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!! The most important call going OUT from your office is called a C_____ C_____.

I have now made 560 New Patient calls to various practices, posing as an adult patient, or the parent of a child, and booked an appointment to test the practice and evaluate their phone skills. Out of all those calls, only 35 people have received a grade of A (1 was a DR!) and 95 have failed (2 were Drs!). Much easier to do poorly, than to excel on the phone! Most 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. Coach each other, tape yourself and learn to present a professional image.



When people are surveyed about telephone communication in general – the biggest complaints they have are:

1. _____
2. _____

3. _____
4. _____
5. _____



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. You also must have great looking note cards, envelopes, thank you cards, practice brochures, referral cards, billing statements, mailing labels, and of course your very important Welcome Packet for the New Patient and the Walk Out (Or Exit) Packet for the patient leaving your initial exam. Everything you mail or hand to another person that is written must be letter P _____! That means no typos, no misspelled words, no grammar errors, and no punctuation mistakes ~ and of course nothing is a copy of a copy of copy laid on the copy machine crooked with toner lines down the side. Every piece of paper given out is a representation of the entire practice and it must look as great as the treatment looks.

One of your MOST important written communications to your patients is your TEAM written M _____ S _____. It says who you are, why you come here every day and what you promise to every patient. Make it real and sincere and keep it current with Annual Updating!

A Welcome Letter 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 all easily recognizable without having to read any words. And so it should be with your Practices.



VERBAL COMMUNICATION~ Some most interesting statistics I have learned about Verbal Communication are that:

- 1.) ___ % of our message is - *the actual choice of words we use*
- 2.) ___ % 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.) ___ % 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 you carefully choose the exact best WORDS to use when you communicate with others,(though it is very important) it is more how you sound when you say the words you do 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!* One of the things I teach when I go into a practice as a coach or consultant is that effective, great verbal communication has THREE basic ingredients. *It has to be first of all, O_____.* That means _____. Does your practice communication include this first criterion? *Secondly, communication has got to be H_____.* What that means is _____.

Many people are afraid to say what they really think or feel for fear of retaliation or hurt feelings or some form of consequence. That brings us to the third and MOST important criteria in great verbal communication and *that is called S*_____. That means just that. Nothing will happen if I am O_____ and H_____ when I communicate with you. I am not at risk of losing my job, of having you disrespect me or of being gossiped about as soon as this meeting is adjourned. The main reason Team Members are not fully O_____ or H_____ is because it is # 3 that is lacking, the S _____ part. It is the same in marriage or between parent and child.

Think of Listening as an Acronym ~


- L ean in to establish rapport
- I nterpret feelings as well as words
- S tay connected through eye contact
- T une in to what's not being said as well as what is not
- E xpress empathy and understanding
- N ever judge, interrupt or criticize . . . just LISTEN



A Word About My Personal Pet Peeve ~

When your patient, or anyone, says **Thank You** for doing something wonderful for them, try saying . . . “It was my pleasure” or “I’m so glad I could do that for you” or “Oh I’m happy that worked out well too!” Instead of the awful, boring and terribly overused ... N_____ P_____, accept the appreciation or compliment! Too often a genuine thank you or a compliment is discounted by saying it was not a problem. Another great reason not to say that is merely because everyone else does! Be different, stand out, make people remember you because of your wonderful ability to communicate well.

A Few of My Favorite Tips ~

- 1) Remember that saying, “*That’s a G*_____” ~ is a perfect response. It empowers others and provides you with that split second to think about what you will say next. I do it a lot! ☺
- 2) Give no L___ S_____ please. Be concise ~ make sure you directly answer their question without “over-answering” or justifying. You have gotten it from someone and you didn’t like it, right?
- 3) Avoid Giving E_____ ~ People Don’t Want To Hear It. Do not say, “*The girls didn’t schedule the appointment right... Or... The lab was closed for holidays.*” People really don’t care why, so drop the E_____. Make the apology and stop there. It has much greater impact than when the E_____ are added on. Involve the other person in finding solutions to any upsets.
- 4) Maintain your pleasant E_____ C_____ with the other person and a neutral body stance (remember more than half your message is your body language not your words!) Something I see often with Doctors, and more so male Doctors *stereotyping*) is the lack of eye person. I see it in the exam meeting and probably here at this when you talk with them. It shows you are 1) _____, 2) _____ and 3) _____. The opposite of those traits are not desired in your practice or in you personally. Train your team with this also (especially those who present fees!)  (I do not know why and I am not contact when talking to me or another appointment, on the exhibit floor at a meeting too! Look other people in the eye
- 5) A good rule of thumb is to try and avoid the word “**B**_____”. The following message does not send

one of support: “You showed up on time, **B**_____ you sure need to be brushing better.” We can word this differently to encourage the patient to want to listen and improve. Whatever we say before the **B**_____ is gone and forgotten because the **B**_____ negates it.

- 6) Avoid Language that might D_____ E_____ you or make you appear unknowing. Comments such as, “I am just the receptionist”, or “I am new, I don’t know about that” reduces the patient’s or parent’s confidence in you. Instead, responding with: “I will be happy to find out for you. I will be right back,” or “I will be happy to get Kim to answer that question for you.” When you don’t know the answer, it is best not to say that you don’t ☺ and then go learn the correct answer so next time _____ can be the one to give a great answer!
- 7) **K**_____ **Y**_____ **C!!!** Under all circumstances when speaking with a parent or patient, you remain calm and polite, regardless of what is happening, who is right or wrong or how loud and irate the other person may be. No cuss words or yelling back is ever allowed. “Kill ‘em with kindness” ☺ is a great motto to remember when someone is upset.
- 8) Do not allow yourself to sound like the **B**_____ flight attendant who has given the safety announcements 4 times today and just cannot do it again with feeling. No matter how many patients you have given OH instructions to or how many office tours you have done today, each time it is all to be said like this person has NEVER heard it before and needs to. (Because that is the truth!)
- 9) Follow Your Rules. Whenever scheduling appointments, we do not offer after school until you need to and do not ask them when they want to come in! If you asked me that, I would say Saturday afternoon. Then you would have to say, “Sorry, we DON’T work then!” Not good.
- 10) And lastly be a great **L**_____. Being **I**_____ is the **NUMBER 1** complaint in all communication surveys. So do not be an **I**_____, even when you want to, and you know you want to. Refrain! Allow people to finish their own sentences. No matter how enthusiastically you want to jump into the conversation, show respect for what the person is saying by patiently hearing them out. Remember that **S**_____ and **L**_____ have the same letters in them ~ and for a very good reason. Use your **TWO** ears and your **ONE** mouth, listen twice as much as you speak! Statistics say that the average Doctor (of any kind) will interrupt his or her patient in the first _____ seconds of a conversation. Terrible! Do not be average! Listen patiently.



Remember that *Great Communication* is a LEARNED TRAIT so be patient with yourself and keep practicing! There are many books, audio tapes and CD’s and a variety of great courses to take to help improve communication but the best teacher is to Practice Practice Practice!



A few favorite helpers are ~

- The One Minute Manager* Ken Blanchard and Spencer Johnson
- 21 Indispensable Qualities of a Leader*. John Maxwell
- How To Become A Great Boss* Jeffrey Fox
- How to Win Friends and Influence People*. Dale Carnegie
- Developing the Leaders Around You and Developing the Leader Within You* John Maxwell
- Crucial Conversations* Kerry Patterson
- The Girls’ Guide to Being a Boss (Without Being a Bitch)* Caitlin Friedman
- When Fish Fly* John Yokoyama
- How to Make People Like You in 90 Seconds* Nicholas Boothman
- Convince Them in 90 Seconds* Nicholas Boothman

<i>Leadership by the Book</i>	<i>Ken Blanchard</i>
<i>The 7 Habits of Highly Effective People</i>	<i>Stephen Covey</i>
<i>Relationship 101</i>	<i>John Maxwell</i>
<i>The Power of Body Language (8 CD set only)</i>	<i>Joe Navarro</i>
<i>Visionary Business: An Entrepreneur's Guide to Success</i>	<i>Marc Allen</i>
<i>The Little Green Book of Getting Your Way</i>	<i>Jeffrey Gitomer</i>
<i>The Little Black Book of Connections</i>	<i>Jeffrey Gitomer</i>
<i>Positive Words, Powerful Results</i>	<i>GIVEN TODAY Hal Urban</i>
<i>Beyond the Morning Huddle</i>	<i>Dr Ann Marie Gorczyca</i>
<i>Attitude Is Everything!</i>	<i>GIVEN TODAY Vickie Hitzges</i>

***Always keep in mind that people may not remember WHAT you said
but they never forget HOW you made them feel! (Maya Angelou)***

Using these words will help you greatly ~ they show empathy

I understand
That makes sense
If I were in your shoes
Your concern is understandable
I can see your point of view
I know this seems a bit frustrating
I know this may seem very inconvenient
If it were me, I might feel the same way
I can appreciate what you are saying
This must seem terribly confusing

I wish I could . . .
Your point is well taken
What you say has merit
I can tell that you are. . .
This must be very disappointing



Your Verbal Message ...You CAN Say It Better

Try to Say or Write This


My assistant/team
Our clinical assistants/Hygs
Kelly, our scheduling coordinator
Reception area/room
Established/current patient
Consultation appointment
How do you feel about this?
Provide a service
Fee/Investment
Initial or first payment
Courtesy/fee reduction
Follow-up visit/observation
Please complete this form
Conference, education courses
We need, we would like
Sue is unavailable at the moment
I can appreciate how you feel
Let's find out



Instead of This

My girl/girls
The girls in the back
The girl at the front desk
Waiting area/room
Old or regular patient
Case presentation
Do you understand?
Do the work
Price/Cost/Money (this tends to be an Aussie/Kiwi custom)
Down payment
Discount
Recall
Fill this out
Convention
We require, we have to have
Sue's out to lunch (really??)
You're wrong
I don't know, not sure

That is a very good question
 Let's try this, let me see
 I'll be glad to take a message
 This is an important 15 minute appointment
 In our inactive file
 In the future, please call us
 It's really quite busy at the moment
 I wish I did have an opening for today
 Would you prefer a morning or afternoon?
 I'd like to find a place for you
 May I ask you to hold please?
 Sue knows all about that
 This is what we have found works best
 My pleasure! -or- You are so welcome! -or-
 I am so happy I could help you!

I don't know, not my job
 I can't, nope
 Can you call back later?
 It's JUST a quick look
 In the DEAD file → 
 You should have called
 It's a ZOO in here right now
 I can't fit you in
 When do you want to come in?
 I'll SQUEEZE you in here
 Hang on a second (minute)
 That's not my job
 I'm sorry, that's our policy
 No Problem!
 Anything is better than NO PROBLEM!!!!

Add your ideas ~



This list can be endless. Add your own phrases on the lines above that you know you and your team say...then find a more polished way to say the same thing.

My communication in the office can improve in these ways ~

Meet Your NZAO



Speaker ~ Trainer ~ Consultant



Rosemary Bray has spent more than 30 years employed in the Dental profession, with experience in General Dentistry, Periodontics and Orthodontics.

Her last 16 years were as *Office Manager* and *Treatment Coordinator* for a quality San Diego Orthodontic practice. She left in 1998 to begin her self-employment as a speaker and consultant in Orthodontics and Dentistry. She was one of the founding members of the *Pacific Coast Treatment Coordinators Study Group* and also of the *San Diego Dental Office Managers Study Club*. Rosemary has now proudly celebrated her 50th anniversary in teeth! **Yes, that was 50!!**

She taught oral hygiene and Dental care to 400 children from 37 different countries at the International Community School of Zurich for two years while she and her family lived in Zurich, Switzerland for a 4 year period. A tooth brushing program was instituted in the primary school curriculum as a result and her program is still ongoing today. Those International kids are brushing at school! ☺

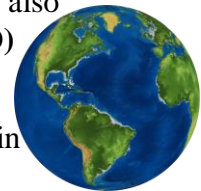
She has lectured *nationally and internationally* on every continent except Antarctica and in ALL 50 USA states, on behalf of the American Association of Orthodontics (AAO), most Orthodontic companies, various dental societies, and Ortho and Dental study groups and for her own workshops and seminars. She was honored to be the Staff Program Co-Chair for the AAO Annual Session in Chicago and has been featured on 26 consecutive AAO programs. She is a speaker at most Dental meetings in America as well, such as the ADA, CDA, Yankee Dental, AAPD, Dallas Dental, Chicago Mid-Winter and the prestigious Hinman Dental meetings.



Rosemary is a Past President and Board Member of the *San Diego Children's Dental Health Association* (a non-profit Dental clinic in San Diego which treats approximately 500 needy children each month). This is a last resort care facility which relies on donation alone to operate. In 2007, they began to finally provide Orthodontic care as well as quality Dental care!

She has been a visiting *Clinical Instructor* in the Orthodontic department of the University of the Pacific School of Dentistry in San Francisco where she has donated her knowledge and experience to the future Orthodontists studying there and she speaks at many Orthodontic schools as a gift back to the profession.

She serves on the Board of Directors for the American Association of Orthodontics Foundation (AAOF), which supports and promotes education and research in orthodontics. Rosemary also served on the Education Committee for the Pacific Coast Society of Orthodontists (PCSO) and has assisted in planning numerous Annual Sessions for that society.



Rosemary is self-employed as an *Ortho office trainer and consultant* specializing in

New patient exams, TC Training	Internal and external marketing
Outstanding customer service	Verbal and written communications skills
Team relationships, motivation, incentives, retreats and team building	

She gives *personalized office retreats and seminars* and is available for speaking engagements to all specialties of dentistry. A popular lecture is her **Appreciation Seminar** to thank the GP referrals to the Orthodontist or Specialist for supporting their practice. Visit her website for details on programs, workshops and lectures that are open to the public.

She travels the world in the name of teeth and smiles s she hs done tday

Email ~ Rosemarybrayortho@gmail.com * Tel & Fax ~ 760.268.0760