Leading Your Practice

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There have been no great leaders who also were not effective communicators. The most successful practices are owned by those who are leaders and not just good orthodontists. Leadership and communication are skills that need greater emphasis in advanced education orthodontic programs. This paper highlights areas to be mastered to lead the practice to fulfill the vision for it. (Semin Orthod 2011;17:249-255.)

The most important aspect that defines a good leader is his or her ability to effectively communicate. Although entire books and courses of study have been devoted to the topic, for this article comments on communication will be limited to the more critical aspects of which clinicians need to be aware.

The most basic principle for effective communication is "It's not what you say, but what is *heard* that counts."

The research was originally undertaken in 1971 by Albert Mehrabian, currently Professor Emeritus of Psychology, University of California, Los Angeles.[1] What he concluded was that how the listener interprets a message is based on 3 basic components: the words that are spoken, auditory cues (inflection, volume, accent, rate of speech) and visual cues (body language, facial expressions, environment, even the clothes one wears). These 3 components are weighted accordingly: words 7%, auditory 38%, and visual 55%.

Even if the "right" thing is said, if the body language and tone of voice do not match what is said, the listener will consider it as inauthentic or insincere. For example, if one says "I'm sorry" while speaking loudly and standing with ones hands on their hips, the listener will not believe the apology. When this information is used, several "operating principles" are suggested.

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Operating Principle #1: "The Message"

The first operating principle for any business is to manage the conversation people have about the business. The question to be asked is "What is the message that patients should take away with them when they end their appointment? What is desirable for them to be saying about the practice?" To build a strong patient-referral base, it is critical to understand that patients talk to their family, friends, and colleagues about the experience they had while in the practice. It is equally important to know that rarely will there be a patient who can accurately assess technical or clinical competencies; however, they make judgments about how good a doctor is based on how they felt when they were in the practice.

The objective desired is that the practice to be known as a caring, attentive, and pleasant place to be. To be successful in creating this reputation, the following questions need to be addressed:

> *When people call the practice, what do they hear? How is the phone answered? Is the receptionist pleasant and friendly, or rushed and annoyed? How long does it take and how many telephone buttons must the caller press before speaking to a person? When patients are in the office, do they hear friendly conversations and laughter, or is it so quiet it seems more appropriate to whisper? Most importantly, do they hear angry or tension-filled conversations? When people come into the practice, what do they see? Is the décor attractive and up-to-date? Are there pictures on the walls that reflect the quality of the work being done? Are the staff in coordinated uniforms and well-groomed? When the staff interacts with each other or the doctor, are they at ease with each other, or can people sense conflicts of personalities or an air of disagreements? How long do they have to wait to be seated in the operatory? Do the doctor and staff interact with the patient or is the patient "just a mouth with teeth to be fixed?"*

If a friendly practice is promoted but the actions and atmosphere do not match up with that, then patients will not believe what is promoted and they will caution their friends as likely referrals.

Operating Principle #2: Vision Is the Foundation

Creating your ideal practice involves much more than the physical attributes of the office and doing and saying the right thing the right way. As the owner of the practice, the doctor must ensure that every staff member is clear about the message to be imparted and that everyone is acting accordingly. That does not mandate the doctor being a "micromanager." Micromanaging too often removes any decision-making from the employees and leaves them with a sense of being mistrusted and, in addition, tends to result in employees who work for the paycheck rather than for a sense of accomplishment and satisfaction.

Communicating the vision of the practice to the staff is most important, and it empowers them to take actions that will fulfill that goal. In a Nexus Commentary in 1989,[2] Sandy Roth described the various forms of leadership and introduced the term "visocrat," which she defined as "one who rules with vision." She goes on to explain:

> *A visocrat is one who owns a clearly articulated vision which is openly available to the team, and whose members have a leisurely opportunity to explore the vision, evaluate its personal relevance, and, over a period, to fuse with it. Notice my use of the verb, "to fuse." Fusion is a process by which 2 or more separate entities literally become one. It is different in this regard than the verb, "to weld." The idea of welding carries the connotation of one or more entities becoming attached to each other. Fusion means "inseparable."*

"Vision" and "mission" are distinct from one another. "Vision" is an expression of who you are or want to be known as, whereas "mission" is a statement of the actions you will take and the qualities you bring to bear to fulfill the vision. For example, orthodontists and consultants may have the same vision of making a positive difference in the orthodontic office, but their missions may be quite different. Orthodontists treat malocclusions whereas orthodontic consultants consult and advise clinicians and their staff on better communication.

The vision for the practice is the responsibility of the orthodontist who created/owns the practice. It also has an ethereal quality about it and is a projection into the future.

Many people can identify a point of time in their lives when they had their first glimpse into their vision, and for many it occurred in childhood. They may not have identified it at the time as being a "vision" but rather a propensity or a particular talent for something. Many orthodontists have responded that they knew that they wanted to be an orthodontist at the age of 10 years, or even earlier. Many were influenced by their own orthodontist and the impact that having treatment had on their own lives. It is the impact of the treatment on their self-esteem, self-confidence, and change in attitudes for life that impressed them.

Although there are those who enter the profession of orthodontics for reasons other than altruism, any doctor who fails to aspire to this fundamental aspect of orthodontics will create an atmosphere that will be distinctly different from practices that do, and not in a positive way. Such a practice will have as its primary purpose of financial gain, rather than to be financially successful because of focusing on serving people. This difference in the focus of the practice will have a subtle but deleterious effect on virtually every aspect of management. Obviously, the financial aspects of a practice are vital to the success of a business.

It is important to accept that every practice has fluctuations in its production and financial collection figures. A practice that is primarily oriented around these statistics will generate "mood swings" among the doctor and staff; when results are high, everyone will be happy, but when results are down, the doctor and staff go into a "survival mode" and tend to forget about the existing patients and are often more concerned about the patients who are not entering the office. The sense of appreciation and gratitude for the patients who are in the practice, and for each other, is depleted. Stress goes up, tensions rise, tempers flare, gossip runs rampant, and fault-finding and defensive responses become the basis for corrective conversations.

Anecdotally, a clinician in Texas opened his first practice in 1983 just about the time that the

Texas economy was decreasing and was followed soon after by a national economic recession. It was estimated that people were leaving the area of the orthodontist's office at the rate of more than 5000 per month. Although other practices and businesses were downsizing, within 18 months this orthodontist's practice had grown considerably. When asked why he had been so successful when others were finding great difficulty in surviving the economic downturn, his answer was, "I choose not to participate in the recession." He also attributed his success on remaining very focused on his practice (ie, focusing on his vision) and his "attitude of gratitude." He said that "when you have nothing, you're grateful for whatever you get." Thus, any patient who came in was warmly received, and was given the highest level of service. Every patient who enrolled in treatment was a validation of the vision becoming manifest. The patients also became an energetic volunteer sales force for the practice.

Those doctors and business owners who were distracted by and enrolled in the failing economy stopped doing what was most effective, namely creating an optimistic, pleasant environment that focused on service to the patients. The other practices also failed to have value-based enrollment conversations with potential patients.

It must be stressed that it is not what is said that counts, but what is heard. Whether the doctor believes it, feels it, or declares it, the doctor is the leader. The old axiom applies: "how goes the leader, so go the followers." Without a clearly articulated vision that is backed up with effective and consistent actions, the practice will be subject to the fluctuations of changing circumstances.

The vision operates like a lighthouse in a storm whose beacon leads ships to safe harbor. The circumstances still have to be addressed, but the vision will strongly influence the actions that will be taken and will strongly influence the interpretation of those circumstances. Clarity of purpose and vision is what keeps the doctor centered and grounded in times of economic swings, when adverse circumstances occur, when staff problems arise, or when dealing with difficult patients.

Most doctors find formulating and expressing their visions to be challenging. One common error is to confuse "vision" with "mission" or "goals." As an example, saying that I want to retire at a specific age is not a vision but rather a goal; saying that one is going to provide excellent orthodontic care in a loving and supportive environment is not a vision but rather a mission.

An effective way to access one's vision is to ask oneself: "What do I want my legacy to be? On the day I leave the practice for the last time, what is the conversation I want others to be having about me? What is the impact I have had on the lives of my family, my staff, my patients, and the community as a whole?" When one has the answer to these questions, there is the foundation for writing the vision statement. These questions are the same questions as the first operating principle of "the message."

The vision statement should then be shared with the staff. A staff meeting should be scheduled for this, and an invitation extended the staff to discern the values that are held most high as expressed in the vision statement, and what the vision means to them personally. As Sandy Roth stated, it is important for the staff to "fuse" with the vision. To support this fusion, the conversation should be advanced by asking the staff to take the core values and create a mission statement for the practice. This will transform the conversation into a discussion session where everyone can contribute their own ideals, ideas and interpretations, and lead to finalizing the exact wording of the mission statement.

The end product, which may require more than one meeting to finalize, is then used in marketing materials to let the patients know what distinguishes you from the other orthodontists. Having the staff cowrite the mission statement also has the effect of making it their own personal mission rather than the practice's mission statement. It is also recommended that the mission statement be taken further and a "slogan or a motto" for the practice be created, one that can be readily recalled. The slogan becomes an anchoring tool for everyone and embraces the heart of the vision and mission statements. The following are some examples of slogans:

We change your smile. . . you change the world.

Changing the world, one smile at a time.

A smile is forever.

Smiles are the next best thing to halos.

Operating Principle #3: Establish Standards of Practice for Excellence

It has been observed that many doctors do not have policy and job description manuals for the practice. When asked about it, the response is frequently "we're working on it." Without manuals, newly hired team members are oriented to the practice by whomever is available to take the time to train them, and most practices do not have extra staff with time to spare. This leads to the process of "on-the-job-training" and the variables in training are numerous because it is dependent on the experience of the trainer, their personality, and their interpretation of what is important, as well as their mood on any particular day. The first 3 months of employment, commonly referred to as the orientation period, are critical to shaping the future of new employees.

Clarity is the key to successfully cultivating new staff. The ultimate goal is to create staff that can operate autonomously, consistent with the vision and mission of the practice. Whenever new people are employed, they become extensions of the clinician and it is important that each employee and the clinician know what the other is doing.

The manuals needed include a job description manual as well as a policy manual. In addition the experienced staff should have input regarding the job descriptions. The policy manual is more the responsibility of the doctor and relates to what it means to be an employee of the practice, regardless of the job any particular employee does, and the behavior expected of everyone, and it also provides a general outline of the responsibilities and accountabilities for all staff.

The policy manual defines "standards for professionalism" and should include the following:

- the vision and mission statements for the practice;
- personnel benefits, such as vacation, personal days, sick leave, and bereavement leave;
- employee review schedules;
- personal hygiene requirements;
- dress code;
- conflict-resolution procedures;
- lines of communication for any hierarchy of employees (ie, supervisory and managerial positions, if the practice has them);
- possible career paths; and
- grounds for termination.

There are experts who are devoted to helping business owners craft manuals and ensure that the policies adhere to the laws of the particular state. The finalized policy manual should be reviewed by legal counsel, and it would be advantageous to consult with and seek advice from a labor law attorney. In addition, there are consultants with years of experience in what is most effective in creating both the job description and policy manuals for successful practices. Making use of all available resources avoids repetition of effort.

In addition, the doctor must adhere to his or her manuals. It is not sufficient to have manuals only for others to use as a reference. To be an authentic leader, the doctor must follow the principles of the manual as well. Staff will usually follow by example. If being on time for work is mandatory for staff, then the doctor should be the first one to arrive in the morning and after lunch. Doctors who do not adhere to the policies may create resentment and disrespect.

As an example, several years ago the author consulted with an orthodontist, who "micromanaged" his staff with strict controls. He demanded they "follow the rules," which he himself frequently ignored. In a private session with him at the end of the first day, he was asked whether if he were a clinical assistant or administrative assistant instead of being the doctor, would he want to work for himself? After giving the question due consideration, his answer was "no." He then revealed that he was modeling the management style of someone he first worked for before opening his own practice. He also admitted that he hated being managed that way and could not wait to leave; however, because the business he had left was successful, he believed that his employer knew what he was doing, and so using his previous employer as a model made sense to him. When he opened his own practice and became the employer rather than the employee, he forgot what it was like to come to work in a place he disliked. As time passed, he found that being the employer created another set of discomforts, that of a doctor burdened with the stress of being a "micromanager," and thus he ended up creating a practice that he did not enjoy being in either. After recognizing the

problem, the practice took time to evolve into a successful, thriving one with no staff turnover and an enthusiastic patient population that works as an excellent referral source. The clinician had become a student of communication, and of learning to work *on* the practice and not just *in* the practice. The resultant success was summed up in a letter the clinician wrote to the author in 2007:

> *(At the time I met you) I had nearly given up my goal of a mutually supportive and effective team. With your tutelage, I am living my dream. I have 7 full-time employees. . . none of us are perfect, but we are striving to get closer. We support each other without question, we question each other to achieve our mutual goals, we challenge each other, and we love each other. They follow me without reservation, but question me when they see inconsistency. I am better for having them and they are better for working with me. Communication is open and productive and I've never been happier.*

Operating Principle #4: Integrity Is the Heart of the Matter

Integrity can be defined in many ways, such as possession of firm principles; completeness; and wholeness. The level of integrity is the way one lives and creates their reputation in life, how others will know you, and how they will interact with you. There are 2 levels of integrity that are important to understand:

Interim integrity—doing what one say they will do

Ultimate integrity—being true to one's self.

Vision is an outward expression of ultimate integrity. It acts as one's conscience and influences one's level of self-confidence and self-esteem.

It could be said that at the core of suffering is a breach of integrity. This is not suffering associated with the loss of a loved one but rather suffering associated with a loss of knowing who one is, their failed ventures, and failed relationships. When these latter situations are closely and honestly examined, most people can identify when and for what reasons they strayed from their core values and their vision.

A breach in interim integrity is an easier situation to examine. Either one did or did not do what one said one would. Although this may sound harsh to some, the conclusion is that one has either attained the results they desire or the reasons why the results desired were not attained. In many instances people are prone to be "reasonable" and settle for not having the results. The outcome is often frustration, loss of personal power, stress, and in many instances even compromise of one's health.

No doubt, maintaining integrity can be very challenging. However, the question arises as to which is worse, retaining integrity and confronting the obstacles on that path, or paying the price of stress, frustration, and other undesirable effects. Choices in any given circumstance may not be to one's liking; however, that is often how the situation is and should be addressed accordingly.

Some of the more frequent problems in dealing with staff include those who are not performing appropriately, such as following the rules, are having problems interacting with other staff, have a negative attitude, and do not participate as a team member. Difficulty arises when the doctor feels that they cannot function optimally without a particular staff person because she is a really good assistant, or the patients really like her, or she has been in the office for a long time, or that it is difficult to find a replacement. The fact to remember is that the only person who is essential to the practice is the doctor. If all the staff resigned, there would still be a practice; however, if the doctor left, the practice closes down. Termination of a staff member should be the last resort taken and only after having meaningful corrective conversations with the errant staff member and ensuring that the person has a support structure for success (such as a "mentor" with another staff person).

However, it is imperative for the success of the practice to set boundaries for the staff and to adhere to them universally. If being late is unacceptable for clinical staff, then it is unacceptable for administrative staff, or senior staff, or the part-time staff, or the full-time staff, or for anyone to be late. Favoritism must be eliminated. There may be different rules for managers, or staff with seniority, and that can even be an incentive to strive for to achieve staff longevity. However, the rules, whatever they are, must be followed. It is most discouraging for staff members who act in accordance with the policies to see others breaking the rules and little or nothing being done about it.

Most orthodontists consider their staff as a team. Athletic teams operate by rules, and this, in part is what attracts large audiences to games. In the same manner all successful "teams" must operate by rules that are well understood and abided to by all. An orthodontist will need to make rules for their practices but must ensure that whatever rules are made are uniformly applied.

Operating Principle #5: Attitude Is Everything!

A person's attitude sets a context in which everything will occur. Even when a job is well done but the attitude is poor, then it is likely that the patient will spread a negative message about both the clinician and their practice.

Too often doctors tolerate poor or negative attitudes among their staff. Often they are not aware of how to improve and maintain a positive attitude among the staff. Sometimes the problem resides with the attitude of the doctor. Although it is understandable that the doctor is subject to many pressures as the owner of a business, it is imperative that the doctor assume a positive calm demeanor. Remember: "how goes the leader, so go the followers." Even if business is down or there is some crisis occurring in one's personal life or in the practice, it is critical for the doctor to be the person to turn to and the resource for solutions. This does not mean that the orthodontist is able to solve all problems and concerns but it does mean that the doctor should know what resources are available and know how to use them, whether those resources are external to the practice (consultants, peer groups, vendors) or are internal (knowing the talents of the staff and knowing how to inspire the best from them). In any given circumstance there is a choice as to how to respond and what actions should be taken in regard to the particular circumstance.

Opinions or judgments of occurrences matter very little, or perhaps nothing at all because some occurrences happen over which one has no control. What one does have is how the circumstance will be interpreted and this will determine what actions should be taken. So the question arises as to how one maintains a positive attitude in the face of undesirable circumstances and events. Asking questions of oneself and the staff becomes most important to obtain appropriate answers and maintain the optimal focus for desired outcomes.

A regular morning meeting is strongly recommended and is a way to keep everyone informed and alert as to the day's opportunities. In addition the meeting can be a vehicle for inspiration and focus. At the start of the meeting have everyone add to a "gratitude" list and have them write down something for which they are grateful. It should be a rule that there can be no duplications in a week. This will serve to remind people that all have a lot to be grateful for. Other examples of lists that may be used are "proud of" or "what I love" lists. End the meeting with an inspirational quote or set up a game to play that day, such as "how many compliments from patients can be generated today?" To win the game, the staff will find inventive ways to serve and impress the patients.

Creating meaningful rewards for the staff is recommended. Although many doctors create a bonus system for staff related to production and/or financial collection figures, this is not considered a meaningful reward. The most effective rewards are those that are unexpected and leave the recipients with a true sense of having been appreciated, as well as creating a positive mood for all.

In addition, it is advisable to hold regularly scheduled staff meetings with set agendas that keep all informed about the status of the practice, marketing projects, policy changes, and education/training topics. There should be a "safe" space for communication in which upsets or complaints that staff have with each other or with the doctor can be expressed without fear of retribution, and can be mediated by a neutral third party. Eliminating gossip in the office is imperative, as gossip is the greatest threat to teamwork.

Expressions by the doctor of a job well done and appreciation for the staff should be frequent in addition to acknowledgment of staff in front of patients and each other. Praise for the staff should be both verbal and in writing. Often doctors are quick to criticize and slow to praise, when it should be the opposite. The doctor must be attuned to this even if it is not their personality. Constant attention must be paid to this even if reminders are needed by a trusted staff member. Have that person leave you a list on

your desk of birthdays, anniversaries, and actions "above and beyond" that someone has taken so that you can orally and/or in writing acknowledge that person. Corrective conversations with staff must be where patients cannot hear them. When correction of someone is necessary it should be a learning experience by asking questions, such as "How could you do this better or differently?" "What can you do to avoid this occurring in the future?" Frustration and impatience should be controlled while maintaining a sense of respect and dignity for the person and acknowledging what was correctly done, as well as informing what changes are needed. It is also important to acknowledge the person when the desired behavior is observed.

There should be annual performance reviews individually with each staff member. This is a time for acknowledgment of the individual's growth and contribution to the practice, to underscore the person's individual talents and efforts aside from specific job skills (punctuality, integrity, teamwork, support of the mission and vision). This is also a good time to discuss the individual's career path and what needs to occur for their continued growth in the practice.

All the aforementioned are but a few of the things to do, and hopefully this will stimulate the creation of other actions that will support both the doctor and the staff in creating an atmosphere in the practice that nurtures the doctor, the staff and the patients.

Throughout this article and the 5 operating principles outlined, there is overlapping information. Communication is vital and permeates throughout one's practice and one's life.

> *We cannot live only for ourselves. A thousand fibers connect us with our fellow men; and along those fibers, as sympathetic threads, our actions run as causes and they come back to us as effects.—Herman Melville*

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