‘Turn off that phone!’

How do managers deal with cell phone usage in the office?

By Heather Colicchio and Teresa Duncan, MS, FAADOM

The membership of the American Association of Dental Office Managers (AADOM) is composed of individuals who have first-hand experience dealing with situations that would make many people cringe. Some of the most common questions that emerge on our AADOM member forum deal with the rise of text messaging and personal calls in the office. We love text messaging and phone calls. But not so much among our staff.

We asked several of our AADOM members to answer this hot potato question.

How do you handle your team when excessive texting and phone calls are an issue? Is there an example you’d like to share?

Melanie Duncan: To text, or not to text, that is the question?!

I love technology, but sometimes it can be a detriment to your team. Believe me I have seen it all! There is the hygienist who is texting while a patient watches a CAESY video or the team members have to keep their phones on in case of an emergency. Really? Are they trying to say that the front office team cannot handle passing on a message? The answers are simple:

1) Make sure there is a policy in your employee manual that is clear and to the point.
2) Have the employee sign an agreement to leave his or her phone in the break room.
3) Expect 100 percent compliance!

If the policy is written immediately with no exceptions allowed, there will be a list of excuses, but as long as you are consistent with your actions, technology will once again be your friend.

Melanie Duncan, FAADOM
Photos/Provided by AADOM

Lisa Spradley: Our office allows cell phones and text messaging as long as it does not interfere with our patient flow. However, when cell phones were first brought into the practice there were problems with rampant usage. We would have employees coming into the office with the cellphone to their ear and clocking in, and they would stay on the phone until they were ready to seat the patient. This was unacceptable.

After a discussion with the doctor, we decided that while we did not want to completely ban cell phones, we did need some basic guidelines. When employees come into the office and click in, they should not be on their phones. Also, while texting in between patients is OK — it must not delay patients being seated or rooms being cleaned.

No one is allowed to be on their cell phone or texting if they have a patient in the room. These guidelines helped to keep our patients as the No. 1 focus in our practice.

Lisa M. Spradley

Deanna Alexander: Simply put, it is stated in our office manual. No cell phones are allowed in our work area. Each staff member has his or her own personal cubby space in the staff lounge area, this is where the cell phones belong. Everyone respects this policy.

Deanna Alexander, FAADOM

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access-to-care problems. Acknowledging that the recently released reports are simply “a first step,” ADA representatives said that the detailed economic analysis was a new way of analyzing the viability of various midlevel provider models as a possible solution to access-to-care challenges for underserved populations. The work was described as the most comprehensive economic analysis to date.

The Academy of General Dentistry issued a statement that “applauds” the ADA’s efforts to support the use of mid-level dental professionals. “The AGD supports a statement that ‘applauds’ the ADA—American Dental Association—American Dental Hygienists’ Association joint report on the viability of midlevel dental providers,” the statement said. AGD’s Dr. Bill Sanders, I-Vt., and Rep. Elijah Cummings, D-Md., proposes a variety of programs to enable dental professionals to deliver care challenges because of a more critical need to address Medicare reimbursement shortfalls, transportation issues and inadequate prevention education.

Supporters of midlevel-provider licensing argue to agree with the ADA and AGD positions regarding many of the access-to-care challenges that will continue to exist despite success or failure of efforts to create a midlevel workforce.

In April the W.K. Kellogg Foundation released findings from a review of clinical outcomes experienced by dental therapists practicing in 54 countries using such providers to address access-to-care challenges. The report’s principal author, David Nash, DMD, MS, EdD, who is the William R. Willard professor of dental education and a professor of pediatric dentistry at the College of Dentistry at the University of Kentucky, said, “None of the 1,100 documents reviewed found any evidence of compromise to children’s safety or quality of care. Given these findings, the profession of dentistry should support adding dental therapists to the oral health care team.”

In December 2010 the Pew Center on the States released a report that was favorable toward the concept of using dental therapists to improve access to dental care, especially for Medicaid patients. The ADA and AGD questioned a number of underlying assumptions and data on oral practice operations and demand for services and other aspects of the research methodology in both organizations’ reports.

The Comprehensive Dental Reform Act of 2012, introduced in June by Sen. Bernard Sanders, I-Vt., and Rep. Elijah Cummings, D-Md., proposes a variety of programs to enable dental professionals to deliver care to people outside of current care-delivery models — including the use of midlevel dental care providers. While supportive of the act’s intent, the ADA and AGD have challenged its midlevel provider provisions.

(Sources: AAPFD, ADA, ADHA, AGD, W.K. Kellogg Foundation, Pew Center on the States)
When it became apparent there was an issue, I rallied the troops together and thought long and hard about the policy. If a third occurrence dares to happen they relinquish their phone for the rest of the day. It’s sad that sometimes it is not turned off. All personal phone calls are not to be made during work hours, only on breaks and lunchtimes, unless of course it is an emergency. The staff is responsible for creating awareness of this policy to friends and family members. I make sure the team knows that they are respected and this in no way implies that they would abuse company time, this is simply to prevent distractions for themselves and other co-workers, as well as to prevent the possible misconception that could arise from another person or patient viewing a team member on their cellphone for any reason. Why? The patients don’t know it’s your son telling you he will be going to his friend’s house after school, or that maybe a friend just told you a quick joke at which you giggle. In the minds of patients (or even co-workers), all they know is “She is not giving my time and care the attention and respect I deserve, how do I trust her in my mouth?” or, “Is she laughing at me?”

**Conclusion**

As you can see, our members all have different techniques but are equally effective. It all boils down to a policy issue that must be stated ahead of time and communicated effectively to the team. Take a look around your office and if you see someone texting or wasting time on the phone, begin to draw up your policy and plan its implementation. Remember — the patient’s perception is your reality!