

## Case Presentation Overview

**Purpose:** Passion brings authenticity to the conversation.

**Preparation:** Get rid of your own negative considerations before starting the conversation and only look for and take up patient concerns. If you don't, you will end up neglecting the patient's primary concerns and actually give them additional considerations based on your own ideas.

**Observation:** Observe where the person is relative to the subject (not just looking for objections) and assess overall attitude toward it. Separate out just plain observation as a singular act, not blended with anticipated objections.

**Engagement:** Really commit to the conversation, don't avoid it, or try to rush through it, but show interest and be present in the conversation.

**Listening:** "I never learned anything when I was talking." (Larry King). Don't focus on talking so much as drawing out conversation and listening. The person will tell you everything you need to know if you really listen.

**Acknowledging:** Don't start handling objections until you give a solid acknowledgement that you truly understand what the person said and where he/she is coming from.

**Handling:** Don't resist objections. Understand that you are moving a person into a state of change, which is uncomfortable and the common and expected and welcomed response is that there will be objections. If you don't get objections you didn't really get the person into the conversation in the first place. The reason they can't do it is the reason they have to do it, so money objections are handled with just how much more expensive it's going to be to handle later, when the situation has deteriorated, and other areas have been affected. If money is a concern it is less expensive to do it now.

**Effect:** Go over what happens if nothing is done. Use digital images and display items to show how a situation will deteriorate over time. Left unhandled, this issue will not remain limited to its own zone and will affect other areas of health and cause new problems. This is usually unknown by the patient. For an extraction/implant presentation, if the lower tooth remains missing, adjacent teeth can shift, and the upper tooth can super erupt into the space and have root exposure, sensitivity, and fragility. This may lead to four or more teeth requiring treatment instead of just one.

**Defuse:** Explain to the person that without regard for time or money, this is the treatment anyone would choose, and it is what you would do for your own family member. It is looking at it ONLY through the lens of the time and money involved that makes a person put it off or do nothing.

**Decide:** Making the decision comes first, then figuring out how to do it comes second, and if inverted the person won't get through either.

**Finish:** Don't go beyond the close, take yes for an answer, don't talk more than is needed, route the person to/through the next action item.