Why orientation is more important than you think

By Pat Rosenzweig

Lately our days are always too short, with never enough time to accomplish everything before it’s time to close the laptop, get some sleep and start all over again. This lack of time is translating into every aspect of our offices, including the training of new staff members — and that’s getting to be a real problem in many practices.

Hiring someone with orthodontic experience and knowledge of our office software should be only the beginning of the new employee experience, not the entire process. Carefully oriented and trained staff members are able to get much more accomplished in much shorter time frames than those who are always hunting around for the correct instruments, procedures or keystrokes.

So what makes up good orientation training? We can actually sum it all up in one word: planning.

Prior to hiring any new employee, we need to have a clear job description for the position, preferably in writing. We need to know what the specific job duties are, when and how they need to be performed and what additional side or shared duties are also parts of the job.

This is now our roadmap to set up the training for our new employee. We can’t create an outline of the exact skills and protocols that need to be mastered to accurately perform the required tasks if we don’t know what they are.

From there, we need to choose the right staff member to act as a trainer. The trainer needs to be well-trained herself, as well as being a good and patient teacher.

Frequently, the type of personal responsibility that makes a great lead assistant or treatment coordinator isn’t the best teacher, so we need to choose the most qualified person for our trainer — which is not necessarily the staff member who’s been with us the longest. This is a place where we need to keep egos out of the mix; training is all about teaching, not about who has what place in the office hierarchy.

Our trainer should discuss the training outline with the orthodontist or office manager to be sure she’s clear on what information and materials we need to present and then create a plan for training.

Ideally we should begin our first training day on a day with no patients. This gives time for a basic orientation of where everything can be found, how everything works and what our software has to offer.

I know many trainers would disagree with me on this, as they feel that hands-on is always the best type of training. I’m all for hands-on training, but when it begins on an employee’s first day, it’s frequently more like sink-or-swim than hands-on.

A first day with a full patient load can be incredibly overwhelming, and when a step in the training gets missed, it’s usually gone forever. I’ve been in many offices where one poorly trained staff member has trained the next and so on down the line.

This results in huge gaps in systems and knowledge and a less-than-stellar experience for staff and patients.

Our training plan needs to be in the form of a written checklist so we can check off completed items as we go. Also, the ideal training plan contains frequent stops to test or use the acquired skills on sample patients.

While this type of training plan sounds time consuming, it only needs to be created once, then can be used over and over as we add new team members or make adjustments for staff who are leaving.

Begin orientation at the beginning. Show the new staff member how to turn on all equipment and what procedures we set in place at the start of the day.

We’ve all had the experience of wasting time going into the office on your own for the first time and fumbling to find the light switches and the power switches for electronics. Use some orientation time to actually orient the new staff member to the environment.

If you’re exposing the new hire to software for the first time, have a program set up to train on the software as well as the systems. Go over the icons and procedures in a step-by-step logical fashion and allow lots of time for note taking.

Next, do a walkthrough of the initial phone call for desk staff or patient seating for op staff.

Use a “cheat sheet” for the initial call, even if the current front desk staff usually enters patient information directly into the computer. Having a template gives a new staff member confidence that he or she is getting all the information required and gives less than perfect typists time to gather all the information before entering it into the software.

Patient seating for the op seems simple enough, but every office has its own personality and we want our new hire to reflect who we are. I can still clearly remember a very low-key, quiet doctor cringing as his newest assistant went to the edge of the waiting area and literally belied out the patient’s name.

She had been taught to be “loud and clear” in her previous office, but it certainly wasn’t the style the new office wanted.

Review the front desk systems and the operatory setups. Have a written manual in place that details these areas for reference. No one will remember it all the first time around.

Again, these manuals take a bit of time to create, with details and photos of tray setups, but they’re invaluable both for new hires and temps (if the need should ever arise.) Remember, however, these manuals are a supplement to orientation, not a substitute for it.

Finally, be patient. Every new staff member will have his or her own individual learning curve, and some of the best assistants and front desk staff I’ve worked with took a bit of time to get the hang of the software and the systems.

It’s as true in offices as it is in every other aspect of our lives — a good foundation creates a strong product, and a good orientation creates a great staff member.

If we take the time to build that foundation, we’ll have a better, happier staff and patients who never feel a lack of continuity or professionalism in their office experience.