



PATIENT MASTERY

The Fallacy of the Perfect New Patient Script...

Getting OFF script to dramatically improve every NP consult and recommendations you deliver.

Many DCs believe and are taught it's the perfect script and delivery that plays the biggest role in new patient care acceptance. Unfortunately, this couldn't be further from the truth. While your communication plays the most important role in patient perception, trust and decision making, how you communicate in today's chiropractic practice, not taught in school, practice management, or continuing education classes is what will distinguish you from all other doctors your new patients have seen in the past. It will produce far easier care acceptance and referrals than you could ever imagine also. So consider learning how to drop the script, and start communicating in a "patient-centered" paradigm this year.

Strategic patient communication is key. Strategic means your communication adapts to the conversation and your words change with every single new patient. Instead of thinking this new model will be harder, it's actually easier to do. You'll never have the feeling of being a scripted robot, repeating the same exact monologues to new patient after new patient, day after day and year after year with the same nodding head response but no enthusiasm or immediate care acceptance. Now, you can choose to separate yourself and escape that practice experience.

The utilization rate in chiropractic hasn't changed in the last 30 years. What's being taught to chiropractors clearly isn't working to make a difference in public perception. And especially as third-party reimbursement declines, chiropractors need the latest tools to maintain and grow their practices effectively. Those tools are now here. And the very first and most important is patient centered communication and dropping scripts.

The use of scripting is a heavily outdated model. The general public is keener than ever before when someone is scripting because of technology influence. In person conversations are more rare than ever now in place of texts, emails and social media. People are far more attuned when you speak to them. They can pick up when it's a script. You hold your body differently. Your tone and pace of speech is different. It's not real or authentic. And everyone has an internal filter that detects this. Breaking rapport and trust is the quickest way to lose new patients after the first or second visit.

Besides, I've rarely met a DC who enjoys scripting. It's either draining and monotonous, or, even worse, they don't believe in every word they're saying. Too often DCs are instructed to memorize and recite scripts by practice management coaches that aren't fully congruent with their values... and that always leads to practice sabotage. It may be the use of pressure, force, coercion, or even fear when it comes to getting a patient to accept and understand your care through a script.

So in order to be able to drop your script and increase patient rapport, respect, and trust, you need to understand patient centered communication. This form of communication can only be accomplished when you begin by truly listening. This does not mean just giving the patient time to speak, either.

During a new patient consult, many DCs think patients are listening when in fact they're not. 99% of all new patients are in pain or symptomatic who show up to your practice. They are nervous and anxious about their diagnosis and prognosis. They're in an *emotional* state. In an emotional state a new patient cannot truly comprehend or retain any chiropractic education you impart.

If you begin your consult the way traditionally taught in chiropractic (logic based education), the new patient will rarely remember the important details you say to them later — what their problem is and how you may be able to help. This is because they stopped listening to you early on.

You don't want to jeopardize that part of their visit. If you don't start by listening to your prospective new patient, you're dramatically reducing the chance of them listening to you, following your recommendations, and referring to you.

At the beginning of a new patient visit, tell the patient exactly what to expect from start to finish on the entire visit, even if your CA has already done so. Let them know how long it's going to take. Don't leave a new patient in suspense. They're already anxious as to whether or not you can help. Build rapport by asking your patient about their referrer or something else that establishes common ground and builds rapport and connection (how long have you lived in the community?).

These 2 pre-consult strategies are crucial for establishing rapport and leadership with a new patient.

Then you must do what most other DCs fail to do: Listen carefully to your new patient and find out why he or she is coming to see you, paying particular attention to the specific language the patient uses.

Only after you fully listen to your new patient is it possible to communicate effectively so they listen to you.

Usually, when a person is sharing health concerns with you, they will use descriptive adjectives. They may describe their “excruciating headaches” or “stabbing sciatica”.

The words your patients use are not accidental. They’re personal and important to them. If you say “sharp sciatica” after they told you “stabbing sciatica,” or you say “horrible headaches” when they said “excruciating headaches,” you’ll leave the patient feeling like you didn’t listen or don’t understand what they’re going through. That causes disconnect and less patient listening and trust going forward.

Now you move from words to their emotions to connect with your new patient. Find out how your patient’s health concern is making them feel in emotional terms, such as “frustrated,” “scared” or “desperate.”

Emotional feelings can count even more than physical ones. Get to level two of building the best possible connection with new patients by understanding their emotional states. You want every new patient to think, “This doctor actually cares about me because he/she knows how I feel.”

Finally, find out what your new patients REALLY want. Patients come into your office with back and neck pain, fibromyalgia, and a host of other issues you can help with, but this issue alone is never entirely what the person wants resolved. It’s the more important issues in their life that their conditions are affecting that are their true goal. They are always **missing** a vital part of their lives due to their health issues. And that’s what they want back in addition to a clean bill of health and being pain free. When you find this, your care and recommendations take on an entirely new level of meaning and value and significance to your patients. And since every single patient’s wants and lives are different, it’s impossible to script this. In fact, scripting will sabotage your success because you will never tap into your new patients deepest desires.

Example patient underlying desires could be the elderly man who can't play 18 rounds of golf every weekend with his best friends due to his back pain, or the woman who wants to lose 15 pounds before her son's wedding but can't exercise with her sciatica, or the man whose migraines is effecting his work performance and compromising his ability to provide for his family.

For everyone, regardless of his or her physical condition, the loss will be different. You may have to dig for it. But when you discover what a patient's larger desire is in healing and you frame your basis of care around it (instead of around your findings OR just their symptoms), you'll see a significant increase in care acceptance, retention and referrals.

Some patients will start telling others about you even before their very first adjustment. That's how magical patient centered communication works. It's common for doctors using this approach for their patients to comment "This is the best experience I've ever had in a doctor's office in my life". All because they felt heard, understood, and know that you want what they want, which unfortunately is not the norm in healthcare today.

Drop the script, truly listen to your patients and apply these communication insights and you'll need fewer new patients and less marketing expense and energy while your practice grows. That's the practice every great DC deserves.

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