Reaching a common goal

Building a great team can be quite a challenge but when achieved, it is hugely rewarding. Vikki Harper, BDPMA marketing co-ordinator offers some advice

Humans are naturally social animals; we don’t like spending our lives alone yet ironically we often struggle with the dynamics of maintaining a positive team environment. There is widespread belief that teams deliver more than the sum of their parts and therefore generate greater achievement and value than a bunch of individuals. Teams can create a collective culture that allows individuals to feel part of something, where ideas can be shared and support can be found. But they can also be highly divisive things that are more trouble than they are worth! So how can you build and maintain a team to be proud of?

Is your team effective?

A real team is a living, dynamic force in which a number of people come together to work towards a common goal. In your practice, how clear crystal is that common goal? If each member of your team was asked to state the common goal of the practice, would there be a cohesive group or a mongrel collection of individuals? If you get lots of different answers you know where your work must begin.

Each team member has something to contribute to the team and must therefore be given the opportunity to do so. It’s not always the loudest or the brightest who has the winning idea. It is important to realise that sometimes it is the quiet person, who is averse to speaking up, who may have the solution you have been seeking.

Good leaders know how to get their team members to generate ideas. In your practice, how often do team members come to you with ideas and when do they do, how long has it been since you put one into action? If your team members don’t bring ideas to the table you may need to consider why and do something about it. Maybe they gave up when none of their ideas was ever acted upon.

An effective team

No football team would succeed if everyone wanted to be the striker. A good balance is required to ensure that the team has the correct blend of skills necessary to deliver its objectives. Those skills will vary upon the nature and purpose of the team.

A good leader

It all starts with leadership because great teams don’t just happen. They are created by leaders with very clear plans for how their organisations should operate, deliver services, interact with stakeholders and meet specific targets. Problems within teams usually result with unclear and/or unspecified goals. Communicating clear goals and objectives is a must along with providing measurable progress towards those goals through regular updates (1:2:1s). Do you have 1:2:1s with your team members and if so, are they regular enough to keep them focused? Are the meetings fulfilling the needs of both parties; have you ever checked to see?

Clarity of function

A team must contain the necessary blend of skills to meet the demands and aspirations of the practice and there should be sufficient resources in the long term to ensure that undue pressure is not placed on them. Team members should be clear about their specific role and what tasks form the basis of their functions. If you have individuals complaining that other team members have encroached on their duties, then rules and responsibilities are not clear enough.

Team members should know each other well enough to recognise and accept each other’s strengths and weaknesses and to work to maximise these strengths and compensate to overcome any weaknesses by covering for each other. They should be willing to share responsibility. If you have individuals who complain that others are not ‘pulling their weight’ then perhaps you should pull everyone together to talk more about how they can be more supportive of one another.

Established ground rules

Great teams usually have established ground rules for working together (team charter). They have developed agreed working practices and processes to get things done, and support each other by listening and responding supportively and constructively. They recognise and celebrate individual and team successes, handle conflict constructively and openly, and when they agree a course of action, they collectively buy-in.

Do you have a team charter?

If not, perhaps at your next team meeting you can seek your team’s input by asking them to put forward their top three suggestions for team rules. Draw up a charter, circulate it, seek feedback, and finalise it. The rules of the charter cannot be handed down by one person; they must be agreed among the team. By participating in the development of their charter, team members sign up to behave in a self-determined way. They can’t, at some future point, plead ignorance or excuse anti-social behaviour. Remember that once you have agreed your charter every team member must sign up to it.

The charter should become part of your recruitment process too. Whenever you interview a potential new team member you should explain what the charter is, what each point means and you should ask the candidate if he or she could work within the rules you have defined.

Like everything else, there will be times when members of the team will behave in ways that are inconsistent with the charter. It is the team leader’s job to point out to the person the implications of their actions and to get them back working consistently within the framework of the charter.

The characteristics of failing teams

Failing teams usually show symptoms and the most common ones are:

- Unclear goals and objectives
- Non-measurable goals
- Ill-defined boundaries and responsibilities
- Inappropriate members, creating a skills gap
- Lack of training in teamwork
- Rivalry and divisions in the group
- Ineffective meetings
- Lack of understanding and lack of willingness to recognise and compensate for weaknesses
- Resistance and politics
- Team members who do not want to be part of the team
- Team charter ‘lip service’

Any one of these points will undermine the strength of the team and should therefore be overcome. You may recognise one or more of these characteristics being characteristic of a team you belong to now or have been a part of in the past. But don’t be deterred, recognition is the first step towards remedy.

A positive experience

All teams, no matter how long they have been together, and no matter how successful they have been, will go through peaks and troughs. A dynamics change with new starters and leavers, external business and personal pressures, changes to roles and responsibilities and any one of a hundred other reasons. They are dynamic beasts. Even if you can boast a great team there is no resting on your laurels. Great leaders constantly seek to keep their team united, focused, challenged, developed, motivated, involved, on target... Building a great team can be quite a challenge but when achieved, it is hugely rewarding. It won’t happen over night and it is an evolutionary process, so above all, don’t forget to celebrate successes at each stage of the process.

The BDPMA represents a national team of dental practice managers who share good practice and pursue continual professional development through events like the autumn Management Development Seminars that focus on Finance. For details of the seminars and to join the BDPMA visit www.bdpma.org.uk, email dsimpson@bdpma.org.uk or call 01452 886564.
Exciting times ahead?

DCPs must now legally invest in building their skills through CPD. Sounds like the perfect chance to boost your career, but the change is also a little daunting. Mhari Coxon explains

S

o, change is finally here. As of the August 1 2008, every Dental Care Professional (DCP) registered with the GDC must complete 150 hours of Continuing Professional Development (CPD) over five years. Fifty of these hours must be verifiable, while the other 100 will be made up of unsupervised development, reading Dental Tribune UK, for example.

From talking to colleagues and friends, there are mixed feelings about this enforcement. I personally am looking forward to developing my clinical skills and improving the quality of my care for my patients, as well as keeping up to date with the most recent evidence.

Attending lectures and courses is something I have always enjoyed. It can boost my motivation for my career, and allows me a chance to catch up with colleagues and discuss our profession. I have often been the only hygienist in a practice so haven’t always had a fellow colleague to talk about daily clinic. Dental trade companies support meetings and show you the latest products. There is almost always something new to take from a meeting and add to your practicing day. I feel it helps me to refresh myself on subjects, as I am definitely from the ‘if you don’t use it you lose it’ group.

Last-minute nerves

Some hygienists and therapists, through family commitments and other restraints, have not been able to attend courses regularly and will be slightly nervous about starting. A minority have had no interest in developing their skills and have not attended any meetings since qualification and see this enforcement as an intrusion. Dental nurses have been limited by the availability of courses for them, and again may feel slightly nervous about attending training days.

I think this compulsory lifelong learning can only be a benefit to the profession as a whole. Evidence-based dentistry is seen as best practice. It is important we all update regularly and make sure we are giving the quality of care our clients deserve. All DCPs will have a professional role, which will give some a career-development path that was previously not an option. The dental team will benefit, as they will be able to develop skills to suit the practice environment.

Choosing skills to develop

In May this year, the GDC issued consultation regarding Scope for Practice for all dental professionals. The paper was designed to look at what skill groups we would expect each group to have upon qualification, and what other skills could be developed as a postgraduate. A team of professionals, representing all DCP groups, formulated a proposal and the paper was open to all professional and the public for comment.

Since the consultation closed, it has been made clear that, once suitable training has been completed, dental hygienists and therapists will be able to perform tooth whitening under prescription of a dentist. Dental nurses, again with suitable training, will be able to take impressions and make vacuum trays. The skill list for nurses will be extended more and we await the final guidance which is due out in the autumn.

Planning for the future

What I see emerging is a real opportunity for the team to be utilised and make the day-to-day running of practices more efficient and cost-effective. For example, one rainy lunchtime, we were hypothetically planning the future for our practice. We could see a new client being interviewed by the nurse and a full dental history, lifestyle and diet assessment, and medical history be taken. The client would then move in to the clinical environment and have their consultation with the dentist. The nurse would take impressions if necessary, and chart the patients bleeding and plaque score. They would then take a sample of bacteria and document what was seen under the microscope, disclose the patient, take digital photographs and discuss oral hygiene with the patient, giving them a tailored hygiene kit to take home. Diet assessment sheets could be given if deemed necessary, and an appointment organised for their first hygiene session. I could introduce myself briefly and give the client some literature to read before their first hygiene visit.

Obviously, if this is to be a reality, detailed training would be required. But we could all see how our clinical day would be improved as well as expanding the quality of care for our new clients.

The client would feel valued as they were asked for information, the dentist would have more time to devote to high-skill treatment, the nurse would have a more involved and interactive role and the hygienist would get a patient who has already improved their oral hygiene, enabling a more comfortable first cleaning session. All round, a good improvement.

Of course, this is all a pipe dream just now, but you can see how continuing development becoming compulsory could actually be just what the profession needs. I genuinely believe this is a great time to be in dentistry and our profession will go from strength to strength.

Choose your training

There will be more courses available to DCPs now and, as well as completing the compulsory elements; you will be able to choose training that will benefit your particular practice environment. So, don’t see this compulsory addition to your working time as a chore, enjoy developing yourself and boosting your enthusiasm for your chosen career.

For more information on CPD requirements, visit www.gdc-uk.org/Current+registrant/CPD+requirements/.

About the author

Mhari Coxon is a dental hygienist practising in Central London. She is chairman of the London British Society of Dental Hygiene and Therapy (BS- DHT) regional group and is on the publications committee of its journal, Dental Health. She is also clinical director of CPDforDCP, which provides CPD courses for all DCPs. To contact Mhari, email mhari.coxon@cpdfordcp.co.uk.

Dental Hygienists and therapists can perform tooth whitening under prescription of a dentist.

Dental Air has one of the best customer service reputations in the dental industry and with our fast call out times, it is no surprise that we are the leading supplier of oil-free compressed air packages.

Freephone 0800 542 7575 to book a survey or to receive your FREE ‘Practice Managers Guide’