



ESTHETIC TEAM

THE WISDOM OF SHARED KNOWLEDGE



by Bobbi Anthony, R.D.H.

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Managing Change Without Losing Patients

What is the purpose of a business? Most business owners would probably answer, "To make a profit." According to management guru Peter Drucker, however, profit and profitability, although crucial, are not the purposes of a business. Rather, they are the test of its validity. "There is only one valid definition of business purpose: and that is to create a customer...The question, what is our business, can therefore be answered only by looking at the business...from the point of view of the customers and market."¹

Customers are interested only in their own values, wants, and reality.

Drucker tells the story of Nicholas Dreystadt, the German-born service mechanic who took over Cadillac during the Great Depression. At the time, Cadillac was close to bankruptcy, however, within two years Dreystadt made it into a major growth business. How did he do it? By understanding his customer and what his customer was buying. Yes, he and his competitors were all selling cars, but Dreystadt said, "The Cadillac customer doesn't buy transportation, the Cadillac customer buys status. Cadillac competes with diamonds and mink coats."¹ Dreystadt understood that his customer wanted more than just transportation—his customer was also buying prestige. It was not Dreystadt that defined the market; he was successful because he recognized that the market existed based on what customers valued and wanted. And he met that need.

What is the purpose of your practice today? What are your patients buying...what do they want? According to Drucker, customers are interested only in their own values, wants, and reality. Therefore, any serious attempt to state what your business is must start with your customers' realities, situation, behavior, expectations, and values. The next logical question is, "Who is our customer...our market?" Are they buying beauty, youth, prestige, self-esteem, pre-

- If the timing isn't right, just plant "seeds"

Influence (also sometimes called *Socializer*)

- Motivated to persuade and influence others
- Likes personal approval from others in a direct style
- Enthusiastic, entertaining, likes to have fun
- people-oriented
- Open, verbalizes thoughts and feelings
- Esthetically minded
- Spontaneous
- Can sometimes appear superficial
- Fears loss of influence with others

Presenting Dentistry:

- Easy to present esthetics...target market
- Can ask how they feel about their smile
- How would they rate their smile 1 to 10?
- If not 10 what would it take to be a 10?
- Why is it that they have not done it in the past?
- What, if anything, holds them back now?
- Show photos
- Image them
- Get them excited

Steadiness (also sometimes called *Relater*)

- Wants stability, organized environment
- Patient, good listener, team player
- Prefers to participate versus lead

- Relationship- and service-oriented
- Prefers slower, planned approach
- Personal stability through an indirect style
- Fears loss of predictable conditions
- Doesn't like change

Presenting Dentistry:

- Can present on function or esthetics
- Don't push, don't rush
- Don't frighten, give reassurances
- May do esthetics for someone else (e.g., look good for daughter's wedding)
- Remind them that they often do for others...maybe it should be their turn
- Remember that if unhappy, they might not complain...they just leave (passive-aggressive)

Conscientiousness (also sometimes call *Cautious, Analytical, or Thinker*)

- Desires accuracy in achieving goals through indirect style
- Precise, reserved, and diplomatic
- High standards, likes detail
- Self-directed, needs no supervision
- Organized, prefers clearly defined expectations
- Analytical, inquisitive, task-oriented
- Compliance to rules
- Fears criticism of work or actions
- Prefers function to esthetics

Presenting Dentistry:

- Present on function, not esthetics (e.g., "It will look natural" [not beautiful])
- They may ask lots of questions...like lots of detail
- Discuss longevity, health, and making a good investment
- Involve them in the diagnosis, ask questions (co-diagnosis, photos, videos, brochures)
- Connect the dots—show connections between occlusion, tooth wear, and perio, etc.
- Don't push or rush decisions
- They usually do the right thing

Practice transitions can also create alienation among the existing patient base when many changes are taking place but little communication is happening to explain why. Everyone wants to belong...to feel a part of something. But when changes happen and longstanding patients do not feel included, it can feel like a rejection, particularly for older patients.

The way to keep patients in your practice is to be fully present when you are with them.

Maybe you have redecorated the office, put up new signs, and handed out business cards promoting that you are now a cosmetic practice. However, you have not been sending out letters or newsletters to keep the patients informed of the exciting changes you have made for "them." Even something nice like extra customer service benefits can make people feel left out if they weren't aware of it. If you have added a refreshment bar to the reception area since Mrs. Jones was last in but you never

vention, health, dental longevity? Are they all buying the same thing?

With many new cosmetic procedures and materials available, the dental profession is continuously evolving, and many doctors are repositioning their practices with a much greater emphasis on cosmetics than on traditional family care. When doctors begin making this type of major transition, they want to be successful but they also are concerned that they may lose patients. They want to know how to make the transition successfully without losing their existing patient base.

In specialty or limited practices, such as endodontics, what customers are buying (the purpose of the business) is much easier to determine. In endodontics, for the most part, patients/customers want to be free of pain and to save teeth. "Boutique" cosmetic practices that were designed, developed, and marketed to a specific group of esthetically conscious people, are also a type of specialty; therefore, they also can be clear about determining the purpose of their business.

However, general practices, particularly those that are transitioning from more traditional general dentistry, must keep in mind that there is more than one market to satisfy. The current marketing budget may be focused on attracting a new, more esthetic-minded patient base, and, of course, there may be many patients of record that will also be interested. However, you probably also have many longstanding patients that are not interested in esthetics at all.

In their enthusiasm to do more esthetic cases, however, many well-meaning doctors and team mem-

bers alienate longstanding patients by continually discussing or presenting extensive cosmetic treatment plans to everyone in the same way. As the adage goes, "If your only tool is a hammer, every problem can look like a nail." Many of the existing patient base may be more functionally than esthetically motivated. There are also functional reasons for presenting anterior esthetics, such as reestablishing anterior guidance, but the case presentation must be done based upon that knowledge and having the skills to recognize those cases and those patients. An esthetically minded doctor might present to all of his patients based upon his interest and enthusiasm for esthetics. Likewise a functionally minded hygienist might present dentistry to all patients based upon function only. But teams that understand what others want and need would present based upon each patient's desires and values.

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Of course, the desire of humans to understand each other's differences is not exactly new. In ancient Greece, for example, Hippocrates identified four distinct styles of temperament. In 1921, psychologist, Carl Jung became the first to study personality styles more scientifically. Since then, many other psychologists have developed dozens of models of behavioral differences and have given them many varying names and identifiers, from colors to animal names. However, the one constant throughout the centuries is

the grouping of behavior into four categories.²

A personality style assessment survey and complementary curriculum³ have been developed as a tool for individuals to not only determine their own behavioral style and the style of their team members (great team-building asset), but also the knowledge necessary to begin learning and understanding how to easily and quickly discern others'—patients, family, and friends.

An abbreviated breakdown of the four behavioral styles is as follows:³

Dominance (also sometimes called *Director or Driver*):

- Determined and assertive...likes personal control and to direct others
- Goal-oriented and competitive
- Practical, motivated to solve problems
- Focused, likes immediate results
- Prefers direct answers, independence, varied activities
- Tends to question the status quo
- Can seem impatient, insensitive
- Doesn't like to waste time
- Fears being taken advantage of by others

Presenting Dentistry:

- Be direct
- Be concise, let them be in control
- Don't talk too much – cut to the chase
- Can present esthetics but more based on looking successful, "Is your Image important to you?"...
- "Status"...you've arrived...you deserve it, rather than just appearance alone or flattery