

What is a workshop? It's a 45-60 minute educational event where a clinician shares information on a specific topic.

This system is for in-house workshops. Those hosted in your clinics.

In-house workshops are different from partner workshops. That's where you go out into the community to speak.

The primary difference is in the attraction of registrants. In-house requires advertisements and/or promotions to our patient list. Partner workshops involve having a host business or organization promote the event to their list. Typically at no monetary cost.

What workshops do:

Workshops are patient education. Information. Workshops are conversion mechanisms where we convert people who are interested in our services over to patients paying for our services.

5 areas must align for a workshop to be the most successful:

1. **Registrants from advertisements.** Ideally, the best workshops have lots of registrants. There is interest in the topic. The registrants provide us with their name and contact information in exchange for the workshop information. 30 is a good target. However we have seen up to 100+ and as little as 1. [See Process on Effective Workshop Ads.](#)
2. **Registrants attend the workshop.** Once people register for the workshop, the next puzzle to solve is getting them to show up for the event. There are 2 things that can happen: the registrant can attend the workshop OR the registrant can no-show. What happens between the registration and the actual event is key and often overlooked. Currently the best attended workshop use a combination of text, email and phone communication to improve attendance. 70% of registrants attending the workshop is a solid target here. [See Process on Confirmation Calls.](#)
3. **Schedule a First Appointment.** We typically have workshop attendees go straight to an initial evaluation. Some practices will use a Free Screen or Discovery Visit here. At the end of the workshop, there will be a call to action (CTA) to schedule an appointment. We've routinely seen 100% of attendees schedule a first appointment. [See Process on Workshop Presenting.](#)
4. **Schedule a Plan of Care.** The goal of the first appointment is to assess the patient's condition and establish a treatment plan. 100% here is a good target. The best clinicians we see here who have near 100% conversion at the first appointment, tend to assume patients who attend the first appointment want help. [See Process on The 7 Step Exam.](#)
5. **Complete Plan of Care.** Our mission is to help people in pain get back to normal naturally. That includes helping patients through all 3 phases of healing: reduction of pain and inflammation; restore normal ROM, strength and objective measures; return to

function. A fair target here is 80% of patients who start a plan of care, achieve their goals and graduate. See Process on Graduation Rate Audit.

When one of these areas is off, it can mess up the entire workshop effort.

Let's look at some examples:

Example 1: The Perfect Workshop

Our advertisement produces 30 registrants. 20 of the registrants show up to the workshop. 18 of the attendees schedule a first appointment - initial evaluation in our case. 18 of the 18 first appointments schedule a full plan of care. 15 of the 18 complete their plan of care.

What happens for the practice in this case? The 15 who graduated are more likely to come back for additional care in the future. See Process on Reactivations. They are more likely to refer friends and family to our practice. See Process on Asking for Word-of-mouth Referrals. Those 15 are more likely to purchase add-on services we have - Class IV Laser and HBOT in our case. See Process on Add-on Services.

This is the best case scenario. Let's take a look at what else can happen:

Example 2: Little to no registrants.

This one is easy. Ineffective marketing results in few registrants. No one shows up. No one schedules a first appointment. No one schedules a plan of care. No one completes a plan of care.

I've done this. It's not fun. Effective Workshop Ads are key.

Something went wrong with the advertisements. The market-message-media match is not aligned. Fix this first. Follow the Process on Effective Workshop Ads.

Example 3: Registrants but poor attendance.

30 people register. The ads work.

2 people show up. Here we need to look at what's happening after people register. Did we call them? Text them? Email them? What was said? If this happens, see the Process on Confirmation Calls. Physically look and listen to the phone calls, texts and emails from your practice (marketer, front desk receptionist or patient care coordinator) to the registrant.

Most often, the confirmation caller focused on telling rather than asking engaging questions.

Example 4: Lots of attendees. No one schedules a first appointment.

We call this “poor close rate.”

The presenter likely did fine up until it was time to ask and offer an appointment. Helps to record the workshops for both the presenter and the mentor - the person trying to help the presenter improve.

The most common mistake by a practice is throwing a presenter into the fire without practicing the close and CTA.

This is probably the most frustrating result. So close...

See the Process on Workshop Presenting.

Example 5: Lots of attendees. Good conversion to first appointment. Poor conversion to plan of care.

Believe it or not, some clinicians think less of free screens, discovery visits, etc. They almost treat this appointment as an annoyance.

The best clinicians know this is game time. This is what counts. They want to provide value in the community and know this is the golden opportunity.

The best clinicians use something we call “an assumptive mindset”. They assume that if the potential patient made a first appointment and kept it - that person is looking for the clinician’s help.

The Process on the 7 Step Exam handles this. The best way to remedy this is to go into the exam room and observe the clinician do the exam.

Example 6: Good conversion to Plan of Care. But patients don’t complete their plan of care. Low graduation rate.

Patients in their plan of care are dropping off. First run the graduation rate audit per the Process. Look at what is happening on the first appointment. I know this can be nerve wracking, but the best way to see what’s happening on the first appointment is to be in the room and see for yourself. The clinician likely is leaving out a step in the 7 step exam. Or their trailing off in enthusiasm when they’re giving the treatment prescription.

You need to see it to correct it. Don’t just rely on the clinician’s recollection of what they’re doing. The clinician doesn’t have ill intent. They’re trying to do the right thing. As their coach, mentor, you have to see the performance. Make sure you’re looking. Not listening.

If everything checks out here, make sure the clinical team is using the 3 Phases of Healing Process.

Otherwise, have the clinician do a Graduation Rate Audit. Coach and support them through improving the performance here.

Workshop Scorecard:

of Registrants: _____

of Attendees: _____

of First Appointments: _____

of Plans of Care: _____

of Graduations: _____