Effective Communication and Influence in Dentistry

An interactive communication skills workshop for dental professionals

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Introduction

Welcome to this workshop in which we’re going to explore a variety of strategies that will help you ethically influence people using language and behavioural strategies.

According to research undertaken by Professor Albert Mehrabian the spoken word in face to face communication only represents as little as 7% of what we understand and interpret. When in fact to get the best from others you will certainly need to know what the other 93% of their communication is doing too.

The ideas you hear and read about in this course book have come from a wide range of source materials and have been tailored for application in Dentistry although no doubt the part of you that likes to experiment will I am sure, take those ideas that work best and apply them in your personal lives too.

As practitioners in Hypnosis and Psychotherapy, it’s encouraging for us to see just how effective these ideas have been. Having worked closely with over 2500 dentists and their teams in the last 5 years it’s really marvellous to see in these times of increasing change within the profession how Dentists and their team members are making proactive efforts to hone their people skills to razor sharp efficiency.

Rules of the workshop

Participate, participate and............... when you’re tired, go ahead and participate a whole lot more. It takes the same effort to be complacent as it does to be curious about the world of possibility that lies before you.

What makes people become more and more difficult?

Go into any dental practice in the UK and the clinician, or his DCP staff will always have examples of when people become difficult. The reasons for this are numerous and complex. Over half (51%) of adults who had ever been to the dentist were classified as having low/no dental anxiety over a third (36 per cent) were classified as having moderate dental anxiety; and 12 per cent of adults were classified as having extreme dental anxiety. (Adult dental health survey 2010) It’s interesting how dentists’ cause patients to feel anxious whilst fearful patients cause dentists to become stressed.

Further influences include unrealistic treatment and consumerist expectations. The patient with a poor diet, physical or learning disabilities and little or no real knowledge of how to take care of their own teeth properly can be equally as difficult to handle as the patient who would like four crowns fitted.

Fueling this all the more, is the belief that they, the patient has a right to this treatment because they’ve paid their taxes. They are mortified when you advise them that the work can’t be done because the laboratory fees alone are more than the NHS will pay for.

1
Poor communication between the staff and patient can be caused by disability, language barriers as well as gender and cultural differences. Equally people are suffering levels of intolerance from others, and this reflects on the interactions they have with reception staff in the front lines areas prior to treatment.

The breakdown of the family unit and the advances in technology which result in less and less face to face interaction also has a part to play in this too and it’s not just the patients who can be difficult. Your team members and fellow staff can be big headaches too!

So next time you have a difficult patient, please to bear in mind that people who are being difficult towards you are often in a state of agitation and distress. The question here is what can you do to help them?

**Listening, Paraphrasing and Rapport**

Unless you’re dealing with someone with impaired hearing, there is little doubt that what you say will be heard. But will it be listened to? This is not the same at all. If you sit in an armchair, absorbed in your favourite magazine with the radio news on in the background, you will probably not take in much of what has been said during the course of the programme - even though on one level, you have heard every word.

Active listening involves making sense of what the speaker is trying to transmit. Modern psychotherapeutic techniques extol the virtue of calming patients down first before actually trying to make any forms of therapeutic intervention. This has two effects, firstly that the opportunity for increased rapport can be achieved, and secondly it allows the patient to enter a more solution focused mindset, so they’re much more open to alternative ideas.

As you read this, try and recall a time when you have had friends or family come round to visit you and then complain about an aspect or several aspects of their life. Of course, you spend time coming up with ideas about how they can better handle the issues that weigh them down however, when you do put ideas forward they probably reject them with responses like ‘Yeah but….. I tried that and it didn’t work either.’ Perhaps what they’re also saying is that they are not really ready or flexible enough in their thinking for you to try and solve their problems.

So this is what we recommend, try focusing not so much on the content of the dialogue but on what the person is transmitting to you in terms of their needs and emotions.

How does such an idea work?

Listen to what they are saying. Pay attention to tone and inflection in their voice and attempt by observation, usually from their body language, facial expression etc, to tell them what emotion they appear to be experiencing in the moment as you chat with them. Having done this you simply paraphrase back what you just heard them say in your own words.

You’ll know you’re on the right track when they quickly say yes, go on to expand a little more and then after 3 or 4 successful hits finally go quiet because they’ve nothing more to say because you understood them.
Example of Listening and Paraphrasing

You're in the surgery staff room and your nurse comes storming into the room she’s tearful and very upset about something. You see her, feel concern and ask, ‘Is everything alright, you look as white as a sheet what's the matter.’

She replies ‘I've bloody well had it up to here, this is the worst surgery in the world and I am tired of working here, it’s bloody awful! I’m not coming back tomorrow!’

You respond with ‘Clearly you’re upset with something that’s happening in the surgery’

‘Your damn right! It’s that bloody idiot Jeremy he comes in late and then runs late because he keeps insisting on trying to book too many patients with too little time for each. Then when they’re backing up I am left with the job of phoning around to let them know he’s behind and then they have a go at me.’

‘Being honest I have had it up to here!’

You’re feeling really overwhelmed when patients have a go at you like this.’

‘Mmm …….It seems so unfair the way it happens to me all the time.’

Yeah it’s hard when you feel vulnerable like this and it keeps happening to you.

Allow a short time for this to sink in and notice the shift in posture, and the conciliatory smile to themselves as it hits home......

‘Still….at least he’s not here all the time. Imagine if he were here full time, there would be chaos, with no one getting seen. There’d be all sorts of trouble and hell to pay’

Then you could ask them what they think might be the next step having helped them to calm down a little.
Exercise for Listening Paraphrasing and Rapport

Simply begin by reading the statement then insert the emotion you think they’re expressing and then paraphrase back what they just said.

Today has been a blooming nightmare I just can’t believe those bloody builders, they didn’t show up when they said they would. We’ve a busy practice to run and I can’t be messed about like this it’s totally unprofessional!
Name the emotion the speaker is expressing. You seem _______________
Paraphrase what you’ve just been told __________________________

I hate having to come here to the dentist because I think I am going to Panic when you come near me and I can’t seem to overcome this
Name the emotion the speaker is expressing. You appear ___________
Paraphrase what you’ve just been told __________________________

I can’t afford all this treatment its way too expensive. Besides, I got treated here last year with two composites here, and here (patient points to his mouth) and it was almost totally free back then?
Name the emotion the speaker is expressing. Are you ______________
Paraphrase what you’ve just been told __________________________

It’s that nurse of yours. Whenever I come in she speaks to me like I’m stupid and today when I approached the desk, she knew I was there and didn’t even bother to look at me until I interrupted what she was doing. It’s not easy coming here, I get stressed out and the last thing I need is her behaving like some stuck up princess you know!
Name the emotion the speaker is expressing. It’s apparent that __________
Paraphrase what you’ve just been told __________________________
Strategies for Handling Poor Performing Patients

These approaches aren’t especially pretty they are designed to get you out of a hole with patients who fail to achieve the standards of behaviour you expect of them.

• **Reason before request-** Instead of making what appears to be a demand on the patient you can reword your approach.

  This scenario is a 4 year old child bouncing up and down on your newly acquired furniture. You could say ‘Mrs Smith, please tell your little boy to stop jumping on the furniture.’ This could be seen as a command which is then relayed to the child by the parent who thinks you’re a bossy boots. The alternative is to give a reason first, ‘Mrs Smith, your child’s welfare is really important to us in this practice and we don’t want him to hurt himself. Could you ask him to not jump up and down on the waiting room sofa please.’

• **Path of least resistance**

  The scenario here is where a patient arrives 15 minutes late for a 35 minute appointment and wants to be seen urgently. You explain that this is possible however were he to be seen now, the dentist may not have time to complete the job properly which is not ideal, but he is welcome to go on through to the clinic if he wants to.

  Alternatively you can suggest that he could come back next week when he can be given a full allocation of time and this would avoid you running late with your other patients that day too. (Interestingly enough some patients will still opt to take the short appointment on the day anyhow and pay full price for the visit)

• **I was kept waiting last time**

  This is probably one of the most common reasons for patients’ complaints use when about time keeping issues. It’s important to put them into the shoes of other patients and you can do this simply by saying, ‘I am sorry to hear that you’re unhappy about being kept waiting again. Of course we don’t intend for this to happen however, one of the few reasons that you may be kept waiting in this clinic is that sometimes a patient might find it difficult to undergo a particular procedure when in treatment. So naturally if they were experiencing considerable discomfort we’d extend our consultation time to ensure they have a more comfortable experience. Naturally we’d extend the same courtesy to you too.
• Broken record and partial agreement

There is nothing diplomatic in using broken record because you’re simply stating, repeatedly what you want as an outcome to the patient.

The scenario here might be that the patient comes rushing into surgery late and this isn’t the first time either. They will more often than not complain that their car broke down or that traffic was heavy and they couldn’t get here any sooner. Broken record comes into its own where your practice policy makes it very clear that what will happen in these circumstances.

You might say Hi Mrs Jones, look I am really sorry but we have a practice policy that if you’re more than 10 minutes late for an appointment, you won’t be seen today. They will often go onto talk about how they’ve taken an afternoon off to get here and arranged a child minder. Again using the partial agreement approach this time you reply, ‘It’s really unfortunate when things like this happen but like I said you’re more than 10 minutes late, so we won’t be able to see you today.

The real key is not to enter into discussions about this but simply to keep repeating your message in spite of their protestations.

Usually two outcomes can apply; Option 1; They get angry, maybe swear and threaten never to come back. However, they won’t be sorely missed because you can get nice NHS patients who will be delighted that you will spend time helping them. Option 2; Being faced with your immovable stance, they will often be most likely to back down and take the next alternative appointment that is open for them.

• We don’t, The Trust doesn’t, The Clinic doesn’t

Instead of using personalised language like ‘I would like you to stop swearing or shouting in this clinic.’ You can change this to ‘We,’ which now disassociates you and them from each other and add something like ‘We don’t swear at our patients and don’t expect our patients to swear at us. Would you please stop swearing like this immediately or we will be forced to ask you to leave the clinic.

• Write their comments down

Often when patients rant about what’s going on, their ranting is irrational as their emotions are running high. So what better way to deal with this scenario than to simply say, ‘Hold on Mr Smith so that I can record this accurately, would you mind if I write all this down?’ Repeat their word parrot fashion, ‘You think this is the worst practice in the world, Mr James’s treatment plan is all total rubbish and I’m a silly cow for fitting your appointment in at the wrong time.’ Usually, they will then respond with, ‘Oh sorry... No, no...that’s not actually what I meant at all.’ This can be work really well as it often helps them to engage more and can snap them out of their emotionally hi-jacked state into a more reflective thought pattern.
• Being direct in your communications

Sometimes when you reach the end of your tether with a situation simply being assertive, straight to the point and speaking your mind can work wonders in people’s behaviours. It lets them know clearly, what you think and where you stand and also sets a precedent for the future behaviour that is expected of them.

• Apologise (Sincerely)

This will more often than not get you out of most problems. The Dental Defence Union recommends that you apologise and that this isn’t an admission of guilt on your part. Most patients are looking an apology and will appreciate your reassurance that things like this won’t happen to them again.

• Interfering mother

Parents and carers of children will now often need to be present during the appointment. Occasionally there are those parents who are so alarmed about dental treatment that they will try to offer reassurance to the child and this can interfere with good communication between clinician, nurse and patient. You could say to them ‘Mrs Jones, when you speak over me like this, your daughter listens to you and doesn’t hear me. Good communication is really important so please could you not speak to your daughter during the treatment? If you would prefer, you might like to wait outside and I will have the nurse pop out every few minutes to let you know how your daughter is doing. Would you like that?

Notes
Strategies for standing your ground

In pairs, use any of the above strategies or one of your own to deal with the following problem situations. One person plays the role as in the first scenario of the patient and the other could be the receptionist dealing with the issues. Each scenario is different, so you’ll need to use your imagination too.

The scenario is that you’re a patient who is angry about having to pay a deposit for dental lab work in advance, before the clinic will begin work. You express dissatisfaction and protest because you’re annoyed and it’s unusual for you to have to pay fees in advance, you haven’t ever had to do so before now.

You’re a VDP working in a training practice and you discover that the principle who is shortly to retire and sell the practice on to a dental corporate, has your clinic room stocked with some composite filling material that has reached its expiry date. Incidentally, the stock in his own clinic is well within the use by date. You’re concerned about this but when you raise it he tells you not to worry. Of course, he may be reluctant to pay out for more at this late stage so tackle this in a way you believe appropriate.

You’re contacted by the local school who are asking whether a student of theirs who is also your patient attended for an appointment last week. What is the correct course of action and what strategy do you use to deal with their enquiry especially as they begin to try and press you for this information.

You’re in the middle of a busy morning session and you discover that a junior member of staff, whose responsibility it is to ensure that the anaesthetic cartridges stores are refilled sufficiently in your room each day, hasn’t done the job. Of course, it’s not the first time this has happened so you need to raise this with them to stop it happening again because you hate having to go on the scrounge whilst the patient is there with you.

You have a patient who is suffering from learning and physical disabilities. They are under the care of a local care home and the staff member is attempting to pressure you to undertake a procedure which you know will be, for the above reasons, difficult to undertake. On top of this you are concerned for the patients well being and ability to recover without complications. If you were to undertake this procedure. Use an appropriate strategy to deal with the enquirer.
Those who you work with who misuse their working relationships for their own agendas

No matter who you are, how old you are or what your situation may be, there is someone who is in a position of authority over you. It may be a parent, a teacher, a supervisor, the police, the local primary care trust, the dental dean, or a government department- there is always someone with the power to tell you what to do. Having someone or a governing body to guide our activities can be most useful however there can be occasions when people exhibit behaviours that are unreasonable.

Aggressive Authority Figures

No one has the right to be aggressive towards another person. Aggressive behaviour especially from someone who is already in a position of authority is usually a way of dominating others rather than leading them. They wish to misuse their power in order to compel others to do their bidding. They may be extremely difficult to deal with or unwilling to change. You could change your job but if that’s not practical, you can choose to change the way you react to them when they become emotionally aroused.

Recognise that it is aggressive behaviour - It’s not a proven leadership or management style, it’s a method of domination. More often than not they get away with it. Fuelled by self esteem issues from the past and often linked to parental trauma or business failures. Instead of being overwhelmed by this, try to put yourself in their shoes and understand that it’s the only method in their mind that works. This can provide you with an emotional shield. They don’t know any better, and don’t understand that simply by making respectful requests they will produce enthusiastic long lasting co-operation in others.

Those Who Seek To Undermine You In Front of Others or Appear To Be Holding You Back From Future Progress

This type of behaviour is often exhibited when a person who is doing it wants to appear more important than you, and in order to achieve this they may appear to want to hold you back because they think it will enhance their own standing. Whatever the reason it leaves you feeling stifled and a sense of resentment can build up over time. There is only one approach to this problem and that is acting in an assertive manner.
You will need to bring the matter out into the open and discuss it with the person of course concerned, remembering to pick your time carefully. There is no point at all in approaching the person if they’re in a bad mood, as nothing will be achieved. It is also a really good idea, especially if you’re not used to speaking out to work out in advance what you want to say and try to visualise the interaction going well.

**A good strategy is to have a 4 Point Approach**

*Tell them about the present situation:* ‘When we were with Mr Smith just now you interrupted what I was saying and even countered my advice to him. It’s not the first time you have done this.

*Describe How the behaviour makes you feel:* ‘You and I have a generally good relationship but when you do speak over me in this way I feel really infuriated and inadequate.

*State What in particular you’d like changed:* ‘Please allow me to get on with the task of informing the patients myself.

*Say What the positive end result of change will be:* ‘The reason I say this is because you’ll have more time to get on with preparing for the next patient coming in and it avoids confusing the patient when I am speaking to them.

**People who fail to acknowledge your accomplishments**

Despite your very best efforts to please patients or other staff there is someone who always sees your efforts at work as ‘Not quite up to the standards we expect here in the practice.’ Or ‘As I always say, there’s nearly always scope for improvement in the work we do.’ Bizarrely they hold the belief that this will spur you on to do bigger and better things. Of course, there may come a point when you resentfully can give up trying as it all appears useless, further fuelling their need to continue making comments like this.

**Solution:** Tell the person in a similar way to the above, how you feel about the situation.

**Do:** Remind them that everyone likes to be appreciated and will often respond well to positive feedback from their work colleagues.

**Don’t:** Forget that afterwards you must not spoil things by being poor at accepting sincere praise from them. If they change their behaviour towards you. This may take some effort for every one involved and you want to do as much as you can to encourage this change to continue.
People who resort to sarcasm in the workplace

Often referred to as the lowest form of wit, sarcasm is designed to hurt or belittle the recipient. More often than not, it’s used publicly so that the aggressor’s opinion of themselves is immediately bolstered. The irony of this is that those that hear the sarcasm and allow themselves to join in with the laughter are also being passive-aggressive, although this may be due to them being relieved at not being the victim in this episode.

Sarcasm is a tool used most by those who are inwardly insecure. Anyone who respects themselves or others doesn’t need to stoop to these levels. In the same way that a bully is full of self doubt and a coward at heart, so too are those who use sarcasm repeatedly to get their own way.

**Option 1** Don’t allow yourself to react at all. Just sit quietly and get on with what you are doing. This non reactive approach will often confuse the sarcastic person, who wants a reaction from you whether you become distressed, angry or tearful. They will not know how to cope with this non responsive approach because until now they’ve been met with resistance and rebuke and hence have become very artful at delivering their broadsides. Whilst this will not change the nature of the sarcastic person, they will eventually give up and direct their venom elsewhere.

**Option 2** If you favour a more assertive approach, then you could always approach this by saying ‘That was a sarcastic remark, why do you feel the need to say that?’ Or, ‘I find your sarcasm hurtful, do you intend it to be?’

Sarcastic people will know perfectly well that sarcasm is hurtful. They will be taken completely by surprise and often won’t know what to say. They will bluster or try to make excuses. This will show them up in the eyes of onlookers—which is the last thing they want. Realizing that you have taken control of the situation, they will soon stop.

People who criticize you publicly

It not really justifiable to criticize someone publicly. Any form of assertive positive well intentioned criticism is best discussed privately when only the people concerned are present. Assertive criticism involves giving an explanation of the situation as the critic sees it stating why there is a problem how it makes them feel and describing what he wants to see done about it.

Fair criticism should never be judgemental and should not be about the personality of the person being criticised. ‘I noticed during surgery session this morning you made two mistakes which were, not remembering to clean the surfaces between patients and not removing your barrier gloves when leaving the treatment room. What’s the matter, are you thick or something?’ Clearly only the first part of this comment is fair criticism and the remainder should be ignored.
Facing up to public criticism

There are two stages to consider if you are being criticised publicly by a colleague, and they involve you deciding if this critic is justified in expressing their views?

If clearly they’re not then speaking calmly and assertively *(lowering your voice tone and speaking more slowly with direct eye contact)* tell them that you feel their criticism unfair and give your version of events.

On the other hand being human beings we all make mistakes. If their criticism is fair and justified the first thing you can do is acknowledge that you understand this, tell them what you’re going to do to address the situation and by when. Then, ask if they are happy with your proposal to solve the problem.

Only later when they’ve calmed down, do you ask to talk with them privately and explain that in future you would prefer if they made their observations to you privately to avoid embarrassment.

People who resort to Rage Behaviour

Some people make a habit of flying into rages. Their only way of expressing themselves is through screaming, shouting, slamming the doors or banging on tables. This is probably a behaviour that they used in their childhood and they discovered that the best way to manipulate the parent was to throw a tantrum. So this person continues to use this unhelpful strategy even today.

There are two types of people who use rage behaviour. The first are those who are always ill tempered and have probably never learned that it is in fact often easier to get what you want by asking for things to be done, in a pleasant but assertive way. The second is someone who may be highly strung and who is just as extreme when displaying any emotion. Although, the person does not like themselves when they lose their temper and have failed to be able to resolve the situation. They aren’t always angry they can often laugh at themselves after when calm, and are much better to deal with than some one from the first category.

The Person who is always ill tempered

Dont take their rage personally, they are like this with pretty much everybody, it’s not about you!

Bear in mind that this is possibly a behavioural throw back from the young childhood years

Keeping calm will help you maintain disassociation. If absolutely necessary remove yourself from the incident using assertiveness ‘I am not prepared to have you speak with me in this way. I’ll come back when you’re calm.’
The highly strung individual

They aren’t always prone to rage, and are often likeable. Pick such a time when they appear approachable and ask for a quiet word.

Explain to them calmly using specific examples how their behaviour affects you or the morale of other staff. More often than not they’ll be remorseful and generous with their apologies when calm.

Even with the best intentions, these things can happen again. Consider asking them for agreement that a signal or word can be used to interrupt them if they appear to be returning to their old ways.

People who resort to put downs

Belittling remarks are hurtful if personal or worse made in front of others. If a colleague accuses you of having a bad attitude but gives no further comment, this can be extremely disconcerting.

Therefore you ought to seek clarification first as to how and why they have reached this opinion of you and also ask them how they think this situation could be rectified satisfactorily. Equally you have a right to give your opinion on this too.

Sometimes people harbour false opinions for a whole variety or reasons which could include difference in values, age or personality. Ironically they can be the ones who have the bad attitude, especially if they’re unable to articulate valid reasons as to why they made these comments, or become aggressive when questioned.

As a last resort suggest there are consequences to their actions.

Here is a way you can go about complaining to someone’s superior

- Firstly ask your self if you have completely exhausted all routes towards remedying the situation before approaching the person in authority over your fellow colleague?
- Document all interactions for the purpose of drawing this to someone’s attention. Consider whether an effective last course of action exists and decide if you are prepared to use it.
- Be clear in your communication with the other person what the outcome will be if they don’t change their behaviour or attitude.
- Be very careful not to sink to their level by using aggression. What you say will only have an effect by you remaining calm and assertive. Remember, your body language being just as important as the words you use to explain your position.
Assertiveness in the Workplace

Assertive Behaviour

Being assertive is standing up for our rights in such a way that we do not violate another person’s rights. Expressing our needs and wants, opinions or feelings directly, honestly and appropriately.

Submissive or non Assertive

Submissive behaviour is failing to stand up for our rights. Demonstrating a lack of respect for our own needs, wants, opinions or feelings. Behaving in a diffident, self effacing manner, or avoiding the subject by ‘Taking flight’

Aggressive

This is standing up for our rights in such a way that violates the rights of others. Expressing needs, wants, opinions, feelings in an inappropriate way. Ignoring or dismissing the needs of others, in order to win at their expense.

During the course of your everyday work, you may face a number of difficult or challenging situations. For instance have you ever experienced any of the following?

1. An unreasonable request from a superior in your practice
2. A problem to resolve with a fellow dental team member or a lack of co-operation
3. Having to relay disagreeable information to a patient
4. Objection to a point of view that is forcefully expressed
5. Dealing with an irate or dissatisfied patient without making promises that you may not be able to keep.

These situations and many like them are difficult because your needs may be in conflict with the needs of others. Conflict situations are made better or worse depending on how you handle them. You have three basic choices you can either be assertive, submissive or aggressive.
Recognising the Behaviour – Exercise

Read the situations in column one and the responses in column two. Please state, in column three, whether the response in column two is assertive, aggressive or submissive.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Response</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The date is being set for the next practice meeting. You’re keen to attend but the proposed date, accepted by everyone else, means that you cannot attend. The Practice manager asks ‘Is this date OK with everyone then? You say….’</td>
<td>‘I….well…alright, as it seems to be convenient for everyone else, I suppose so’</td>
<td></td>
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<tr>
<td>2. A colleague asks you for a lift home. It’s inconvenient for you as you are late already and the drive will take you out of your way. You say…..</td>
<td>I’m running about 20 minutes late so I can’t take you home. If it helps I can drop you off at the nearest bus stop?</td>
<td></td>
</tr>
<tr>
<td>3. You’re having trouble getting started on a long report on influences in your practice that affect UDA activity and performance, for your principle. You can’t see an immediate starting point and you say to your colleague…..</td>
<td>It’s no good, I am so useless at writing these reports. I cant really see how to even start it…I must be growing stupid</td>
<td></td>
</tr>
<tr>
<td>4. Your practice manager asks you what went wrong when a patient complains about your conduct…You say</td>
<td>‘He wasted a lot of my time and the bloody receptionist didn’t tell me he was a nervous patient in the first place. I really don’t like people like this!’</td>
<td></td>
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<tr>
<td>5. A junior nurse interrupts you while you’re making an important phone call. You say….</td>
<td>‘I’d like to finish this phone call, then I’ll be happy to answer your question’</td>
<td></td>
</tr>
<tr>
<td>6. Your receptionist is to arrange an appointment for you later in the day. She asks you ‘What time will you be back in the clinic?’ You say…..</td>
<td>‘When you see me walk in’</td>
<td></td>
</tr>
<tr>
<td>7. A colleague genuinely praises the way you handled an awkward patient. You say in a diffident manner…….</td>
<td>‘It was nothing really. I didn’t do very much. I didn’t think the customer was all that happy’</td>
<td></td>
</tr>
<tr>
<td>8. You sat in on a presentation given by one of the hygienists working in the practice. You really liked this. You say…..</td>
<td>I thought that was a very good presentation. I particularly liked the style of visual aids’</td>
<td></td>
</tr>
<tr>
<td>9. One of your staff is going on a domiciliary visit to a patient who is well known to be a difficult patient. You know they are hesitant in their dealings with this person. You say….</td>
<td>‘You’ve got to stand up to them, don’t let them push you around and be sure you tell them what’s acceptable to us. You let him get away with far too much.’</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>A colleague has just produced a good staff appraisal plan for an associated clinic to where you work. You would like their help with one for your own clinic too. You say.....</td>
<td>‘The appraisal plan you produced is a good approach. We could use this here too. Can you give me an hour of your time next week, to help look at ways to put this into operation here at our surgery. Maybe we can talk it through over a coffee?’</td>
</tr>
<tr>
<td>11.</td>
<td>A member of staff tells you she would like to start taking responsibility for dealing with some of the incoming patient enquiries. You say....</td>
<td>‘Why would you want to do that? You know you’re already struggling to keep up with the filing without taking on extra work.’</td>
</tr>
<tr>
<td>12.</td>
<td>A Representative has been pushing you hard to buy a piece of equipment. You had thought of looking at several other suppliers before deciding. You say...</td>
<td>Well, I think that more or less what I am looking for. I was going to look at some other makes, but I suppose that I might as well get it now.</td>
</tr>
<tr>
<td>13.</td>
<td>A colleague in another department has volunteered your services to help a clinical director to undertake some statistical analysis for the local primary care trust. You say...</td>
<td>‘What a nerve! Why didn’t you ask me first? There’s no way I can help out, I’m up to my eyes as it is. He’ll have to work the stuff out for himself, just like the rest of us around here’</td>
</tr>
<tr>
<td>14.</td>
<td>A colleague agreed to come to a meeting with the local deanery’s personal development plan adviser and then failed to show up. You say....</td>
<td>‘Carol I understood you were coming to the meeting with the PDP co-ordinator. You told me you were coming and I was expecting you to have been there. Your opinion is important too. What happened?’</td>
</tr>
<tr>
<td>15.</td>
<td>You are about to do some copying when another receptionist who often asks you to do her copying says’ Can you just run off 30 of these for me? You say.....</td>
<td>‘I’m usually happy to help but I really can’t spend time on extra photocopying this morning.’</td>
</tr>
<tr>
<td>16.</td>
<td>You’re reviewing a patient information card and you observe that one of your staff (you don’t know who it was) hasn’t included the details of the patient’s last visit to the surgery. You say.....</td>
<td>Which one of you idiots forgot to make a note of what happened on Mr Williams’ appointment yesterday? Who ever it was, I want it put right straightaway!’</td>
</tr>
<tr>
<td>17.</td>
<td>You are a practice manager and one of your staff has asked for time off to visit a relative at a time when your clinic is especially busy trying to meet the current UDA targets. You say.......</td>
<td>‘I hope you don’t think I am being mean, but Mr Cross, will not like me, letting you take time off tomorrow. ‘ ‘I’m very sorry.’</td>
</tr>
</tbody>
</table>
Recognising the Behaviour – Answers

1. Submissive – A complete cop out
2. Assertive
3. Submissive – Putting yourself down
4. Aggressive – Blaming, jumping to conclusions
5. Assertive
6. Aggressive – Sarcasm and ignoring her need to know
7. Submissive – Selling yourself short
8. Assertive
9. Aggressive – Giving heavily weighted advice
10. Assertive
11. Aggressive – Dismissing her wants and questioning her judgement
12. Submissive – Giving in and coping out
13. Aggressive
14. Assertive
15. Assertive
16. Aggressive – The word ‘Straightaway’ implies threatening consequences
17. Submissive – Not taking responsibility for the decision

Questionnaire - How Assertive are you?

Answer the following 20 questions, putting a tick in the box which most accurately describes you?

<table>
<thead>
<tr>
<th>Question</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In a difficult meeting, with tempers running high, I am able to speak up with confidence</td>
<td></td>
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<tr>
<td>2. If I am unsure of something I can easily ask for help</td>
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<tr>
<td>3. If someone is being unfair and aggressive I can handle the situation confidently</td>
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<tr>
<td>4. When someone is being sarcastic at my expense or at the expense of others, I can speak up without getting angry</td>
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<tr>
<td>5. If I am being put down or patronised I can raise the issue directly without being aggressive</td>
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<tr>
<td>6. If I believe I am being taken for granted, I am able to draw attention to it without sulking or getting upset</td>
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<tr>
<td>7. If someone asks my permission to do something I would prefer them not to e.g. smoke I can say no without feeling guilty</td>
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<td>8. If I am asked my opinion about something I feel quite comfortable to give it even if I think my opinion will not be a popular one.</td>
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<tr>
<td>9. I can deal easily and effectively with senior people</td>
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</table>
10. When given faulty or substandard goods in a store or a restaurant I can state my case well without attacking the other person

11. When an important opportunity is in the offing I can speak up on my own behalf

12. When I can see things going wrong I can draw attention to it early without waiting until it is a potential disaster

13. When I have bad news to give I can do it calmly and without excessive worry

14. If I want something I can ask for it in a direct, straightforward way

15. When someone isn’t listening to what I’m saying, I can get my point across without getting strident or feeling sorry for myself.

16. When someone misunderstands me, I can point it out without feeling guilty or making the other person look small

17. When I disagree with the majority view I can state my case without apologising or getting high handed

18. I take deserved criticism well

19. I give compliments without being embarrassed and without it sounding like empty flattery

20. When I get angry, I can express my point of view without becoming judgemental or feeling that I’ve let myself down.

**Total for each section**

**Grand Total Scored**

5 Points for Often / 2 Points for Sometimes / 1 point for Rarely / 0 points for Never

75-100 – You are confident and assertive in your approach to situations

50-75 – Although you can be assertive you would benefit further from working with your assertiveness. Actively practice assertiveness in your everyday life and make use of this manual as a guide.

25-50 – You are unable to be consistent in your assertive behaviour. Consider doing a course specifically on assertiveness training in the future to help you improve your approaches.

0-25 - You need some considerable work to develop assertive behaviour. Buy Ursula Markham’s book ‘How to Deal with Difficult People’ and attend an assertiveness course also which are often run by the local deanery
Mind your language!

Scientific research show that what we say can often be contradicted by our body language and this sends out mixed signals to others. How well you are getting along with others and what they really think about what you are saying can be equally observed through their unconscious responses.

It is therefore most important when you are working in the public arena, to be able to read the actions of others ensuring the smooth flow of communication between you, your patients, colleagues, family and friends.

Kinesics is the study of non verbal communication. According to research carried out by Professor Albert Mehrabian only 7% of information we perceive is drawn from the words used however, a much greater percentage, 55% is interpreted by our unconscious body language and the remaining 38% comes from tonality or how we say and feel about the words we use.

Sigmund Freud suggested that much of our body language was designed to gain attention and perhaps related to sexual signals also.

Those who have children will know how they will stand beside the pool and shout out ‘Mum, Dad…watch me, watch me, I am going to jump in!’ and they will only do so when you finally look up! Of course when you get older you don’t go around saying to people, ‘Watch me, watch me!’... No, sixteen year old boys spike up their hair, the girls dress up in skirts which are outrageously high. When they get into their 20’s they buy sports cars and fancy toy’s but all the time, unconsciously, giving off the signal for others to notice them. Hypnotist, Paul McKenna termed this the ‘bling-bling factor’ in his book ‘Change your life in 7 days.’ In his experience, the more they owned and had could often be linked to lower levels of self esteem in the person displaying this behaviour.

In the surgery settings, it’s useful to be wary that no one signal on its own is an absolute indicator to what a person really means however, the use of personal experience and intuition can be a useful guide also;

What does it all mean?

Here are a wide range of non verbal cues, try interpreting their meaning...
Some of the examples above are relatively common in everyday communication however due to some cultural differences, even within the UK, we can even observe conflict in the actual meanings themselves. For example the conventional nod of the head in the western world is interpreted as a ‘Yes’ signal but for other nationalities in the Indian sub-continent this can mean quite the opposite.

"He that has eyes to see and ears to hear may convince himself that no mortal can keep a secret. If his lips are silent he chatters with his fingertips; betrayal oozes out of every pore." Sigmund Freud

There’s no need to be confused?

Firstly when meeting people, you can’t help but communicate with them so keep in mind that body language is the most powerful way to validate the words we use and often when words themselves fail us, we can count on our body language to help us through.
Top Tips

**Don’t be too stiff or slouch either.** Use your body, it ought to move. When in meetings, stand or sit upright. When speaking use the body to send compatible signals, failing to do so will make you appear untrustworthy, arrogant or even foolish.

**Don’t over gesticulate.** People who tend to use wild arm movements can be distracting, and this makes you also appear hyperactive or nervous. Make your body movement more deliberate, even slower as this builds your status with others.

**Adopt mannerisms.** Think about the mannerisms you like, perhaps the mannerisms of others you have observed and admired and begin working on making these as part of your own character. Being careful of course, to avoid those that are incongruent to who you are as a person.

**Take your time to speak.** Or better still, speak at a pace that matches that of the listener. Speak too quickly and people may mistrust you or speak too slowly and people will become bored. Attempt to ask questions using ten words or less and if possible lower slightly the tone of your voice to present greater authority in situations.

**Dress appropriately.** What we wear can also reflect how we want to appear to the outside world and the statements we unconsciously make about ourselves. Clothes should serve to enhance your purpose, dental staff can learn a lot from studies in Canada on white coat syndrome

### High/Low Status behaviours

<table>
<thead>
<tr>
<th>High Status</th>
<th>Low Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stand Up Straight With Feet Apart</td>
<td>Hunched Shoulder And Posture</td>
</tr>
<tr>
<td>Sit Or Stand With An Open Posture</td>
<td>Clasping Your Arm Or Wrist In Front Of You</td>
</tr>
<tr>
<td>Maintain Eye Contact</td>
<td>Low Levels Of Eye Contact</td>
</tr>
<tr>
<td>Head Upright</td>
<td>Squeaky High Pitched Tone</td>
</tr>
<tr>
<td>Speak More Slowly</td>
<td>Nervous Laughter</td>
</tr>
<tr>
<td>Lower Voice Tone</td>
<td>Utterances Include Too Many Er’s and Erm’s</td>
</tr>
<tr>
<td>Ask Questions of Not More Than 10 Words</td>
<td>Long Winded Meandering Dialogue</td>
</tr>
<tr>
<td>Don’t Apologise For Speaking Your Mind</td>
<td></td>
</tr>
<tr>
<td>Avoid Overly Jerky Body Movements</td>
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</tbody>
</table>
Influence and Persuasion in Dentistry

Whether you know it or not we are all, every day, influencing behaviours in our selves and in others too. Robert Cialdini, is Professor of Psychology and Marketing at Arizona State University, is world renowned for his expertise in the field of Influence and Persuasion. His extensive research suggests that we, our friends, family and those who advertise their services to us, use various influencing principles that are measurable and observable. The six principles he outlines in his book ‘Influence’ are;

<table>
<thead>
<tr>
<th>Reciprocation (we feel obligated to return favours performed for us)</th>
<th>Authority (we look to experts to guide our decisions and show us the way)</th>
<th>Commitment and Consistency (we want to act consistently with our commitments and values)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scarcity (the less available something is, the more we want it)</td>
<td>Liking (the more we like others the more we want to say yes to them)</td>
<td>Social Proof (we look to what others do to guide our behaviour)</td>
</tr>
</tbody>
</table>

Overview and insights

Our own experience of using the ideas he presents in his more recent and practical book ‘Yes!’ have proven most interesting. With only a few minor adjustments to our marketing literature, we secured 28 section 63 courses in as little as 6 weeks utilising his ideas! In our literature which we sent to the Postgraduate Dental Education Tutors. We used just three strategies and these where, authority, social proof and commitment and consistency. Authority, we approached them by discussing the needs of educators the new dental validation and revalidation changes. We mentioned that many tutors just like them had booked to work with us and gave verbal references as well as references from dentists who had been on the courses too. This clearly was using Social Proof, and additionally utilised Commitment and Consistency in demonstrating that our courses aligned to their educational needs too. Happily enough the results took care of themselves.

In our workshop we’ll touch on about half a dozen ideas but within the book at least 35 of the 50 approaches he’s mentioned can be applied in all areas of your dental practice from marketing your clinic, to influencing staff and patient behaviours too. We’d certainly recommend adding this book to your armoury, whether you are a clinician running a busy practice, or a nurse who would like to really make a great impression with their boss or other staff.

Happy reading and enjoy applying these ideas for yourself. We’re entirely confident that this publication can help make a real difference to your own practice methodologies.
Positive Personality Profiling

Earliest personality profiling dates back from as early as 400BC when Hippocrates, the father of modern medicine, theorized that temperament types resulted from the four bodily fluids which are predominant in the body of the person. He derived the names of four personality temperaments from the names of the four bodily liquids.

<table>
<thead>
<tr>
<th>Yellow Bile</th>
<th>The active type</th>
<th>Choleric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood</td>
<td>The lively type</td>
<td>Sanguine</td>
</tr>
<tr>
<td>Phlegm</td>
<td>The slow type</td>
<td>Phlegmatic</td>
</tr>
<tr>
<td>Black Bile</td>
<td>The dark type</td>
<td>Melancholy</td>
</tr>
</tbody>
</table>

The trouble is that the words Choleric, Sanguine, Phlegmatic and Melancholy are difficult to recall and pronounce because they’re not a part of our daily vocabulary and we have no point of reference in modern life to help us in categorizing those terms. Therefore we’d like to introduce you to a much more simplified method of understanding personality types. It’s easy and fun!

If I understand you and you understand me, doesn’t it make sense that we will have a better relationship? Robert A Rohm Ph.D

The Four Temperaments Model of Human Behaviour
Are you more outgoing or reserved? (Circle which applies most to the way you live life)

Outgoing

Reserved

Are you more task or people oriented? (Circle which applies most to the way you live your life)

Task-oriented

People-oriented
Characterizing Qualities of the 4 Temperaments from the D-I-S-C System

The different personality types have different natural tendencies. Our tendencies are our ‘Comfort Zones’ in which we feel most comfortable. As we go through daily life our feelings search out areas of comfort and safety. It is here when our automatic pilot takes over and allows these natural tendencies to take over. Although there are 4 groups in this system it should be pointed out that research shows very few people are purely only one type of personality. You must remember that there are a variety of blends. 80% of the general population has a minimum of at least two traits, as primary factors in their personality makeup. (Source Dr Frank Wichern, Psychologist, Dallas Theological Seminary)

| High D Personality Type (outgoing and task oriented) |

The letter D stands for the Dominant, Driving, Demanding, Determined, Decisive, Doer personality traits. People like Sir Alan Sugar or Peter Jones, both well known business tycoons would fit this bill nicely.

**Basic Motivation**

- Challenge
- Choices
- Control

**Environment Needs**

- Freedom
- Authority
- Varied Activities
- Difficult Assignments
- Opportunity For Advancement

**Responds Best to A Leader Who:**

- Provides Direct Answers
- Sticks to Business
- Stresses Goals
- Provides Pressure
- Allows Freedom For Personal Accomplishment

**Needs to Learn That**

- People are Important and Relaxation Is Not a Crime
- Some Controls Are Necessary
- Everyone Has a Boss
- Verbalizing Conclusions Helps Others Understand Them Better
The letter I stands for the **Inspirational, Influencing, Inducing, Impressive, Interactive, Interesting, Interested** personality characteristics. TV Personalities like Russell Brand, Johnathan Ross and Graham Norton would be excellent examples of the High I type.

**Basic Motivation**
- Recognition
- Approval
- Popularity

**Environment Needs**
- Prestige
- Friendly Relationships
- Opportunities to Influence Others
- Opportunities to inspire others
- Chance to Verbalize Ideas

**Responds Best to A Leader Who**
- Is a democratic Leader and Friend
- Provides Social Involvement Outside of Work
- Provides Recognition of Abilities
- Offers Incentives for Risk Taking
- Creates an Atmosphere of Excitement

**Needs to Learn That**
- Time Must Be Managed
- Too Much Optimism Can Be Harmful
- Listening Is Vital
- Tasks Must Be Completed
- Accountability is Imperative
The letter S stands for Supportive, Submissive, Stable, Steady, Sentimental, Shy, Status-quo and Specialist. At an early stage in his Presidency Barrack Obama certainly has a high S tendency in his personality. Interestingly High S’s do tend to make great diplomats where tact is of paramount importance. Nurses too, are more often than not blessed with this personality trait.

Basic Motivation

- Security
- Appreciation
- Assurance

Environment Needs

- An Area of Specialisation
- Identification With A Group
- Established Work Pattern
- Stability of Situation
- Consistent, Familiar Environment

Responds Best to A Leader Who

- Is Relaxed and Amiable
- Allows Time to Adjust to Change In Plans
- Serves As A Friend
- Allows People To Work At Their Own Pace
- Clearly Defines Goals and Means Of Reaching Them

Needs to Learn That

- Change Provides Opportunity
- Friendship Isn’t Everything
- Discipline Is Good
- It Is Alright to Say ‘No!’
- Being a ‘Servant ’ Does Not Mean Being a ‘Sucker’
High C Personality Type (reserved and task orientated)

The High C stands for Cautious, Competent, Calculating, Concerned, Careful and Contemplative. People who fit this personality type would include people like Thomas Edison who invented the light bulb, Stephen Hawkin and Magnus Pike. In other words scientific, research and invention orientated minds.

Basic Motivation

- Quality Answers
- Excellence
- Value

Environment Needs

- Clearly-Defined Tasks and Explanations
- Sufficient Time and Resources to Accomplish Tasks
- Team Participation
- Limited Risks
- Assignments That Require Planning and Precision

Responds Best to Leaders Who

- Provides Reassurance
- Maintains A Supportive Atmosphere
- Provides an Open Door Policy
- Defines Concise Operating Standards
- Is Detail-Oriented

Needs to Learn That

- Total Support is Not Always Necessary
- Thorough Explanation Is Not Always Possible
- Deadlines Must be Met
- Taking a Calculated Risk Can Be Very Profitable
- There Are Varying Degrees of Excellence
Bringing This Stuff Together!

Most misunderstanding can occur among the different personality types due to differences in perception of a situation. If facts about a situation were laid out clearly, we would see them simply as they are: Facts. However different personalities perceive facts in differing ways. ‘D’ Types might think to themselves ‘What is going on here?’ Whereas an ‘I’ might concern themselves with ‘Who else does this effect?’ On the other hand a ‘C’ type might think along the lines of ‘Why are we doing this?’ Or an ‘S’ might consider ‘How do we need to get this done?’

Of course it’s natural to view things from our own perspective, the most ‘Supernatural’ thing is to be able to see the facts surrounding any situation from the point of view of others. Sadly many people don’t attempt to try this. If we can learn to approach people and events in this way, our interpersonal relationships will broaden, and we will be more tolerant of others.

**Personality Capsule Focus**

<table>
<thead>
<tr>
<th>Type</th>
<th>Thought Pattern and question</th>
<th>Basic Need</th>
<th>Identifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>What?</td>
<td>Control</td>
<td>Dominance</td>
</tr>
<tr>
<td>I</td>
<td>Who?</td>
<td>Recognition</td>
<td>Interaction</td>
</tr>
<tr>
<td>S</td>
<td>How?</td>
<td>Appreciation</td>
<td>Support</td>
</tr>
<tr>
<td>C</td>
<td>Why?</td>
<td>Quality Answers</td>
<td>Correctness</td>
</tr>
</tbody>
</table>

**Working Example** My mother, a former nurse, had been in to see a consultant surgeon about her knee recently after several months of severe discomfort. She’d asked me to sit in on the meetings with him. I could see from his nature that he was a very High D/C who was frank, and seemed distant although not impolite. It was clear that he didn’t really want to waste much time as he was a busy man.

I suggested to my mum not to worry about getting too friendly with him, she’s like me a High I and likes a good chat. She was surprised at how quickly he’d come into the consulting room and then left again, after asking only a few questions, making some patient notes, and asking her to move around for a few moments. He simply said that we should book for surgery a fortnight later.

The surgery took place and my Mum’s recovery has been excellent. She’s been very pleased about the way the surgeon did the operation, although my father tells me she wasn’t at all impressed with his bedside manner.

What was my mother expecting and in what way did the fact that her expectations were not met, affect her experience of the situation, despite the excellent recovery? What was the clinician’s personality mix when approaching this situation?

What two personality traits does he need to think about to promote working in a more rounded way and how might he go about doing this?
Then again there’s also the question of managing the patient’s expectations which could also be useful depending on your own point of view.

When communicating with anyone it’s really useful to keep these personality filters in mind and remember that no one is strictly a ‘D’, or an ‘I’, or an ‘S’, or a ‘C’. We are usually a combination of these traits to a greater or lesser degree. So it stands to reason that if you try to cover as many of these bases as possible or at least as many as necessary, you will introduce greater understanding and harmony into the communication process. The person who uses one way vision remains a mere mortal. Someone who utilises X-ray vision becomes more like superman.

**Examining the personality traits of others you work with or live with.**

<table>
<thead>
<tr>
<th>Simply Fill in the Blanks</th>
<th>D</th>
<th>I</th>
<th>S</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who do you know in your work or personal life that has the personality traits of the four types? Add their names</td>
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<tr>
<td>What animal would you compare them too?</td>
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<tr>
<td>What would their motto be?</td>
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<tr>
<td>What car might they drive that would describe their personality type</td>
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<td>What magazine do you suppose they might read?</td>
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<td>What would be their favourite song in a karaoke bar?</td>
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<tr>
<td>In what ways can you positively change the way you behave towards them in the future that reflects their personality traits and outline how this might benefit you?</td>
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<tr>
<td>What might these people say when they notice how you changed your behaviour towards them?</td>
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<tr>
<td>What will making the change in your behaviour, teach you about yourself in the future?</td>
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Exercise for group discussions to see things from other perspectives

It’s easy to understand that you personally would handle situations like the few below in your own way. These exercises are designed to stimulate thinking as though you are also coming from another’s perspective.

1. You are asked to write a report for the local Primary Care Trust on patient behaviours and anxiety in your clinic. What would be the various approaches each D-I-S-C personality would take and what details are they most likely to put in the report, reflecting their personality traits? So consider things like scientific research facts, patient stories and anecdotal material, how much work would be done in preparation for the programme and by whom? Who would in this group be most likely to include material on patient handling and care?

2. You’re dealing with a local dental lab run by a technician who is terribly friendly and accommodating towards you. It would seem however that you’re practice isn’t not the only one he’s accommodating towards. He is now falling behind with his work due to demand from other practices and you’re worried that the lab work won’t be delivered back into the surgery before the patient arrives. This has happened before.

   In the style of each D-I-S-C personality type, discuss the way you might go about talking and resolving this calmly with him, so it doesn’t keep happening in future. Think about what you might say to him from a business standpoint. Consider why he got into this mess in the first place and highlight to him the dangers of being overly kind to others, he doesn’t need to be loved by everyone!

3. You have a nursing colleague who is young and from what you can see is repeatedly going out to make personal phone calls between patients. You learn that she is having ‘Man’ troubles but equally working time is important for smooth functioning of your clinic. Discuss how you would approach this subject with her reflecting the situation differently, using the four personalities of the D-I-S-C system.

4. You are driving home after the course having had a nice day. As you are travelling and approaching some road works, your car is cut up by a red sports car, causing you to swerve and brake hard. This causes all your papers and belongings to fall from the front seat and into the passenger well meaning that you spend a few minutes trying to retrieve them whilst having to drive at the same time. Shortly after, you pull up at the traffic lights and the bright red sports car is immediately next to you. How from the perspective of a D,I,S or C are you going to react?
The Eyes Have It

Richard Bandler and John Grinder have become renowned for introducing the world to Neuro Linguistic Programming in the early 70’s. It is a field that is now widely popularised and there are various applications that can be applied successfully within Dentistry. For example the, Visual Kinaesthetic Disassociation Technique better known these days as the Fast Phobia Cure is a quick, usually very effective, one stop technique to cure phobias including ones of Dental Fear. The area within NLP which is of particular interest is known as Eye Accessing Cues.

It’s widely known that American Psychologist William James in his book Principles of Psychology published in 1890, raised the idea that eye movement is linked to brain functioning and internal representations. Eye movements and their meaning were subsequently given much greater attention in research by Bandler and Grinder and further sterling work by Robert Dilts in 1977 at the Langley Porter Neuropsychiatric Institute in San Francisco. There they attempted to correlate eye movements to particular cognitive and neurophysiological processes.

Their results revealed that during conversation people use their eyes in a number of ways in order to search their brains for sensory represented information, and you will have seen this in your everyday experiences. Below is an illustration of what these eye movements appear to be doing. As a dental professional it is suggested that you familiarise yourself with these signals when you are in face to face conversation and looking at them head on. Once you’re totally confident at this, then you might choose to organise in your mind how they might appear to access as you sit behind them on the left or right.

![Eye positions diagram]

Eye positions as looking at another person

LEFT
- Constructed images
- VC Visual Constructed
- AC Auditory Constructed
- K Kinaesthetic Feelings and Emotions

RIGHT
- Remembered images
- VR Visual Recall
- AR Auditory Remembered
- AD Auditory Digital Self Talk

Straight ahead Visualization
Eye Accessing Exercise

Open Questions

Once you find yourself feeling confident in spotting the basic eye movements then you might like to think about the many ways in which understanding this will help your work in the clinic or in your personal relationships. As mentioned earlier some people’s preferred or leading representational systems are reliably habitual and you can begin to utilise what we term as open questions in order to reveal these to you. One way to help yourself here is to get good at asking questions beginning with the word ‘How’.

For this exercise you could ask your partner one of the following questions;

How do you know when a patient of yours is becoming anxious?

How do you know when a patient is going to be cooperative and helpful?

How was your own last dental appointment?

How was your journey here today to the course?

How have you been getting on with life in the last 12 months?

How did you discover your talent for dentistry?

For others you can adapt some of the above questions and here are a few more to try out on those you meet in the near future?

How do you know when your day is going to go really well?

How was your date last week?

How was your food last night?

How did you get on at the course yesterday?

How have you been feeling recently?

How was your trip here?

How was your last dental appointment?

How do you see the next 12 months going for you in your life?

How will handling your dental anxieties from today help other parts of your life?

How will you know when you have successfully overcome dental anxiety?
The list isn’t exhaustive, and you can spread your questioning even further too. An example like this can be a hint. **What is something that is really important to you? Or What is it about your partner that tells you they are the right type for you?** The placement of someone’s eyes can give you a clue as to how to adapt your language to reflect their ideal or preferred thinking style and increase your chances of gaining meaningful rapport.

**General Background Information on NLP**

At the time of going to print with this manual, the popularity of NLP is apparent with over 21.9 million links and websites available on Google alone. (Nov 2009)

Our personal experiences as therapists seem to bear much of what’s being said. Of course you needn’t take our word for it but you can visit the Federal Law Enforcement Training Centre’s website, in particular the Behavioural Sciences Division who are part of the US Government’s Homeland Security Service. This organisation run courses on counter terrorism and clandestine warfare training for the US government. They explore the use of NLP on a course called **THE NATIONAL INVESTIGATIVE INTERVIEWING TRAINING PROGRAM** in the role of detecting deception and interviewing techniques. You can view their course curriculum online here at [http://www.fletc.gov/training/cotp.pdf/view](http://www.fletc.gov/training/cotp.pdf/view) the site is fascinating!
**Suggested Reading List**

- **Yes! 50 Secrets from the science of persuasion - Noel J Goldstein PhD and Robert B Cialdini**  
  Simply a must have book for understanding what makes humans tick, great for management and customer relations in a dental surgery. Great tool to have.

- **How to deal with difficult people – Ursula Markham**  
  Powerful look at how people abuse their positions of power and really practical too!

- **Dealing with People You can’t stand – Dr Rick Brinkman and Dr Rick Kirschner**  
  Good introduction into handling the worst behaviours of different personality types

- **Positive Personality Profiles – Dr Robert A Rohm**  
  Incredible insights into human behaviour to be found within his material.

- **Frogs into Princes – Richard Bandler and John Grinder**  
  The Mother of all NLP Books a real one to look at if you’re serious about eye accessing technology and getting a grip of NLP

- **Human Givens – Joe Griffin and Ivan Tyrell**  
  Marvellous insight into modern effective psychotherapy

- **Body Language and The Definitive Book of Body Language - Allan Pease**  
  Two books filled with great examples and practical insights into the field of non verbal communications

- **Non Violent Communication - Marshall B Rosenberg**  
  For those wanting harmony and co-operation in your clinics.
Effective Communication, Teambuilding and Complaint Handling CPD Courses direct into your clinic or practice

We specialise in providing ‘Soft Skills’ training such as dental communication and personal influence training at your clinic or offices. We will provide your practice, an exciting, interactive 6 hour CPD course. Ideal for all dental team members!! Prices for the whole team, for a whole day, start from as little as £1,200 so call for more information. If lines are busy please ring again!!

You and your team will discover

How to Handle Difficult People and remain assertive
How to read Non Verbal Communication
Understanding Personality Types to Better Understand Other People’s Behaviour
How to be confident when facing a patient who is complaining about your service
Understand the principles of ethically influencing your Patients Decision Making Process’s

The benefits of this course are for you and your team

Increased working efficiency, profitability for the practice and greater happiness
Greater sense of personal control, self esteem and reduced staff turnover
More confidence with handling difficult people and remaining assertive
Convenience for you and your team as we supply our course direct at your premises or, at a nearby venue

Call Anthony Asquith Tel No 01273 423385 or Mobile 07886249089

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Excellent and very interactive - Isabel Godinho (Dental Officer)

‘Super Day Out ‘Derek Fieldhouse GDP

Interesting and fun – Time went quickly Kay Jenkins – Dental Sister (Guy’s)
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