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Just as endangered species deep in remote forests feel the pressure when mankind intrudes into their territory, the recent documented drop in patient visits and elective spending by dental consumers has forced dentists who never intended to practice in a large setting or see more patients per day to reconsider their desired practice model. More and more dentists are seeking a way to see more patients than their norm to boost the bottom line.

The issue here is that not all personality types are geared naturally to perform in higher volume settings.

Studies have shown that Type A personalities perform best in situations where there are multiple decisions to be made up against time constraints without feeling too much stress.

I think we all know that not every dentist is a Type A personality. In fact, my own experience with personality testing has shown me that about 10 percent of our dental population are true Type As. Others have some Type A characteristics to varying degrees. Some can develop that side of their personality. Others need to hire or develop current employees to fulfill tasks required of those Type A personalities.

When dentists who love technical perfection and love one-on-one interaction with patients try to make more money by becoming more high volume without planning or testing, they are sure to have increased stress, decreased quality of life and eventually Overload Syndrome.

The next part of the equation is staff. Even if you are capable and perfectly happy in more stressful situations requiring more decisions per hour than you were previously forced to make, your staff will likely be a different story.

After seeing the test results of hundreds of staff members, let me assure you that there are no herds of Type A dental office employees out there waiting for you to ask them to do more dentistry in less time and like it. If you find one of those, give them a raise immediately!

More than likely, you have a practice full of very able but very routine-oriented staff members. If you have been happily working at a tortoise pace and then ask your staff to see just a few more patients per hour, increasing their workload, your staff will immediately say, "We don't have enough people." You will likely think, "One of the reasons I am asking you to see more patients is because our revenue is down and I don't want to cut payroll or let any of you go."

Before you make a rash response that might hurt team morale, understand that it is not your staff's job to figure out how to do more dentistry per hour or to grow the practice. It is your job. As in football, it is not the running back's job to figure out how to run faster. It is the coach's job to figure out a plan that allows the running back to be successful at the speed he is capable.

Figure out a game plan that can allow your current staff to move more dentistry through the office without increasing stress in the office.

Here's what not to do:

1. If you are currently seeing 8 patients per day, don't spend a ton of money on advertising that makes your office phone ring 20 times a day for a week. Your office isn't ready for that rush.
2. If you have one hygienist, don't run a hygiene special that gets 100 new patients to schedule for appointments all at once. You'll never be able to see them in a timely fashion.
3. If you've been a successful niche low-volume dentist, don't run a "Free Exam/ Free X-ray" ad. You'll get a rush of needs-based patients and it will confuse your current patient base.

I think a hybrid higher volume/practice-within-a-practice GP model is the ideal practice type for economic success in the near future, but you've got to be smart about it.

Don't stress yourself or your team out to the point that you all begin to suffer from Overload Syndrome. Form a smart plan and work it. I have developed a quick test to help you determine whether or not you are susceptible to Overload Syndrome in your practice. If you would like to find out if you are in danger, go to www.myoverloadrisk.com and see if you have put yourself in a practice situation for which you or your staff isn't ideally suited.

Don't worry. If you find that you have, you can always get out the chalkboard and draw up a better practice strategy.

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Who is Your Weakest Link? By Brooke Mott²

Who is really running the show at your practice? At one point or another, we have all felt out of control with some aspect of our dental practices. Whether it is with a crazy schedule with too many emergencies, add-ons, or just your average run-of-the-mill bad day. The worst of this is when we have an employee (I can't call them a team member) that is also out of control.

You know the one - they tell YOU what to do instead of the other way around, they can be a bully to the rest of the team, and they are just not really part of the "team." They would be your "weakest link" if you really stop to think about it. It is really possible that they are even holding back the health and the potential of the practice. When this situation occurs, it affects everyone in the practice, but, especially the owner-doctor.

Normally, in the case we are describing, this is a front office employee. Think about it, as the dentist, you are in the clinical area say 90% of the time, so you are basically overseeing the clinical team in the back. On the flip side, however, the front office team and what they are doing is largely a mystery.

When we really think about it, the dentist is trained (normally extremely well) to do clinical dentistry, but not always in the day to day front office operations of the practice. It is fairly simple to train and oversee the clinical team because you are present and in the trenches with them all day, every day. Let's face it, if your assistant gets up multiple times during each procedure, you let her know that you expect everything to be in the room when the procedure starts. If the assistant is new and still training, you discuss what instruments and materials are used for each procedure and what you expect. If your hygienist is calling you for an exam but never has the x-rays done when she calls you, you let her know to please take the needed x-rays before buzzing you for the exam. It's fairly straight forward, right?

Now we get to the front office, best known as the "Other Part" of the office. This is the very foreign, unknown part of the office where you, as the dentist, don't know what goes on all day, how the phone is answered, how to submit insurance claims, collect money, and much more. This is where you fall into the "I'm working for the employee" trap.

I love working with my friend Dr. Stefany Mohan, but honestly, she doesn't know how all of this works and is not up to speed on how to train anyone to do these tasks - nor does she want to do them herself. Quite honestly, the doctor should not do any of them. If you don't have a written protocol in place for these crucial elements, you will find yourself wondering what to do in the long run. Don't worry, Dr. Mohan is fully aware of this, it's not going to be a big surprise if she reads this article!

When the dentist does not know how to hold the front office team accountable for benchmarks, goals and finishing tasks, it creates a problem. The worst part is, dentists are often fully aware that the information needed to perform these "Other" tasks only exists in the minds of their team member. So, this leads to the moment where you really don't want that person to work for you anymore, but you find that you are trapped. Huh? Yes, trapped because what on earth will you do if you push this person to have some accountability and she quits?

I was just recently in an office where this very thing was happening. The doctor hired me to focus on financial arrangements. All of the current financial arrangements were being done verbally. They had tried different financial forms and systems in the past and they have an office where they are essentially fee for service, no PPO's. They would, as a courtesy to their patients, submit insurance claims. So, after observing for a few hours, I realize like all offices they need a written financial arrangement policy in place, say, about yesterday.

The recurring situation was that a patient would come out of hygiene with treatment that was needed. They would schedule the patient an appointment for the treatment, good so far, right? Then, once the treatment was finished and the patient was brought to the front, then for the first time, the patient would hear what was owed. Surprise! Does this sound familiar? If there is even a small possibility this is happening in your office, now would be the time to make certain that this stops now. What was really happening is that Mary (not her real name) was the only person at the front, and she had been there for 30 years, actually longer than the dentist had been. Do you think there is any likelihood of her changing any time soon? Probably not!

OK, so if this is your office right now, what is the best starting point? The first thing to do is to have each team member write a step-by-step account of what they do daily, weekly and monthly. Then have each team member switch these step-by-step protocols and help one another perfect them. Everyone on your team should have an accountability partner (a team member or an experienced coach) that makes this happen in the span of a few weeks, no longer.

If you have a "weakest link" that you need to replace and you can't imagine how to replace them, this is a great first step toward that goal. If you still need help from this point, simply because you can't figure out where to even start, this is when you would hire an experienced coach. Don't wait for the day when you are left with no team member and no way to train a new hire. Start working on this today and avoid future pain and frustration.

Brooke Mott is an experienced practice management coach that is currently coaching with Excellence in Dentistry and The Profitable Dentist. She helps teams with training and running efficient and effective practices. She has been the driving force in conjunction with Dr. Stefany Mohan behind the extreme growth of her practice from scratch to \$3 Million in just over 4 years. Her specialties include Fearless Financial Arrangements, Extreme Team Training and all facets of dental practice management. Her contact info is theprofiteddentist@gmail.com.

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Employers subject to the recordkeeping requirements of the federal Occupational Safety and Health Act are reminded to post the OSHA Form 300A, Summary of Work-Related Injuries and Illnesses, from February 1 - April 30, 2017. The Form 300A lists the total number of job-related injuries and illnesses that occurred during the previous year and must be posted even if no work-related injuries or illnesses occurred during the year. It should be displayed in a common area where notices to employees are usually posted so that employees are aware of the injuries and illnesses occurring in the workplace. A company executive must certify that he or she has examined the OSHA 300 Log and that he or she reasonably believes—based on his or her knowledge of the process by which the information was recorded—that the annual summary is correct and complete. For more information, please visit <https://www.osha.gov/recordkeeping/>

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Overload Syndrome

Are You at Risk? By Dr. Chris Griffin¹

I am basing this on research the military did over 10 years ago on the detriment of having too much battlefield data to allow their commanders to make good, timely decisions. It turned out that there was such a thing as more information than a human could honestly evaluate and add to their critical thinking about a certain scenario. I think our profession compares more closely to the generals having to make tough decisions with dire consequences than to groups of 20-year-olds with 14 social media accounts.

There is a relatively new disorder that has entered into our society over the past decade. Debate has raged in the medical community as to whether or not it is a real medical issue and whether or not it is treatable if it is a reality.

That disorder is only now garnering national attention as people have become so inundated with data from electronic gadgets that their sensory receptors have become frazzled and they have sought help for a lack of focus and inability to think at a needed level to perform their daily tasks.

Some have coined this new malady, Information Overload. Some call it Information Fatigue Syndrome. Others, simply Overload Syndrome.

I think Overload Syndrome will become a big thing in the near future in dentistry and other medical professions, even more so than in other equally stressful industries.

Overload Syndrome occurs when there is more data coming in to a person than they can comfortably retain, process and use to make logical decisions in a timely fashion.

The overload occurs when a person's stress tolerance threshold is crossed and their judgment becomes impaired.

The first part of the equation is the person being affected by the incoming information. In our case it is the doctor. Dentistry has been shielded from this for a while due to our unique standing in the medical profession. For years, dentistry has existed as a cottage industry. Those of us who chose to practice in a very tiny, low-overhead setting could easily find a way to thrive that way. Those who wished to specialize in some kind of procedure, ensuring a slow and steady flow of high value patients could also practice in that way. Those who were better suited to a high-volume practice could easily find that venue and happily practice that way. Our lack of dependence on insurance payments or the government allowed each individual doctor to blaze their own path and earn a very nice living compared to many other health professionals. Many times dentists have enjoyed a better overall lifestyle to boot.

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