Ed Bonner and Adrianne Morris discuss the 10 most common problems they encounter in their consultancy work

The 10th Dimension... the power of 10

Perceived insufficiency of patients
What do you imagine happens when you hear the word perceived? Is it quite likely that if all the patients who have attended your practice in the last five years could be converted from “occasional” to “regulars”, your practice would be in tsunami overflow. However, if your practice is really short of patients, there are two solutions to the problem: improved recall system, and marketing.

Breakdown of equipment
If one starts from the assumption that it is possible to manufacture good-quality equipment that won’t break down as soon as the guarantee expires, the most cynical among us might think that planned obsolescence could be a culprit in this scenario. However, even if this was not the case, the longevity of your equipment will be dependent on the quality of maintenance, whether in-house or by contract, and by care with usage.

Discontinuity of staff
Although the usual reason for staff leaving one job to move to another is given as inadequate remuneration or enforced relocation, the reasons are usually far more complex and relate to issues such as lack of personal growth and low motivation. But paying a reasonable salary helps!

Erratic attendance
Lack of enjoyment of work and low motivation are probably the biggest reasons that certain members of staff do not attend work when they are not genuinely ill. The solution here is to have a policy of no show, no pay, but better still is to find out why your employee is not happy.

Difficult patients
If one starts from the position that all patients are difficult, it offers an opportunity to deal with every patient on an even playing field and with a pre-considered strategy. The only trick is to identify which type of ‘difficult’ they are and act accordingly. For example, some patients are inherently prejudice and always need to show ‘a better way’. Others are born whiners. A few are malignant spirits. But you might also start from the premise that there are no difficult patients, only difficult dentists, and the most difficult of all is the one who believes that he/she is never wrong. If you can overcome that hurdle and ask yourself the questions: ‘Why is there a problem here?’ and ‘What do I have to do to overcome this problem?’, then you are more than halfway to its solution.

Poor-quality laboratory work
We get the lab work we deserve, and if we choose on price rather than quality, if we don’t set out our stall from the word go on what will be acceptable standards to ourselves, and finally if we do not provide the quality of work sufficient to allow the technician to do their job adequately, we have only ourselves to blame.

Lack of financial control
Ascribe this primarily to poor record keeping and poor communication with your bookkeeper and/or accountant. It is perfectly possible in this computerised age to know exactly what is happening in your personal financial world at the press of a button – indeed we insist on this as a starting point when we advise on financial planning of any nature. How can you possibly know how to get somewhere if you don’t know where you are starting from? Once you have this information available to you, it is not difficult (with a little guidance if necessary) to do simple budgeting and cash-flow forecasting and analyses that will enable you to have your finger on the day-by-day pulse of your business.

Poor communication
The biggest and most difficult problem to overcome, but unless you are able to communicate in a clear, positive and decisive manner with all on whom you impact, you are always going to struggle. Solution? Read books or attend courses such as NLP on improving communications skills, or seek assistance from a coach.

Inadequate records
This again requires a mighty leap into the computer age by going digital, but if you insist on storing atoms instead of bytes, you will always have a problem filing, storing and retrieving paper.

Failed appointments
Again, not an issue of difficult patients, rather one of inadequate communication and fear of enforcement. If you let your patients know in a non-threatening manner that there are rules and that it will cost them to break those rules, then you are well on the way to make this a nonexistent problem.

These problems are common to virtually every practice we work with and each of them has a solution. Finding solutions are actually quite easy, but finding the will to seek them is not. All it takes on the part of the dentist is to accept that you don’t have to put up with those problems day in and day out. It’s not a case of ‘can’t cook, much more of won’t cook’ – sometimes it helps to call in a new hand to stir the batter, and that is what coaches and consultants do.

About the authors
Adrienne Morris
is a highly-trained success coach whose aim is to get people from where they are now to where they want to be, in clear measured steps.

Ed Bonner
has owned many practices, and now consults with and coaches dentists and their staff to achieve their potential. If you would like to discuss anything about this article, have a free consultation, or subscribe to The Power of 10 e-zine, feel free to contact Ed at bonner.edwin@gmail.com, call 07776 660 1338 or email Adrianne at alplifecoach@yahoo.com.