



By Dr. Steve Rasner

Four turnarounds when you have **lost control** of the staff

Does this sound familiar? You're sailing along on what feels like another decent year. Production is up. New patient flow is steady. Staff morale is OK ... you think. In the past few years, it feels like things have been on "automatic pilot." Slowly, subtly, order begins to wane. You notice cell phones beginning to ring throughout the day, and it's not the patients' phones. It's not uncommon to walk past a computer terminal with a staff member surfing the Web. The morning meetings have gone from intermittent to nonexistent. Staff bickering, even within the patients' hearing, is a daily event. Monthly meetings have stopped, and no one seems to

care. Lateness is pervasive. Staff members wear whatever. The word *whatever* is not an unusual response to your failed attempt to bring order. Sick days, especially Mondays, dominate the staff schedule. Doctor, you have lost control. You are the leader and you are engulfed in anarchy. This exact scenario has surfaced at least twice in my 24-year clinical career. This article is dedicated to telling you *what to do* in this situation.

Step 1: Take responsibility

It's your fault, and yours alone. Who do you think cares most about your practice? I know you could cite anecdotal

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evidence that *your* practice is different. You might say that you have the most unique and caring staff on the planet. Perhaps you do. But reality suggests that if your practice grows fivefold during the next five years, you won't likely increase pay and benefits by the same rate. In other words, doctor, you have the most to gain. Conversely, if you miscalculate the benefits of the office in a new location, and tragically "crash and burn," guess who's not coming with you? As the doctor, you have the most to lose. That's just how it is. So quit waiting for your staff to reinstate morning meetings, or time protocols, or a sense of camaraderie. It's not their job. It's yours. Don't look the other way or feel sorry for yourself. It won't go away or get any better until you develop a treatment plan. Here it is:

Step 2: The "observation log"

This is to help you define what is wrong. Generalizing will get you nowhere. Informing the staff that "attitudes" in the office are not good is both nebulous and worthless. You need specification, and that's what the book will give you.

Make daily observations and record them immediately. If you wait even an hour, you'll lose specifics. Don't hold back. Don't mince words. Tell it accurately. It will be natural for you to consider this tedious and time-consuming. Do you want it to get better or not? Call for a monthly meeting. Hold it on your last working day of the week. You want the staff to digest your thoughts during the weekend.

Be fair, firm, and specific. Be accountable. Tell the staff you are acutely aware of the office staff problems, and you're going to fix those problems. Tell them that you would like nothing more than to embrace the present staff members, but present protocols aren't acceptable and changes will be forthcoming. Mention that you will meet with each and every staff member during the next two weeks. (Get to the office 30 minutes early each day until you are finished with this task. Do you want to fix things or not?)

At this monthly meeting, cite specific examples *without* blaming a particular staff member. Discuss the following:

- ✓ the use of cell phones
- ✓ the use of the Internet
- ✓ lateness
- ✓ disrespect to fellow staff members
- ✓ the lack of morning meetings

Inform the staff that you will revisit office policy during the next month. Make it clear that the goal is not to create tyranny, but to restore order. Most of the staff will embrace order. Most of the staff will follow protocol. These staff members will lose morale, and even resent your willingness to let *some* live by their own rules.

Inform staff members where your observation log is kept, and that they are welcome to peruse it. It's not a secret file; it's a truthful log about staff behavior that will be addressed.

What to expect

Expect some staff members to welcome your "new order." Expect others to be scared or resentful. This could be your first clue to eventual needed action. Let's make something clear: The intent of this article is NOT to create a dictatorship. If you relate to this article's content, it is because you became complacent — you looked the other way, you became lazy. You can't be successful with this leadership style. Of course, some staff will resent being "observed" for the first time in years. If so, too bad! If staff members truly care about the organization, they will be accountable and make the necessary changes. I encourage you to give the staff this opportunity. If staff members can't adapt or resist change, then they will be gone. As the doctor, it's your life. You can't afford to waste a year or two when you know it is wrong.

Step 3: Revisit the morning meeting

It's a guarantee that, if you have lost control, you have also abandoned the morning meeting. We are not talking about a *buddle* where you randomly review a few points of the upcoming day. A meaningful meeting is a requisite for any successful operation. It takes a minimum of 20 to 30 minutes (see Fig. 1).

The entire staff needs to be present. You will review the patients in hygiene, their last services, the need for radiographs, or previously discussed future needs. You will examine the doctor's schedule for confirmation of the lab case that you are to deliver, or the adjustments needed with allotted time. Patients are appreciative when they are informed at 9:30 a.m. that it would be better if their 2 p.m. appointment was at 2:45 p.m. — if their schedule permits. You review special patient needs like pre-meds, headphones, or just the important need to be on time. Besides increasing production, these meetings lead to a better flow, order, and a more enjoyable workplace.

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It's easy to blow this off, especially when the office is in a rut. There is absolutely no doubt that you'll produce more and have "better" days when you prepare for that day.

Step 4: Meeting with staff members

Meet with the staff in the morning *before* your day begins. If you wait until the end of the day, your meeting will be diluted by that day's events. Have a list and be specific.

Some employees are going to feel impenetrable to your actions. You must set them straight. Sorry, but if you are truly going to regain control, 15-year employees must follow the same rules as one-year employees. Be positive. Tell the staff what you like and why. Be firm in what needs to change immediately. Here's an example. I have a 12-year employee who clearly has the most talent in the office. She is bright, innovative, and never misses a day of work. She always gives a great effort. She never brings baggage from home to the office. Sounds good, right? The problem with this person is that she disrespects both patients and staff with her voice and attitude. It would be easy for me to look the other way. It might be scary to let her go because she makes my days in the office easier. When I addressed this subject in our meeting, she was surprised. But, thankfully, she was responsive. I knew entering the meeting that this situation could be the end. I was prepared to sacrifice "less easy" days for the sake of the organization. If staff members detect even a hint of reservation in your inability to let a person go, then you are wasting your time!

As a doctor, you have worked hard to get to this point in your life. Don't compromise your leadership in the office because a situation might be "easier."

Expectations

If you are *not* tentative, expect the best month you have had in years. It feels good – feels right to lead — to see staff show up on time, and not splinter the organization. You'll feel better about yourself as well.

As weeks turn into months, you will get some relapse. But you must address it *that* day. Don't be disappointed; expect this. Remember, you have the most to gain. You will be the most committed to restoring control in your office.

While there will likely be at least one staff "casualty," it might be the best move of your

Fig. 1



The Morning Meeting Agenda

"Getting people to follow you is what leaders do. Use your morning meeting to be a leader."

1. Week-to-date production and collection review: Where are we financially?

2. Identify emergency times: crown re-cements, evaluations, adjustments, etc.

3. Review the hygiene schedule:

- Needed full-mouth series or panorex
- Three- or four-month recalls *not* mandating an exam
- Patient's perception of last work provided
- Future *potential* treatment reviewed

4. Review the doctor's schedule:

- Can we comfortably manage this schedule?
- Overbooked?
- Nonproductive?

5. Identify new patients on the schedule:

- How did they find us?
- What is their chief complaint?

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career. If you embrace a style of leadership that is nurturing and fair — yet firm and strong — and can't get a consistent change from a staff member, then you must deliver on the consequences. You must dismiss this individual, or you will lose face forever with the remaining staff.

There isn't a dental practice on the planet that doesn't occasionally need some oil. In fact, it's part of any business. What most of us do is avoid a situation with the hope that it will get better on its own. Sometimes, for a while, it does. Productive practices need order. They need leadership. Five-star practices that exude clinical excellence and superior customer service need strength. These practices have to function at a high level. Keeping the reception room immaculate, emulating camaraderie, being on time for patients, getting billing straight, and providing painless and unique esthetic services require a *total* staff contribution. Most likely, you have the right staff. What may be missing is you — the boss, the CEO, the leader. Do you want to fix things or not?

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Morning Meeting Agenda (continued from page xx)

6. Discuss unique patient situations:

- Strong need to be in and out on time
 - Driver, Thinker, Relater, or Socializer?
 - Pre-med with benzodiazepines, antibiotics
 - Difficult to anesthetize?
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7. Consent forms needed: Having consent forms out for appropriate procedures ensures their use.

8. Other issues to be discussed:

- The final five minutes is often dedicated to revisiting office protocols that need improvement
 - Reminders of *who we are* and *what we stand for* as well as motivational dialogue — in other words — a pep talk!
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