



# ESTHETIC TEAM

THE WISDOM OF SHARED LEADERSHIP



by  
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by  
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## Team Practice Strategies Goal Planning for 2003: The "Team Plan"

It's human nature to begin each year with high hopes, aspirations, and resolutions. Yet we've probably all made New Year's resolutions that just didn't seem to "stick" and, when we reflect back on them the following year, we're disappointed and wonder why we didn't keep them; our intentions were certainly good. The same disappointments can happen with businesses. We had great intentions but we never arrived where we thought we should. So, what is the missing ingredient for success?

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**You have to know where you want to go  
before you set out on the journey.**

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The missing ingredient usually is "the plan." Successful businesses create successful team-based strategic plans so that they know that every department and every team member understands the part they play in creating the overall success. Can you imagine Microsoft starting the year without a plan?

right. Therefore, each one of you as part of the team must be accountable to each other... that means you must come together regularly as a team to share the information.

One of the best ways to share information and stay focused on the goals is a morning "huddle." Most successful practices use some type of daily monitoring system. It can be listed on a monitoring sheet that everyone looks at daily or it can be in the form of a chart or board that hangs in a "staff only" area of the practice. The information shared can include some of the following:

- production by provider (goal to date and actual to date)
- collections (goal to date and actual to date)
- number of cancellations (goal to date and actual to date)
- number of new patients (goal to date and actual to date)
- number of periodontal treatments per day (goal to date and actual to date)
- number of indirect restorations done daily (goal to date and actual to date).

This information should be shared at each morning huddle. If you wait until the end of the month to determine that you're behind in your numbers, it will be too late to make them up. The time to make up a bad production day is *now*; it must be part of your plan for the very next day's schedule. Otherwise, you'll be sitting by the scheduler hoping that just the right appointment falls out of the sky before the month is over.

Another important time to review statistics is at a monthly team meeting. This should be held the first week of each month in order to review the previous month's data. If you all worked for a large corporation, each depart-

ment would have quarterly and yearly goals that are measurable, and then you would have meetings to determine if you were on the right path to those goals. Each department would be required to share their statistics at the meetings and to advise the others if their departments, and ultimately, the company, has been successful up to that time. If we were not successful, it would be our responsibility to determine why not and what *we* are going to do to adapt and make changes that *will* bring success. Obviously, if we continued to be unsuccessful in our departments over time, our business would ultimately fail.

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*Once you know what areas you're not as successful in as you'd like, you can determine what you want to do to adapt.*

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So, the purpose of your team meetings is to look at your statistics to determine, together, what your successes are and what your challenges are. When discussing your challenges, ask for input from the others—they may see things very differently from you. Remember, the purpose is not to place blame, it is to help each other. Keep in mind that *dependency* is when you expect someone else to solve the problems for you. *Independence* is when you assume responsibility for solving problems and adapting to necessary change. And *interdependency* is when you, as a group, combine many quality independent members to create a true team. A team is a group that maximizes everyone's abilities to create synergy for faster response to problem solving and better adaptation in all areas for greater success.

When you create a team plan for strategic planning, you can plan into your annual budget whatever continuing education courses you want to take

to get yourselves to the next level. If you need help in any areas such as case presentation, verbal skills, or management systems, plan around those needs when attending your next dental meeting or convention. Then come back and share the information with the group. Or perhaps you may wish to have one-on-one training to meet your practice needs and you may bring in a consultant to help you. As long as you plan for the next step and build it into your budget, you will continually grow. Many practices also budget in a time to reward each other for achievement of goals. They may take a group vacation or go on a shopping spree or all go to a spa for some relaxation time. It's fun to share some time together that's not work-related, and it helps to build team spirit.

So, try to make 2003 your best year yet. This is an exciting time in our profession. Change and opportunity are all around us and it is our ability to adapt to the changes that will bring us fully into the opportunities. Resolve today to put your collective heads together and create a strategic team plan that will happen because you know what you want and you proactively, consistently, and strategically pursue it. Have fun! *Ad*

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#### Suggested Readings

1. Covey, S. *The 7 Habits of Highly Effective People*. Simon and Schuster, Inc., New York, NY; 1989.
2. Covey S. *First Things First*. Simon and Schuster, Inc., New York, NY; 1994.
3. McGraw P. *Life Strategies*. Hyperion Publishing, New York, NY; 1999.
4. Robbins A. *Awaken the Giant Within*. Simon and Schuster, Inc., New York, NY; 1991.
5. Waitley D. *The New Dynamics of Goal Setting*. William Morrow and Co, Inc., New York, NY; 1997.



year to get a better result? Keep in mind the following questions:

- How many days did you work? Is your goal to work smarter, not harder? How many days would you like to work and still be productive?
- How much did you produce for the year? How much did you collect? How much is still outstanding in your Accounts Receivable? If you have a bonus system, was there enough profit each month to award a bonus to everyone? Were the bonuses where you'd like them to be?
- What procedures did you do the most of... in the esthetic/restorative department, in the hygiene department? Are those the kind of procedures you want to be doing? Is it the kind of quality dentistry you want to perform for your patients? Is it profitable?
- Did you have enough new patients? Are they your target market?
- Do you have too many patients? Are they the type of patients you want to be seeing?
- Do you have too many cancellations? Are those cancellations keeping you from maximizing your potential? Do the patients value your services?

Next, share with each other *why* you believe some of these areas are not working and what changes you believe might help... in other words, troubleshoot the problems. This requires honesty; it also requires patience and good verbal skills. It's not about blame, it's about finding solutions that are "win-win." A good way to go about this process is to look at the practice, department by department. Once you know what areas you're not as successful in as you'd like, you can determine what you want to do to adapt... these become your new goals. They are bro-

ken down by department and by individual team members. Each department and each person can list their goals, their action plan to achieve them, and the date by which they wish to have them completed.

For example, if you determine that collections are a problem, you may wish to create a new system for written financial arrangements and/or develop scripts and procedures that would help the administrators to collect more fees upfront. Each administrator can be assigned different portions of the overall department goals, such as writing or seeking out appropriate financial arrangement forms or working to develop and share the verbal skills necessary to create the desired change. This may include reading books or manuals or attending a continuing education program. Each administrator would commit to accomplishing these goals and would advise the team of a proposed completion date.

Or perhaps, upon looking at the hygiene department stats, you determine that most of the procedures being done in that department are prophylaxis. Not only will this be unprofitable for the practice, it also will probably not achieve healthful results for your patients, as statistics show that more than half of all people over the age of 18 have at least the early stages of periodontal disease. And since prophylaxis is supposed to be performed on healthy patients, the potential for supervised neglect and incomplete treatment is high. Add to that the new concerns about systemic infection being initiated by oral bacteria and the concern is even higher. Therefore, a goal for the hygiene department might be to track the numbers of times they are diagnosing and treating patients with active periodontal treatment. Or, if they feel unsure of how to proceed, perhaps to take a course in non-surgical periodontal treatment or a communication course that will give them the

verbal skills necessary to create co-diagnoses for the patients.

Perhaps the esthetic/restorative production is under goal and, upon looking at the statistics, the doctor sees that the percentage of indirect to direct restorations is very low. The doctor may reevaluate what procedures he or she most frequently offers patients. Or the doctor may wish to take additional courses in esthetic/restorative procedures to increase his or her confidence level. This decision may influence the number of days the doctor may wish to work for the coming year, or the daily production goals, or the amount of money that the practice budgets for continuing education courses. But it is only through this step-by-step process of analyzing where you are in relation to where you want to be that you will be able to see the big picture and create your strategic action plan to get there.

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*Each team member has a unique ability to see the practice from a different perspective.*

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The job of "leaders" (i.e., doctors) is to look at the bigger picture and to set the vision of where the practice wants to go. Then, as a team, you set the goals that will get you to that vision. The job of management is to determine if we are achieving the goals. To do this, we have to have measurable goals and a method for monitoring them. You've probably all heard the expression, "what gets measured gets done." So then, *collective management* requires that all team members set their own goals and their departmental goals, measure their accomplishments, and adapt as necessary if their monitoring indicates that they're headed in the wrong direction. But remember, the monitoring must be done in all departments to get the bigger picture

Yet many small businesses do so every year. They have vague hopes of exceeding last year's numbers and successes but have not specifically made a plan to get there. In his book *The 7 Habits of Highly Effective People*, Stephen Covey advises readers to "begin with the end in mind." In other words, you have to know where you want to go *before* you set out on the journey, and the Vision and Practice Strategic Plan constitute the roadmap to getting there. Imagine if team members were told that the practice's success depended upon each of them meeting with the group on a specific date and time, but we forgot to give them the map to the location. Not only do they not know where they're going, they wouldn't know how to get there. The *vision* is where you're going and the *strategic plan* is how to get there.

To "begin with the end in mind," we have to first develop a vision of what we would like the practice to be. Carl Sandburg wrote that "Nothing happens unless first a dream." In a sense, a vision is a dream... a visualization of what the ideal practice would look like to the team. Of course, it is imperative that each team member be in full agreement with this practice vision... that it be a shared vision. In order to share a vision, we usually have to share core values and belief systems. Sometimes doctors forget to share their vision with the team, or they may attend a course or have a life-changing event that causes their vision to change. However, if doctors do not articulate their current vision to the team, then it will be very difficult to attain future goals, as the team will be unsure of where they are going.

There sometimes is confusion about the difference between a *mission statement* and a *vision*. According to Stephen Covey, "A mission statement is a written statement of the belief system of an organization." He gives an

example of IBM's Mission Statement as standing for three things: "the dignity of the individual, excellence, and service." "Everything else in the organization may change but these core values will not and it provides the organization a tremendous base of shared values." An organizational mission statement—one that truly reflects the deep shared vision and values of everyone within that organization—creates a great unity and tremendous commitment." So creating success goes beyond the writing of a mission statement; it is really a process of keeping your vision and your values in alignment when you set goals... and then keeping those goals and vision before you on a daily basis to create the reality of the dream.

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Thoughts without action are dreams, but thoughts with action are goals. In his book *Awaken the Giant Within You*, Tony Robbins states that "your current conditions do not reflect your ultimate potential, but rather the size and quality of goals upon which you currently are focusing." Many times we focus on unconscious goals (e.g., simply avoiding painful situations). However, as it is generally the focus that helps us achieve goals, a negative focus therefore can sometimes unwittingly produce negative results... the very thing we were fearful of. Therefore, goals must be deliberately set, envisioned with clarity, followed by the development of an action plan (strategic plan), and continually measured and focused upon.

So where does the team fit into the development of a strategic plan? If there is an annual plan, it often exists

only in the doctor's head, or is determined and written by the doctor. Obviously, the doctor, as leader, is instrumental in developing a practice strategy. However, without team involvement, the doctor misses an incredible opportunity for synergistic thinking, creativity, and team motivation. The doctor cannot be sure that he or she has all of the information and insight necessary to create a successful plan. Each team member has a unique ability to see the practice from a different perspective. Each has information and insight that, when shared, gives a much more well-rounded picture of what is and is not working. When that information is shared by a *group of individuals*, an opportunity exists for those individuals to make decisions as a *team*. Synergy is when a group of like-minded people share their many talents and insights to create a whole that is greater than the sum of its parts. When people help in creating a plan and when they feel that they are heard and respected, they usually are more vested in the outcome of that plan. Sharing team input also creates an opportunity to determine if the group shares common values, ethics, and goals. Do they share the same vision for the practice? If not, then it needs to be discussed, as it will divide the team and result in a lack of accountability, disharmony, frustration, and ultimately, failure to succeed.

So, why not begin 2003 with a Strategic Team Plan? You may want to begin with revisiting your practice vision and mission statement. If you haven't written a mission statement, it is a great opportunity to discuss team values and beliefs and is a way of solidifying your team's commitment to the patients and to each other.

Next, determine what did and did not work last year. Look together at your statistics. What is working well in the practice? What is not working and what could be done differently this