Does your team ‘click’ or ‘clique’?

A s the saying goes, birds of a feather flock together. Un-
derstandably, 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 no unusual to see divisions between clinical and business staff, between any group of the favored employees and the rest of the work-
ners, or between the longtime per-
sonnel and the new recruits. Reg-
ardless 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 Muskateers’ are on board. The Three Musketeers eat lunch to-
gether, have coffee together, social-
ize together and think nothing of 
sharing with a select few members of the team con-
veys to the rest that only the favored are ‘in the know.’

Isolate and exclude others, they justify their failure to include those who see themselves as part of the 
doctor’s social circle.

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

Pay attention to the lines of demarcation that may be drawn in your 
office and take steps to erase them promptly. Those quietly war-
ning 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. Nat-
urally, there is a commonal-
ity among employees, alliances and friendships are likely to re-
result. But there’s a difference be-
 tween friendships and factions.

To create a desire to clique cliques:

• Critical decisions are being made without input from those who are not part of the 
clique, or essential information is

• Information is not readily shared unless employees are directed to do so.
• Certain staff members are openly cool to others.
• Whispers 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-
ally 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, 
like much better prepared to work with them effectively.
• Employee online testing at www.mcken-
ziegmt.com/employeeset-
ting.htm is an excellent tool.
• Clearly define job responsibili-
ts. With job descriptions, all team members understand their individual roles on the team.
• Hold regular staff meetings to address issues that arise in the practice. Dynamic teams are 
going to have disagreements. In fact, constructive conflict is es-
tential; it’s fundamental to growth and the pursuit of excel-

ence. Encourage the staff to work 
together to resolve issues and 
address matters that they feel should be addressed.
• Create an environment that en-
courages teamwork. For ex-
ample, 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-
ppear 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 needed trainings for procedures and the charges associated with those proce-
dures. This additional information can dismiss patients efficiently.
• Establish clear standards for of-


