Why improving your practice is a mystery – part 13

The GDC doesn’t require you to love your colleagues, says Jacqui Goss

When I first started visiting dental practices doing consultancy work some years ago, I was surprised at how often I had to play the role of intermediary. I’d worked as a manager, including in dental practices, so I knew that staff don’t get on with each other all the time. But it still amazed me how often a member of a dental practice team would say: “Oh, I didn’t know (so and so) felt that way.” Practice owners would also comment (for example): “I wish I’d known (so and so) wanted to work extra hours.”

It was not that staff didn’t speak to each other or that principals and managers ignored team members – they just didn’t communicate. And do you know what? It’s still happening all these years later.

I’m no longer surprised at adopting a liaison role – telling each person what the other will say to me but not directly to their colleague. Sometimes it’s because the subject matter is a bone of contention and I need to act as a mediator. Often, it’s because one or other person doesn’t feel confident enough or sufficiently empowered to speak up.

For example, in team discussions about changing the practice opening hours there’ll often be a member of staff who contributes very little. Then I come on the scene doing some consultation about, say, front of house staff training and that person tells me in confidence that they wanted to work extra hours and earn more but the opportunity went to another team member. When I confer with the practice manager they’ll often exclaim (with some frustration): “I wish I’d known that!”

Sometimes, I come across team members who just do not get on. They may be clinical and non-clinical staff, managers and dentists, hygienists and front of house staff or any combination of these roles. There is, to coin a phrase, a clash of personalities. Quite often these occur in small practices with only a handful of staff and the situation invariably arises when something disturbs the equilibrium – a new person joins or someone gets promoted.

I’m not about to dive into trait theory (if only I could!) or expound the Myers Briggs model of personality – let’s keep this simple. Surely, if you’re working in or applying for a job in a small dental practice you need the ability and disposition to...
get on with people?

The GDC’s Principles of Dental Team Working says:

• Co-operate with other team members and colleagues, and respect their role in caring for patients
• Communicate effectively and share your knowledge and skills with other team members and colleagues as necessary in the interests of patients

It doesn’t say you have to love your colleagues and you don’t even have to like them. Instead, you should be pre-disposed towards cooperation and able to communicate effectively. If you suspect one or more of your colleagues is not cooperating as much as they could, I suggest it’s time for a team building exercise.

There are many, many interesting things you can do these days. Take a look at the events page of the Bridge2Aid website. If your team doesn’t fancy walking 24 miles in 12 hours taking in the summits of Pen-y-ghent, Whernside and Ingleborough next April, how about a golf day in Hampshire with Dentaid? No… in that case Google ‘team building events’ and prepare to be overwhelmed by the choice!

In terms of ‘communicating effectively’ I am again surprised to see how some people I come across in practices get it so badly wrong. Dentistry is, after all, a service industry where good communication with patients and colleagues is a key factor.

I’ve met (thankfully very few) people in dental practices who believe ‘industrial’ language (frequent swearing) among colleagues is acceptable. It is not (full stop, period, final, definitive).

Some people seem only able to speak in emphatic statements such as: “Here – this is the treatment plan for patient so and so,” or “I want that done by two o’clock.”

Somebody who isn’t willing to discuss an issue might say: “I’m going out at two o’clock so can you get it done by then please?”

If you’re someone who is reluctant to speak up during team meetings (and these events should be managed in a way that no one has such concerns), rather than keep what you want to say to yourself, at least indicate that there’s something on your mind. You can do so during or at the end of a meeting by simply saying (to whoever is chairing it): “Can I speak with you about that afterwards?”

If you have an ‘issue’ with another team member, don’t bottle it up – speak to them about it. If necessary choose a setting that is relaxing (for both you and them) – suggest having a coffee together at lunchtime or after work. It can be helpful to include another team member – but not your best mate. Ask someone along who will be dispassionate and not likely to take sides. And try to remember that while your ‘beef’ is important to you, in the great scale of things (Life, the Universe and Everything in the Hitchhiker’s Guide to the Galaxy series) it is probably less significant and certainly not worth erecting a barrier with a colleague over.

Now if you’ll excuse me, I have to go and break up an argument between my two teenager daughters...

Simply adding some ‘softening’ words can turn what may be interpreted as an aggressive demand into a consultation or request. For example: “I’ve done a treatment plan for patient so and so, perhaps you’d like to look at it,” or “I’m going out at two o’clock so can you get it done by then please?”

The Wolf light curing light, is a high-performance light source for polymerization of dental materials. It consists of a charger and a cordless handpiece powered by a rechargeable battery. The unit is designed for use on a table and cannot be wall-mounted. The light source is a high-performance light-emitting diode (LED).

In contrast to halogen lights, the emitted light specifically covers the light wavelength between 430 and 480nm. The polymerization performance is so high that the exposure times can be reduced by 50% in comparison with a conventional halogen light (with light intensity typically ranging from 600 to 800mW/cm²).

Selected filling composites can be cured in as little as 5 seconds if the light guide can be placed in close proximity to increment.

Settable exposure times:
- 5, 10, 15, 20 sec
- Continuous mode (20 sec)
- Tack-cure mode

About the author

A proven manager of change and driver of dramatic business growth.

Jackie Goss is the managing partner of Yeosu, the largest private dental practice in the area, and is a great believer in training and development.

Yeosu’s team provides a wealth of opportunities for career development and personal growth.

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