Selling ethically
Mhari Coxon discusses the four E’s of selling

I have recently applauded the teams that have got business savvy and work together to make a profitable, growing practice. We need to try as professionals to marry the business of dentistry to providing ethical care for our patients.

I have often been asked how I feel about selling by hygienists, therapists and nurses, who sometimes feel they are being forced to sell in a way which makes them uncomfortable. Some see it as unethical and not part of their job. I say that it is what we do every day and, when done well, doesn’t feel like selling or being sold to at all.

Ethical duty
It is primarily the role of the dental health professional (DHP) to assist patients to attain and maintain their oral health. This should always be at the forefront of everything we do. And selling, in this capacity, is simple and effective; it is also what we do every day. Recognising how and why will help us to succeed in increasing treatment uptake.

The Four Es
When working with our patients, using the four Es will produce a great, motivational, productive relationship. This relationship will give the base to sell the patients what they want. These are:

• Engagement
• Empathy
• Education
• Enlistment

Engagement
Engagement is a connection between the clinician and patient that continues throughout the encounter and sets the stage for the establishment of a partnership.

‘Empathy is sincere and successful when a patient acknowledges that he or she has been seen, heard, and accepted as a person’

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What will be done to me?
Can they fix it?
Why will they do this rather than that?
Will it hurt?
When will I have the results?
How much will this cost?

Education

To effectively communicate education first assess what the patient already knows and then ask questions to determine what he or she might be wondering. Not all patients will be forthcoming with questions, so be prepared to probe empathetically to discover their most basic concerns and fears.

Common questions from patients include:

• What has happened to me?
• Why has this happened to me?
• What will be done to me?

Empathy

Empathy is sincere and successful when a patient acknowledges that he or she has been seen, heard, and accepted as a person.

Barriers to empathy often include using medical terminology, confusing sympathy with empathy and feeling that it takes too much time.

Effective empathy can be exhibited by:

• Greeting the client on neutral territory; ie the waiting room
• Keep on an even eye level with maintained eye contact
• Avoid physical barriers
• Reflective speech – Repeat information in patients’ own language
• Share experiences/anecdotes
• Accept patients’ thoughts and feelings
• Use ‘hear’ ‘see’ ‘told’ when talking after listening to show you are thinking of what they said.

Enlistment

Enlistment is an invitation by the clinician to the patient to collaborate in decision-making regarding the problem and the treatment plan. It is a challenge to the dental team to create a plan of treatment that the patient will accept and to which he or she will adhere.

As all practitioners know, patient non-adherence is a tremendous problem – loss of earnings, resources wasted, waste of time.

When you are enlisting the patient:

• Lay out all the variables for the patient in a simple format, including a description of benefits, and review of possible side effects/complications.
• Ask for feedback to ensure true collaboration and be prepared to tailor the course of treatment based on the individual’s life-style, habits and routines.
• Flexibility is critical to arriving at a plan of action that will best suit the patient’s needs and overall health.
• At the completion of the visit, be sure to close effectively by summarising the agreed-upon plan and discussing next steps.

This form of enlistment is a necessity and seen as best practice. CQC will smile on this kind of communication.

Why bother with all this?

By incorporating effective communication techniques into daily patient interactions, clinicians can decrease malpractice risk. More importantly, clinicians can positively and effectively impact patient health outcomes without increasing the length of visit—a win-win situation for both parties, and indeed the goal of health care.

Put yourself in the patient’s shoes

If you follow the four E’s then creating that acceptance of treatment can be enjoyable for both you and the patient and give the principle something to smile about too.

Paul Howe, who is a sales advisor, quotes five foundations to successful selling. These are:

• Nobody cares how much you know until they know how much you care
• We all love to buy but hate being sold
• Clients are happy to be lead but never pushed
• Leave them better than you found them...regardless
• Deliver what you promise, always, on time, first time, every time

I genuinely try to follow these ideals with every patient and actually, these can be applied to general life as well with great effect.

In conclusion

Selling is simply exchanging a product or service for money and everyone in a dental practice does this daily, even if the patient is exempt from payment. Reactive selling, (this is when you are approached for your product and you respond) is the easiest and most effective form of selling, and again, something we do every day. Proactive selling, (this is when you approach someone to try and enter a dialogue with them to discover if they would benefit from your product or services) is also a suitable form of selling providing you abide by the four Ex rule. Asking if someone is interested in a service is not pushy-selling, unless you do not listen to or respect the answer the patients give.

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Mhari Coxon is a dental therapist practicing in Central London. She is chairman of the London British Society of Dental Hygiene and Therapy (BSDHT) regional group and is on the publications committee of its journal, Dental Health. She is also clinical director of CPDeeDCP, which provides CPD courses for all DCPs. To contact her, email mhari.coxon@cpdforcdp.co.uk.