



ANSWER KEY

Quiz for Comprehension - Segment Five

1. How do you answer questions for a patient who has fear of pain?
A) Succinctly let the patient know there may be some initial discomfort and that on a scale of 1 to 10, most patients say orthodontic treatment is a two or a three.
B) Let the patient know that lots of patients are scared of braces but its not a big deal
C) Let the patient know that they are tough and can withstand the pain
D) Let the patient know that it hurts at first but goes away really quickly

It helps to have survey data from your patients so that you can answer this question for your patients. In general, it needs to be addressed but parents and patients must also be made comfortable throughout the entire process.

2. How many different scenarios should you role-play?
A) 3
B) 5
C) 10
D) As many as needed until both the doctor and TC are comfortable with scripting

It seems silly but you must practice the scripts in the car on the way to work, in the shower, and as many times as you can out loud and THEN you must practice for several weeks in the TC room before these scripts become second-nature.

3. **Why is it important to end sentences with open-ended questions?**

A) It isn't important

B) This allows the patient and parent to answer with buying signals and objections instead of "yes" or "no."

C) This allows the patient to feel comfortable

D) This allows the doctor to feel comfortable

As many ways as possible, we want to change "yes or no" responses into "either / or" and objection or buying signals. Practice as many ways as you can, in as many areas of the practice as you can, allowing your patients to talk more while you listen more to their answers to powerfully-scripted open-ended questions and you'll see your results soar.

4. **What is a common problem many doctors experience while implementing the Domino System?**

A) Falling back into old habits

B) Talking too much during the exam

C) Interrupting the parent or patient

D) All of these

It is not uncommon for doctor and TCs to achieve 90% or even 100% conversion in the first few weeks after going through these trainings. However, the common reasons why doctors fall back into their old habits include talking too much or interrupting the patient and parent, failing to talk about money, failing to get to YES or NO / NOW or LATER decisions.



5. **How long should the doctor ideally be in a New Patient Exam?**
- A) 3 minutes
 - B) 5-7 minutes**
 - C) 10 minutes
 - D) 15 minutes

In a busy clinic, it's hard enough for the doctor to stay on schedule with bondings and adjustments going on while he or she is in the TC room. And, consumer data and secret shopper reports show us that the doctor really doesn't need to be in the TC room longer than 5-7 minutes. If you insist on a second consultation for surgery, cleft palate or complex pre-restorative cases, simply get to a yes that you need more records today within the first 5-7 minutes and then schedule a follow-up consultation after records are obtained.

6. **What is a good transition into talking about fees?**
- A) I don't want to turn a dental problem into a financial problem**
 - B) My fear and concern is
 - C) I'm curious
 - D) On a scale of 1 to 10

Do not ignore a financial question or objection / buying signal. Ask the patient, "I'm curious, tell me more about it."

7. When a patient states a concern, good scripting to say is:

A) It sounds like this may be a concern for you, tell me a little bit more about that

B) It sounds like this may not be the right time for you to get started, call me when you're ready

C) It sounds like you don't know what you need, let me tell you what I think is best

D) It sounds like you have a concern and we may not be the best place for you

Open-ended questions will teach you everything the patient is trying to tell you and how to help them make the best decision for their family.

8. To sell a patient treatment you may need to:

A) Convince them your treatment plan is the best

B) Ethically persuade them

C) Talk them into it immediately

D) None of these

Nothing in this world happens until someone sells something. The chair you're sitting on. The computer you're using, the room it's in and the table on which it is located - all had to be sold to someone first. There is nothing wrong with selling when it involves ethical persuasion. Your job is to do what is in the best interest of the patient. When you fail to ethically persuade a parent to get their child's cross bite fixed due to poor selling technique, I can actually argue malpractice in that you failed to do what was best for the patient. If the patient doesn't need treatment, you're to use these same techniques to help the patient say NO to unnecessary treatment (e.g., phase one treatment you deem unnecessary)



9. What are the most important word(s) to consistently hear from a patient throughout the New Patient Exam to continue to consciously and subconsciously move a patient toward a sale?
- A) Maybe
 - B) No
 - C) Yes**
 - D) I guess

Ethical sales persuasion requires a series of successive agreements. No one wants to be sold in an environment where it feels high-pressure and long-term referrals are not boosted by these types of tactics either. Pretend you're presenting treatment to your sister, brother or mother. What would you say to help them make the best decision for their particular situation? How many ways can you answer their questions and help them say YES to what is best for them?

10. If a patient isn't onboard with your treatment plan the best way to win them over is to:
- A) Show them data and facts
 - B) Show them photos of past patients
 - C) Insist the doctor is correct
 - D) Address the motivational factors, fears and concerns throughout the process**

Most sales are bungled because the TC is "tapping a different tune" in their mind compared to what the consumer is thinking, saying or demonstrating.