Accepting and implementing change

Mhari Coxon discusses an essential element of career and business development

We have all done it. Attended an amazing, inspirational course which has presented new research and methods which have made sense to us. We then return to the practice full of enthusiasm, ideas and (usually) sporting a large shopping list. Expensive new items of equipment are bought and off we go. So, why is it, around four months down the line, we find that all the stuff is in that cupboard, the one which nothing ever comes out of, and we have returned to our old ways of working? It is simple. We haven’t planned and implemented the change in a manageable way, relying on our own vision and enthusiasm to be sufficient for the change to occur. We become overwhelmed with the day to day and the importance of that change goes further down our list of importance until it drops off the end.

Barriers to change in clinical practice - time keeping

Our clinical working day is tightly timed and does not allow for deviation from the day list or room to slow down. Often, when we are trying out a new technique or method in working we will be slower than when we are using techniques we have used for years. That does not necessarily mean that those techniques are better than the new ones. In fact, it is likely the newer techniques will be superior. Like most things, the first time you do it you are generally not so good; awkward even. But with repetition we become good, better and then excellent. Accepting that it takes extra time to learn and being realistic with your implementation rate can make a new method stick and develop in your clinical day.

Building a new routine in measured stages

A great way to do this is to decide that you will only use the new method once in a session. This will allow you to familiarise yourself with the new thing (working with magnification is a perfect example) without running so late you and your patients become stressed. After a week of this, you might add a second patient to the session being treated this way. The general rule of thumb is it takes six weeks to build a habit and two weeks to break it.

Changing as a team – rising to the challenge

It is my belief that implementation is one of the weakest areas of development in dental teams and, with some basic guidelines; all teams can become more effective at driving change for the better in their practices. What is more, CQC will be pleased to see you do it.

Meetings to bring about change

To move through stages of change, you need to have effective, chaired meetings, with good clear minutes which contain clear action points so everyone knows what they need to do before the next meeting. Ideally, you would have a chair of the meeting and someone taking the minutes. This can be rotated so everyone grows these skills in your team. It allows for small task groups to meet and progress independently if needed. Guess what, CQC like this too.

The chair should feel confident that they have:
• An understanding of the issues and topics being discussed
• Strength of personality and character allowing them to stand their ground and to effectively manage the meeting
• Be able to utilise authority e.g. prevent discussions wandering, prevent those without anything new to add repeating the same point, being able to move on when a point is discussed as far as possible etc.
• Be able to sum-up the points made in discussions for the minute taker

The person taking the minutes should:
• Have an agenda and make sure everyone knows about it
• Send out the agenda and minutes so everyone can read them in advance (where possible)
• Write the summery of points made and initials of the person who has been delegated any task relating to the point
• Feel confident enough to ask for repetition for clarity or to slow the conversation to allow for accurate note taking

Building a plan for change

Once you have established the need for change within the practice, discussed and shared the vision; you need to plan its implementation with a realistic time frame to ensure movement. We all know how busy our daily clinical life is and if not pushed to deliver to a dead-line, things can just sit in a to do pile for, well, ever.

Create a plan for positive change

Most businesses decide they need to make changes and then begin to implement them immediately. While speedy execution of plans and a positive sense of urgency to change is vital, so is proper planning and forethought. The goal is to create a plan for positive change that inspires employees to embrace the change. Start by identifying every touch point the change will affect and determine how that will impact people. Consider how staff and patients may be threatened or anxious about the changes. Create a message that clearly articulates the benefit of and advantages of the change. But, don’t sugarcoat the changes. For example, if you decide you are going to disaggregate staff to improve your oral health assessment of the patient, and haven’t done this for years, the patients may not like or understand the change. You need to plan a good communication path that will take all conflict out of visits due to good information and communication.

Provide optimal training and support resources

We often fear change because we don’t know what to expect. Staff worries are that they won’t be able to perform, that they won’t have the skills or abilities. Determine the training and support resources needed and plan how to put them in place. Reassure employees that training will be provided where needed and follow-through on that commitment. Establish effective training programs with back-up training and evaluation as needed. Training can include specific skills training, or it can entail creating a new way to look at the business, changing old habits or views, and teaching new leadership skills. Don’t cut training short or overlook how important it is or in the end you will pay more.

Don’t give up!

Any change is hard work but not changing at all is no longer an option in dentistry. The first time we do something new we generally suck at it! The next time we are better, the third feels smoother and, around time 47, we generally feel like we are comfortable with the change and are happy to keep it. So, we need to revisit, reassess and discuss out progress with the change to help establish it.

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 (BSDHT) regional group and is on the publications committee of the national Dental Hygiene. She is also clinical director of CPD-aidedcp, which provides CPD courses for all DCPs. To contact her, email mhari.coxon@cpd-aidedcp.co.uk.