Are you running with the ‘in’ crowd?

By Sally McKenzie, CEO

As the saying goes, birds of a feather flock together. Understandably, it’s common for those with like interests, backgrounds and experiences to form friendships and alliances. Yet, what may seem like staff camaraderie on the surface can be the root of practice factions, otherwise known as cliques.

It’s not uncommon to see divisions between clinical and business staff, between a group of the “favored” employees and the rest of the workforce or between the longtime personnel and the new recruits. Regardless of the makeup, staff cliques can be a powerful undertow in your practice manifesting in poor morale, ongoing conflict and increased staff turnover, all of which compromise practice productivity and profitability.

Take the case of Liz, Ellen and Tom. They’ve been with the clinician since day one. They feel that because of their seniority in the practice they run the show, and that would be how the rest of the team sees it as well. The dentist doesn’t make a change unless those three are on board.

Liz, Ellen and Tom lunch together, have coffee together, socialize together and think nothing of the message of exclusion they send to the other employees, who, by the way, turn over regularly. They justify their failure to include new employees because the chances that the latest recruit will stick around for more than a year are slim to none. Gee, I wonder why.

In staff meetings, which are few because Liz, Ellen and Tom pull the dentist aside whenever they feel something needs to be addressed and new employees are seldom asked for input. The new employees tend to fall into the role of spectators, merely watching the dentist and the trio banter the issues about. If they do speak up, their ideas are greeted coolly. Unless the threesome comes up with the concept, it’s likely someone else’s slightly different approach will interfere with the way they like to do things, which, they argue, seems to be working just fine. And it is, at least for the three of them.

The dentist, well she’s a really nice person and although she acknowledges that Liz, Ellen and Tom “aren’t perfect,” she doesn’t want to confront the issue. She prefers to just look the other way; telling herself there is really nothing she can do about it anyway.

Certainly, strong relationships among longtime employees can be tremendously beneficial for practices that rely on small cohesive teams. Moreover, naturally, where there is commonality among employees, alliances and friendships are likely to result. You may have assistants who form strong bonds because of their professional backgrounds or team members who form social connections because a group of them enjoys watching a particular television show or others who like certain activities or hobbies. However, where ties form among those with common interests, so too can divisions between the group on the “inside” and everyone else on the “outside.”

Cliques can be extremely counterproductive, and consequently, expensive. These non-productive units of exclusion reject key players, making it impossible to establish a true team that works effectively together. The problem becomes particularly serious if critical practice decisions are being made without input from those who are not part of the clique or if essential information is not shared with those who need that information to effectively carry out their job responsibilities and duties or if the treatment of some staff is noticeably different than the treatment of other staff.

Teams, not cliques, make the dental practice successful. While personalities, work styles and interests may differ, each member of the staff needs to be given the opportunity to contribute fully.

As leaders, dentists set the example for the team and can unwittingly strengthen cliques. For example, allowing a few to monopolize the conversation in staff meetings rather than insisting on input from every team member can send the message to those who keep quiet that their input either isn’t welcome or has a lower value than the “chosen” participants. Sharing personal information with a select few members of the team conveys to the rest that they have the ear of the dentist. Socializing with certain members of the staff outside of
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work also conveys the message of favoritism and encourages a sense of exclusivity among those who see themselves as part of the dentist’s social circle. Cliques often materialize from a basic lack of understanding and system breakdowns. They can be particularly problematic in practices lacking job descriptions and systems of employee accountability. Consider your practice, do you have a team that clicks or a staff that cliques?

Pay attention to the clique clues:
- Critical decisions are being made without input from others.
- Team members are complaining that their views don’t matter or they are shutting down and refusing to offer input.
- Information is not readily shared unless employees are directed to do so.
- Certain staff members are openly cool to others.
- Whisper campaigns seem to be more prevalent than direct methods.

In addition, clearly defined job responsibilities with job descriptions, team members understand their role on the team. Moreover, they recognize who is responsible and accountable for which systems.

Hold regular staff meetings to address issues that arise in the practice. Dynamic teams are going to have disagreements; it’s fundamental to growth and the pursuit of excellence. Encourage staff to work together to resolve issues and address matters that they feel should be addressed.

Create an environment that encourages open communication. For example, if appointment failures are wreaking havoc on your day, discuss the matter in a staff meeting and urge input and ideas from across the staff.

Then assign two or three employees to develop a strategy to address the problem. Be sure that the “task force” crosses “clique lines.”

Insist that clear information be shared among the team — specifically between “the front” and “the back” office. For example, hold a brief staff huddle daily to make sure that the front desk staff know exactly where to place emergency patients and ensure there are no surprises. Give front desk staff necessary details on the time required for procedures and charges associated with those procedures so that they can dismiss patients efficiently.

Establish clear standards for office behavior and policies and spell them out in an employee handbook or policy manual. Then follow those policies. If you routinely make exceptions, you send the message that the policies are irrelevant and everyone can simply do their own thing without regard for how it will affect patients, the team or the practice.

Don’t look the other way. If an employee is engaging in negative behaviors that are potentially damaging, don’t ignore it. Reward team work and make an effort to acknowledge the success and positive con tribution of every employee. Doing so will promote a team that clicks rather than a staff divided. Pay attention to the lines of demarcation that may be drawn in your office and take steps to erase them promptly. Those quietly war ring factions are chiseling away at your practice infrastructure and subtly undermining your every effort to establish a practice that is built on excellence.