



Words That Can Drive Your Patients Away

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Eliminate these useless expressions.

BY NANCY FRIEDMAN

They are conversation diverters, just as the words ALWAYS and NEVER are. Patients and friends will challenge and doubt you with those words. Killer words make your patients, and potential patients, veer away from the real point of your conversation. So, it's best that we eliminate them from our routine and vocabulary. It's not easy to do. If it were easy to do, everyone would be doing it...and we know everyone isn't doing it.

Here are the top rated killer words. Remove them from your sales and patient service conversations and watch the scene (personal and business) go smoother.

1. "No problem."—This is a biggie. The patient is thinking, "When was I a problem?" When we take a cruise and ask for anything, what's the first thing the waiter says

when we want four desserts? Right, "No problem." Well on the cruise it may be okay; however, back home it should be the gold standard of "you're welcome," "my pleasure,"

it's perceived as though you're complaining about your practice. And perception is reality. Take the time to say, "This might take a bit longer than I'd like it to." While you are

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"happy to help," and a host of other ways to let the patient know you're glad to do that. "No problem" appears to be a big problem with your patients. Lose it. It kills the conversation. FYI "No worries" is not a good substitute, either.

2. "Our computers are so slow."—Big excuse. Everyone's computer runs slow occasionally. When you complain about your computer,

waiting for the computer to reboot, ask a benign question that will take some time and let the patient talk.

3. "Calm down."—Oh man, does this one make the hair on the back of one's neck stand up. In any movie or TV show when someone is told to "calm down," the next words are, "Don't you tell me to calm down." Now you're in an ar-

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gument. There are times when the patient may need to vent. Your job is to listen and come in at the appropriate time with sympathetic and empathetic wording. Telling patients how to handle their actions isn't a great

idea. Get rid of the expression "calm down."

4. "It's not our policy."—Ouch! Okay, okay, most every company has policies and it's something we need to deal with daily. What is not necessary is blurring

policy out first and foremost to the patient. The policy should be rephrased so it starts off in a positive way. Reject gently. Rephrasing policies are a good way to soften the blow and explain in a more TLC way what will happen. The next time you find yourself saying, "That's not our policy," stop! Re-group and reword. Buffer it with, "Let me see what we can do. Normally, the policy of the company doesn't allow last minute changes; however, I'll double check." (The request should be restated so that patients hear you're going to go to bat for them.) "Let me double check" are powerful words.

5. "Yes, but..."—Hmm, what's wrong with that? We all say it. Well, what's wrong with that is the minute we say, "yes, but," the client knows something negative is coming. If you have ever said, "I love you so much, but..." usually there is a condition coming, isn't there? Here's one way to change that: "Yes, we can do that. There is, however, a \$50 additional fee." Doesn't that sound better than, "Yes but..."?

Most people have phrases and sayings they don't like or that aggravate them. Keep a list of your killer words (along with ours) and avoid them.

Other KILLER words on the list are:

- Can I be honest with you? (No. Lie to me, please.)
 - What was your name again? The same as it was last time. I said it 20 seconds ago.)
 - You don't understand what I'm saying. (Then change the way you're saying it.) **PM**
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