
Creating and Managing a First-Class Team

Charlene White

Excellent teamwork is the foundation to an effective marketing plan. The attitudes and skills of the team members can enhance or detract from the patient experience. Teams are not hired, they are created. In this comprehensive article, the author outlines the key elements that are essential to team building. These are proven principles that will help any orthodontist create team spirit in the office. Hiring tips, orientation guidelines, training information, and staff management essentials are all included. This article provides the orthodontist with the foundation needed to lead his or her team to success. (Semin Orthod 2011;17:256-266.) © 2011 Elsevier Inc. All rights reserved.

No matter where in the world an orthodontic practice is located, there are some demographic differences depending upon the location of a practice. 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 to build a team. The foundation of an excellent marketing plan is having an enthusiastic group of people working in the office that create an environment in which patients and parents want to refer their friends and family. If a person has a good experience in the office, it is estimated that they will tell 3 people. If they have an average experience, they will tell no one and, unfortunately, and if they have a bad experience, they will tell 11 people. This is what is called the 3-11 rule of marketing.

There are 5 major benefits to creating “team power” in the orthodontic practice:

Reduced Stress

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

Improved Efficiency

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

Less Absenteeism and Turnover

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

Increased Production

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

More Patient Referrals

As mentioned previously, when a patient comes to the office, and they have an excellent

Progressive Concepts, Inc, Virginia Beach, VA.

Address correspondence to Charlene White, Progressive Concepts, Inc, 5269 Greenwich Road, Ste 101, Virginia Beach, VA 23462. Phone: (800) 445-7805; E-mail: CharleneNW@aol.com; Web site: <http://www.charlenewhite.com>

© 2011 Elsevier Inc. All rights reserved.

1073-8746/11/1704-0\$30.00/0

doi:10.1053/j.sodo.2011.07.004

experience, usually they will tell 3 people about the practice. This results in more patient referrals.

Team Building

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 his or her practice does not change over their entire orthodontic career. When one has conflict with another person, it indicates that there is a conflict about what one values. It is not necessarily right or wrong, it is just about differing values. A solution is to create a job portfolio that reflects the doctor's value system. This information should be reviewed with the applicant and questions asked to assess whether the proposed staff member's values are a match for the office. As an example, if an orthodontist who functions 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 initially and seek 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 employer?"

Personality Testing

The author has used personality testing for many years. It is considered a beneficial tool, and the author prefers the "Fred & Florence Littauer" profile¹ of the many different personality profile tools available. Most profiles are categorized into the major 4 personality types. Ideally, the office should have all 4 personality types on their team, because each personality type brings a different set of strengths and a different set of challenges. It is also helpful that in knowing the applicant's personality types one can help better position them for a particular job in the practice. A

review of the summary in Fig. 1 illustrates the 4 personality types: the sanguine popular, choleric powerful, melancholy perfect, and the phlegmatic peaceful.

It is recommended that each applicant take the personality profile; assure them that it is not a test but that it is only a method to evaluate where they score the highest. Where staff scores are the highest will indicate their personality type (the personality plus profiles can be obtained by calling 1 (800) 446-7735 in the United States or 1 (805) 644-9721 outside the United States; one can also visit <http://gospellight.com>). 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've 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. They are not detailed oriented but people oriented. Every orthodontic practice needs to have a couple of these personalities on the team because 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 people marry their opposite.² The strength that the melancholy perfect brings to the team is their detail orientation. Order and structure makes them feel good. 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 the orthodontist is running behind schedule, these staff members react by rapidly directing patients into the chairs. These staff members actually function well and respond under stress. These staff members, the "powerful," work well at being the treatment coordinators, financial coordi-

Strengths

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

Figure 1. Personality types: the sanguine popular, choleric powerful, melancholy perfect, and the phlegmatic peaceful.

Weaknesses

	SANGUINE-POPULAR	CHOLERIC-POWERFUL	MELANCHOLY-PERFECT	PHLEGMATIC-PEACEFUL
E	Compulsive talker	Bossy	Remembers the negatives	Unenthusiastic
	Exaggerates and elaborates	Impatient	Moody and depressed	Fearful and worried
M	Dwells on trivia	Quick tempered	Enjoys being hurt	Indecisive
	Can't remember names	Can't relax	Has false humility	Avoids responsibility
O	Scares others off	Too impetuous	Off in another world	Quiet will of iron
	Too happy for some	Enjoys controversy and arguments	Low self-image	Selfish
T	Has restless energy	Won't give up when losing	Has selective hearing	Too shy and reticent
	Egotistical	Comes on too strong	Self-centered	Too compromising
I	Blusters and complains	Inflexible	Too introspective	Self-righteous
	Naïve, gets taken in	Is not complimentary	Guilt feelings	
O	Has loud voice and laugh	Dislikes tears and emotions	Persecution complex	
	Controlled by circumstances	Is unsympathetic	Tends to hypochondria	
N	Gets angry easily			
	Seems phony to some			
S	Never grows up			
W	Would rather talk	Little tolerance for mistakes	Not people oriented	Not goal oriented
	Forgets obligations	Doesn't analyze details	Depressed over imperfections	Lacks self-motivation
O	Doesn't follow through	Bored by trivia	Chooses difficult work	Hard to get moving
	Confidence fades fast	May make rash decisions	Hesitant to start projects	Resents being pushed
R	Undisciplined	May be rude or tactless	Spends too much time planning	Lazy and careless
	Priorities out of order	Manipulates people	Prefers analysis to work	Discourages others
K	Decides by feelings	Demanding of others	Self-deprecating	Would rather watch
	Easily distracted	End justifies the means	Hard to please	
S	Wastes time talking	Work may become his god	Standards often too high	
		Demands loyalty in the ranks	Deep need for approval	
F	Hates to be alone	Tends to use people	Lives through others	Dampens enthusiasm
	Needs to be center stage	Dominates others	Insecure socially	Stays uninvolved
R	Wants to be popular	Decides for others	Withdrawn and remote	Is not exciting
I	Looks for credit	Knows everything	Critical of others	Indifferent to plans
	Dominates conversations	Can do everything better	Holds back affection	Judges others
E	Interrupts and doesn't listen	Is too independent	Dislikes those in opposition	Sarcastic and teasing
N	Answers for others	Possessive of friends and mate	Suspicious of people	Resists change
	Fickle and forgetful	Can't say, "I'm sorry"	Antagonistic and vengeful	
D	Makes excuses	May be right, but unpopular	Unforgiving	
S	Repeats stories		Skeptical of compliments	

Figure 1. (Continued)

nators, clinical assistants, office managers, and clinical coordinators.

Phlegmatic Peaceful

These are the peacemakers in the office. They do not understand why everybody just won't calm down and get along and be happy. If one is running behind schedule, these are the staff who move at the same pace no matter what is happening. They add a nice calming effect to the atmosphere.

It is very important for everyone on the team to understand the personality types and the potential reactions that will happen because of their tendencies. It helps staff 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. There must be a consistent set of rules and standards for people to feel secure. People have a great need for a feeling of security. If there are no 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

A written practice purpose that is displayed in the office and that can be reviewed periodically together as a team is important. When difficult decisions have to be made, the purpose should be referred to and used as the basis of making the decision. It is important to read the purpose periodically and live it each day through personal actions in the office. For example, if the purpose includes providing excellent customer service to the patients and parents and being focused on taking care of their needs, but there is a team member who spends a considerable amount of time on a personal cell phone during the day, then this is not acceptable. The purpose should then be referred to as the central issue when discussions are held with this staff member 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 the employees can ask questions and have clarity on the office policies. As an example, an orthodontist who had been in practice more than 20 years and had a large team knew that he had made significant progress 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 all the information has been covered.

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 an orientation must be scheduled. 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 financial bonus 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. The orientation will help the new employee understand the overall process and procedures 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 at 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 while others prefer to do the evaluation separate from the salary increase. Once all the members of the team are

positioned with their job descriptions and specific duties, it is important to have practice standards set in all areas so that all the systems in the practice can be appropriately evaluated. 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 guidelines for orthodontic practices recommended by the author.

New Patient Coordinator

- Examination of new patients to starting treatment ratio: 55% is average, 62% is good, and 75% or higher is excellent.
- Pending patients (patients who were recommended treatment but did not start treatment) percentage should be 20% or less.

Scheduling Coordinator

- Recall effectiveness: 85% or greater is excellent.
- Recalls with no appointment made should be 5% or less.
- Failure to present for appointment ("no show"): 7% is average.
- Rescheduling an appointment: 15% is good.
- Active patients who have no appointments scheduled: 5% or less is ideal.

Financial Coordinator

- Past due accounts: 3% or less of the total accounts receivable past due is considered excellent.

Orthodontic Assistants

- Bonded brackets coming 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 examinations and numerically they should be able to show the doctor at the end of the month how many new patient examinations were done, how many went into "recall," the number who started

treatment, and the number who were pending for treatment. An excellent treatment pending percentage would be 10% of total new patient examinations; 20% is average, and if it is greater than 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. Percentages should always be tracked and compared year to year so that improvement can also be tracked.

Staff Communication

It is very common for a busy doctor to come into the office in the morning and meet 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 this type of information goes from person to person in the office, and 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 from other staff and not directly. Many times information that passes person to person is inaccurate and creates a lot of frustration within the team. There are specific ways that one can avoid this so that everyone is informed and feels important. It starts with the morning meeting (huddle). [Figure 2](#) provides an example of a morning meeting checklist. It is important to have someone lead the meeting and have a checklist, otherwise attendees will stand around and look at each other and the doctor feels that time is being wasted. The morning meeting should be used 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 3](#) provides a list of the important elements that should be included in a staff meeting. If regular meetings are not held, 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" because these are not effective.

Each individual on the team should have the upcoming calendar for the next month.

MORNING HUDDLE CHECKLIST

Date: _____



1. How is everyone today – on a scale of 1-10?
2. What did we learn yesterday?
3. Are there any staff concerns today (i.e. people out sick, etc.)?
4. Are there any special circumstances today (i.e. doctor's luncheons, etc.)?
5. Any patient special concerns today (i.e. cooperation problems, overruns, etc.)?
6. Are all lab deliveries in place for today's appointments?
7. Which past due accounts are coming in that need to see the Financial Coordinator?
8. Who is coming in with a down payment due today?
9. Give the no-show report from previous day.
10. 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.
11. New Patients Being Seen Today:

Name: _____	Referred by: _____
Name: _____	Referred by: _____
Name: _____	Referred by: _____
Name: _____	Referred by: _____
12. Banding Patients Today:

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

Figure 2. Example of a morning meeting checklist.

This is much more powerful than having a wall calendar. A free "Google calendar" can be set up, which the team can access via the Internet. Someone on the team should be the communications coordinator. Typically the office manager, if there is one in the office, would be the doing the communicating, but many offices do not have a person designated as the office manager. This person, an office manager or a designee, should disperse all communication to the team. He or she would be responsible for the staff memoranda. These

memoranda may be written on paper and put into a specific place for each team member or they may be sent via the computer if everyone has an assigned computer in the office.

Communication between the front desk staff and the clinical staff is essential. Many practices are now using headsets for improved communication. One person in the front office 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 intraoffice communication.

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, 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.

Figure 3. Important elements that should be included in a staff meeting.

Computerized clinical charting has enhanced communication between the front desk personnel and the clinical staff. When the call comes in and the parent would like to schedule an appointment to have their orthodontic appliance repaired, 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 misunderstand-

ings between the front office personnel and the clinical staff.

The Daily Schedule

When the schedule is not effectively functioning, it creates great disruption in the office. By simply fixing the scheduling template in many practices, it significantly reduces the conflict and

improves the harmony among the team. To have a smooth-flowing schedule, the office must have an excellent template that reflects the needs of the practice. There should be a column in the schedule for each person who is seeing patients on the team. Take into account the number of chairs that are available in the office because if there are only 4 chairs and the schedule contains 5 columns, this will create a back log of patient flow. The history of the appointment types must be evaluated to assure the number needed on the template daily; otherwise, it is possible for confusion by the appointment coordinator and results in misdirected patient appointments. This is where conflicts arise between front office and clinical personnel. For example, if there is an average of 3 appliance repairs a day, these appointments must be held in the schedule so when these patients call on the telephone there are appointment places already in the schedule to attend to these patients who require repair of their appliances. If these "open slots" are not available, the appointment coordinator "squeezes" them in anywhere among the regularly scheduled patients, and this can create difficulties.

The patients and parents also need to be advised as to how the scheduling template functions. 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 the parents can see it and appropriate staff 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 for their orthodontic appliance removal target date and also maximizing weeks between visits according to the particular needs of the patient. On average, most practices see patients on a 6- to 8-week rotation. However, if the orthodontist has a 4- to 5-week rotation, there may be a very heavy patient flow. The average time for completion of orthodontic treatment is usually 22-24 months for full treatment with 18-20 visits per treatment. It is recommended that someone in the clinical

team track the appliance removal date monthly. The orthodontist also needs to focus on the number of retainer checks per day. Some offices suffer from having too many retainer checks in the late afternoon, which slows down the schedule. Ideally, the retainer checks should be 2 times the appliance removal rate, so that if there are 25 patients a month who are having their appliances removed then there should be, on average, 50 retainer checks per month. Too many patients in the late afternoon leads to added stress.

Excellent verbal skills are essential to good appointment book control; develop and use scripts that answer questions and convince the family to accept appointments at the times best for efficient and organized patient flow. Parents have become more demanding than ever before on the use of their time, and want to know how abiding by the office scheduling policies will benefit them and the treatment of their child. For example, Dolphin Imaging and Management Solutions (Chatsworth, CA) a computer company, has recently developed an emergency computer program module, and a big part of the module is organization. The team can click on a particular subject and the "scripting" (what to say or a predetermined way of communicating with patients and parents for all staff to follow) will be visually available for them in the computer. It is most useful to have this information so easily available for the team in the practice. In addition to the organization scripting, the team needs to organize their patient flow. In many offices each assistant would take a column of patients visible on the computer for that day. They would be accountable for seeing those patients, setting up the trays, and being prepared. This prevents some assistants from seeing more patients than others. Ideally, each assistant should see about 12-14 patients per day. Therefore, 50 patients a day in the clinical area means that 4 chair-side assistants would be needed. Assigning the columns of patients from the computer program gives the clinical team precise direction on patient flow. It also encourages everyone to be able to do the procedures at the same rate and prevents the conflicts of "I am carrying a heavier load than the other person." The practice should specify time allocations 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 arriving late for work and taking much longer to carry out clinical procedures. The latter results in someone else having to do the latecomer's or slow worker's duties and is unfair to the other employees.

When Things Do Not Go As Planned

One of the most memorable phrases of the motivational speaker Anthony Robbins is to "turn frustration into fascination" (<http://www.tonyrobbins.com>). A highly successful team knows how to take the energy of frustration and turn it into a positive. Complaining and directing the blame toward others 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" as opposed to "we can't do it."

People 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. If a team member is afraid that someone will find out that they had made a mistake because of the likely consequences, they will not likely report nor admit their mistake. During the first 6 months of training for a new employee, it is essential to encourage them to be very honest about their challenges and their mistakes because that gives the orthodontist an opportunity to mentor them on how to improve. It is only when the mistake becomes repetitive that it will be recognized that there is a personnel management issue. For example, if an employee has been carefully trained how to take impressions or take accurate intraoral clinical photographs but continues to make mistakes, then there may be a deficit in their skill level that is not going to be acceptable to the standards of the team. At some point, the leader will need to make a decision to make a change with the person in that position because continuing to accept substandard work would lower the quality 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 arrive at a solution that is highly acceptable to the parent and 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 intervene as needed.

The author has often heard 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 expectation." 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 ignoring these issues and expecting automatic resolution because "they are adults" does not result in a positive outcome. It is the role of management to resolve problems. The doctor can either be involved in these situations or they can empower managers on the team to take care of these situations.

Reprimanding a group of employees at staff meetings is ineffective. Often the doctor, or people in management, will try to reprimand groups of employees as opposed to talking individually with a team member who is not following protocol. Group reprimands result in those employees who are carrying out procedures appropriately feeling reprimanded for something they did not do, and the ones who were not following protocol just ignore the reprimand and do not change their behavior. An effective leader or manager cares enough to confront poorly performing employees. The leader knows that it is his or her 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 using good organization at the front desk someone needs to individually counsel them and be very honest about the consequences of this continued behavior pattern in the future.

Creating a winning team takes patience, wisdom, and resilience. The challenge is complex. Leaders are often impatient. A "just-do-it" attitude by a purported leader sends a message to the team player that "they don't care about me as a person; I feel like a tool of productivity." Leaders are often under pressure to produce. A

wise leader knows that they must take the time to connect with their team and understand people. The key to success in life is making others feel important. The leader wants performance. To create an optimal or ideal team, the leader must take the correct steps to build the team.

Conclusions

The leader must select team members carefully. Effective systems must be created and followed. Consequences for behavior are essential. Recognition and rewards must be given. Time to honestly communicate as a team must be scheduled. Goals and target dates should be posted and reviewed. Differences in personalities need to be

recognized by the leader and team members. The goal of a team member should be to make other people in the team look good. Trust, honesty, and loyalty to the mission statement are essential to the foundation of an excellent team. The team needs to feel a strong sense of purpose.

Together, Everyone Achieves More.

References

1. Littauer M: "Wired That Way—The Comprehensive Personality Plan" Based on the Teachings of Marita Littauer and Florence Littauer. Ventura, CA, Regal Books from Gospel Light, 2006
2. Littauer F, Littauer F: After Every Wedding Comes a Marriage. Eugene, OR, Harvest House Publishers, 1997