



ESTHETIC TEAM

THE WISDOM OF SHARED KNOWLEDGE



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Intentions

"Go confidently in the direction of your dreams! Live the life you've imagined."

—Henry David Thoreau

What are the payoffs of continuing education? Why would doctors spend the time and money necessary to achieve Accreditation; or to take their teams to "hands-on" courses requiring the cost of airfare, tuition, and lost practice production? Each of us might answer this question differently. To some, it might be as simple as keeping a license current. To others, it might be the challenge of "mastery" of technical skills. Some might say it is for the financial reward; still others might reply that it is for the inspirational aspects of bringing their teams together. In reality, all of these are rewards we receive from continuing education, so does it really matter what our intentions are?

If intention is based upon values and is the foundation of the practice, isn't it imperative that the team members all share the same intention?

How does *intention* differ from *vision*? Many of the terms used in practice-building or business strategy—for example, *mission statement*, *vision*, *goals*, *strategic planning*—seem to be interchangeable. Let's take a minute to try to distinguish between the terms.

MISSION STATEMENT

The *mission statement* is a brief declaration that tells patients how they can expect to be treated and what the practice stands for. It can be printed in a brochure or on a business card, or framed on the wall for all to see. The mission statement also may tell team members how they can expect to be treated.

VISION

Vision is how you see, or “visualize,” the practice in the future. What would your ideal practice physically look like? What kind of team members would you be working with? How would you treat the patients? What kind of procedures would you be doing most often? Would you still be accepting insurance assignment? Would it be profitable? Would you enjoy it? To make changes, you must first visualize what you want so that you can focus on the positive.

GOALS

Goals are the steps (daily, monthly, or annually) that must be established, planned for, and executed to achieve the vision. They can be financial, such as production and collection goals. They can be practice management goals such as reducing the number of cancellations. They can be technical goals, such as taking additional “hands-on” courses, becoming Accredited, or finding a mentor. Or they can be inspirational goals, such as reviewing the vision daily.

STRATEGIC PLAN

The *strategic plan* sets out, step-by-step, the goals necessary to get to the vision. It lists specific goals in all areas of the practice and the team uses it to work together to achieve the vision. The goals are not only specific, but also involve accountability factors such as due dates and persons or departments responsible for achievement of the goals. The goals and strategic plan are the vehicles that “transport” the practice to the vision.

INTENTION

Intention is the reason we do what we do; it is based upon values and is the foundation of the vision. It also is the foundation of the practice and may

even be the underlying reason we originally chose our careers. Did we begin with the intention of “helping others”? Was the intention to make a lot of money? Was the intention to become well-known and respected?

Although the concepts related to the above definitions are frequently discussed, it seems that “intention” may be the one most often neglected, yet it may be the most important. If intention is based upon values and is the foundation of the practice, isn’t it imperative that the team members all share the same intention? How do patients judge the sincerity of the practice and the team? Do they suspect that the practice’s intention is just to make a lot of money? How do team members judge the intention of the doctor? Do they feel that the doctor’s intentions are the most admirable and based upon what is best for the patients? Will they sell the dentistry with the same heart if they feel the intention is more about money than about helping patients to be healthy?

Do we show our intentions through our actions, words, and body language—even when we may not want to?

It is easy to confuse *intentions* with *goals*. Of course there is nothing wrong with being rewarded for hard work, sacrifice, and investment. Therefore, a goal of financial success is a good one. Hopefully, your team shares rewards with all members through a bonus system or some other financial incentive that motivates them to work together as “owners,” not just employees.

“GOOD VIBRATIONS”

Do we show our intentions through our actions, words, and body language—even when we may not want to? Can people really “read” us and dis-

cern our intentions? Aren’t we astounded when we hear of con men who are able to convince others to do something that is completely against their own best interests? The reason we are so surprised by these stories is that most of us seem to be able to “discern” the sincerity of others.

It is common in the U.S. today to hear someone say, “I really get a good vibe from her,” or “I don’t know what it is, I just get a bad vibe from him”; this refers to a person’s “vibration.” The more science learns about quantum physics, the more meaningful this term becomes. All matter vibrates, down to the smallest subatomic particle. So, do we “vibrate” at a higher level when our intentions are most honorable and we feel good about ourselves? Are people drawn to us based upon whether they feel better when they’re around us? Are meaningful relationships and confidence built through the intentions people discern in us?

If our intentions are right and we create the vision, plan, and goals necessary to do what’s best for patients, will the other aspects of success come naturally to us? And, even more important, will we be successful *and* happy? After all, if we spend our lives climbing the ladder of “success” only to find that we were leaning our ladder on the wrong wall, it can leave us feeling pretty empty.

At many of the “hands-on” continuums around the country, doctors and their teams often comment about how much they have been changed by attending those courses. It isn’t uncommon to see patients thanking their doctors (sometimes through their grateful tears) for “changing their lives.” It’s possible then to feel a higher purpose for the work we do, and when that happens, we are “vibrating” at a very high level.

CONFIDENCE

Some of the doctors at these courses come from great distances and at great expense to transform their practices. When recently interviewing one of these doctors, Dr. David Bloom, and his hygienist, Melonie Preeble, I asked them why they would travel numerous times to both the New York and Palm Beach Aesthetic Advantage Continuums, when they had already attended the London course.

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They replied that it had been a major confidence boost. The obvious increase in their confidence came from the knowledge that they were better equipped to complete larger cases and more full-mouth rehabilitations. Additionally, they gained the confidence that comes from understanding that their comprehensive care is far ahead of where it had been, is better for their patients, and is better for their practice. It is the confidence of knowing that implementing more comprehensive treatment for the patients is not over-diagnosis; it is, rather, setting a higher standard for their patients and for themselves.

Other positive changes they noted included the following:

- increased ability to communicate better with their patients, based upon co-diagnosis technique (getting patients to “want” the treatment)
- increased gross revenues and profitability due to better case acceptance and practice management
- more diagnoses coming from the hygiene department, due to better team understanding of comprehensive care (the relationship between esthetic/restorative and periodontal factors)
- greater professional satisfaction
- pride in their high standards and knowing that the patients felt good about it, too
- the support they felt from like-minded professionals who have “embarked on the journey before”

And finally, they had the opportunity to connect with other doctors and team members from around the world, all of whom were “going confidently in the direction of their dreams.”



INCLUSION

The AACD has long been dedicated to the education of its doctor members. This focus remains strong, yet there is now a focus on the education of team members as well. An inclusive organization, the Academy values and welcomes team members. More and more of the courses being offered each year at the Annual Scientific Session are dedicated to bringing the full team into participation.

In addition to AACD courses, there are many “hands-on” continuums around the country that encourage team participation. Some are held in dental schools, some at private institutes, and some programs come directly into practices. What about your team? Have you attended any courses that might significantly build your clinical skills, increase your confidence, and help you to clarify your *intentions* and *vision*? Do you have a *mission statement*? Have you created a *strategic plan* for this year...for next year? Do all team members know the *goals*, and who is responsible for making them happen? Clarification of these clinical, philosophical, and practice management issues will make your practice more successful and your work more meaningful. *AA*

