Free yourself from the daily ‘grind’

If you dread going into the practice each day, it’s time to re-evaluate your leadership role

By Sally McKenie, CEO

Are you settling for mediocrity? Is your practice merely getting by? Do you feel surrounded by complacency? Is there a lack of excitement or enthusiasm? Perhaps it’s not that the team is outwardly negative or difficult, it’s just that “average” has become simply good enough in their minds. New ideas seldom emerge because they are shot down as quickly as they surface. Issues with systems are perpetually on the backburner, kept there by the proliferation of excuses explaining why the changes won’t work, can’t work or would simply be too much work to fix.

So there you stand having lost control of the practice you once loved. It’s become the daily grind, and it seems that you wile away the hours at the mercy of those who seemingly care to do nothing more than simply get by.

As familiarity breeds contempt, complacency breeds mediocrity. If teams are not challenged to continuously improve, then when the push is on to do things differently the shift can be unnecessarily traumatic because the staff members feel threatened and they resist any change.

They’ve settled into their “way” of doing things and don’t understand why what seems to have worked perfectly fine in the past is suddenly called into question.

Sounds like a major issue with the team, right? Wrong. What we have in circumstances such as this is more likely to be a major issue with the leadership. The team mirrors the leadership of the practice.

Take off the rose-colored glasses

Look carefully at your team. Do they reflect your commitment to excellence? Are they open to change? Are you willing to challenge them to make changes? And are you willing to invest the time to educate them on why change is necessary?

Or, do you shun better, more efficient systems and procedures because “Mary Jane” has been there since the beginning of time and you decided long ago that it’s not worth it to challenge her negative attitude and poor performance?

You rationalize your fear of addressing the problem by telling yourself that she handles all the insurance, or she knows all the patients, or whatever the excuse.

If you’ve chosen to ignore the problem, you’ve abdicated your responsibility as the leader. You can count Mary Jane as one of your concrete blocks — as in dead weight tethering your practice to an average standing for all time.

Being the leader takes courage to examine systems, processes and staff. Change those things that don’t work, but most importantly, challenge everyone — not just yourself — to continuously improve.

They follow the leader

Your team members are taking their cues from you. If you have a Mary Jane and she is unwilling to change or do things differently, she is the shining example for the rest of the team to follow suit.

Employees are expert “boss watchers.” They are quietly watching as you look the other way, make excuses and allow employees such as Mary Jane to run the show.

The irony is that most employees want to excel, and they want to do things differently, she is the shining example for the rest of the team to follow suit.

Employees are expert “boss watchers.” They are quietly watching as you look the other way, make excuses and allow employees such as Mary Jane to run the show.

The leadership definition for small businesses is quite different than it is for large companies. The vision is to make a good living. The plan is to work hard every day delivering the best service and quality to patients.

The required communication skills consist of knowing what you want your staff to do and telling them.

The leader must explain to the staff what is expected of them, how their performance will be measured and how that performance will be rewarded. In exchange, the followers will be paid and appropriately recognized.

Rather than allowing your practice to sink under the weight of mediocre minions, choose to build...
Changing dentistry 4mm at a time.

Over 10,000 new users have made SureFil® SDR™ flow one of the fastest-growing products.

Since launching SureFil® SDR™ flow in September 2009, over 10,000 dentists have tried the first and only bulk fill flowable posterior composite. What’s even more impressive is that over 90% of them said they would continue to use it. SureFil® SDR™ flow has self-leveling handling that provides excellent cavity adaptation, and it can be bulk filled in 4mm increments, dramatically streamlining your posterior restoration. Contact your DENTSPLY Caulk rep or visit www.surefilsdrflow.com to learn more.
‘Eeny, meeny, miney, mo ...’:
How to choose a digital camera

Part 2 of 2: switching from analog to digital

By Lorne Lavine, DMD

In part 1 of this article we discussed how to choose an intraoral and an extroral camera with detailed information about how to evaluate the different aspects of the camera as well as an explanation of pixels. Now, we’ll delve into making the leap from analog to digital.

For many dentists, the transition to digital photography is exciting and opens up many new possibilities for them. The difficulty for most, however, is trying to figure out how to digitize their current photos and slides.

There are a few methods for getting your prints and slides onto a computer where they can then be manipulated and output to different sources.

Photo or picture CD. For film that hasn’t been developed or with negatives, you can ask the photo developer to put your images on a photo or picture CD. These CDs can be read by all but the most ancient CD-ROM players, and the files on them can be downloaded onto your computer’s hard drive.

Scanner. This is currently the only method for getting existing photos or slides into a digital format. I would recommend that when you search for a scanner, find one that has both a backlight and a transparency adapter. Models that I have found to be particularly good are the Epson V700 and V750-M. In addition, look for a scanner that has the highest dpi (dots per inch) resolution that you can afford. Better models have at least a 1,200 by 2,400 dpi.

Online. Many companies offer online storage and scanning of existing photos. While these online services are an option, they are hardly the cheapest. Expect to pay from $1 to $10 per scan, which can get very expensive if you have hundreds of photos and slides to be scanned.

After it’s all digitized

Once you find a method of getting your analog or digital photos and slides on to a computer, you need to have some method of storing, cataloging and manipulating these images. The only method before true integration became a reality was to use a stand-alone image management program. Some of the better and more popular ones are XDR, Aetryx and Tiverview.

As dental practice management software has evolved, there was a need to find a way to integrate these image databases with the management program so most of the developers of these programs built “bridges.”

Most bridges, however, are still one-way in that you can call up the images from the management program from the patient screen and all the patient information will already be transferred.

However, this method does not allow images that you capture to be transferred back to the patient file in the practice management program. To accomplish this, you too will want to ensure that the type of integration is found with some of the more prevalent programs such as Dentrix, Sofdent and Eaglesoft.

Output

Once you have access to your images and have manipulated them to your liking, the final piece in the puzzle is to determine how you want to output these photos. Obviously, this will heavily depend on how you plan to utilize the images, such as patient presentations, dental lab communication, lectures, insurance documentation or online collaboration. Some of the various choices include the following.

Inkjet printers. It is important to use a printer that is not only capable of printing medical quality images, but using the right paper is also important. The paper and supplies will tend to be more expensive for these types of printers, but ink cartridges run about $50 and a high-quality paper costs 50 to 60 cents per page.

DVD writer. Most new computers come with DVD burners known as DVD-R and DVD-RW drives. These drives are capable of writing the images (or any other files you designate) directly to the DVD so that you can easily send the DVD through the mail or make backup copies for yourself.

Removable media. There are many types of removable media that can be used depending on the amount of storage capacity that is needed. Some of these options include USB flash drives, e-mail. Once you have a digital image, any e-mail program will allow you to attach files to be e-mailed. You should ensure that the images are in a standard format that can be read by other programs and, just as importantly, that the files are compatible with all devices.

An image created with a 10-megapixel camera can be many megabytes in size. Converting this to a JPEG file (these are files that have the .jpg extension on the end) will reduce them to 500–750 KB on average. Keep in mind that many people still use a dial-up connection to access the Internet and downloading large files can be very time-consuming, so compressing the images makes a lot of sense.

Online collaboration. There are many services that will allow you to send images in formats which are easily read by most computers. For example, Photomerge can be used to put together a collage of slides, and DVDs can be sent to patients.

E-mail. There are many types of e-mail services that will allow you to attach files. For example, you can make a JPEG file of the image and attach it to an e-mail.

Scanner. The scanner is another option for getting images into a digital format. A scanner is a device that can scan documents into a digital format. You can then use software to manipulate the images.

Summary

By Lorne Lavine, DMD

Step No. 3: Train.

I’ve watched this mind-boggling scene hundreds of times: dentists allowing untrained team members to handle tens of thousands of dollars in practice revenues.

Nothing creates distrust, generates conflict or causes more internal problems than team members who are untrained.

They feel insecure and vulnerable because they’ve been tossed into a situation in which they are expected to do their duties and are merely guessing at how those responsibilities are to be carried out.

This is a recipe for failure. Think about it: would you hand them the instrument tray, a couple of handpieces and say, “Have at it, let’s see what you can do.” Of course not! Team members must be given the training to succeed and expected to meet specific performance standards.

Step No. 4: Encourage the best.

In addition to job descriptions and clear and specific goals, your team will also want to know how you will measure its success.

When the time comes to evaluate your team, that too should follow specific guidelines; it’s not just a matter of assessing whether your assistant is a nice person. It is about evaluating how well she/he is able to carry out her/his responsibilities.

Usefully, you’ll find that employee performance measurement and reviews can provide critical information that will be essential in your efforts to make major decisions regarding patients, financial concerns, management systems, and overall productivity and staff throughout...
Continued, ‘Eeny …’

Moreover, performance measurements and a credible system for employee review consistently yield more effective and higher performing team members.

The fact is that when we understand the rules of the game and how we can win, life and work are a lot more fun and rewarding.

Step No. 5: Celebrate.

Inspire the team with a practice vision and goals, and recognize the progress you make together in achieving those goals. Take time to pat yourselves on the back for the accomplishments that you achieve.

Create incentives for staff members to use their skills and training to develop plans to continuously improve patient services, boost treatment acceptance and build a better practice, and reward them for their efforts.

If you create a structured environment with clear expectations and a plan for total team success, then the Mary Janes and the rest of the crew will likely rise to the occasion. And you will no longer be suffering through the daily grind.

Rather, you will be leading a happy and successful team that is not only open to change and continuous improvement, it is actively pursuing it every day.

To upload your digital files to a site that will store and catalog these files for viewing by other people.

The most basic ones, which are not necessarily designed for dental applications, are quite easy to use and most are free of charge. Sites that are built around online dental collaboration, such as Brightsquid and ddsWeblink, are excellent for this purpose.

The world of digital photography has continued to grow over the past couple of years, and this is to the advantage of the dentist.

Prices will continue to drop, image quality continues to improve and the products and systems are becoming even easier to use.

For any dentist considering the addition of digital photographs to his or her dental practice, the time to take the plunge is now!

Continued, ‘Free …’

Dr. Lorne Lavine, founder and president of Dental Technology Consultants (DTC), has more than 20 years invested in the dental and dental technology fields. A graduate of USC, he earned his DMD from Boston University and completed his residency at the Eastman Dental Center in Rochester, N.Y.

He received his specialty training at the University of Washington and went into private practice in Vermont until moving to California in 2002 to establish DTC, a company that focuses on the specialized technological needs of the dental community.

About the author

Sally McKenzie is CEO of McKenzie Management, which provides success-proven management solutions to dental practitioners nationwide.

She is also editor of The Dentist’s Network Newsletter at www.the dentistnetwork.net; the e-Management Newsletter from www.mckenzie mgmt.com; and The New Dentist™ magazine, www.thenewdentist.net.

She can be reached at (877) 777-6151 or sallymck@mckenzie mgmt.com.