

Charlene White
PROGRESSIVE CONCEPTS

Orthodontic Consulting & Management Solutions

Creating a Peak Performance Team

By Charlene White



Charlene White

Focus ~ Action ~ Benefits

www.CharleneWhite.com

MORNING HUDDLE

Date: _____



1. How is everyone today?
2. Are there any staff concerns today (i.e. people out sick, etc.)?
3. Are there any special circumstances today (i.e. doctor's luncheons, etc.)?
4. Any patient issues/special concerns today (i.e. cooperation problems, overruns, etc.)?
5. Are there any general announcements today?
6. What did we learn yesterday?
7. Give Reports:
 - Yesterday's new patient results
 - Daily collections
 - No-show report from previous day
 - Lab deliveries
8. The Schedule:
 - Number of patients being seen today
 - Any medical alert patients
 - Where should we put emergencies today (if we go over the number booked)
 - The next available appointments for: new patients, dental cleanings, long appointments, etc.
9. Practice Goals for the Month:
 - _____ % of goal for collections
 - _____ % of goal for production
10. Read our PRACTICE PURPOSE out loud as a team: _____

STAFF MEETINGS

The following ideas can help you create productive staff meetings in your practice. If you utilize this plan, I guarantee that communication, productivity, and the interpersonal relationships in your office will improve. Test your current situation by placing a check mark next to each item you currently do. See the rating chart below for results.

- ___1. We have determined a regular time to have our meetings. (They should typically run 1-2 hours.)
- ___2. We have an agenda for our meetings that is typed and distributed prior to the meeting.
- ___3. We have appointed a facilitator for our meetings.
- ___4. One person takes minutes during the meetings.
- ___5. We don't play the blaming game. Our goal is to fix the problem, not place blame.
- ___6. We share practice statistics.
- ___7. We set practice goals together and report where we are in relation to our goals.
- ___8. General announcements are made at our meetings.
- ___9. We invite guest speakers periodically to our meetings.
- ___10. Staff members are responsible for their individual reports.
- ___11. We review our marketing calendar at our meetings.
- ___12. We make sure we are free from distractions, we get away from the office if possible.
- ___13. We have a zero fear level so that every staff member feels free to participate.
- ___14. We encourage staff to join in by calling on each person to get their feedback.
- ___15. We have fun at our meetings.

Rating Chart:

- **13 or higher is excellent** – you are a peak performer and at the top of your field.
- **11-12 is good** – you are on the right track, take a look at the items you did not check and consider incorporating at least 2-3 of them in your next staff meeting.
- **9-10 is average** – average practices are not flourishing in today's market, consider incorporating at least 3-4 new ideas from this list in your staff meetings right away.
- **8 or less needs focus** – you need to take immediate action on at least 4-5 of these ideas.

OFFICE NEWSLETTER AND CALENDAR

In conducting staff interviews across the country, I consistently find that staff feel uninformed of the day to day happenings in the office. When staff are not informed, they don't feel important. This challenge can easily be met by appointing a staff communication coordinator. The coordinator would provide the staff with a monthly office calendar and newsletter of current events. Prior to the first of the month, each staff member would receive their calendar and newsletter. The following is a sample calendar:

Monthly Planner

	1	2 Dr. & Mrs. William's 20 th Anniversary!	3	4	5 No Patients	6
Susie's Vacation Week – Have a Great Time in the Bahamas!						
7	8 Staff Meeting 8:00 –10:30 a.m. Staff Lounge	9 11:30 – 1:00 Rotary Meeting	10	11	12 Non-Patient Day – follow non-pt schedule or assigned duties.	13
14	15 Susan Off	16 Pick up food for food drive.	17	18 Change in regular schedule today – starting patients at 10am	19 Jane's 5 th anniversary with the practice Patients 8-12	20
21	22 Happy Birthday Mary!	23	24	25 <div style="border: 1px solid black; padding: 5px; text-align: center;">Thanksgiving Holiday</div>	26 No Patients	27 No Patients
28	29 Patty – new employee – starting	30				



SUGARGRAM to: _____

SUGARGRAM from: _____

This is what I like about you:

Tear the Paper Exercise

Soaring to Success

Name:

Position:

Your Goals or Actions:

Target Date: _____

E-mail Address and/or Phone #

Do-It-Yourself Team Building Games, Icebreakers, Energizers and Closing Activities

B	I	N	G	O
Find someone who can pat their head and rub their stomach simultaneously. Learn what else they can do.	Find someone who might like to be someone from history for a day. Learn what they think it would be like.	Find someone who remembers a favorite game from his or her childhood. Learn how to play it.	Find someone who has the same size thumb as you do.	Find someone who has the same Zodiac sign as you. Learn what else you have in common.
Find someone whom you don't know. Do something about that.	Find someone who plays hard on days off. Learn what they like to play most.	Find someone who has had a good laugh in the past week. Learn what their best laugh sounds like.	Find someone who can whistle the Star Spangled Banner. Join them in a duet.	Find someone who sees himself/herself as creative. Discover the key to their creativity.
Find someone who knew what they wanted to be when they grew up and actually became it.	Find someone who has a favorite TV show from his or her childhood. Learn about one of their favorite episodes.	Find someone who knows a good joke. Learn how to tell it, then share one of yours.	Find someone who had a recent success they'd like to share. Then share one of yours.	Find someone who would know what to do if they won the lottery. Find out their plans.
Find someone who has traveled to a place you have not been. Learn about a great destination.	Find someone who had a favorite teacher. Learn what made that person so special.	Find someone who has a favorite song from a different decade. Learn at least one verse and how to hum the tune.	Find someone who knows a good dance move. Ask them to demonstrate it and try it yourself.	Find someone who has children. Learn their names and some of their personality traits.
Find someone who has a fun hobby. Learn about it.	Find someone who has a favorite meal. Learn what makes it so good.	Find someone who loves what they do for a living. Find out what makes him or her feel that way.	Find someone who knows how to have a successful relationship. Learn what he or she does well.	Find someone who has a pet. Find out the pet's name(s) and why that name was chosen.

Do-It-Yourself Team Building Games, Icebreakers, Energizers and Closing Activities

B	I	N	G	O

CREATING AND MANAGING A FIRST CLASS TEAM

During my orthodontic consulting career I have had an opportunity to visit more than 600 orthodontic practices in every area of America. I have also consulted in Canada, Ireland, Japan and Australia. Obviously, there are some demographic differences depending upon the location of a practice. However, the one thing that seems to be universal is “*How to Create a Happy Harmonious Orthodontic Team*”. After thousands of interviews with team members it becomes clear how to put together a repertoire of strategic moves an orthodontist can make in order to build a team. I truly believe that the foundation of an excellent marketing plan is having an enthusiastic group of people working in your office that create an environment where patients and parents want to refer their friends and family. If a person has a good experience in the office, statistically they will tell 3 people. If they have an average experience, they will tell no one and unfortunately, if they have a bad experience, they will tell 11 people. This is what I call the 3-11 rule of marketing. There are five major benefits to creating “team power” in your practice:

1. Reduced Stress

Many times the orthodontic team feels stressed in the late afternoon, since so many of the patients want afternoon appointments, it creates a heavier patient flow between 3:30 pm and 5:00 pm. When you have a good group of people who support each other and work together it becomes much easier to get through those moments with ease.

2. Improved Efficiency

Independent players spend a lot of time saying things like “that is not my job” versus helping their co-workers. Team players are willing to jump in and help each other.

3. Less Absenteeism and Turnover

Turnover is very costly. However, you will see a lot of turnover in practices where the employees are unhappy. Happy employees consistently come to work unless they are truly sick or need to take care of a sick child.

4. Increased Production

For example, teams who are willing to take unscheduled records with a smile on their face are more productive.

5. More Patient Referrals

As I mentioned previously, when a patient comes to your office, and they have an excellent experience, statistically they will tell 3 people about your practice. This results in more patient referrals.

Building a team begins with the hiring process. It is important for the Orthodontists to surround themselves with people who share a similar value system. Typically, the Orthodontist's value system for their practice does not change over their entire orthodontic career. When you have conflict with another person it means that you are having a conflict about what you value. It is not necessarily right or wrong, it is just what you value versus what they value. I recommend creating a job portfolio, same as the one seen on figure # 1. The portfolio should reflect your doctor's value system. Review this information with the applicant. Ask questions to see if their values are a match for your office. For example, if an Orthodontist, who runs on schedule, hires someone who is consistently late, there is going to be a conflict between the doctor and the employee. It is much better to be honest with people up front and look for employees who have a similar value system. If an Orthodontist who enjoys a fun and upbeat atmosphere hires someone who has a negative depressed attitude, they will not be happy working with that individual. Unfortunately, some Orthodontists spend years working with people who are not a match for them. A good question to ask the applicant is "*What is important to you at work?*" and "*How would you describe your ideal boss?*"

I have used personality testing in my work for many years. I found it to be a beneficial tool. I use the "*Fred & Florence Littauer*" profile, obviously there are many different personality profiles on the market, but I have used this one for many years. Basically most profiles are going to categorize the major personality types into 4 types. Ideally, you should have all 4 personality types on your team, since each personality type brings a different set of strings and also a different set of challenges. I also find it helpful that in knowing the applicant's personality types you can help better position them for a particular job in your practice. If you review the profile on Figure # 2, you will see that the 4 personality types are the Sanguine Popular, Choleric Powerful, Perfect Melancholy and the Peaceful Phlegmatic. I recommend having the applicant take the personality profile, assure them that it is not a test that it is only a way for you to see where they score the highest. Where they score the highest will indicate their personality type. The personality plus profiles can be ordered by calling 1-800-433-6633. The following describes which personality types are best suited for various positions in the practice.

The Sanguine Popular - These are the people in the office who love to talk. They never met a stranger. They build rapport quickly with patients and parents. The strength they bring to the team is their energy and enthusiasm and their challenge of course is staying on track. If you are running behind schedule, they typically do not notice because they found someone else to talk to. These people love working at the front desk, in the treatment coordinator room, and in the clinical area. They typically do not want to work in the lab or in the financial area. They are not detailed oriented, they are people

oriented. Every orthodontic practice needs to have a couple of these personalities on the team since an upbeat and fun atmosphere is very important to the marketing plan of the practice.

The Melancholy Perfect – This is the opposite of the Sanguine Popular and 95% of the time Fred & Florence Littauer found in their studies that you marry your opposite. The strength that the Melancholy Perfect brings to the team is their detail orientation. Order and structure makes them feel good. You find that if you go home with them, they fold their towels in a certain way, and they load the dishwasher in a certain way. This personality type typically likes working in the lab, the financial area and in the clinical area. They typically do not like working at the front desk because they want to finish what they start and you cannot do that at the front desk. They are also quite frugal and very good at ordering supplies. Most Dentists are this personality type.

Choleric Powerful - These are the people on the team who are comfortable being in charge. They are born leaders. They delegate well and they are goal and production oriented. If you are running behind schedule, they are grabbing patients and putting them in the chairs. They actually gear up under stress. They typically think that they are right and they will tell you, “thank you for sharing, but I knew I was right”. They are the least sensitive to criticism and can be rude and tactless under stress. The “*powerfuls*” work well at being the Treatment Coordinators, Financial Coordinators, Clinical Assistants, Office Managers and Clinical Coordinators. If they have learned to temper their powerful personality they are ideal for supervisory positions. These are the hardest children to raise. There are a lot of books that have been written on raising the strong willed child because they want to be in charge when they are 4 years old and the parent has to get quite creative in raising a child with this personality type.

Peaceful Phlegmatic – These are the peace makers in the office. They do not understand why everybody just won’t calm down and get along and be happy. If you are running behind schedule, these are the people who move at the same pace no matter what is happening. They add a nice calming effect to the atmosphere. They can work in any position in the office and be happy. The only positions that they do not want are Office Manager or Clinical Supervisor. They do not like conflict and they will do a lot to avoid it. They will say things like “*we don’t understand why everybody is in such a flutter, we get out at lunch and at the end of the day, if everybody would just calm down and be happy everything would be fine.*” This personality type works out particularly well at the front desk. They have great administrative ability and can stay calm no matter what is going on around them. Their challenge of course is being assertive. They will actually suffer from headaches, stomachaches etc. if they do not learn how to express their feelings. Typically, by the age of 35 women who are in the peaceful category become much more assertive.

I believe it is very important for everyone on the team to understand the personality types and the potential reactions that will happen as a result of their tendencies. It helps them to understand each other and to laugh about things that typically they may have had a conflict about in the past.

Creating Standards

The orthodontic team is much like a sports team. You must have a consistent set of rules and standards in order for people to feel secure. The deepest need that people have is the feeling of security. If they are not any guidelines or if they change on a whim, it confuses and creates a feeling of chaos. There are some specific things that the Orthodontists can put into place that can result in consistent standards for the team.

Practice Purpose

Have a written practice purpose that you can have displayed in the office and that you review periodically together as a team. When you have difficult decisions to make, you come back to the purpose and use that as the basis of making the decision. It is important to read your purpose periodically and live it each day through your actions in the office. For example, if your purpose includes providing excellent customer service to your patients and parents and being focused on taking care of their needs, but you have a team member who spends a considerable amount of time on her personal cell phone during the day, then this isn't a fit. You can use the purpose to come back to center when you have a discussion with this person about the use of their cell phone during patient hours.

An up-to-date office manual is also an important tool. The manual should be updated every year. Conduct a meeting to go over the items in the manual at least once a year so that the employees can ask questions and there is clarification on the office policies. I had a client who had been in practice over 20 years and had a large team. He told me that he knew that he had arrived when he could tell the staff member upon a request, *"Please first check the manual."* When a new employee is hired discuss the office manual verbally with that person and have them sign a document stating that you have covered all of the information.

Orientation

The time to set the standards is when a new person is hired. The first day that the new employee comes to the office you should schedule an orientation. Someone on the team should be the Orientation Coordinator. They would be in charge of taking care of the new employee their first day. Many team members report feeling "overwhelmed" on their first day. The new employee should be assigned to a "trainer." The trainer should be empowered by the doctor to give the "trainee" feedback for the next 3-6 months. Ideally, the trainer should receive a bonus of \$250-\$500 for training the new person at the end of the training period. The trainer keeps the doctor informed of the trainee's weekly progress. This system works very well. Attached in Figure # 3 you will see an example of an orientation schedule. The orientation will help the new employee understand the big picture of the office and also give them an opportunity to spend time with each person on the team.

Evaluations

Once a new employee is hired it is important to set up a system for evaluation. Typically, they should be evaluated in 3 months, 6 months and 1 year. The entire team should be evaluated at least once a year. Employees who participate in an evaluation system perform better. Some doctors prefer to do the evaluation at the same time they do the salary increase and others prefer to do the evaluation separate from the salary increase. Attached in Figure # 4 you will see an example of an evaluation form to be used in the practice. Once you have all the members of the team positioned with their job descriptions and specific duties, it is important to have practice standards set in all areas so that you can statistically evaluate all of the systems in the practice. Depending upon the job description, each staff member would be accountable for reporting the performance of the system back to the doctor on a daily, weekly or monthly basis. The following are some benchmarks that I recommend for practices.

New Patient Coordinator

- Exam to start ratio - 55% is average, 62% is good and 75% or higher is excellent.
- Pending percentage should be 20% or less.

Scheduling Coordinator

- Recall effectiveness – 85% or higher is excellent.
- Recalls with no appointment should be 5% or less.
- No-show – 7% is average.
- Re-schedule – 15% is good.
- Actives with no appointments – 5% or less is ideal.

Financial Coordinator

- Past due accounts – 3% or less of your total AR past due is excellent.

Orthodontic Assistants

- Bonds off – 5% is good and 3% or less is excellent.
- Average patient wait time should be 5 minutes or less.

- Clinical Supply Costs – 6-8% of gross collections is good.
- 12-14 active patients per day per assistant.

For example, the New Patient Coordinator should report to the doctor daily on the results of the exams and statistically they should be able to show the doctor at the end of the month how many exams are seen, how many went into recall, the number who started and the number who were pending. An excellent pending percentage would be 10%. 20% is average and if it is over 20% then the system needs significant focus. It does empower the team to know that statistically they are on track compared to the national averages. You should also track your percentages compared year to year so that you can also track improvement.

Staff Communication

It is very common for a busy doctor to come into the office in the morning and run into one person and give them a piece of information about a change in the schedule. The doctor expects the information will be distributed. However, in reality what happens is if this type of information goes through the grapevine in the office, then the people who did not hear it firsthand do not feel important. A lot of time and energy is wasted among the team members when they hear something through the grapevine. Many times information that passes through the grapevine is inaccurate and creates a lot of frustration within the team. There are specific ways that you can avoid this so that everyone is informed and feels important. It starts with the morning huddle. In Figure # 5 you will see an example of a morning huddle check list. It is important to have someone to lead the huddle and to have a check list, otherwise you will stand around and look at each other and the doctor feels like you are wasting time. Use your morning huddle as a venue for keeping everyone informed.

Effective Staff Meetings

Regular business staff meetings are typically held once a month for a period of 1-2 hours. Figure # 6 has a list of the important elements that should be included in a staff meeting. If you eliminate regular meetings, the team morale suffers. Staff meetings should be a time to discuss goals, plans, and target dates. Everyone on the team should give their own report. Never use staff meetings to criticize the team or give “blanket reprimands.” They are not effective.

Make sure each individual on the team has the upcoming calendar for the next month. This is much more powerful than having a wall calendar. You can also set up a free Google calendar which the team can access via the internet. Someone on the team should be the Communications Coordinator. If you have an Office Manager then typically the Office Manager would be doing the communicating, but many offices do not have a person who has the title of Office Manager. The job description for the Communications

Coordinator is in Figure # 7. This person's job is to get all communication out to the team. They would be responsible for the staff memos. These memos may be written on paper and put into a cubby hole for each team member or they may be sent via the computer if everyone has an assigned computer in the office.

Front to back communication is essential. Many practices are now using headsets. One person in the front and one person in the clinic would be wearing a headset so they can communicate during the day. In some practices, everyone wears a headset. Headsets are beneficial for intra-office communication.

Computerized clinical charting has enhanced front to back communication. When the call comes in and the parent would like to schedule an appointment for a repair, everything that was said on the phone can be entered directly into the clinical chart. It is quite beneficial for the clinical team to see what transpired. This reduces front to back conflict.

The Daily Schedule

When the schedule is not working it creates havoc in the office. It is amazing to me that by just fixing the template in many practices it significantly reduces the conflict and improves the harmony among the team. In order to have a smooth flowing schedule, you must have an excellent template that reflects the needs of the practice. You need to have a column in the schedule for each person who is seeing patients on the team. Take into account the number of chairs that you have in the office because if you have 4 chairs and schedule 5 columns, this is going to create a back log of patient flow. You also need to look at the history of your appointment types so that you can have the number needed on the template on a daily basis or the Appointment Coordinator will start to make things up and put the patient in the mystery column with the mystery chair and mystery assistant. This is where we get into front to back conflict. For example, if you are averaging 3 repairs a day, these appointments must be held in the schedule so when the phone calls come in that morning you have a place to put patients who need a repair. Otherwise, the Appointment Coordinator "squeezes" them in anywhere.

The patients and parents also need to be educated as to how your template works. This starts with the new patient process and continues on throughout their treatment. It is helpful to have a color coded laminated template at the front desk so that the parents can see it and you can say for example, "*Next time Dr. Jones needs a yellow time appointment.*" Having a visual picture of a color coded scheduled helps the parents to understand what times of day those appointments are available. Typically, most practices are going to see long appointments in the middle of the day and short appointments before and after school. Clinical efficiency is the foundation to excellent patient flow, keeping the patient on track in terms of their deband target date and also maximizing weeks between visits according to what that particular patient needs. On average, most practices are going to see patients on a 6-8 week rotation. However, if you have a 4-5 week rotation, typically you are going to have a very heavy patient flow. It is pretty easy

to do the math. If you have 500 active patients and you see them every 5 weeks you are going to see 100 active patients a week but if you see them every 8 weeks then you are going to see 62.5 active patients a week. The averages that I see for number of months in treatment are typically 22-24 months on average for full treatment and 18-20 visits per case. I recommend for someone in the clinical team track your deband statistics on a monthly basis. Please see Figure # 8 for a deband analysis. The doctor also needs to focus on streamlining the number of retainer checks. Some offices suffer from having too many retainer checks in the late afternoon, which slows down the schedule. Ideally, your retainer checks should be 2 times your debands, so if you are debanding 25 patients a month, you should have an average of 50 retainer checks per month. Too many patients in the late afternoon will lead to added stress.

Training the team on using excellent scripting is essential to good appointment book control. Parents are always thinking “*what is in it for me*” and they have become more demanding than ever before. I recently developed a SOS module with Dolphin Management, and a big part of the module is scripting. With this module, the team can click on a particular subject and the scripting will be right there for them in the computer. I am very excited about having this information at the fingertips of the team in the practice. In addition to the scripting, the team needs to organize their patient flow. In many offices each assistant would take a column for that day. They would be accountable for seeing those patients, setting up the trays and being prepared. This does prevent some assistants from seeing more patients than others. Ideally, each assistant should see about 12-14 patients per day. So if you are seeing 50 patients a day in the clinical area that means you would need 4 chairside assistants. By assigning the columns, this gives the clinical team a clear roadmap as to how the patients will flow. It also encourages everyone to be able to do the procedures at the same rate of speed and prevents the conflicts of “*I am carrying more weight than the other person.*” The practice should set timelines for the clinical team so that they know that they need to learn to do a particular procedure within that time frame. It is very frustrating to work side by side with another person who is coming in late and taking much longer to do the procedures. This results in someone else picking up the slack and this does not create an even playing field.

When Things do not go as Planned

One of my favorite phrases that I learned from Anthony Robbins, the motivational speaker, is to “*turn frustration into fascination.*”

A highly successful team knows how to take that energy that is generated from frustration and turn it into a positive. Whining, complaining and placing the blame does not result in improvements. However, analyzing the situation and coming up with an effective solution is far more beneficial. The leader in an organization is the one who should have the attitude of “*we can do it*” versus “*we can't do it.*”

People are human and they are going to make mistakes. An effective leader of a team encourages the team members to readily admit their mistakes. Promoting a philosophy in the practice that *“mistakes are an opportunity to learn”* will eliminate the fear level. If in fact, the team member is afraid for anyone to find out they made a mistake because of the consequences, they will not be forthright in admitting the incident. During the first six months of training for a new employee it is very empowering to encourage them to be very honest about their challenges and their mistakes because that gives you an opportunity to coach them on how to improve. It is only when the mistake becomes repetitive that you will realize that you have a personnel management issue. For example, if you have clearly trained someone how to take an impressions or take accurate inter oral photographs and they are continuing to miss the mark then you have a deficit in a skill level that is not going to work for the standards of the team. At some point, the leader needs to make a decision to make a change with a person in that position since continuing to accept substandard work would lower the quality control standards of the practice.

When difficult situations arise, for example, in dealing with a parent in the practice, the team member should know who they can turn to if the situation becomes difficult. That person may be the Doctor, Office Manager or Clinical Supervisor. The goal is to set up a win/win solution for the parent and for the practice. However, it is not realistic to expect everyone on the team to handle situations that are more challenging. The team member needs to know that the management in the practice is going to support them and step in as needed.

Often I will hear doctors and managers say *“well, we just tell the team members that they should be able to work out these conflicts among themselves. We are all adults here and that is our expectations.”* This is an unrealistic expectation. The purpose of management is to be there to facilitate healthy communication when conflict arises among the team members. Just sticking your head in the sand and expecting them to work it out because they are adults does not result in a positive outcome. It is the role of management to resolve these issues. The doctor can either be involved in these situations or they can empower managers on the team to take care of these situations.

Blanket reprimands at staff meetings or morning huddles do not work. Often the doctor or people on management will try to throughout blanket reprimands versus talking one-on-one with a team member who is not following protocol. This results in everyone who is doing it properly feeling reprimanded for something they did not do and the ones who were not following protocol it just goes over their head and it does not change their behavior. An effective leader or manager cares enough to confront. They know that it is their role to facilitate continued improvement in the employee’s effectiveness. If a team member is coming in late, missing too much work, being too rough with the patients, or not utilizing good scripting at the front desk someone needs to sit down with them one-on-one and be very honest about the consequences of this continued behavior in the future.

Compensation for the Team

When I consult with an office, my goal is for the compensation for the doctor and the team to continue to improve as the productivity increases in the practice. In situations where the production is going down, I inform the team that if the production is down this year below collections that indicates that next year you are going to collect less than you did the previous year. This means that if everyone on the team continues to get a salary increase the only person on the team who is going to take a decrease is the doctor. This is not a win/win situation. For example, 20% of the income is dedicated to staff salaries, as the production and the income increases in the practice that 20% increases. If you do not add additional staff members, that means that the piece of the pie increases for each team member. Obviously, a significant increase in production at some point, you are going to have to add team members. It is much better to be honest with the team if productivity is flat or decreasing that there will be no salary increases for that year. You will always have the option of setting up some type of incentive plan for the year so if things do improve, the staff will benefit from bonuses. If in fact production is up and you are projecting an increase in income for the following year, raises should be given appropriately. A 3% raise is a cost of living raise, a 6% raise is a good raise and a 10% would be considered an excellent raise. Where morale problems occur is when this subject is shoved under the rug and nobody is talking about it. I find that professional team members understand the concept of the 20% and are enthusiastic about working with the doctor to put together a plan to move the production forward in the practice. Staff salaries as a whole will range anywhere from 15-25% of gross collections. This does not include the lab technician and does not include the staff benefit package. The average is approximately 20%. The Dental Assisting National Board also posts the average assistant hourly rate by state on their website. Typically, approximately 2% of the income will be spent on the benefit package. If you want to attract and keep the top talent in your area, then you must have a competitive compensation and benefit package. Talented people will seek employment elsewhere if they feel the package that they are being offered is not competitive. The opposite is true also is that I find that sometimes team members have unrealistic expectations of their potential compensation package. For example, they may be working 4 days a week and are making a much higher than average income for the average employee in their area. If they where to go out and seek employment elsewhere, they would find that the benefits and compensation package that they will be offered would be significantly lower than their current package. No one likes to think that they have maxed out in the income area for their position. However, in reality in the corporate world, they have salary ranges for various positions. For example, if you are a welder, secretary, plumber or electrician, there are salary ranges. If an orthodontic team member gets to the top of the income range for the country and their expectation is to still continue to make more income in terms of salary, this can create a conflict between the employee and the management of the practice. Bonuses may be applicable in these situations. However, changing the base salary can result in long term win/lose for both the practice and the employee.

The Team is Most Vulnerable to Conflict When...

1. A new person is hired.
2. When you are consistently running behind schedule.
3. When you have an inadequate facility and equipment.
4. When repairs slots are not being held for daily appointments.
5. When you are understaffed for a long period of time.
6. When production is down.
7. When there are few rules.

Conflicts Escalates When...

1. No fun things are planned for the team.
2. Staff meetings are postponed.
3. There is no training system set up for new employees.
4. When the leader is not communicating their vision.
5. When energy suckers are allowed to stay on the team.

Some Specific Ways to Build Team Spirit are...

1. Have posted goals daily for the team.
2. Celebrate your achievements.
3. To receive pats in the back routinely.
4. When the leader inspires the team through vision.
5. When you create traditions for the team.
6. The team is involved in community and service projects together.
7. When everyone on the team feels important in when they are making a contribution.

Figure # 1

JOB PORTFOLIO

As soon as you set up the first round of personal interviews be sure to get a job portfolio to the candidates via fax or mail. If time does not allow you to get it to them prior to the interview, ask that they come in 15 minutes early so that they can review it before their meeting.

Listed below is the information that should be included in your job portfolio. With this information, each candidate will come to the interview with full knowledge of the job and the team values of the practice. This may cause some people to call back and cancel their interview; however, those people obviously are not interested in the responsibilities of the job or do not agree with your value system. Having this information in advance will also expedite each interview.

Office of Dr. _____ Address _____
Position Available: _____
The duties of this position include: _____ <i>(take from your job description)</i> _____
Organization of Position <i>(The person in this position reports directly to _____ . The person in this position will directly supervise _____.)</i>
Daily Working Hours: _____
Starting Salary: _____
Bonus System: _____
Benefits: _____
<i>Desired Skills:</i> _____ _____
Personality Strengths Required for the Position: _____ _____
In order to consider you as an applicant for this position, we ask that you read the following Practice Purpose and Team Value System for our office.
Practice Culture: _____ _____
Our Team Value System : _____ _____

Office of Dr. Dennis Williams
Position of Appointment Coordinator

Duties of the Position:

1. Makes appointments and maintains all calendar functions including meetings and vacations.
2. Types the new charts, pulls the charts for the following day, and files charts throughout the day.
3. Responsible for confirming all or some of the appointments.
4. Gets X-rays copied and arranges pick-up for general dentists.
5. Orders office supplies.
6. Answers the telephone(s).
7. Updates patient information in the computer.
8. Responsible for sending recall cards.
9. Calls patients who no-show for appointments.
10. Takes new patient phone calls, completes information slip and sends welcome letters.
11. Keeps track of statistics on outstanding active patients without appointments.
12. Responsible for recall and retention appointment follow-ups.
13. Often responsible for posting payments at the front desk and asking for payment if payment is due on the account.
14. Places appropriate messages on the answering machine.
15. Maintains a neat reception room, including disposal of outdated magazines.
16. Responsible for opening & closing office (doors, blinds, heat/AC, lights, etc.)

Organization of Position: The person in this position reports directly to the Office Manager, and is responsible for supervising the after-school employee.

Daily Working Hours: Monday – Thursday, 7:30 a.m. – 5:30 p.m.

Starting Salary: Commensurate with experience, minimum of \$7.25 per hour.

Bonus System: Based on a percentage of the practice income if annual goals are met.

Benefits: Health insurance, retirement program, free parking, uniform allowance, annual educational trips, paid vacation, scheduled leave, and paid holidays.

Desired Skills:

Position requires some computer experience, preferably experience with Microsoft Office. An outgoing and positive personality that is not affected by working at a somewhat hectic pace is preferred. The ability to be a team player, and provide excellent customer service is critical.

Personality Strengths Required for the Position:

- | | |
|----------------|-----------------------------|
| ◆ Honest | ◆ Positive Attitude |
| ◆ Professional | ◆ Team Player |
| ◆ Accurate | ◆ Pleasing Personality |
| ◆ Outgoing | ◆ Works Well Under Pressure |

In order to consider you as an applicant for this position, we ask that you read and accept the following Practice Culture and Team Value System for our office.

Practice Culture:

1. Our goal is to make the patient and parent happy
2. Running on schedule is a priority
3. We are all team players
4. Our team continues to learn
5. We have fun together

Team Value System:

Dr. Williams' Value System:

- ◆ Production oriented
- ◆ Hard worker
- ◆ Likes to have fun in the office
- ◆ Moves at a fast pace
- ◆ Quality care drives him
- ◆ Likes to work with energetic people
- ◆ Likes self-starters

Pet Peeves:

- People who do not return calls ASAP
- Lack of follow-through on tasks
- Excuses
- Lazy people
- Employees who only look at their hourly rate, not the entire benefit package

The Staff's Perspective:

- ◆ We have very high standards for patient care that are not compromised.
- ◆ We are constantly challenged professionally and expect all new employees to accept that challenge as well.
- ◆ We are organized, focused team players who work hard and support each other.
- ◆ We expect all new employees to be team players and to be accountable for their actions.
- ◆ We enjoy going on staff retreats and other team and/or family oriented outings.

Pet Peeves:

- Dishonesty
- Laziness
- People who expect scheduled coffee breaks
- People who try to create tension within the team

Figure # 2

Strengths

	SANGUINE-POPULAR	CHOLERIC-POWERFUL	MELANCHOLY-PERFECT	PHLEGMATIC-PEACEFUL
EMOTIONS	<p>Appealing personality Talkative, storyteller Life of the party Good sense of humor Memory for color Physically holds on to listener Emotional and demonstrative Enthusiastic and expressive Cheerful and bubbling over Curious, Good on stage Wide-eyed and innocent Lives in the present Changeable disposition Sincere at heart Always a child</p>	<p>Born Leader Dynamic and active Compulsive need for change Must correct wrongs Strong-willed and decisive Unemotional Not easily discouraged Independent and self-sufficient Exudes confidence Can run anything</p>	<p>Deep and thoughtful Analytical Serious and purposeful Genius prone Talented and creative Artistic or musical Philosophical and poetic Appreciative of beauty Sensitive to others Self-sacrificing Conscientious Idealistic</p>	<p>Low-key personality Easygoing and relaxed Calm, cool and collected Patient, well balanced Consistent life Quiet, but witty Sympathetic and kind Keeps emotions hidden Happily reconciled to life All-purpose person</p>
WORK	<p>Volunteers for jobs Thinks up new activities Looks great on the surface Creative and colorful Has energy and enthusiasm Starts in a flashy way Inspires others to join Charms others to work</p>	<p>Goal oriented Sees the whole picture Organizes well Seeks practical solutions Moves quickly to action Delegates work Insists on production Makes the goal Stimulates activity Thrives on opposition</p>	<p>Schedule oriented Perfectionist, high standards Detail conscious Persistent and thorough Orderly and organized Neat and tidy, Economical Sees the problems Finds creative solutions Needs to finish what he starts Likes charts, graphs, figures, lists</p>	<p>Competent and steady Peaceful and agreeable Has administrative ability Mediates problems Avoids conflicts Good under pressure Finds the easy way</p>
FRIENDS	<p>Makes friends easily Love people Thrives on compliments Seems exciting Enviied by others Doesn't hold grudges Apologizes quickly Prevents dull moments Likes spontaneous activities</p>	<p>Has little need for friends Will work for group activity Will lead and organize Is usually right Excels in emergencies</p>	<p>Makes friends cautiously Content to stay in background Avoids causing attention Faithful and devoted Will listen to complaints Can solve other's problems Deep concern for other people Moved to tears with compassion Seeks ideal mate</p>	<p>Easy to get along with Pleasant and enjoyable Inoffensive Good listener Dry sense of humor Enjoys watching people Has many friends Has compassion and concern</p>

Weaknesses

	SANGUINE-POPULAR	CHOLERIC-POWERFUL	MELANCHOLY-PERFECT	PHLEGMATIC-PEACEFUL
EMOTIONS	<p>Compulsive talker Exaggerates and elaborates Dwells on trivia Can't remember names Scares others off Too happy for some Has restless energy Egotistical Blusters and complains Naïve, gets taken in Has loud voice and laugh Controlled by circumstances Gets angry easily Seems phony to some Never grows up</p>	<p>Bossy Impatient quick tempered Can't relax Too impetuous Enjoys controversy and arguments Won't give up when losing Comes on too strong Inflexible Is not complimentary Dislikes tears and emotions Is Unsympathetic</p>	<p>Remembers the negatives Moody and depressed Enjoys being hurt Has false humility Off in another world Low self-image Has selective hearing Self-centered Too introspective Guilt feelings Persecution complex Tends to hypochondria</p>	<p>Unenthusiastic Fearful and worried Indecisive Avoids responsibility Quiet will of iron Selfish Too shy and reticent Too compromising Self-righteous</p>
WORK	<p>Would rather talk Forgets obligations Doesn't follow through Confidence fades fast Undisciplined Priorities out of order Decides by feelings Easily distracted Wastes time talking</p>	<p>Little tolerance for mistakes Doesn't analyze details Bored by trivia May make rash decisions May be rude or tactless Manipulates people Demanding of others End justifies the means Work may become his god Demands loyalty in the ranks</p>	<p>Not people oriented Depressed over imperfections Chooses difficult work Hesitant to start projects Spends too much time planning Prefers analysis to work Self-deprecating Hard to please Standards often too high Deep need for approval</p>	<p>Not goal oriented Lacks self-motivation Hard to get moving Resents being pushed Lazy and careless Discourages others Would rather watch</p>

FRIENDS	Hates to be alone Needs to be center stage Wants to be popular Looks for credit Dominates conversations Interrupts and doesn't listen Answers for others Fickle and forgetful Makes excuses Repeats stories	Tends to use people Dominates others Decides for others Knows everything Can do everything better Is too independent Possessive of friends and mate Can't say, "I'm sorry" May be right, but unpopular	Lives through others Insecure socially Withdrawn and remote Critical of others Holds back affection Dislikes those in opposition Suspicious of people Antagonistic and vengeful Unforgiving Skeptical of compliments	Dampens enthusiasm Stays uninvolved Is not exciting Indifferent to plans Judges others Sarcastic and teasing Resists change
----------------	--	--	---	---

Figure # 3

***ORIENTATION SCHEDULE OUTLINE
FOR FIRST TWO DAYS***

Day One:

7:30	Greeting by doctor and orientation coordinator (OC).
7:45	Attend morning huddle.
8:00 – 9:30	OC meets with new employee to cover everything from the orientation coordinator's check list.
9:30 – 10:00	Meet with the new patient coordinator to get an overview of the new patient process.
10:00 – 11:00	Sit in on a new patient appointment – see the tour of the office from a patient's perspective.
11:00 – 12:00	Sit in with the records coordinator (if no patient is scheduled for records at that time, actually do records on the new employee).
12:00 – 1:15	Lunch together a team (get take out or go out).
1:15 – 1:30	Doctor explains the treatment planning process.
1:30 – 2:30	Meet with the financial coordinator.
2:30 – 3:00	Meet with the lab technician.
3:00 – 3:30	Meet with the appointment coordinator.
4:00 – 4:30	Meet with the marketing coordinator.
4:30 – 5:00	Meet back with the orientation coordinator (OC). The new employee will return the signed orientation checklists to the coordinator and discuss any questions concerning them as well as any other questions the new employee has.

Day 2:

- 7:45 – 7:55 Meet with the doctor to discuss the first day’s observation.
- 7:55 – 8:00 Attend morning huddle.
- 8:00 – 12:00 Clinical observation (divide time by procedure or by assistant).
- 12:00 – 1:00 Lunch with clinical team (discuss any questions the new employee has from the morning observation).
- 1:00 – 4:45 Additional observation:

If the new staff member is:

Clinical Person
Financial Coordinator
New Patient Coordinator
Appointment Coordinator
Lab Technician
Office Manager

Observe:

Front Desk
Clinical Area
Front Desk
Clinical Area
Clinical Area
Front Desk

4:45 Meet back with the orientation coordinator (OC) to review questions from the day and to discuss the beginning of individualized training the following day.

PRACTICE EVALUATION POLICY-SAMPLE

END OF TRAINING EVALUATION (4-5 weeks after hire date): While allowing the doctor or training coordinator to point out specific areas of the training process that the new employee excelled in, it also allows an opportunity to point out concerns that the doctor/training coordinator may have about other aspects of the job that the new employee did not seem to grasp well. It also allows an avenue for the new employee to evaluate the orientation and training process, identifying any areas of the job that still seem unclear to them.

END OF PROBATIONARY PERIOD EVALUATION (3-months after hire date): This end of probationary period evaluation is crucial in determining how the new employee has progressed in the training and how they are operating in their new position. Through this evaluation the employee's training coordinator will make one of three determinations:

1. *The employee is progressing favorably and will now become a permanent member of the staff. All benefits of the position will now go into effect.*
2. The employee is not progressing as expected, but still shows signs of acceptability. Feedback is given to the employee as to what changes need to be made. This same evaluation will be given to the employee again in 4-6 weeks.
3. The employee is not progressing as expected and is obviously incapable of performing the duties of the job. The employee may be terminated at this point.

SIX-MONTH EVALUATION FOR CLINICAL ASSISTANTS: Due to the difficulty and extended length training required for this position, it may be necessary to repeat the "end of probationary period evaluation" at the six-month anniversary of the employee.

ANNUAL EMPLOYEE EVALUATION Once a year every staff member on our team whether full- or part-time will receive an annual evaluation. This is an opportunity for staff to receive feedback from their supervisor about their job performance from the previous year. This is also an opportunity for the staff member to let their supervisor know if they feel deficient in any way in their position due to a lack of administrative support. Annual salary adjustments are directly related to these evaluations. As a result of the annual evaluation one of the following may occur:

1. The employee will receive an acceptable evaluation and their salary may be adjusted based on their scoring.
2. The employee may receive a non-acceptable evaluation, at which time the employee will be advised of areas that need immediate improvement and no salary increase will be given. A follow-up evaluation will be given in 90 days. If the follow-up evaluation is non-acceptable, the employee may be terminated. If the follow-up shows improvement, the allotted increase will be given.

**SAMPLE – APPOINTMENT COORDINATOR
ANNUAL PERFORMANCE EVALUATION**

Page 1

Staff Member: **Kay Smith**

Date of Evaluation: **1/5/2009**

Doctor/coordinator, rate the employee on a scale of 1-5 in the following areas with 5 being superior, and 1 being needs strong focus. If a responsibility listed is not applicable to your staff member, skip that line. If there are responsibilities that your staff member has that are not listed, add them on the blank lines:

Specific Job Duties:

- | | |
|----------------|--|
| <u> 5 </u> | Answers the telephone by the third ring. |
| <u> 4 </u> | Keeps active no-shows to 5% or less. |
| <u> N/A </u> | Has charts pulled accurately daily. |
| <u> 4 </u> | Forecasts the schedule effectively. |
| <u> 4 </u> | Follows the scheduling template. |
| <u> 3 </u> | Keeps work area orderly. |
| <u> 4 </u> | Confirms appointments consistently daily. |
| <u> 5 </u> | Completes end of the day duties consistently. |
| <u> 4 </u> | Has schedules prepared and distributed daily. |
| <u> 5 </u> | Is consistently courteous to patients and parents at the front desk. |
| <u> 4 </u> | <u>Makes marketing visits to referring doctors monthly</u> |
| <u> 5 </u> | <u>Keeps the patient birthday cards sent out on time.</u> |
| <u> </u> | _____ |
| <u> </u> | _____ |

General Evaluation:

- | | |
|--------------|---|
| <u> 4 </u> | Punctual for work. |
| <u> 5 </u> | Punctual for meetings/appointments. |
| <u> 4 </u> | Dependable - low rate of absenteeism. |
| <u> 4 </u> | Compliant with office guidelines. |
| <u> 3 </u> | Keeps personal calls and visits to a minimum. |
| <u> 4 </u> | In work area when needed. |
| <u> 5 </u> | Interacts well with patients and parents. |
| <u> 4 </u> | Has good computer skills. |

- 3 Shows strong organizational skills.
- 5 Enthusiastic about their position on the team.
- 5 Works well with other staff members, avoids conflict.
- 4 Utilizes equipment properly to perform position tasks.
- 4 Accepts constructive feedback well.
- _____
- _____

Overall Score:	
Total scores from page 1 and page 2	101
Divided by the number of entries	÷ 24
<i>Equals Overall Score:</i>	<i>4.21</i>

<i>This section should be completed by the Doctor/Coordinator:</i>
<p>List specific areas that you felt the staff member excelled in this year:</p> <p>1) <u>Kay, I want you to know that it has been exciting for me to watch you mature in this position.</u></p> <p>_____</p> <p>_____</p> <p>2) <u>I am especially pleased with the nice comments I receive from patients and parents about your upbeat attitude and excellent telephone skills.</u></p> <p>_____</p> <p>_____</p> <p>3) _____</p> <p>_____</p> <p>_____</p> <p>List specific areas that the new staff member needs to concentrate on in the following months:</p> <p>1) <u>Reduce the number of personal phone calls at the office.</u></p> <p>_____</p> <p>_____</p> <p>2) <u>Perfect your organizational skills.</u></p> <p>_____</p> <p>_____</p> <p>3.) <u>Try to keep work area neater.</u></p> <p>_____</p> <p>_____</p> <p align="center"><i>Continue your comments on the back of this form.</i></p>

This section should be completed by the staff member after reading the preceding statements from the doctor/coordinator conducting the evaluation:

I felt my evaluation was accurate and fair, comments:

1) I do agree with the scoring of the performance evaluation and I appreciate the encouragement to improve it next year.

2) I truly enjoy working with you and the other staff members.

I felt my evaluation was inaccurate because:

1) _____

2) _____

Continue your comments on the back of this form.

This section should be completed by the staff member and the doctor/coordinator:

Goals set for upcoming year (agreed upon by doctor/coordinator and staff member):

1) Become x-ray certified.

2) Take additional computer training courses.

3) _____

Action to be taken as a result of the evaluation (agreed upon by doctor/coordinator and staff member):

1) Kay agreed to stop taking personal phone calls unless it was an important matter.

2) We agreed to evaluate Kay's work area for shelving, etc. to help with organization.

3) _____

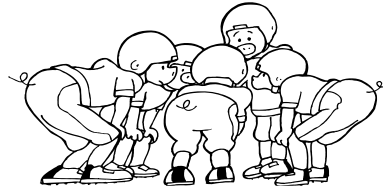
Continue your comments on the back of this form.

Signatures: Dr. Dennis Williams
Doctor/ Coordinator

Kay Smith
Staff Member

MORNING HUDDLE CHECKLIST

Date: _____



- 11. How is everyone today – on a scale of 1-10?
- 12. What did we learn yesterday?
- 13. Are there any staff concerns today (i.e. people out sick, etc.)?
- 14. Are there any special circumstances today (i.e. doctor’s luncheons, etc.)?
- 15. Any patient special concerns today (i.e. cooperation problems, overruns, etc.)?
- 16. Are all lab deliveries in place for today’s appointments?
- 17. Which past due accounts are coming in that need to see the Financial Coordinator?
- 18. Who is coming in with a down payment due today?
- 19. Give the no-show report from previous day.
- 20. The Schedule:
 - Number of patients being seen today.
 - Where should we put repair appointments that call in today?
 - The next available appointments: new patients, starts, records, consults, deband.
 - Monday only, look ahead 6-8 weeks on schedule to review available appointments.
- 21. New Patients Being Seen Today:

Name: _____	Referred by: _____
Name: _____	Referred by: _____
Name: _____	Referred by: _____
Name: _____	Referred by: _____
- 22. Banding Patients Today:

Name: _____	Age: _____	Interests: _____
Name: _____	Age: _____	Interests: _____
Name: _____	Age: _____	Interests: _____
Name: _____	Age: _____	Interests: _____
- 23. Are there any general announcements today?
- 24. Read a positive quote for the day.

Figure # 6

STAFF MEETINGS – EVALUATION SHEET

Test your current staff meeting effectiveness by placing a check mark next to each item you currently do. See the rating chart below for results.

- _____ 1. We have determined a regular time to have our meetings. (They should typically run 1 – 2 hours.
- _____ 2. We have an agenda for our meetings that is typed and distributed prior to the meeting.
- _____ 3. We have appointed a facilitator for our meetings.
- _____ 4. One person takes minutes during the meetings.
- _____ 5. We do not play the blaming game. Our goal is to fix the problem, not place blame.
- _____ 6. We share practice statistics.
- _____ 7. We set practice goals together and report where we are in relation to our goals.
- _____ 8. General announcements are made at our meetings.
- _____ 9. We invite guest speakers periodically to our meetings.
- _____ 10. Staff members are responsible for their individual reports.
- _____ 11. We review our marketing calendar at our meetings.
- _____ 12. We make sure we are free from distractions and we get away from the office if possible.
- _____ 13. We have a zero fear level so that every staff member feels free to participate.
- _____ 14. We encourage staff to join in by calling on each person to get their feedback.
- _____ 15. We have fun at our meetings.

Rating Chart

- **15 or higher is excellent** – you are a peak performer and at the top of your field.
- **13 – 14 is good** – you are on the right track. Take a look at the items you did not check and consider incorporating at least 1 – 3 of them in your next staff meeting.
- **11 – 12 is average** – average practices are not flourishing in today’s market. Consider incorporating at least 3 – 4 new ideas from this list in your staff meetings immediately.
- **10 or less needs focus** – you need to take immediate action on at least 4 – 5 of these ideas.

STAFF REPORTING SYSTEMS

Review the following recommendations and tailor them to meet your specific needs. Delegate the reporting of each area to various staff members. Set a target date to discuss your results the first week of the next month.

Business Staff Reports

Collections:

1. Dollar amount over 30, 60, 90
2. Goal for delinquent accounts
3. Number of collection contacts made
4. Discuss specific accounts that need further action taken
5. Number of statements sent

No Shows:

1. Total number for the month
2. Percentage of total patients scheduled (should not exceed 7%)
3. Percentage year to date
4. Number of active patients currently not contacted
5. Number of retention patients without an appointment

New Patient Status:

1. Number of new patients year to date compared to last year
2. Number who have started treatment
3. Number who have gone into recall
4. Number who have decided against treatment

Appointment Book:

1. Next available appointment for new patients, records, consults and starts
2. Year-to-date totals for new patients, records, and starts compared to the previous year and to current goals

Business Supplies:

1. Business supplies to be ordered
2. Proposed amount and price
3. Year-to-date percentage spent on office supplies

Correspondence:

1. Number of new patient letters sent
2. Number of doctor referral letters sent
3. Number of progress reports sent
4. Any special letters sent

Clinical Staff Reports

Assistant's individual reports:

If your computer does not automatically compute these statistics, set up a buck slip that can be used to gather the following information.

Buck Slip:	Patient name:	<u>Susan Brown</u>
	Date:	<u>12/5/08</u>
	Procedure:	<u>Banding</u>
	Assistant:	<u>CNW</u>

The buck slips are kept and totaled at the end of the month. The following report is then compiled:

Assistant	# Days	Bandings	1 AW	2 AW	Records	Imp.	Cks.	Total Pts.
Susan	16	13	80	40	7	20	160	320
Mary	16	5	100	35	32	8	60	240

Extra Duties:

Each clinical assistant normally has extra duties to perform. A report of those procedures should be given. For example:

1. Number of cephs traced
2. Number of slide set ups done
3. Number of banding calls made
4. Number of encouragement cards sent

Lab:

1. Number of study models poured and trimmed
2. Number of retainers made
3. Number of functionals made
4. Amount of back log
5. Compare totals to the previous years

Clinical Supplies:

1. Items to be ordered
2. Year to date percent spent on supplies
3. Percentage goal for the year

Marketing:

1. Review marketing plan for the next quarter
2. Discuss specific dates and ideas to be implemented
3. Compare referrals year-to-date with previous year

Figure # 7

**TYPICAL JOB DESCRIPTION FOR THE ORTHODONTIC
STAFF COMMUNICATIONS COORDINATOR**

- ___ Creates and distributes the office calendar monthly
- ___ Prepares a staff empowerment calendar annually
- ___ Helps with the orientation of new staff members
- ___ Schedules annual staff evaluations
- ___ Coordinates staff meetings
- ___ Organizes staff retreats
- ___ Distributes memos to the team as needed
- ___ Keeps the office manual up-to-date
- ___ Facilitates inter-office conflicts
- ___ Coordinates in-office training programs and continuing education trips
- ___ Coordinates special projects (i.e. new computer system installation, move to new office space, etc.)
- ___ Bridges the communication between doctor(s) and staff

Figure # 8

DEBAND FORM SAMPLE

Pull the charts of your last ten debanded patients and complete the following information:

Patient Name	Band & Bond Date	De-band Date	Original Target Deband Date	# of Regular Appts.	# of No Shows	# of Emergencies	Total Treatment Fee w/ Records
Megan Moelhman	2/8/05	10/31/06	2/07	17	0	5	\$4,900
Kevin Pepin	4/18/05	10/31/06	12/06-4/07	14	2	0	\$4,900
Cassandra Lee	9/15/04	10/26/06	9/06	26	1 emerge ncv	12	\$4,600
Kristin Malone	8/11/04	10/24/06	8/04	22	0	1	\$4,600
Simmons L. Fitz	10/20/03	10/24/06	4/05	40	8	2	\$4,600
Kristin Costa	9/20/04	9/06	10/24/06	19	5	1	\$5,600
William Perkel	1/5/04	1/06	10/17/06	35	0	3	\$4,600
Laurence Reid	4/19/05	10/23/06	4/07	17	1	1	\$4,900
Lauren Blake	4/26/05	10/23/06	4/07	18	0	0	\$4,900
Zachary Deputy	1/26/05	10/18/06	4/07	19	0	2	\$4,900
<i>Add Each Column and Divide by 10 for Averages:</i>				22.70	1.70	2.70	\$4,850
				(A)		(B)	(C)
<i>Good Goals to strive for:</i>				18-20	1-2	1-2	\$200

Collection Per Visit:

(C) \$4,850.00
 Divided by:
 (A + B) \$244
 Equals:
\$198.77 Collection Per Visit

Figure # 9

Staff Empowerment Calendar

Excellent customer service to your patients begins with excellent customer service to your team. I recommend setting up a calendar each year to record special occasions for staff members. Some things to put on the staff empowerment calendar would be staff anniversary dates, staff birthdays, review dates, etc. Be creative with the manner in which you recognize these dates. We suggest that one staff member is in charge of the calendar. Sending cards to the staff member's children and spouses is also an excellent idea.

The following is a sample design:

	Practice Events	SUZIE	LINDA	JANE	EMILY	NANCY
JAN		Anniversary w/Practice 1/20/78		Son Tommy's B'day 15 th		B'day 3rd
FEB	Valentine's Day 14TH		B'day 19th			
MAR						
APR		25 th Wedding Anniversary 3 rd			Daughter Mattie's B'day 18 th	
MAY			B'day 2nd			
JUN	Staff Family Picnic 10 th					
JUL		B'day 5 th Tom's B'day 11 th			B'day 19th	Anniversary w/Practice 6/4/90
AUG	Myrtle Beach Meeting 27-28 th		Anniversary w/Practice 8/5/90	Anniversary w/Practice 8/21/84		
SEP		Expecting 1 st grandchild 9/1/04				
OCT					Son Tim's B'day 25 th	
NOV				B'day 16th	Anniversary w/Practice 11/1/88	
DEC	Staff Holiday Party 20th					

Formula for Staff Empowerment Calendar

Overall Goal (.5% of Gross Collections): \$ _____

Budget

Staff birthdays:

of staff _____ x (\$15 - \$50) = \$ _____

Staff children's birthdays:

of children _____ x (\$5 - \$10) = \$ _____

Staff anniversary dates:

of staff reaching

5 Years _____ x \$250 = \$ _____

10 Years _____ x \$500 = \$ _____

15 Years _____ x \$750 = \$ _____

20 Years _____ x \$1,000 = \$ _____

Christmas gifts or bonuses:

of staff _____ x \$ _____ = \$ _____

Summer event cookout:

\$ _____

Holiday dinner:

\$ _____

Miscellaneous:

(i.e., baby gifts, staff contests, etc.) \$ _____

TOTAL (should correspond with your overall goal) \$ _____