LINKING LEARNING STYLES TO CASE ACCEPTANCE

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WHAT WE HAVE HERE...IS FAILURE...TO COMMUNICATE!

Your patients may be listening, but are they really hearing you? Do you think they can see your perspective? After all of your explanations, can your patients grasp the concepts that you're attempting to convey?

The saying goes that the meaning of your message is the response that you get back. We each receive and process information in quite complex ways. Thinking that everyone learns the same way you do, opens the door to communication breakdowns. Marvin Minksky, a thought leader at MIT states that, "you don't understand anything until you learn it in more than one way." In order for your patients to recognize that the treatment they need is related to them personally and to get them to agree to that treatment, you need to accept the responsibility of engaging with patients using their style(s) of interaction and learning.

DAH-DAH-DIT DIT DAH...DI-DIT DAH (Morse code) Do you understand what I just said?

Sometimes people speak plain English, but their intended audience just doesn't "get it." If I'm communicating in Morse Code, it's plain enough to me, but most people won't get it because they never learned that form of language and therefore, can't process information in that way. Learning relies on the conveyance of information in a meaningful way – meaningful to the recipient of that information. Tearing through learning theory and pulling out the very basics, there are three fundamental ways that people take in information: By seeing it, by hearing it, or by feeling it.

TRY THIS: THINK ABOUT A BARKING DOG...

What I just asked you, are just words on this page. You had to read them first. Then, some of you reading this called up an image of a dog in your heads. You could see a dog (big, little, shaggy or short) in the act of barking. You're visual learners! Congratulations, you

took in information and turned it into a picture in your head. You'll learn better if someone shows you pictures, diagrams, and vivid graphics or uses words that are graphically descriptive. The information can then shine through!

Some of you could hear the dog barking – a deep percussive bark or a light yipping sound. You could hear the vibrations of the bark when you were asked, by reading the words, to think about a barking dog. You're an auditory learner! You might be shown something, but until you take that and turn it into a verbal description, it won't get in. The good news is you're pretty good at getting things to sound just right for yourself. Some of you reading those words could feel the dog's bark and your response to it. If you felt the percussion of a deeper bark, you might have recoiled, even slightly, as you read the words. You might have had a memory of a dog's bark which may have annoyed or comforted you because, even very subtly, a sensation grew inside of you as you thought about a barking dog. That you translate words into feelings makes you a kinesthetic learner.

Most people have a style that includes a combination of all three, with one "mode" more predominant than the others. Recognizing your style is a good start. But imposing your style onto your team and patients could create barriers. You build rapport and trust with your patients by creating bridges to their style of interaction, not yours. If you now know it's important to deliver your message in a way that the recipient can grasp it, how can you and your team discover the dominant learning or interactive modality of your patients?

Like crossing a street, you first have to stop, look, and listen. Assess your patient for how they look, how they're dressed, and how they move. Listen for words they use as they speak with you.

A rule of thumb is that visual learners tend to pay attention to details in their dress, even if casual, they're neat. They care how they look. They might move more quickly than others, as well, because they're visual. They're taking in information all the time listening for the words that are used. If they use descriptive colorful words, you've got a visual learner in front of you.

Auditory learners tend to move a smidgeon slower than visual learners. Now, you don't need to get out your "smidgeon" scale to measure it, just listen to the words that are used. Instead of something being colorful or bright, they'll describe how something "rings true" for them or that your treatment plan "sounds good."

Kinesthetic learners will often look down as they process information. They are feeling the impact of what they are hearing or have just seen. They will let you know what feels right and use descriptive words that relate to their experience of feeling something – the plan may not feel right, the clear aligners make them happy, etc. So, if you've really observed (and processed the information you've taken in with your own style) you'll know what kind of learner your patient is. Then, simply match their primary learning style with your communication style, your language, your body language, and the tools in your office!

A visual learner will get something out of being shown a model or watching a patient education program like GURU™. An auditory learner will watch the program and listen to what sounds like it makes sense. A kinesthetic learner will wait to absorb the information and give you feedback as to how it feels. And the great news is that you can engage all three types of learning patients fully with Guru's Stop, Draw and Teach™ technology. It's a perfect tool to fully engage patients at each level of learning and information processing.

Intraoral cameras also offer great opportunities for information exchange. What could be better for a visual learner than to enlarge an image of a smile to a size larger than the patient's head! For the auditory learner, you need to be able to show your patients the pictures you've taken AND you need to describe the areas of concern in language to get the patient's

attention, “This area should be loud and clear to you.” There are even ways to use digital imagery to get through to the kinesthetic learners. By printing a picture and having the patient circle the problem area with a sharpie, you’ve actively engaged the patient!

Imagine using a shade guide with your patients. In the past you might have simply selected the shade for reference for your charts. What an opportunity to engage the patient by asking, “What colors do you see for yourself, resonating as a match and would you pick out and hold up which shade you would like to be?” That hits all three modalities – for the visual, auditory, and kinesthetic types. It also allows you to segue into talking about whitening programs your general practice might have. Boosting communication really can boost production in your practice!

Hopefully you can see that this information offers you a brighter future with your patients, harmonizing with your own presentations, so that your patients can really get a handle on everything you have to offer. Did you catch that?

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Dr. Wayne D. Pernell holds a doctorate in clinical psychology. He has been a full-time consultant with Pride Institute for over five years and boasts many very successful clients across the country. Prior to joining Pride, Wayne provided management consultation and executive coaching services for leaders and their teams in companies such as Charles Schwab and Co., Whole Foods Market and AAA. For more information about the Pride Institute, visit www.prideinstitute.com or contact Dr. Pernell directly by phone at (800) 925-2600 or by e-mail at WayneP@ PrideInstitute.com.