**Does your team ‘click’ or ‘clique’?**

As the saying goes, birds of a feather flock together. Understandably, it’s common for those with like interests, back-grounds and experiences to form friendships and alliances. But what may seem like staff camaraderie on the surface can be the root of prac-tice factions, commonly known as cliques.

It’s not unusual to see divisions between clinical and business staff, between those of the group that impressed employees and the rest of the work-ers, or between the longtime per-sonnel and the new recruits. Regard-less of the makeup, staff cliques can be a powerful undertow in your practice manifesting in poor morale, ongoing conflict and in-creased staff turnover – all of which compromise practice pro ductivity and profitability.

Take the case of Liz, Ellen and Tom. They’ve been with the doctor since day one. They feel that be-cause of their seniority in the prac-tice they run the show, and that would be how the other employees see it as well. The doctor doesn’t make a change unless the “Three Musketeers” are on board. The Three Musketeers eat lunch together, have coffee together, social-ize together and think nothing of the message of exclusion they send to the other employees, who, by the way, turn over pretty regularly. They justify their failure to include new employees or other chances that the latest recruit will stick around for more than a year are slim to none. Gee, I wonder why.

In staff meetings, which are few because Liz, Ellen and Tom pull the plug, are slim to none. Gee, I wonder why.

**Cliquing costs**

Certainly, strong relationships among long-time employees can be tremendously beneficial for prac-tises that rely on small cohesive teams. However, staff cliques can be extremely counterproductive and, consequently, expensive. These non-productive units of exclusion reject key ideas, making it impos-sible to establish a true team that works together effectively.

The problem becomes particularly serious if critical practice deci-sions are being made without input from those who are not part of the clique, or if essential information is not shared with ‘outsiders’ who need that information to effectively carry out their job responsibilities and duties, or if the treatment of some staff is noticeably different than the treatment of others.

Teams, not cliques, make a den-tal practice successful. While per-sonalities, work styles, and in-terests may differ, each member of the staff needs to be given the opportunity to contribute fully.

It’s up to the dentists, as leaders, to set the example for the team and to steer clear of behaviors that can unwittingly strengthen cliques or create divisions among staff. For example, allowing a few to monopol-ize the conversation in staff meet-ings rather than insisting on input from all team members can send the message to certain staff mem-bers that their input either isn’t wel- come or has a lower value than the ‘chosen’ participants.

Sharing information with a se-lect few members of the team con-veys to the rest that only the favored are ‘in the know’. Also, socializing with certain members of the staff outside of work also conveys the message of favoritism and encour-ages a sense of exclusivity among those who see themselves as part of the doctor’s social circle.

These and similar behaviors do nothing to build a sense of camaraderie and team work. Rather they underscore the ‘us vs. them’ mentality. The doctor must be the leader of all, not the friend of a few.

Pay attention to the lines of de-marcation that may be drawn in your office and take steps to erase them promptly. Those quietly war-ring factions are chiseling away at your practice infrastructure and subtly undermining your every ef-fort to establish a practice that is built on excellence. Read on.

Out with the ‘in’ crowd

Cliquing can be particularly challenging in practices lacking job descriptions and/or systems of employee accountability. Natu-rally, where there is commonal-ity among employees, alliances and friendships are likely to re-sult. But there’s a difference be-tween friendships and factions. For the former:

- Critical decisions are being made or pushed by a select few without input from others.
- Team members are complain-ing that their views don’t mat-ter, or they are shutting down and refusing to offer input.

For the latter:

- Information is not readily shared unless employees are directly addressed.
- Certain staff members are openly cool to others.
- Whisper campaigns seem to be more prevalent.
- Some employees openly ex-clude others in social or profes-sional activities.

If any of those rings true in your office, take these steps to unite and conquer:

- Recognize that individual person-alities can and do make a signifi-cant difference in how individuals react and interact with one another. Invest a small amount of time and resources in personality testing. Staff members who un-derstand the personalities of their colleagues, including the dentist, learn much better prepared to work with them effectively. Employee online testing at www.mckenziegmt.com/employeeeval-uation.htm is an excellent tool to use.

- Clearly define job responsibili-ties. With job descriptions, all team members understand their individual roles on the team. Moreover, they recognize who is responsible and accountable for which systems.

- Hold regular staff meetings to address issues that arise in the practice. Dynamic teams are going to have disagreements. In fact, constructive conflict is essen-tial; it’s fundamental to growth and the pursuit of excel-lence. Encourage staff to work together to resolve issues and address matters that they feel should be addressed.

- Create an environment that en-courages teamwork. For exam-ple, if appointment failures are breaking havoc on your day, dis-cuss the matter in a staff meeting and urge input and ideas from all staff members. Then assign two or three employees to develop a strategy to address the problem. Be sure that the ‘task force’ crosses any ‘clique lines’ that ap-pear to have been established.

- Insist that clear information be shared among the team. For ex-ample, hold a brief staff huddle each day to make sure that the front desk staff know exactly where to place emergency pa-tients to ensure there are no surprises. Give front desk staff a standard script for procedures and the charges associated with those procedures that can ease stress and efficiently guide patients efficiently.

- Establish clear standards for of-fice behavior and policies and spell it out in an employee hand-book or policy manual. Then fol-low those policies. If you routinely make exceptions, you send the message that the policies are irre-levant and everybody can sim-ply do their own thing without re-gard for how it will impact the pa-tients, the team and the practice.

- Don’t look the other way. If an employee is engaging in nega-tive behaviors that are poten-tially damaging, don’t ignore it. Doing so implies that you ap-prove and further encourages a culture of distrust and division.

- Reward teamwork and make an effort to acknowledge the success and positive contributions of every employee. Doing so will promote a team that not only appreciates working well together, but also enjoys succeeding together.

Finally, remember that al-though dental staffs are typically small in number, dental teams are often complex microcosms of the world in which we live. It’s not un-common to have staff members with very different backgrounds, yet they must work to-gether as one. As Ms. McKenzie has since 1980. McKenzie welcomes specific practice questions and can be reached at smallemck@smileguard.com.