



# Dental education or a sales pitch?

By Michael Sernik, BDS

I've spent many years since graduating as a dentist in 1971 trying to figure out what works and what doesn't when it comes to communicating with patients. One unexpected lesson I learnt was that traditional sales techniques don't work very well when dentists try using them to direct patients towards preferred treatment options.

## Verbal scripts

Dentists enrolling into communications courses typically want verbal scripts to use when answering their patient's objections such as:

- *Why is it so expensive?*
- *My other dentist has never mentioned this before!*
- *Can't it wait?*
- *I'll think about it.*
- *But it doesn't hurt.*

There are two fundamental flaws with this approach:

1. What happens when inevitably a new objection comes along from a patient? One that you don't have the script for; and
2. Scripts teach people how to respond to objections but after we've silenced today's patients with our clever answers, tomorrow will bring a fresh batch of new patients with the same objections. This is the equivalent of treating a symptom but not the cause of a problem.

My personal epiphany came when I realised I was actually creating the patient's objections!

Instead of learning how to answer objections, I needed to learn how to *not* create them.

## Traditional sales

Traditional patient communication courses have a sales element of cornering and 'closing' the patient into making a particular decision. As more and more

courses advertise teaching dentists how to "get the patient to say YES", dentists are being lulled into believing that patient's have come to accept being sold to.

My experience is that there are three problems with this approach:

1. Psychologically, all pressure gets resisted at some level. Think of the teenager being told what to do. People are allergic to the process of being controlled. It seems it is fundamental to our human makeup to resist any controlling force;
2. Through consumer experience in industries with heavy-handed sales techniques, people are becoming familiar with the feeling of a salesman trying to 'close' them. The population are becoming more and more intolerant of it in the commercial world and will not tolerate being sold to by their healthcare professional; and
3. Most people who've worked in corporations have had some sales training and are going to be better at sales than the dentist. They will spot being the 'prospect' in the sales game from a mile away.

## Educating the patient or providing the patient with options

No dentist wants to think that they put sales pressure on their patients. Instead they say they are simply "educating the patient" or "providing options to the patient", not selling. Unfortunately, the patients 'education' is not happening in a vacuum and always comes with a subtext for the patient. While the dentist might have the right intentions and feel that there is no pressure being applied, the 'education' inevitably is going to lead in the direction of the treatment that the dentist wants the patient to accept and the patients often suspect that the dentist has a monetary agenda in educating them this way. What the dentist's intention is becomes

irrelevant if the patient feels manipulated.

What the patient *feels* is always going to be a more important decider in the relationship than what the dentist *intended*.

So what's wrong with the patient perceiving a sales process?

Once the patient believes the dentist has a sales agenda, trust is quickly broken. We have all had patients who come to us saying that they went to the dentist down the road who tried to sell me expensive treatment. The knock-on effects of this type of negative advertising can be profound in a community.

Despite being passionately committed to clinical excellence, many dentists will occasionally be rejected by sceptical patients who misconstrue the dentist's motives as being purely financial. Trying to 'educate' patients into accepting treatment can work sometimes, but it can also be felt as sales pressure. Dentists need to learn the subtleties of advanced communications so that they can prevent objections and never be viewed as salespeople.

## About the author

*Dr Michael Sernik graduated from Sydney University in 1971 and spent 23 years in clinical dentistry as the owner of several successful practices. He is recognised as a world authority in the field of Dentist-Patient communications. His ground breaking PrimeSpeak 3-day new patient exam workshop has received unanimous praise from participants in Australia and overseas. He is running PrimeSpeak in Las Vegas on a regular basis for a leading US post-graduate dental institute as well as running the unique 3-Day workshop for dentists around Australia and New Zealand several times in 2009. Visit [www.primepractice.com.au](http://www.primepractice.com.au) or [www.primespeak.com](http://www.primespeak.com) for dates and locations or call (02) 9327-3060.*