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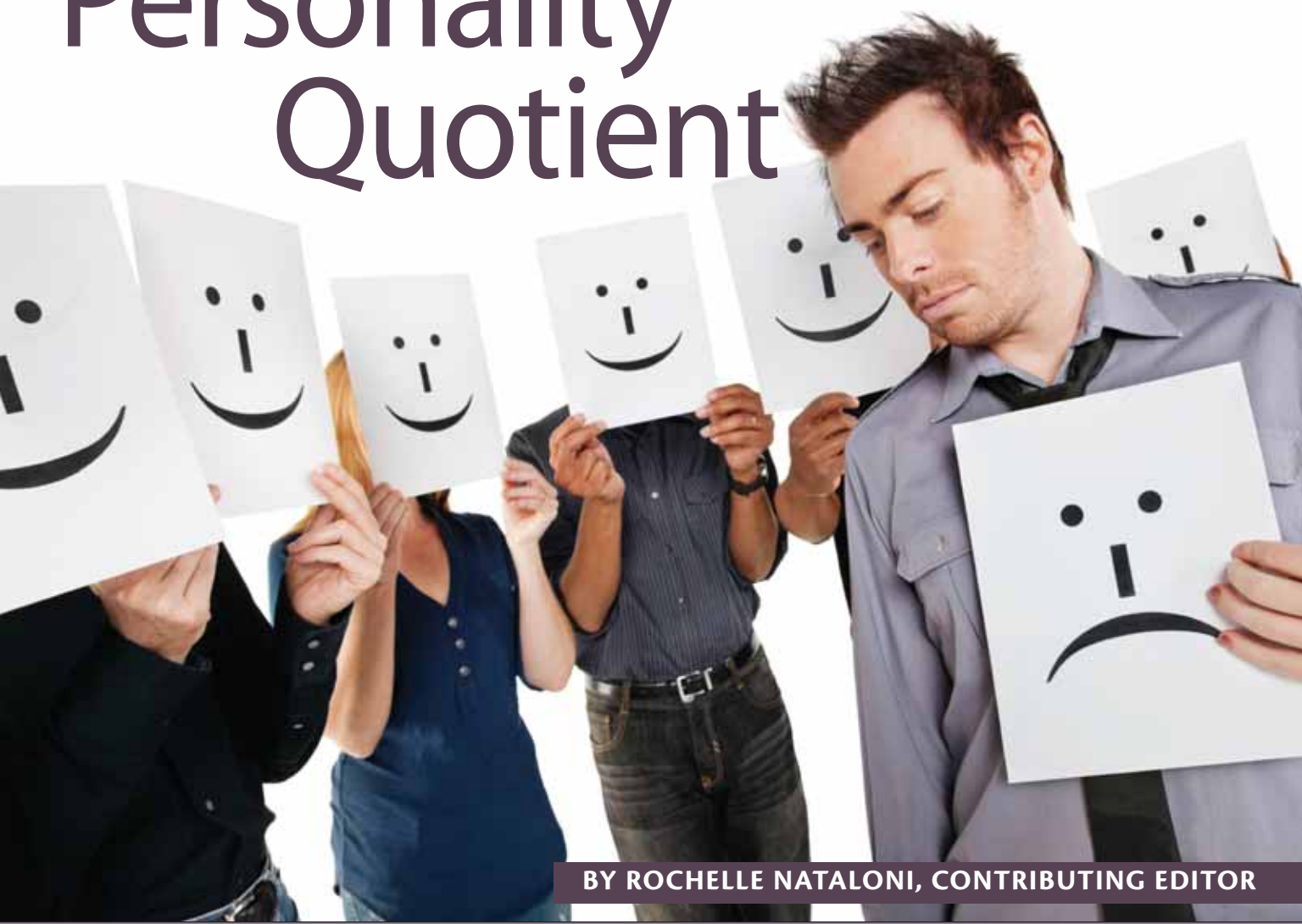
Personality Quotient



BY ROCHELLE NATALONI, CONTRIBUTING EDITOR

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Personality Quotient

If a patient's personality is the wild card of his or her satisfaction, you should know whether the deck is stacked against you.

BY ROCHELLE NATALONI, CONTRIBUTING EDITOR

A core principle in the realm of the customer's experience is that every customer is unique. Indeed, the days of treating your patients with a "one-size-fits-all" mentality are gone. This consumer, now a patient in front of you seeking advice regarding an elective surgical procedure, comes in with a unique personality and set of expectations. Your mission, should you choose to accept it (which is far from impossible, by the way), is to figure out what makes this person tick and then "customize" the conversation to resonate with his or her personality. This month's Premium Practice Today *topic explores this concept by going outside eye care and speaking with two surgical specialists from aesthetics and dentistry as well as a psychologist. Their insight into handling personalities in their specialties should prove extremely valuable in ours.*

—Section Editor Shareef Mahdavi

Your patients' satisfaction can make or break a practice, and it has at least as much—if not more—to do with the collective patients' personalities as it has to do with their clinical outcomes and your surgical skill. You can take exacting measures to ensure that everything from your Web site and reception area to your staff and surgical technique are primed to enhance patients' experiences, but the perceptions of your patients are "wild cards." Their observations determine whether they recommend you to their families and friends or post nasty comments about you on the Internet.

Effective communication with patients in any sector of health care demands an appreciation of a patient's individuality. Sources say, however, that their idiosyncratic psychological makeup plays an even greater role in elective or even semielective procedures such as premium IOL surgery. When out-of-pocket fees are part of the picture, people's expectations are automatically heightened, say sources in the cosmetic surgery and cosmetic dentistry specialties, where essentially 100% of procedures are paid for by the patients and there is a built-in degree of uncertainty regarding outcomes. In the context of premium IOLs or LASIK, the uncertainty is the extent to which spectacles will be necessary after surgery.

Psychological nuances that can affect a patient's perceptions make for potential issues regarding his or her expectations. Thus, the need to identify certain personality traits and then communicate in a way a given patient can "hear" you becomes essential.

Do not identify—and then avoid—patients whose quirks might reduce their ability to appreciate the benefits of LASIK or advanced IOLs. Instead, surgeons who deal exclusively in the elective arena say you should identify the patient's personality type and modify your communication to ensure his or her postoperative satisfaction.

Facial cosmetic surgeon Joe Niamtu III, DMD, is based in Richmond, Virginia. He says that surgeons who do not tailor their consultation conversations based on cues provided by the patient run the risk of alienating and offending him or her or missing the opportunity to prevent unrealistic expectaions. Dr. Niamtu points out that, regardless of personaility quirks, a patient who has a balanced world view understands that an elective cosmetic procedure like a facelift will improve, not perfect, his or her appearance. As applied to the world of refractive cataract surgery, a patient with a balanced world view (and the appropriate information) understands that semielective premium IOL surgery will enable him or her to see better than cataract surgery with a standard implant but not necessarily perfectly in all circumstances.

> "Whether or not a procedure is elective should not dictate whether personalization is lent to the consultation."
>
> — *V. Kim Kutsch, DMD*

The world view of some individuals, however, is a bit askew. Dr. Niamtu recommends taking note if a patient exhibits the following red flags. He or she

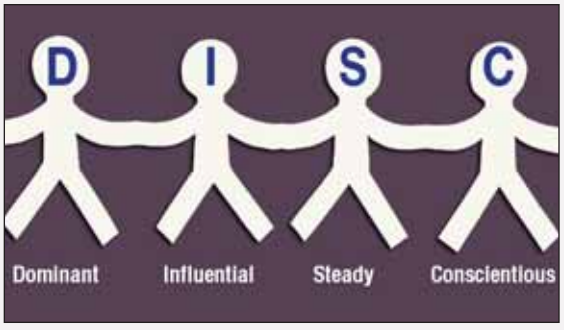
- is overly narcissistic or immature
- is unfriendly or impersonal
- does not smile or make eye contact
- does not listen because he or she is too busy talking
- opts for surgery without thinking it through
- "knows" more about a procedure than you
- tells you about the procedure in extreme detail
- overreacts to minor inconveniences
- is worried about cost, asks about discounts, or has a "shopper's" mentality
- is rude or pushy

These behaviors and characteristics do not always make for a patient who is hard to please, says Dr. Niamtu, but they certainly provide some food for thought. He says he has accepted patients who exhibited a red flag or two and were nevertheless compliant with his pre- and postoperative medical advice and thrilled with even modest results. By the same token, he has accepted patients who exhibited all of the characteristics of a model patient but later became a virtual nightmare despite documentably excellent results.

Dr. Niamtu and his staff have an unoffical way to identify potentially problematic patients. It used to entail a set of four boxes on the chart but has since devolved into an unstructured, unwritten system. If the prospective patient is troublesome when he or she calls to make an appointment, the receptionist indicates this with a check mark. Similarly, more check marks are awarded if the patient exhibits a red flag or two during the initial interview with the medical assistant or surgeon. Finally, the individual may earn another check mark when he or she meets with the financial department to discuss payment options.

"If the prospective patient gets four check marks, it is probably a bad idea to do [his or her] surgery," Dr. Niamtu says.

DISC Assessment Tool



- **Dominance**. People who score high on dominance (D) like dealing with problems and challenges head on. Low D scores represent people who need to do lots of research before committing to a decision. High D scorers are demanding, forceful, egocentric, driven, determined, ambitious, and aggressive. Low D scorers are conservative, low-key, cooperative, calculating, undemanding, cautious, mild, agreeable, modest, and peaceful.
- **Influence**. People who score high in this category influence (I) others by what they say and do and tend to be emotional. They are described as convincing, magnetic, political, enthusiastic, persuasive, warm, demonstrative, trusting, and optimistic. Those with low I scores are affected more by data and facts. They are described as reflective, factual, calculating, skeptical, logical, suspicious, matter-of-fact, pessimistic, and critical.
- **Steadiness**. People who score high in steadiness (S) want a steady pace and security, and they do not like sudden change. Highly S individuals are calm, patient, predictable, stable, and consistent, and they tend to be unemotional and stoic. Low S scores represent those who like change and variety. People with low S scores are described as restless, demonstrative, impatient, eager, or even impulsive.
- **Conscientious**. People who score high on conscientiousness (C) adhere to rules, regulations, and structure. Highly C people are careful, cautious, exacting, neat, systematic, diplomatic, accurate, and tactful. Those with low C scores are described as self-willed, stubborn, opinionated, unsystematic, arbitrary, and unconcerned with details.

JUST SAY NO

For a practice's conversion rate to flourish, it must amass a significant pool of satisfied patients. The careful selection of patients is important, both in terms of choosing those whose pathology predisposes them to achieving successful outcomes and those whose psychology predisposes them to recognizing and appreciating a successful outcome.

How can you find a balance between growing the practice and avoiding hard-to-please patients? "It can be very difficult to turn down a patient who wants something and can pay for it," Dr. Niamtu says, "but you know in your heart of hearts that [he or she is] not going to be happy with the outcome." In instances like this, Dr. Niamtu tells the patient, "I don't think I can make you happy." In doing so, he puts the onus on himself, instead of suggesting that something about the patient will prevent his or her satisfaction. "If you say, 'you have unrealistic expectations,' that can be viewed as offensive," he says. "Most of us are honored when chosen by patients to be their surgeon, and most importantly, most of us want to help our patients and please them. When a patient requests your talents, has a situation that you know you can improve, and has the financial ability to pay for it, saying no can be difficult. Any surgeon who has been in practice for a decade or longer, at some time or another, accepted a surgical case that, in retrospect, [he or she] shouldn't have. I have always said that, if someone could invent a device that you touch on a patient and it says 'good patient, average patient, or bad patient, our lives would be easier."

DIFFERENT STROKES

"If you approach every patient the same way, you will learn the hard way that it's not effective," says cosmetic dentist V. Kim Kutsch, DMD, of Kutsch and Renyer in Albany, Oregon. He suggests that whether or not a procedure is elective should not dictate if personalization is lent to the consultation. "Almost everything we do in dentistry today is elective, because the ultimate goal is to have a nicer smile," says Dr. Kutsch. Helping patients choose what is best for them and enabling them to reach their peak level of postprocedural satisfaction is always helped by tailoring the consultation to their personalities. "Every once in a while, we're around people with whom we feel very comfortable, and we think that we have a lot in common, but perhaps it's just that the person is astute enough to adapt their communication style to meet our needs. We take that same approach with our patients," says Dr. Kutsch.

Rather than rely purely on his gut instinct to determine what makes a patient tick, Dr. Kutsch employs a few specific techniques, including a widely used personality-profiling assessment tool and a survey designed to reveal if the patient responds to auditory messaging or kinesthetic communication. The DISC assessment tool helps Dr. Kutsch determine what type of patient he is dealing with and thus prepares him to communicate more effectively. DISC is an acronym for dominance, influence, steadiness, and conscientiousness (see *DISC Assessment Tool*).

"If you can identify patients' basic personality and get a feel for how they generally behave, you can mirror their language, and they'll feel more comfortable and better understood," Dr. Kutsch points out. For instance, he explains, a patient who scores high in dominance likes to cut to the chase. You will know that you can present information about the premium IOL, and he or she will be ready to make an informed decision that is grounded in realistic expectations. On the other hand, he says, a patient who has a low dominance score should be encouraged to read about the procedure and do some research before making a decision. The last thing you want is for this patient to feel forced into making a quick decision. That, he says, is a recipe for dissatisfaction postoperatively. "The analytical types ask a lot of questions and need a lot of information. Rather than trying to close the deal and get the appointment booked, I want them to think it through thoroughly and ask all the questions before making a decision," he explains.

Dr. Kutsch also uses a questionnaire to determine if it will be more effective to talk to his patients in a way that emphasizes what the procedure entails versus how they will feel during procedure. "If a patient exhibits signs of being more auditory, I will focus on listening to [his or her] concerns and using phases like 'I hear what you're saying' and 'Does that sound like a good idea?'"

For patients whose scores indicate that they will respond better to kinesthetic stimuli, he frequently asks how they feel and avoids referring to pain. "For instance, instead of saying, 'You won't experience much discomfort,' I'll say, 'You should be quite comfortable throughout the procedure.'"

SCREENING FOR SATISFACTION

Another option for better understanding the patient's mindset comes in the form of the Berger-

Owens Surgical Screen (BOSS)-II, a questionnaire currently being tested at several surgical sites, including two ophthalmic practices. The screening tool was developed by Springfield, Massachusetts, ophthalmologist Steven Berger, MD, and psychologists Shane Owens, PhD, and Andrew Berger, PhD. It is designed to predict patients' overall satisfaction. Dr. Owens is an associate director of psychological services at Farmingdale State College in Farmingdale, New York. He explains that "scores on the BOSS-II can be used to select patients or to inform the physician's conversation with patients to properly and fully prepare them for the range of possible outcomes. It can also provide a good snapshot of what the patient's follow-up care will involve."

Dr. Owens says BOSS-II could be as effective at predicting patients' satisfaction in premium IOL surgery as it has been in predicting patients' satisfaction in LASIK surgery. "It stands to reason that the same underlying factors would affect patients' thoughts, feelings, and behaviors regardless of the type of procedure. It should be equally useful in both cases," he says.

The instrument is still in the experimental phase and is restricted to practices that are assisting with the research. In those practices, patients can take the test online or in written form. It currently contains 101 questions, takes 20 to 30 minutes to complete, and is administered in combination with other questionnaires on patients' satisfaction. Dr. Owens says he and his colleagues "are in the process of gathering and analyzing data in the hope of streamlining the instrument."

Can the screening tool identify conflicted patients who will never be happy no matter the outcome? "No," says Dr. Owens. "There is no single question on any measure that could do that with any accuracy. It is only through examining answers to multiple items that any reliable and valid prediction can be made." He says any sort of measure or method that claims to have a one- or two-question solution to the problem of patients' satisfaction "should be viewed with great skepticism."

For more information about DISC, visit www.discprofile.com/whatisdisc.htm. ■

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