

## "You can't make a silk purse out of a sow's ear"

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This old adage is so appropriate when discussing the place for quality enhancement in dental labs. In the computer world they say...GI...GO. This acronym stands for garbage in garbage out. It seems painfully obvious that the path to improved output quality in the dental lab industry should center on improving the input from the dentist! But how?

I am a dentist. I worked as a lab technician for a few years. I am here to tell you how you can reduce some of your stress, recreate some of the excitement, and improve measurably your finished quality. The really tough part is you'll have to trust me. That is hard because time and time again we dentists have said, "just let me know what I can do better" and at the first or second critical comment we cut and run to another lab! Our egos are not only large; they are more fragile than fine china. We would rather seek out a less discriminating lab that will say the right thing to us than face our shortcomings and work to improve them ourselves. Our attitude and relationship with our lab has got to change.

First let's look at the basic process;

Input-----process and process management-----output

If we were to live in a perfect world and work in the perfect lab and team with a perfect dentist to serve the perfect patient, what would our output be? Probably, exquisitely esthetic restorations with excellent almost undetectable margins and contours in harmony with the ambient form and function. Our occlusion would be centric relation stops in fossas and immediate mesial anterior guidance off the cuspid. Not only that, but the doctor would forward the note that the patient wrote saying how well the new restorations were looking and functioning. We could all celebrate together as we solved this dental problem as a true health care team. When you stagger back to reality after laughing so hard, let me tell you that it really can be that way. Maybe not every case or maybe not every day, but often enough to stoke your fires for lab work. Here's some of the how.

Regardless of how good you are as a technician, without legible margins, adequate reduction and appropriate prescription and model information you will be stuck. Stuck trying to accommodate a litany of errors and hoping that your redo doesn't go up with that account. We must change the way the dentist looks at his role in this. We must change the way he looks at his relationship with his technician and we must have him be driven by input quality if we are to achieve output quality.

I teach at the Pankey Institute in Key Biscay Florida and lecture throughout North America on a variety of topics for DTI (a lab support and succession company), but mostly communication and practice management. I have been on several national programs and meetings. At Pankey, we challenge dentists to leave their comfort zones and strive to improve their technical, clinical and behavioral skill sets. We are able to accomplish this and have a 90+% return rate because we do it in a non-threatening way and with trust. Trust that is not judgmental and feedback that doesn't shatter the fragile egos is a tactful dance that must be practiced. If this two step is successful though, both parties, and of course the patient will benefit.

In a recent LMT article, poor impressions, poor tooth preparations and poor bite impressions were the three most prevalent responses when asked about problems with dentist-client work coming to the lab. Who would be better than your lab to set up continuing education programs with well defined and mutually beneficial goals? Dentists are hungry for quality learning opportunities and seek out the likes of The Pankey Institute, LVI, Experdent and PAC Live etc. to fill them. These same dentists want to improve their return on esthetic activities and be known as cosmetic offices. Can't we help them get there without threatening their psyche and sending them off to another lab by nurturing their goals with ours? If we teach dentist to prep better, pay more attention to occlusion and record in the impression full marginal integrity, who wins. We all do, the doctor improves his return, we have more peace of mind with regards quality issues and the patient has a more esthetic and functional restoration, which may last decades longer.

We should sell this growth and development of dental skills as a way for the dentist to prosper not us. If we can approach them with the WIIFY attitude they will listen (what's in it for you). For example, if we said "in order for you to attract the patients for this kind of cosmetic dentistry let's work really closely on a few signature cases with incredible results. We'll photo document the whole thing and you will have some cases to show other patients and encourage them to seek these procedures. They'll tell their friends and you'll be off to the races. We will really need to define the reduction and preparation guidelines so the veneers and crown and photography looks textbook. I'll help with shade and material selection and photography. When we're done, these cases will really look awesome. Let's talk about the case selection and prep design for these....." Get the idea?

Maybe we could "sell" the idea of reduced chair time for seat and cementation appointments as an income enhancement. "Doctor, if we could wok together to change a few things that we do here at our lab, I think I could save you ten to twenty minutes at the seat appointment! Would that sound valuable to you?" Notice I didn't suggest THEY change anything, in fact, I suggested it would be us. In reality I hope to have her embrace a few changes to her procedures that will help her see the benefit to the outcome. The changes can seem like their idea as we discuss the modifications I need to be a better lab. There will be a sort of co-discovery process. We will develop a relationship as the doctor realizes we are an asset and a team member not an outsourced production unit with out added value to the process or outcome.

If we can get the dentist to visit our lab and develop an appreciation for what we do and how hard it is to produce high quality on triple trays with hide and seek margins and less reduction than the blimp. Maybe we invite some choice dentist to our lab and pay them (like marketing research companies do) for helping us develop quality enhancement processes in the style of Deming's continuous improvement model. Ask the dentists to walk through the process of making a crown with us and ask them to suggest ways we can improve what WE do during this. In fact, we hope they realize what THEY can do to raise it all to the next level.

Will all these ideas work? No. Will it happen quickly or overnight? No. Will most of us take the time to risk and leave our comfort zone to improve our sense of joy and fulfillment in our professions? No. But some of you will. Especially the some of you who are still reading these words! You want the dentist-tech relationship to be all that it should and can be. You are willing to overcome some of the doctor's hesitations by reaching further out to help them than you should have to. By risking more than you should need to. by striving for such satisfaction in our professions, our lives will truly be enriched. So will our workmates and fellow technicians. So too will our clients, our patients and even our families and friends. They will all share in our newfound happiness as we walk through life with a little more kick in our step. Remember , fear not striving for excellence and missing the mark from time to time, rather, fear striving for average and achieving it all the time. Maybe we can make a silk purse our of silk. Novel idea.

## COMMUNICATION

### **Purpose**

- \* Inform
- \* Persuaded
- \* Build Relationships

### **Verbal / Non Verbal**

### **Perception / Illusion**

### **How We Learn**

- \* Read
- \* Hear
- \* See
- \* Discussed
- \* Experience
- \* Teach

### **How we are Taught**

- \* Writing
- \* Reading
- \* Speaking
- \* Listening

### **Paradigms / Maps**

- \* Covey.....Seven Habits

### **Preparation / Organization**

## SOCIAL STYLE AND MANAGEMENT

According to David W. Merrill, Ph. D., and Roger H. Reid, M.A., "We all say and do things as a result of certain habit patterns, and people make predictions about us because they come to expect us to behave in a particular way- the fact is that even though each of us is unique, we tend to act in fairly consistent, describable ways. All of us use habits that have worked well for us, habits that make us comfortable, and these habits become the social style that others can observe."

The American population is evenly divided among the four social styles: driver, analytic, amiable, and expressive. Each person has a dominant social style, and that style influences the way he works. People will tend to seek out social situations that reinforce their behavior and avoid situations that cause discomfort.

From the work of Robert Bolton and Dorothy Grover Bolton, *Social Style/Management Style*, we have clues to recognize each social style.

## CHARACTERISTICS OF THE FOUR STYLES

<p><b>Analytical</b></p> <p>They live life with consistency according to facts, principles and logic. They often seem to be cool and independent, lacking enthusiasm. They tend to be cautious about extending friendship or showing personal warmth and, initially, will be more concerned with how things get done without need for personal involvement. They seem to act slowly and use time in a deliberate and disciplined manner. They focus on the past to give them direction for the future and prefer to work on a predictable schedule. They look for solid, tangible, practical evidence to support the validity of their decisions. They also require assurance that their decisions will be valid for the future. They appear to be overly concerned with details and organization.</p>	<p><b>Driver</b></p> <p>They know what they want, where they are going, and are more oriented toward getting results than pleasing people. They base their decisions on facts and data, will take risks, and prefer to be given options from which they can choose.</p> <p>They are "tell oriented" and voice may sound forceful without speaking loudly. They often speak rapidly. They are fact oriented and do not need feelings or opinions from others. They prefer brief reading material' prefer working alone or directing others. Conversations tend to be brief and even abrupt. They prefer to make their own decisions. They seek power and do not like to be told what to do. They are decisive, pragmatic, and efficient.</p>
<p><b>Amiable</b></p> <p>They place a high priority on friendships, cooperative behavior, and being accepted by others. They like to achieve objectives with people using understanding and mutual respect and will accept authority from another person, if the person is friendly and understanding. Talking and socializing is sometimes more important than getting on with the work at hand. They tend to use personal opinions in arriving at decisions and want guarantees of minimal risk; therefore, they frequently stay with the comfortable and known and especially avoid risks that involve personal relationships.</p>	<p><b>Expressive</b></p> <p>Usually full of energy, they have quick gestures, speaking more rapidly and louder than others. They make decisions quickly, express opinions strongly, and dislike routine. They appear to have more imagination and creative ideas than other people. They are undisciplined in the use of time. They are people and feeling oriented and rely on the opinions of others whom they consider important or successful for decision making rather than facts. They wear colorful and sometimes flamboyant clothes and are playful and fun-loving. They are outgoing, enthusiastic, persuasive and spontaneous.</p>

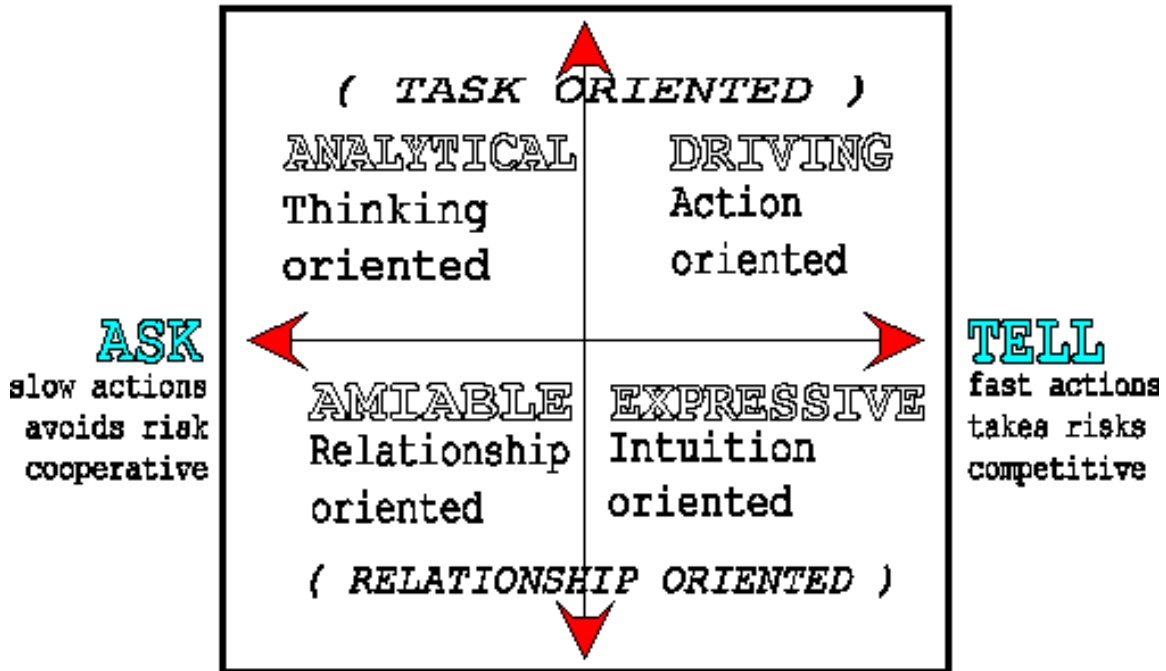
People are like thermostats; they are constantly seeking to reach a state of equilibrium or comfort. As soon as another person enters the picture, tension is produced, and each one must reestablish his balance and comfort zone. The challenge for each of us is to determine the proper amount of tension and stress that will provide the proper balance.

Better communication can be achieved when we understand the other person and treat him the way he wants to be treated. More effective communication and a better relationship can be established by using the following suggestions.

## The Four Social Styles

uncommunicative  
cool, independent  
disciplined about time  
uses facts

### CONTROL



### EMOTE

uses opinions  
undisciplined about time  
communicative  
warm, approachable

## STYLE HYPOTHESIS

### Assertiveness Index

- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> dominant    | <input type="checkbox"/> easy-going |
| <input type="checkbox"/> take charge | <input type="checkbox"/> go along   |
| <input type="checkbox"/> assertive   | <input type="checkbox"/> hesitant   |
| <input type="checkbox"/> challenging | <input type="checkbox"/> accepting  |
| <input type="checkbox"/> active      | <input type="checkbox"/> thoughtful |
| <input type="checkbox"/> confronting | <input type="checkbox"/> supporting |
| <input type="checkbox"/> talkative   | <input type="checkbox"/> quiet      |
| <input type="checkbox"/> bold        | <input type="checkbox"/> retiring   |
| <input type="checkbox"/> intense     | <input type="checkbox"/> relaxed    |
| <input type="checkbox"/> forceful    | <input type="checkbox"/> subtle     |

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transpose to horizontal line

### Responsiveness Index

- |  |  |
|--|--|
| <input type="checkbox"/> informal        | <input type="checkbox"/> formal          |
| <input type="checkbox"/> spontaneous     | <input type="checkbox"/> disciplined     |
| <input type="checkbox"/> responsive      | <input type="checkbox"/> self-controlled |
| <input type="checkbox"/> impulsive       | <input type="checkbox"/> methodical      |
| <input type="checkbox"/> close           | <input type="checkbox"/> distant         |
| <input type="checkbox"/> feeling         | <input type="checkbox"/> thinking        |
| <input type="checkbox"/> people-oriented | <input type="checkbox"/> task-oriented   |
| <input type="checkbox"/> outgoing        | <input type="checkbox"/> reserved        |
| <input type="checkbox"/> dramatic        | <input type="checkbox"/> matter-of-fact  |
| <input type="checkbox"/> warm            | <input type="checkbox"/> cool            |

Total this column and  
transpose to vertical line

## HYPOTHESIS WORKSHEET

<b>ANALYTICAL</b>	<b>CONTROL</b>	<b>DRIVING</b>
	10	
	9	
	8	
	7	
	6	
<b>ASK</b>	5	<b>TELL</b>
	4	
	3	
	2	
	1	
	0	
<b>AMIABLE</b>	<b>EMOTE</b>	<b>EXPRESSIVE</b>

GUIDELINES FOR COMMUNICATING WITH AMIABLES		GUIDELINES FOR COMMUNICATING WITH ANALYTICALS	
Communicate	Avoid	Communicate	Avoid
<p>.....at the outset, your concern and interest in them as a person, find areas of common involvement; be candid and open. ....patience and interest in their personal foals and how you will work with time to help achieve these goals; listen be responsive. ....in a soft, nonthreatening manner. ....by asking questions that draw their opinions. ....in a casual, informal manner. ....clearly , preferably in writing, their individual contributions to the desired end result. ....assurances that their decision will minimize risks; provide them with benefits. ....personal assurances, clear, specific solutions with maximum guarantees.</p>	<p>.....rushing the beginning of the exam or treatament, yet, do not lose sight of the goals by being too personal. ....pressuring them to respond quickly to your objectives; don't say "Here's how I see it." ....being donineering or demanding, and reduce your position power. ....forcing agreement because they will probably will not risk the discomfort of confrontation. ....patronizing or demeaning them by using subtlety or invective. ....being abrupt and rapid. ....being vague; minimizing options and probabilities. ....offering assurances and guarantees you cannot fulfill ....deciding for them or they will lose initiative; do not leave them without backup support, as important, prominent.</p>	<p>.....that you have studied their "case" in advance, where possible. ....in a straightforward, direct manner, stick to treatment plan. ....your support of their principles; establish your credibility by enumerating the positives and negatives to any suggestions you make. ....your appreciation for a schedule. ....you want them to have time to consider your treatment plan before proceeding; be accurate, realistic. ....solid, tangible, practical evidence of previous successful treatments. ....your intention to be available for long-term management of their health requirements. ....your understanding of their desire to be thorough.</p>	<p>.....being disorganized or messy. ....being casual, informal, loud. ....rushing the decision-making process. ....being vague about what is expected of either of you; don't fail to follow through. ....using testimonies of others or unreliable sources. ....using someone's opinion as evidence of ability. ....being clever or appearing manipulative. ....pushing to hard or being unrealistic with deadlines.</p>
GUIDELINES FOR COMMUNICATING WITH DRIVERS		GUIDELINES FOR COMMUNICATING WITH EXPRESSIVES	
Communicate	Avoid	Communicate	Avoid
<p>.....clear specific brief, and to the point information in a business-like manner. ....all requirements, objective; have available all support material in well organized package. ....logical, efficient treatment information ....when possible, facts and figures regarding the probability of success or effectiveness of options.</p>	<p>.....rambling conversations and/or non-essential information; i.e., don't waste their time. ....trying to build personal relations. ....disorganized presentation of facts. ....open-ended issues or asking rhetorical questions. ....appearing to have made the decision for them; i.e., autocratic advice or opinion. ....extending the appointment with folksy chatter.</p>	<p>.....interaction that supports their dreams and intentions. ....you have planned time for relating, socializing. ....your intent to formalize the details of their treatment in a written report if necessary. ....with questions that draw out their opinions/ideas. ....you can provide testimonials from people they see as important, prominent.</p>	<p>.....being perceived as curt, cold, or autocratic. ....leaving decisions hanging in the air. ....impersonal, judgmental, task-oriented behavior when possible. ...."dreaming" with them or you will lose time. ....talking down to them or being dogmatic.</p>



## SOCIAL STYLES SUMMARY

	<b>ANALYTICAL</b>	<b>AMIABLE</b>	<b>DRIVER</b>	<b>EXPRESSIVE</b>
<b>PRIMARY ASSET</b>	Systematic	Supportive	Controlling	Energizing
<b>BACK-UP BEHAVIOR</b>	Avoiding	Acquiescing	Autocratic	Attacking
<b>FOR GROWTH NEEDS TO</b>	Decide	Initiate	Listen	Check
<b>MEASURE OF PERSONAL VALUE</b>	Respect	Approval	Power	Recognition
<b>NEEDS CLIMATE THAT</b>	Describes	Process	Responds	Collaborates
<b>LET THEM SAVE</b>	Face	Relationships	Time	Effort
<b>MAKE EFFORT TO BE</b>	Accurate	Cooperative	Efficient	Interesting
<b>SUPPORT THEIR</b>	Principles and Thinking	Relationships and Feelings	Conclusions and Actions	Visions and Intuitions
<b>STRESS BENEFITS THEIR ANSWER</b>	HOW problem is solved	WHY solution is best	WHAT solution will do	Who else has used
<b>FOR DECISIONS GIVE THEM</b>	Evidence and Service	Assurances and Guarantees	Options and Probabilities	Testimony and Incentives
<b>FOLLOW-UP WITH</b>	Service	Support	Results	Attention

## SHORTHAND DESCRIPTION OF THE BASIC SOCIAL STYLES

	<b>HOW OTHERS VIEW THEM</b>	<b>HOW THEY VIEW THEMSELVES</b>
<b>DRIVING:</b>  <i>CONTROL</i>  <i>SPECIALIST</i>	Pushy Sever Tough-minded Dominating Harsh	Determined Requiring Thorough Decisive Efficient
<b>EXSPRESSIVE:</b>  <i>SOCIAL</i>  <i>SPECIALIST</i>	Manipulative Excitable Undisciplined Reacting Promotional	Personable Stimulating Enthusiastic Dramatic Gregarious
<b>AMIABLE:</b>  <i>SUPPORT</i>  <i>SPECIALIST</i>	Conforming Retiring Ingratiating Dependent Emotional	Supportive Respectful Willing Dependable Agreeable
<b>ANALYTICAL:</b>  <i>TECHNICAL</i>  <i>SPECIALIST</i>	Critical Indicisive Stuffy Exacting Moralistic	Industrious Persistant Serious Vigilant Orderly

# VERBAL SKILLS WORKSHOP

## General Rules

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Don't let the few make the rules for the masses. Try not to cater policies towards the 5-10% of patients who violate normal relations. It may be seen as negative to the rest of your better clients.

Praise your people.....criticize only their deeds. Remember, direct complimentary remarks towards the person, and do it publicly. Direct critical comments or corrections privately and refer to the action, NOT the individual.

Try to use people names, appropriately, and correctly pronounced. Everyone loves to hear their own name.

Tell, Show, Do. If you teach someone something try this age old method. It has stood the test of time.

Tell them what you are going to do. Tell them that you are doing it. And then tell them what you have done. It seems people are much more likely to remember and appreciate something if they hear it three times, three times, three times. This is used in advertising all the time, all the time, all the time.

In handling a situation, you can respond first with; I know exactly how you **feel**. I have **felt** that way myself.... I have **found** that if I .....Feel/Felt/Found.

When you have to explain a policy or procedural change try....Yes I know, we used to do it that way but current research has led us to improve our methods for you benefit. What we are currently doing is...

Sell the benefit first, then explaining a change in policy. In order to help keep our fees and your costs to a minimum, we have begun to collect your portion of the fee at the time of service. This reduces the number of statements we send out each month, and we pass those cost savings on to you.

Don't apologize for "keeping up" with your field. I'm glad we took a look at that today because I'm a better Dentist than I was five years ago. We've taken a great deal of continuing education over the years and our current research shows that....20 years ago our knowledge base was not as broad as today, we have finally begun to understand how some of these things relate.

*Inform before you perform.....no surprises!* If you start explaining why something else needs to be done after a procedure has started it may sound like you are making excuses. If you briefly discuss the contingencies that may arise beforehand it will seem reasonable. Mrs. Jones, I was hoping we could remove all of the decay and not involve the nerve of the tooth, but, as we discussed when we started, the decay and old filling

were quite deep and it appears your tooth will need a root canal filling before we can do that crown.

People will normally do whatever you ask of them.....IF .....three conditions are met.

1. You explain the benefit to them.
2. It seems reasonable and customary.
3. You are comfortable asking.

*Mark T. Murphy, DDS, FAGD, graduated from the University of Detroit School of Dentistry in 1981 and continued teaching part time. Currently he is an associate faculty member at the Pankey Institute in Key Biscayne, Florida after completing the continuum there in 1990. Mark has lectured throughout the United States on Practice Management, Communication, and Quality issues facing dentistry today. Occlusion and temporomandibular dysfunction are special interests that he has presented also. He is an exciting and very entertaining speaker, blending humor and anecdotes with current research and information. Doctor Murphey spoke at the 2000 MRC. His lecture was well recieved. Let's just say for the last lecture on Friday night he woke the crowd up!*