



“Coaching you to the  
*GREATNESS*  
you deserve”

# *Mastering Enrollment*

*The Ability to Influence*

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[www.richardsoncoaching.com](http://www.richardsoncoaching.com)



## - Analyzing Your Marketing Efforts -

	YES	NO
1. We have a vision statement for our office.	_____	_____
2. Our practice has an established position in our area.	_____	_____
3. Each marketing piece is consistent with our vision and desired image.	_____	_____
4. Our stationery reflects quality, stability, and excellence.	_____	_____
5. Our office conveys professionalism but is not seen as impersonal and stuffy.	_____	_____
6. Our office has a reputation for being ethical, professional and effective.	_____	_____
7. Team and doctors always wear professional apparel that is clean and pressed.	_____	_____
8. We know what our fees are in relation to other offices.	_____	_____
9. Our business card includes our vision statement and a map.	_____	_____
10. We include personal comments on a portion of our billing statements, and we regularly include a promotion in those billings.	_____	_____
11. We have posters, charts, and educational material in our office.	_____	_____
12. We use before-and-after photos in our office.	_____	_____
13. We have outside signage that is large enough to attract attention.	_____	_____
14. Our office hours are competitive for our area and we are open when others are not.	_____	_____
15. The team handling the phones are professional, friendly, service-oriented, and effective.	_____	_____
16. Our office location is easy to find and the parking lot is adequate.	_____	_____
17. Our office is modern, neat and organized.	_____	_____
18. We have monthly goals, the team is fully aware of them, and we have specific plans for their achievement.	_____	_____
19. We have a consistent advertising program in action.	_____	_____



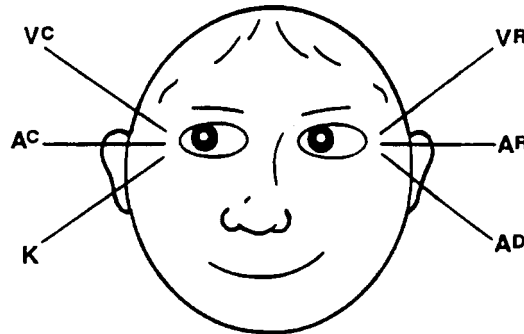
	YES	NO
20. Our team delivers excellent service.	_____	_____
21. Patients are sent mailings bi-monthly or quarterly.	_____	_____
22. When a patient has a complaint, we have a set protocol to follow to satisfy them.	_____	_____
23. We are closely involved with the community.	_____	_____
24. Do you have a Web Site?	_____	_____
25. Can your patients schedule appointments on your Web Site?	_____	_____
26. Can your patients reach you easily via e-mail?	_____	_____
27. Do you collect patient e-mail addresses?	_____	_____
28. Do you market to your patients via e-mail (i.e. newsletters, health news)?	_____	_____
29. Do all of your marketing pieces include your Web Site address?	_____	_____
30. Time spent with patients is an opportunity to improve rapport, educate, and ask for referrals.	_____	_____
31. We have a team member who is responsible for the flow of all new patients.	_____	_____
32. We are focused on our vision when we are working.	_____	_____
33. We have several options for payment available for our patients.	_____	_____
34. We are satisfied with the number of new patients referred to us by our existing patients.	_____	_____
35. Free or discounted products or services are offered in our promotions.*	_____	_____
36. We watch for happenings of community interest and look for ways to tie these to our practice.	_____	_____
37. A patient acknowledgment program is in place.	_____	_____
38. We have a specific new patient protocol which includes a pre-visit mailing.	_____	_____

\*When legal in your state.



	YES	NO
39. "Thank you for the referral" letters are sent for each referral.	_____	_____
40. I consider myself open and willing to try new marketing strategies that I haven't used before.	_____	_____
41. We have a consistent and aggressive re-activation protocol ensuring that patients of records don't "fall through the cracks."	_____	_____
42. Patients have to wait longer than 10 minutes in our reception room.	_____	_____
43. Patients have to wait longer than 1 week to get an appointment.	_____	_____
44. We have "on-hold" marketing messages on our phones.	_____	_____
45. Our Yellow Page ad effectively competes with other ads presently run.	_____	_____
46. We utilize an effective mailing program to new residents in our area.	_____	_____
47. Periodically, we survey our patients to find out what our marketing message should be.	_____	_____
48. We use information from our patient surveys to find out what we must do to increase our standards of care.	_____	_____
49. All communication to our market relates to how we can be of benefit to them and doesn't focus on us.	_____	_____
50. We regularly look for new ways to get the word out about our office.	_____	_____
51. Our patients enjoy coming to our office.	_____	_____
52. We send quarterly educational mailings to our existing patient base.	_____	_____
53. We have cross referral alliances developed with other professionals.	_____	_____
54. We regularly get free press and news coverage through public service activities.	_____	_____
55. We have articles published in local papers routinely.	_____	_____
56. We have special events periodically to support the community, such as food drives, scholarships, fund raisers for organizations, free kids days, adopt a family, etc.	_____	_____

## - Eye Accessing Cues -



- V<sup>R</sup> Visual remembered:** Seeing images of things seen before, in the way they were seen before. Sample questions that usually elicit this kind of processing include “What color are your mother’s eyes?” and “What does your coat look like?”
- V<sup>C</sup> Visual constructed:** Seeing images of things never seen before, or seeing things differently than they were seen before. Questions that usually elicit this kind of processing include “What would an orange hippopotamus with purple spots look like?” and “What would you look like from the other side of the room?”
- A<sup>R</sup> Auditory remembered:** Remembering sounds heard before. Questions that usually elicit this kind of processing include “What’s the last thing I said?” and “What does your alarm clock sound like?”
- A<sup>C</sup> Auditory constructed:** Hearing words never heard in quite that way before. Putting sounds or phrases together in a new way. Questions that tend to elicit this kind of processing include “If you were to create a new song right now, what would it sound like?” and “Imagine a siren sound made by an electric guitar.”
- A<sup>D</sup> Auditory digital:** Talking to oneself. Statements that tend to elicit this kind of processing include “Say something to yourself that you often say to yourself” and “Recite the Pledge of Allegiance.”
- K Kinesthetic:** Feeling emotions, tactile sensations (sense of touch), or proprioceptive feelings (feelings of muscle movement). Questions that elicit this kind of processing include “What does it feel like to be happy?” “What is the feeling of touching a pine cone?” and “What does it feel like to run?”

## - Metaprograms -

*“In the right key one can say anything: in the wrong key, nothing.  
The only delicate part is the establishment of the key.”*

— George Bernard Shaw

If you think of your body as the hardware then metaprograms can be considered as part of your software. Metaprograms will determine how people think, react and create their behaviors.

Learning your patient’s language will allow you to speak their language. Combining metaprograms with Modalities (visual, auditory, and kinesthetic) allows you to communicate at an enhanced level and significantly enhances your ability to influence and enroll.

### 1. Moving Towards or Moving Away (benefits and consequences)

We do things either for the benefit we will get or to avoid the consequences if we do not do it.

*Q. Why did you come in and see us today?*

A. Because I wanted to feel good (*benefit*)

A. Because I don’t want my teeth to hurt (*consequences*)

*Q. What’s most important to you in a relationship with a dentist? (or hygienist)*

A. That they take really good care of me (*benefit*)

A. That they don’t run late all the time (*consequences*)

Most healthcare providers are moving towards people, therefore they tend to present treatment plans from a benefit point of view - very difficult to influence moving away patients with moving towards language. **You must learn to speak your patient’s language!!**

### 2. Big Picture or Detail

*Q. When I present this treatment plan (financial arrangement, etc.) would you like the Big Picture or the Details?*

You must listen to their answer and give them what they want.

### 3. Process or Outcome

Some people love the process of doing things; others love the outcome of completion. For example someone who knits a sweater by hand – is clearly a process person. When you wash the car, do you enjoy the process or can't wait to see the finished product? One who has multiple tasks underway in various stages of completion – is clearly a process person.

*Q. During your treatment today would you like us to explain what we are doing or would you like us to let you know the end result?*

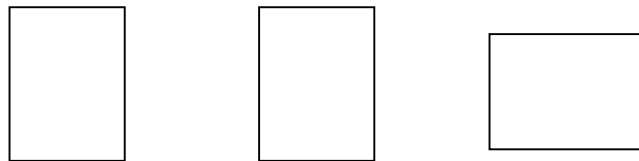
You must listen to their answer and give them what they want.

### 4. Necessity or Possibility

Your patients will fall into these two broad categories. A Possibility patient is much easier to enroll in treatment because they are always looking at the possibility of being (looking) better. A necessity patient will only have dentistry (treatment) done when it is absolutely necessary. e.g. A necessity person will only buy something when it is necessary or the one they have has broke down beyond repair.

### 5. Relationship Sort (matcher/mismatcher):

Look at these figures and tell me how they relate to each other.



*What relationship do you see between our office and the office you just came from?*

### How to Determine People's Metaprograms

1. Use your sensory acuity.  
Look and listen (pay attention to metaphors).
2. Ask questions.

*The quality of your life is the quality of your influence – influence over yourself, managing your state, and getting yourself to take action – as well as your influence on other people.*



## - Sensory Acuity -

What did you learn re: Sensory Acuity?

How can you use this with your patients? And team?



**- New Patient Interview -**

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**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Rapport** \_\_\_\_\_ **Relationship** \_\_\_\_\_

When asking questions, look for eye accessing clues to determine:

**Visual**                      **Auditory**                      **Kinesthetic**

*We take pride in the care we provide our patients and realize that everyone has different needs and wants. Therefore, I would like to ask you a few questions today before we begin your complete exam.*

**Toward (Benefits)**                      **Away (Consequences)**

*What's most important to you about your teeth?*                      **Toward**                      **Away**

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*What has been the nature of your past dental experiences?*                      **Toward**                      **Away**

**Values**

**Rules**

*What's most important to you about the dental care you receive?*

*What has to happen in order for you to receive this care?*

*What's most important to you about your relationship with a dentist?*

*What would we have to do in order for you to feel taken care of this way?*

*When we explain our treatment plan to you, do you want the*  
**Big Picture**                      *or*                      **Details**

*When there is something to be done, do you tend to wait until a problem arises or do you prefer to handle it before there is a crisis?*

**Possibility**                      **Necessity**

*If you could change anything about your teeth, what would it be?*

*What is the most important thing we can do for you today?*

*What else would you like us to know about you?*



## - The Five Steps of Enrollment -

### I. Establish rapport and relationship.

- A. Matching / Mirroring
- B. Sensory Acuity
- C. ID Frame (Me too, using verbal softeners)
- D. Determine metaprograms

*DO NOT PROCEED UNTIL YOU ARE IN RAPPORT.*

### II. Discover needs and values.

- A. Needs:
  - *What's the most important thing to you about your treatment today?*
- B. Value:
  - *That I am comfortable.*
- C. Rules question:
  - *What would have to happen in order for you to be comfortable?*
- C. You've identified the need, the value relating to the need and the rule to support the value. You can now meet the patient's needs.

*DO NOT PROCEED UNTIL YOU KNOW THEIR NEEDS AND VALUES.*

### III. Give them what they want.

- A. Show them how their present conditions conflict with their highest values.
- B. Show them how you can help.
  - *Can you see where this treatment plan will move you closer to \_\_\_\_\_ (their highest value?\*)*
  - *Does this sound / feel / look like we are on the right track?*
  - *Am I making sense so far?*
  - *Does this sound / feel / look like something you want to do?*

\* These questions are dependent on the person's metaprograms and modalities. If the person is a "moving away from" person, and you asked him if your service would move him "towards" his highest value, he will not process the question the way you want. He will tell you his highest "moving away from" values, so you will need to ask him if your treatment will move him away from those values.

*IF YOU GET ANY NEGATIVE RESPONSE, RETURN TO STEPS I AND II.*

### IV. Commitment

- A. Assume acceptance.
- B. Ask for commitment.
- C. Create solutions for any concerns that may arise.

### V. Completion

- A. Congratulate them on a great decision.



### **References:**

1. Richardson S., Richardson A. Strategies for Mastering Enrollment, The Ability to Influence, Journal of Cosmetic Dentistry, Winter 2007, Volume 22, Number 4
2. Richardson S., Richardson A. Strategies for the Business of Dentistry - Part 1: Overview for Success. Journal of Cosmetic Dentistry, Winter 2006, Volume 21, Number 4