Texting while a hygienist who is all! There is the your team. Believe sometimes it can question? I love To text, or not to text, is a discussion that has been around. How do you handle your team when excessive texting and phone calls are an issue? Is there an example you’d like to share?

Lisa Spradley: Our office allows cell phones and text messaging as long as it does not interfere with our patient flow. However, when cell phones were first brought into the practice there were problems with rampant usage. We would have employees coming into the office with the cellphone to their ear and clocking in, and they would stay on the phone until they were ready to seat the patient. This was unacceptable.

After a discussion with the doctor, we decided that while we did not want to completely ban cell phones, we did need some basic guidelines. When employees come into the office and click in, they should not be on their phones. Also - while texting in between patients is OK — it must not delay patients being seated or rooms being cleaned. No one is allowed to be on their cell phone or texting if they have a patient in the room. These guidelines helped to keep our patients as the No. 1 focus in our practice.

Deanna Alexander: Simply put, it is stated in our office manual. No cell phones are allowed in our work area. Each staff member has his or her own personal cubby space in the staff lounge area, this is where the cell phones belong. Everyone respects this policy.

Lisa M. Spradley
FAADD

Deanna Alexander, FAADD

‘Turn off that phone!’

How do managers deal with cell phone usage in the office?

By Heather Colicchio and Teresa Duncan, MS, FAADD

The membership of the American Association of Dental Office Managers (AADOM) is composed of individuals who have first-hand experience dealing with situations that would make many people cringe. Some of the most common questions that emerge on our AADOM member forum deal with the rise of text messaging and personal calls in the office. We love text messaging and phone calls in our offices! But not so much among our staff.

We asked several of our AADOM members to answer this hot potato question:

How do you handle your team when excessive texting and phone calls are an issue? Is there an example you’d like to share?

Melanie Duncan: To text, or not to text, that is the question! I love technology, but sometimes it can be a detriment to your team. Believe me I have seen it all! There is the hygienist who is texting while a patient watches a CAESY video or the team members have to keep their phones on them in case of an emergency. Really? Are they trying to say that the front office team cannot handle passing on a message? The answers are simple:

1) Make sure there is a policy in your employee manual that is clear and to the point.

2) Have the employee sign an agreement to leave his or her phone in the break room.

3) Expect 100 percent compliance!

4) Each infraction should be handled immediately with no exceptions allowed.

There will be a list of excuses, but as long as you are consistent with your actions, technology will once again be your friend.

Melanie Duncan, FAADD

Photo/Provided by AADOM

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access-to-care problems. Acknowledging that the recently released reports are simply a “first step,” ADA representatives said that the detailed economic analysis was a new way of analyzing the viability of various midlevel provider models as a possible solution to access-to-care challenges for underserved populations. The work was described as the most comprehensive economic analysis to date.

The Academy of General Dentistry issued a statement that “applauds” the ADA’s move toward the concept of using dental therapists given these findings, the profession of dentistry should support adding dental therapists to the oral health care team.” In December 2010 the Pew Center on the States released a report that was favorable toward the concept of using dental therapists to improve access to dental care, especially for Medicaid patients.

The ADA and AGD both questioned a number of underlying assumptions and data on dental practice operations and demand for services and other aspects of the research methodology in both organizations’ reports. The Comprehensive Dental Reform Act of 2012, introduced in June by Sen. Bernard Sanders, I-Vt., and Rep. Elijah Cummings, D-Md., proposes a variety of programs to enable dental professionals to deliver care to people outside of current care-delivery models — including the use of midlevel dental care providers. While supportive of the act’s intent, the ADA and AGD have challenged its midlevel provider provisions.

(Sources: AAPFD, ADA, ADAH, AGD, WK. Kellogg Foundation, Pew Center on the States)

The ADA and AGD agree that gathering more information is a first step in assessing the viability of midlevel dental professionals. Photo/Provided by www.dreamstime.com

Tell us what you think!

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seasoned team members, on occasion, until the “newness” wears off. Our more
mature colleagues and guidelines.

With new employees, we are very
upfront with poli-

ties and texting can be excessive phone calls
and texts for their lunch
hour or break.

so they can stay on task and suggest they
save their calls and texts for their lunch
hour or break.

If a third occurrence dares to hap-
pen they relinquish their phone for the rest of the day. It’s sad that sometimes it
comes to that but I didn’t come up with the
idea, they did.

When it became apparent there was an
issue, I rallied the troops together and
asked them to come up with a fair and reasonable
penalty.

They decided to give up their phones in lieu of documentation going into their
employee file.

Tina Brown, Team

morale is my top priority when imple-
menting new policies and procedures. I do
not enforce a policy that I have
not researched and thought long and hard about.

That being said, I have addressed this
policy in a group/open-forum type set-
ing so that I could share the reasoning
behind the policy, and give them time to share how they feel as well. I maintain
an open-door policy all the time and I
want to know if and why they do not sup-
port a decision. This way I may be able to help them to understand the reasoning
instead of having a ‘just do it’ attitude.

That’s no fun.

Our policy — in a condensed version — states that any type of mobile device is
not to be on your person in the clini-
cal and business area. You may have your
mobile in the break area or in your lock-
er. The ringer must be set to vibrate if
turned off. All personal phone calls
are not to be made during work hours,
only on breaks and lunchtimes, unless of
course it is an emergency. The staff is re-
sponsible for creating awareness of this
policy to friends and family members.

I make sure the team knows that they
are respected and this in no way implies
that they would abuse company time,

this is simply to prevent distractions
to themselves and other co-workers, as well
as to prevent the possible misconcep-
tion that could arise from another person
or patient viewing a team member on
their cellphone for any reason. Why?
The patients don’t know it’s your son telling
you he will be going to his friend’s house
after school, or that maybe a friend
just told you a quick joke at which you
giggle. In the minds of patients (or even
co-workers), all they know is “She is not
giving my time and care the attention
and respect I deserve, how do I trust her
in my mouth?” or, “Is she laughing at me?
No! What’s she thinking?”

MELANIE DUNCAN, FAADOM, is owner/president of Results Unlimited Dental Consulting and director of clinics for Heritage Creek Dental. The AADOM 2008 Office Manager of the Year and a subject-matter expert for the Dale Foundation, she has been in practice management more than 22 years. Her affiliation with AADOM has given her many opportunities to seek guidance and give from her own experience to others. She is dedicated to making dental care accessible and affordable for everyone. Contact her at melanieduncan@rudentalconsulting.com.

LISA M. SPRADLEY has been in the dental field for more than 15 years. She is an office manager for a general dentist and has her own dental consulting business, TCB Dental Consulting. She helps train front-office staff in effective time management techniques. She is an active, lifetime member with AADOM and plans to receive her Fellowship this fall. She can be reached at lspradley@rtcbconsulting.com.

DEANNA ALEXANDER, FAADOM, has been in dentistry for more than 30 years. She attends many continuing educa-
tion courses to keep up with the fast pace of the ever-changing dental world. She loves the everyday variety of her responsibilities and being in touch with the patients.

TINA BROWN, FAADOM, has more than 30 years of experience in the dental field and is the president of Applied Dental Practice Enhancement—a training, consulting and speaking firm. She attended San Diego State University and Pacific College of Dental Assistants in San Diego. She is a retired RDA and has spent the last 20 years as an ad-
ministrator. She is a lifetime member of AADOM and writes articles for the administration team.

JULIE MCKEE, dental director at Gordon Dental, considers the practice and its patients a huge part of her family. She thrives on the camaraderie and pride of working in a state-of-the-art dental practice. She uses the AADOM network to share resources and ideas to keep the practice on the leading edge of patient satisfaction. She considers herself a lifelong learner and encourages those around her to be in a constant state of study, growth and action.

HEATHER COULCHO is the president and founder of the American Association of Dental Office Managers.

TERESA DUNCAN is its educational content advisor. For more information please visit www.dentalmanagers.com.