Accepting and implementing change

Mhari Coxon discusses an essential element of career and business development

W

have done all it. At-

tended an amazing,

inspirational course

which has presented new re-

search and methods which

have made sense to us. We then

return to the practice full of en-

thusiasm, ideas and (usually)

sporting a large shopping list.

Expensive new items of equip-

ment 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 cup-

board, 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 clini-
cal practice - time keeping

Our clinical working day is
tightly timed and does not al-

low for deviation from the day

list or room to slow down. Of-
ten, when we are trying out

a new technique or method in

working we will be slower than

when we are using tech-
niques 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
general not so good; awkward
even. But with repetition we be-
come good, better and then ex-
cellent. Accepting that it takes

time extra time to learn and being

realistic with your implementa-
tion rate can make a new meth-

od stick and develop in your

clinical day.

Building a new routine in

measured stages

A great way to do this is to de-
cide that you will only use the

new method once in a session.

This will allow you to familiaris-

ise yourself with the new thing

(walking 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 gen-
eral 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 implemen-
tation is one of the weakest

areas of development in den-
tal teams and, with some basic

guidelines; all teams can be-

come 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 ef-

fective, chaired meetings, with

good clear minutes which con-
tain clear action points so eve-

everyone knows what they need to
do before the next meeting. Ide-

ally, you would have a chair of

the meeting and someone tak-
ing 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 confi-
dent that they have:

• An understanding of the is-
sues and topics being discussed

• Strength of personality and

character allowing them to

stand their ground and to ef-
f ectively 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 pa-

pers 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 keeping

Building a plan for change

Once you have established the

need for change within the prac-
tice, discussed and shared the

vision; you need to plan its im-
plementation with a realistic

time frame to ensure move-

ment. 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 imme-
diately. While speedy execution

of plans and a positive sense of

urgency to change is vital, so

is proper planning and fore-

thought. 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. Con-
sider how staff and patients

may be threatened or anxious

about the changes. Create a

message that clearly articulates

the benefits and advantages of

the change. But, don’t sugar-
coat the changes. For exam-
ple, if you decide you are going
to discontinue a service to im-
prove your oral health assess-
ment 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 com-
munication.

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 abili-
ties. Determine the training

and support resources need-
ed 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 pro-
grams with back-up train-
ing 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 anything knew we

generally suck at it! The next
time we are better, the third

feels smoother and, around time

give 47, we generally feel like

we are comfortable with the

change and are happy to keep

it. So, we need to revisit, reas-

sess and discuss out progress

with the change to help estab-

lish it.

Creating a plan for positive change that inspires employees to embrace the change is a good place to start

About the author

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