Staff Meetings: From Dull & Boring to Dynamic & Effective (Really!)

S taff meetings… desperately needed by all dental teams, yet often an exercise in futility. The drill usually unfolds something like this: Everyone gathers, the doctor tells lecture, actually, most of them stroll in within 5 or 10 minutes of the appointed hour. They take their designated spots around the room. With props in hand, such as notepads and pens, they dutifully give the appearance that they are prepared to offer their unqualified attention. That little charade last for roughly three to five minutes.

After that, a glance around the room reveals motionless chests, one person gazes at the ceiling, another stands at the floor, still another is yawning, a fourth is eyeing the stains on the doctor’s coat and wondering how such colorful marketing materials are sched-

ing coordinator undergo the Burschke Test. Virtually everyone is wondering when the doctor’s go-

ing to talk about something important like raises or vacation time.

Ah yes, the staff meeting, a monthly exercise in futility that ultimately results in lost production time and lower revenue. The com-

mon lament from doctors is, I’ve tried staff meetings only to abandon them because everyone was looking at me to do all the talking. Con-

versely, team members will assert, We give input but never everything changes. In virtually all cases, the meetings couldn’t produce results that would satisfy anyone be-

cause there wasn’t a system or a standard established. Is it any won-

der that the staff meeting is dis-

liked by dentists and dental teams alike?

Unfortunately, staff meetings are often boring, dull and tedious. Worse yet, they seldom contribute to the success of the practice. So it’s time to abandon this tired business ritual. No, I don’t recommend you invest a bit more energy and effort on them. Why? Because most critical business decisions are made in meetings.

Such is the case when it comes to the business of dentistry. It is in staff meetings where the concepts, pol-

icies and problems are solved, examining areas of responsibility, systems, establishing policies and procedures, information, motivates and educates one another, exchanges ideas—all of which are critical to the continued success of the practice.

Post the agenda in the break-

room or other area where staff will see it regularly and can add items as they come up during the meeting. Issues that present themselves regularly in the daily huddle but require more involved discussion and analysis should be put on the monthly meeting agenda. In addition to practice systems which should be standard on each month’s agenda, consider items such as improving the work environment, examining the patient experience in detail, practice-pa-
tient communication, etc.

When putting the final meeting agenda together, look at the most crit-

ical issues at the top of the list to ensure there is adequate time to talk about them. Determine how much time you will spend dis-
cussing each matter, avoid getting bogged down on unrelated topics, and insist that team members come prepared to discuss the items listed.

Lead the Way

Assign a facilitator—other than the doctor—to the group

in the discussion. Talk about only what is on the agenda. First, cover the key systems. Each month the individual team members report on the status of their specific areas.

For example, the scheduling coordinator would report on key indicators within the scheduling system, including:

- The number of new patients scheduled for the month.
- The number of new patients scheduled for the month.
- The number of emergency pa-

tients scheduled for the month.
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tients scheduled for the month.
- The number of emergency pa-
tients scheduled for the month.
- The number and dollar amount of unscheduled time units for doctors and hygienists.
- The number of patients with un-

scheduled treatment.

Prepare or Perish

Monthly meetings must have an agenda that includes standard items the practice is continuously monitoring. Without one, you risk losing momentum, which is incredibly frustrat-

ing for everyone, not to mention totally inefficient. Specifically you want to discuss all areas affecting the profitability/success of the practice. For example, numbers of new patients, recall patients, treatments accepted, production, accounts receivables, unscheduled time units for doctors and hygienists, collected insurance revenues over 60 days, over-

head, etc.

One person, not the dentist, is responsible for compiling and dis-

tributing the agenda to doctors and staff in advance of the meeting. However, this person is not in charge of developing the entire agenda. That task is the respons-

ability of the full team.

With props in hand, such as manage-

ment products, which are successful and proven manage-

ment, which provides highly spe-

cialized training to instruct those barriers and help identify solutions to problems that may be occurring in the scheduling system.

Team training. Ms. McKenzie is the

Certified Management Consultant, and author. She is CEO of McKenzie Man-

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services to dentistry and has since 1980. McKenzie Management is a full line of educational and management products, which are available on its website, www.mce

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