CHAPTER

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Marketing the Oral and Maxillofacial Surgery Practice

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A chapter on marketing in a comprehensive oral and maxillofacial surgery textbook is indicative of the progress made within our profession. Whether in the military or in sports, the first rule of competitive strategy is to know your adversary. In the consideration of marketing the oral and maxillofacial surgery practice, we too must realize the adversarial barriers.

Oral and maxillofacial surgery (OMS) occupies a realm in the public perception somewhere between that of dentistry and medicine, shrouding our identity and services with an air of ambiguity that has existed from the onset of the recognition of OMS as a specialty. This ambiguity about services rendered as well as the public's lack of awareness of our training and education presents a marketing barrier. In addition, the scope of practice and procedures has increased exponentially, leaving the consumer confused about what we exactly do.

The aforementioned situations cumulatively have held us back in the marketing and public awareness arena. If one asks a layperson what a plastic surgeon does, he or she will likely give you an accurate description. That same question posed about oral and maxillofacial surgery will more than likely get a response that is not representative of the scope of services we perform. Although our national organization has made great strides to publicly convey our training, this public appreciation of scope has not increased proportionately.

With these principles in mind, this discussion focuses on the barriers we face and the direction we, as a specialty, must pursue.

Designations and Perceptions of the Specialty

The majority of dentists graduating today receive a DDS (doctor of dental surgery) degree, which implies surgical expertise to the public. The more descriptive DMD (doctor of dental medicine) degree represents more progressive thinking and enhances public understanding. The specialty of OMS has needed a name change for a long time. Because of the politics of teaching institutions, many reputable OMS residency training programs were forced to pursue nondentoalveolar procedures in a surreptitious manner. The excellent training in general anesthesia has enabled many programs to perform some of the advanced procedures, which they did within their own clinic for fear that other competing surgical specialties might protest. This has proved to be a double-edged sword. On one hand, oral and maxillofacial surgeons are being trained in trauma, cosmetics, and other areas, but on the other hand, this secretive approach has created the mindset of propagating anonymity. For years, the word *cosmetic* was not mentioned for fear of noncoverage by third-party carriers or criticism from other surgical specialties.

Some very progressive leaders in our national organization saw the need to change these preconceived limitations and campaigned for a name change within our specialty. Unbelievably, they met with resistance; however, history led us into the new profession of oral and maxillofacial surgery.

The new name certainly was more descriptive of our scope and gave us pride in pursuing procedures and techniques that were sometimes done in the after-hours clinic. However, the term *maxillofacial* is not understood by the general public and has further masked what it is exactly that we do. In my opinion, the name of our specialty should be changed to oral and facial surgery immediately.

Our public perception is further hampered by the fact that much of what we do is painful, inconvenient, expensive, and without a tangible physical appreciation for the patient. Third molar surgery is a perfect example of this.

General Marketing Principles

Because much confusion seems to exist among health care providers about the difference between marketing, selling, and advertising, it is appropriate to review the college textbook definitions of marketing.

Selling is concerned with the plans and tactics of trying to get the customer to exchange what they have (money) for what the seller has (goods and services).

Marketing is primarily concerned with the much more sophisticated strategy of trying to have what the customer or patient wants.

Advertising is a representation or other notice given to the public.

By these definitions, one can clearly see that selling focuses on the need of the seller whereas marketing focuses on the need of the buyer. Selling is concerned with the seller's need to convert their product or service to cash, whereas marketing is satisfying the needs of customers.

A marketing-oriented office provides value-satisfying service that patients want. It not only provides the generic product (in our case, surgery), but also is concerned with how the service is made available. Extended hours, payment plans, patient insurance assistance, modern facility, state-of-the-art procedure, and painless treatment are just a few of the ways this service is made better.

In the 19th century, the United States became a production-oriented economy and over the past century has shifted to a consumption economy. The energy and thoughts of the business community were once devoted to developing and improving ways of manufacturing. We now take our ability to manufacture for granted; the emphasis has shifted to a marketing orientation, and the energy and thought start with the customer (or in our case, the patient).

After the end of World War II, the General Electric Company pioneered the marketing concept in industry. The marketing concept is described as "a way of life in which all resources of an organization are mobilized to create, stimulate and satisfy the customer and create a profit for the owner." If one truly understands this, one can begin to understand what marketing is really all about.

Corporations speak of the 4 Ps of marketing: product, price, promotion, and place. *Product* refers to making sure that the product is the right one and of superior quality. *Price* refers to establishing a price that makes the product as attractive as possible and still maintains a profit. *Promotion* is simply communicating with one's clients or potential clients. *Place* refers to putting the product where it can be most effectively utilized.

The correct analysis and mix of the 4 Ps are important, and marketing experts further maintain that a marketing leader must

1. Determine the nature of changes in the market.
2. Identify and cultivate customers for the company's existing or potential services.
3. Meet the needs and wants of customers or potential customers.
4. Maintain a profitable position.

All of these factors are very applicable to our profession. One merely needs to substitute the word *patient* for *customer* or *client*.

The second item in this list is very often overlooked. Historically, there have been many changes in the fee-for-service system in medicine and dentistry. Prior to insurance coverage, patients understood their ob-

ligation for responsibility for health care costs. With the advent of health insurance plans, the burden of responsibility, at least in the mind of the patient, is with the insurance company. With the advent of exponentially increasing medical technology, the price of health care soared and became beyond the reach of most self-pay patients. Doctors' and hospitals' fees became obtrusive, and cost-cutting measures were instituted with shifts toward less hospital time and generalized cost containment. Managed care then entered the scene and has caused profound changes in our profession. There is now a shift to having primary care doctors triage patients, and surgeons are looking for ways to provide their services without the time and monetary expense of hospital care.

Doctors who had the ability to see these trend shifts were able to adjust their marketing and business strategies to meet the current need. Those who do not adapt may fail to thrive in this managed market.

Anyone who has read about corporate marketing is familiar with the concept of paradigm shifts. A paradigm is a model, and the paradigm for marketing OMS practices has been the same for years: be a good doctor, PR your referring sources, and one would prosper. We are now in the midst of a paradigm shift. With managed care, larger practices with multiple locations have postured themselves to be attractive to the managed care plan of large companies. Now many patients are referred to a particular surgeon, not because the general dentist wanted to send the patient but because the patient had to use a participating specialist. Those surgeons who refuse to explore managed care options may be driven out of business because they have not anticipated this paradigm shift.

A commonly used example of the loss of business domination from paradigm shifts is the Swiss watchmaking industry. For hundreds of years the Swiss dominated the making of watches and timepieces throughout the world. The paradigm for success was a product that was made from complex mechanical manufacturing and assembly of labor-intensive intricacy. The Rolex chronometer wristwatch is an example of the fine product produced under this paradigm. The Swiss prospered and literally controlled the world production of wristwatches. In 1968, the Swiss controlled 65% of the world market in timepieces. They reaped 80% of the profit in the timepiece industry and employed 65,000 employees.

A Swiss company invented the liquid crystal watch and set up a booth at the 1968 World Watch Congress in Switzerland introducing their new technology. This concept was staggering. The watch had no moving parts, did not require movement or winding to function, and delivered an accuracy 1000 times greater than that of the finest Swiss timepieces. Although this timepiece technology was astounding, the major Swiss watchmakers were indifferent and did not even patent their own invention, because it did not fit their paradigm for what a wristwatch should be. Two companies, Seiko and Texas Instruments, did take notice, however, and saw the old paradigm for timepieces go out the door. They realized the potential of this new product and were able to move with this new paradigm. The rest is, of course, history. The Swiss workforce lost 50,000 employees and dropped from 80% of the market share to 10%. Today, the Japanese, who had virtually no market share in 1968, dominate the world timepiece market.

The point is that what works in marketing today may not be effective in the future, and the ability to predict and adapt is critical. Marketing is dynamic, not static.

Staying abreast of current technology is also important in the paradigm model. The bread and butter of our profession was once the extraction of carious teeth. It was only in the 1960s and 1970s that multiple full-mouth extractions were common on the office schedule of most oral and maxillofacial surgeons. Today, because of fluoridation and education, full-mouth extractions have diminished rapidly, to the point that some dental schools have trouble finding denture patients. Having four difficult, impacted third molars removed simultaneously was not common 40 or 50 years ago. With the advent of high-speed drills and effective ambulatory anesthesia and antibiotics, this procedure has become the mainstay of most OMS practices. Anytime a single procedure dominates the well-being of any business, its obsolescence could doom the business. The insurance coverage of third molars may fall into disfavor or be otherwise manipulated by insurance companies. We must, as

a profession, be aware of this possible paradigm shift.

Fortunately, our leaders have seen these caveats, and many of our ranks are entering the arenas of implant surgery, cosmetic surgery, and other nontraditional OMS procedures.

All of the previous discussion underlines the predictive thought necessary for medical marketing. It is not uncommon to find doctors who are very adverse to marketing in the form of advertising. These doctors say that they do not market. This is a fallacy—we all present an image, and this is marketing. Some doctors are actually doing negative marketing by having poor staff and lack of policy while condemning an office committed to excellence.

Marketing the Oral and Maxillofacial Surgery Practice

The phrase "always be a teacher and always be a student" drives many of our ranks to excel in both venues. The author has written and lectured extensively on the subject of marketing the OMS practice, and regardless of the community, state, or country, many doctors are in search of the "secrets of marketing." Practitioners want to know "what to do to get referrals." Sometimes, despite a well-prepared and well-presented course on marketing, participants will confront the author at the end of the lecture and say, "All of that is fine and well, but what is it that you really do to get patients? Do you give holiday presents? Do you do lunches? Do you need fancy imaging?" and so on. These doctors have missed the entire point. The correct answer is all of these and none of these.

Marketing is not the act of giving something to receive a patient on a one-to-one basis. Marketing is more of a mindset and a practice lifestyle. There are many successful practices that spend tens of thousands of dollars on marketing events and gifts, and there are just as many practices that thrive without spending a dime on parties, gifts, and the like. The latter practice focuses on two things, superlative patient care and simply knowing how to say thank you.

In addition to these examples, there are doctors who do all the correct marketing, even employing professional firms, yet have stagnant practices. These practices go through the motions but have poor leadership principles and staffs that negate their marketing investment.

Successful marketing, as stated earlier, is based on a level of excellence that starts before the patient ever gets a foot in the door. The bane of existence for any specialist in any discipline is the reliance on others for referrals. It is rare that a patient sees a sign for oral and maxillofacial surgery and drops in, whereas a "Family and Cosmetic Dentistry" sign may cause people to walk in and begin a relationship. A thriving practice will demonstrate a constant trend of patients referred from sources other than general dentists. If an OMS office provides a warm, loving, and caring environment, patients of record and reputation will bring in as many or more patients as do primary referral sources. It is usually at this point that a doctor really begins to feel and enjoy independence.

Getting to this point usually takes a number of years but can be greatly accelerated by attention to basic communication skills and common sense.

The grassroots level of excellence must literally permeate every aspect of one's practice, and it must be stressed that the staff is far more important in the spectrum of marketing than the doctor. Most offices that are stressful and unprofitable suffer from poor leadership. Most doctors have no experience at human resource management and have accumulated what knowledge they have from hard knocks. It is shocking but correct to say that most employee problems are the fault of the employer and not the employee. Leadership is essential to make any team of individuals with a common goal cohesive and effective. Virtally all of the problems that make practitioners dislike their jobs stem from poor hiring and firing practices and the lack of leadership. There can be only one leader in an office, and that must be the doctor. Leadership cannot be confused with management. One can delegate management and hire managers; however, there can only be one leader, and leadership cannot be delegated.

For the sake of comparison, let us envision two separate practices. One practice is a thriving, progressive, profitable practice that continues to grow. This office always

seems to be on the forefront of the profession, and when you walk into this office you are overcome with the energy of the staff. The environment is modern, clean, bright, and friendly. The doctor and staff are aesthetically presentable, and smiles and warmth abound. When in the office for a while, it becomes evident that that office represents the leader. It is if he or she is "working at home." It is also evident that that doctor has a passion for the profession and views the practice as a joy and a privilege. The staff is cohesive; their careers seem enjoyable, and they work as if it is fun. This office presents an image, and that image is impressed on the patients who are exposed to this environment. It seems to rub off on the patients, and they leave with an enthusiasm. They sense the energy and the warm, friendly treatment and are impressed enough to comment to their friends and neighbors. Although they do not look forward to surgery, they do not mind—and may even enjoy visiting the office. They enjoy being part of the energy and enjoy the special attention that seems so rare in this fast-moving technologic era. The referring doctors and their staffs have the same feelings about this office and are confident that when referring a patient they will be thanked for sending the patient to such a compassionate office. If a patient goes back to a referring dentist and says that the oral and maxillofacial surgeon was expensive, the surgery made them sore, and the recovery was extended but thanks him or her for sending them to such a warm, caring, and compassionate specialist, mega-marketing has been accomplished. This is never a coincidence, but is the result of great effort and attention to detail. It is the outcome of the pursuit of excellence, based on the principles of leadership and policy.

Let us now contrast this office with one of mediocrity. This office may be right next door to our previous example, but it always seems to be "chasing its tail." The office does not glow and is unkempt. The staff is stressed and bickering. The doctor and the staff do not convey an aesthetic image and seem to have a goal of reaching 5 o'clock. Confusion and happenstance seem to rule, and there is an obvious lack of organization. The general atmosphere seems tense and rushed, and fun seems to be the last thing that anyone is having. The entire experience is reminiscent of old-fashioned dentistry. The staff turnover is high, and the future of health care seems pessimistic to these folks.

Although these contrasting examples are fictitious, we all can probably relate to a real life example of each scenario. We must ask ourselves what exactly it is that makes such a difference. Knowing the answer to this question illuminates the principles of successful marketing. Again, these are leadership and human resource skills.

ESTABLISHING A VISION

The first principle to discuss is vision. There are very few successful people in any field who achieved success by chance. Virtually everyone who has achieved success and professional contentment is a visionary. A person must have a clear idea of his or her goals and a plan for approaching them. Without this, chaos will rule. If asked, any oral and maxillofacial surgeon should be able to state his or her vision or guiding principles and endpoint. This should also be second nature to the staff. If you as a leader do not have a vision, then how can you expect your staff to have clarity on where you are going as an office? This vision must be communicated with the staff and constantly reinforced. If this is not done, a cohesive team cannot be built. It sounds trivial, but it is the single most important factor in establishing excellence. It is said that excellence is a journey, not a destination. In other words, there is no finish line; improvement and superlative patient care and the love of what you do are the dividends. An oral and maxillofacial surgeon should be able to write down his or her particular vision; clear vision is the first rung of the ladder to excellence. By the same token, if you and your staff are not in the pursuit of excellence, then you should send your patients elsewhere so that they may receive the best care available. This may sound drastic, but it underlines the point.

A vision must be practical, ethical, attainable, have a time frame, and be modifiable to bend with the curves of life. The vision of the author has been to build a large group practice that is enjoyable to both owners and staff and to serve patients with a warm, loving, and compassionate en-

vironment; to pursue technical excellence and to stay abreast of the forefront of our specialty; to become financially independent and at the same time serve those less fortunate with the ability to obtain our services through community work; to become a well-known entity for going out of the way to better provide for patients and referring offices; and lastly to have fun in the pursuit of excellence in OMS.

EMPLOYEE RELATIONS

After one develops a clear vision, the next critical step is to assemble a team of individuals capable of carrying out this vision. There exist universal situations that enhance or detract from any business, and choosing the correct employees is paramount regardless of the type of business. This applies especially to all the service-oriented businesses, including health care. Unfortunately, many doctors never grasp the concept that their business is based on service, and therefore they struggle with and endure unnecessary stress, whereas their colleagues who do accept this concept have fulfilling and profitable practices.

In any service-related industry, it is usually the level of service that sets businesses apart. For instance, if you had to ship one of your most prized possessions somewhere overnight and were ultimately concerned about its safe and timely arrival, would you choose Federal Express or the U.S. Post Office? Most people would choose the former because of the perceived level of customer service on behalf of Federal Express and the lackadaisical attitude often attributed to government employees. Service of one's customer or patient base is the key to success. A doctor may be a genius and the best surgeon in a given area, but if the staff is not accommodating patients, the practice will not prosper. On the other hand, a mediocre doctor can be elevated to hero status by a staff that nurtures their patients. Most doctors are unaware of correct hiring and firing concepts; others have often earned their knowledge through negative experience. Among medical practices, employee relations occupies one of the top three reasons for practice stress.

Anyone who thinks that this topic is inappropriate in a marketing chapter has serious misconceptions. Inevitably, when one closely examines the details of a successful OMS practice, exemplary hiring and firing practices exist. The converse is true for poorly run or unsuccessful stress-ridden practices.

For the sake of comparison, we will again compare the details of two hypothetic practices. One practice is profitable, user friendly, and energetic, sets new standards for the community, and has a doctor and staff who enjoy their careers. The other practice is barely profitable, has a frustrated staff and doctor, does not experience sufficient growth, has high staff turnover, and just is not enjoyable to work for.

By contrasting the factors that differentiate these two practices, we can gain tremendous insight into some of the most common marketing problems. It is not going out on a limb to make two important statements. Most problems that are encountered in a practice in relation to marketing and communication can in some way be directly attributable to the hiring and termination policies of the practice. Also, the extent of the leadership of the doctor will directly affect the policies of the office and will contribute to the employee relations problems. Most employee relation problems are the fault of the employer, not the employee.

Problems in Appropriate Staffing

One of the inherent problems that has for a long time affected professionals in all branches of health care is the dearth of courses offered to the doctor in his or her preprofessional training. Business and practice management courses are included in today's medical and dental school curricula. However, even in the most progressive didactic environments, this topic usually presents too little too late. To compound this situation, medical and dental practices have traditionally evolved as independent, closed small business models that have been resistant to outside consultation or change of structural and managerial paradigm.

This has created a very inbred system of strong independence but little thrust toward interdependence. Although there are certainly some positive points associated with this structure, it fails to adapt to changing paradigms, and because of this

doctors' offices tend to be trapped in a whirlpool of poor management and communications and lack of adaptability. Inflexibility in this arena has led to our inability to predict the current managed care crisis. Cost containment and efficiency issues should have been predicted and dealt with a decade ago instead of now. The ability to foresee and adapt to change is essential to succeed in any facet of business, including medicine.

The other component that has crippled the business of private practice surgery is the failure to pay attention to the trends of corporate America. We have been so steeped in autonomy that we simply have ignored the changing trends of big business. Corporate America approaches management strategies with the same statistical scientific scrutiny that we afford our surgical literature. There exists a wealth of knowledge on human resources and marketing that has basically been ignored by health care providers. It is usually only through consultants that we gain exposure to this information.

As a result of this, we are currently reinventing the wheel, which increases stress levels and decreases efficiency. Those successful practices that we examine probably already have an understanding of these principles.

In the past, poor hiring and termination practices may have meant only increased employee turnover and doctor stress. In today's litigious environment, improper human resource skills frequently lead to lawsuits. Wrongful discharge, sexual harassment, discrimination, and many other employment-related litigation are on the rise. For a suit-prone employee, the ability to win a hugely unreasonable settlement holds much better odds than a lottery ticket. Sexual harassment suits have been settled for millions of dollars for innocently intended gestures or actions. This is a frank reality of modern employment law, making it the wrong arena in which to learn by mistake. Suits for sexual harassment are not covered by malpractice or umbrella insurance and are the responsibility of the defendant. Guilty or not, subsequent publicity can be very damaging to the morale and reputation of the doctor. Because most OMS offices involve a male doctor with a female staff, all new practitioners are strongly advised to thoroughly familiarize themselves with federal and local employment laws.

As mentioned previously, most doctors are unprepared for finding, keeping, and terminating employees. Almost every seasoned practitioner bears some emotional scar from improper handling of employee issues. Many in our ranks have been parties to lawsuits for violating the most basic tenets of employment procedures. It is important to discuss some absolute basics. Many of these principles probably existed in the marketplaces of ancient Rome, yet millions of bosses make these mistakes 2000 years later.

It is an absolute infraction to hire spouses or family members as employees. Nepotism will at some time cause employee problems. This opinion is often met with stern disagreement and resentment from many doctors. There are always exceptions to the rule, but there is evidence of countless problems involving family. This is especially difficult for partners or other employees because of the perceived impression of preferential treatment. In addition, the spouse may have the "coach's son syndrome" and apply unnecessary stresses on them. There is no doubt that it is difficult for a partner or manager to reprimand one's spouse, and ultimately it is rarely the other person who must leave the practice. In many state-of-the-art practices observed since the early 1970s, it is rare to find an exceptional practice with family members as employees. Two common exceptions are family members helping in the inception of practice, as a cost savings device, or casual summer employment for odd jobs.

It is also an unwise practice to hire relatives of current staff. The same pitfalls apply, and many embezzlement schemes have involved this type of situation.

Although it appears painfully obvious, professional doctor-employee relationships should stay just that. In this era of sexual harassment, even the most benign of gestures can be grounds for a successful suit. Several cases throughout the country have involved very expensive and embarrassing outcomes for a surgeon. Lawsuits have been brought for telling off-color jokes, inappropriate body contacts that were described as "back rubs," and commenting on an employee's attire or physical traits.

Another common violation of the doctor-

employee relationship is the manipulation of monetary funds. Some doctors may pocket cash that comes across the front desk and feel that it is untraceable. If a staff member witnesses a doctor evading taxes or doing anything illegal, the doctor now has a partner. If the doctor can steal cash and no one knows, then the employee may feel justified in practicing the same behavior.

A doctor spends as much or more time with staff as with his or her family, and there exists a temptation to bare one's soul. However, there should always be some distance between the doctor's private life and what the employee knows or hears. Exceptional surgeons have had their reputations damaged by the statements of a terminated and disgruntled employee. Do not underestimate the diabolic nature of a scorned employee. They will use any weapon of destruction, so do not provide them with ammunition.

Typical Staff Positions

Initially, a new oral and maxillofacial surgeon will more than likely require a staff of at least three employees. The American Association of Oral and Maxillofacial Surgeons (AAOMS) recommends that two employees assist at surgery and that someone tends to the front desk and clerical duties. Some new doctors may economize by using two employees and placing the telephones on a recorder during surgery; however, availability to referring doctors is compromised. There is no doubt that as soon as a doctor can afford adequate staff, he or she will enjoy a safer and more efficient practice.

The easiest positions to fill are surgical assistants. There exists a strong pool of dental assistants, nurses, surgical technicians, and other assistants. As with any business, previous experience is preferable. A seasoned assistant can actually teach many things to a new doctor. It is also preferable to hire an assistant who can also obtain hospital assisting privileges. As with all positions, a friendly, compassionate, presentable, mature assistant is optimum. One potential problem in hiring new employees is the age and experience levels of the applicant pool. This pay and experience level frequently abounds with young, inexperienced females. Many of these people have little experience, and their reliability and maturity levels may be insufficient to suit one's needs. In addition, this segment of potential employees is often transient owing to schooling, relationships, and childbearing. This type of employee can grow into an excellent staff member. This, however, is more likely in the presence of superlative, experienced staff members who will have the opportunity to mold the new employee into a polished employee. Hiring this type of person without the nurturing environment can lead to many employee-employer difficulties.

Filling the job of practice receptionist is a much more challenging situation. This employee is literally the ambassador of the practice and more than any other employee can add or detract from the practice. This person is usually the first person who gives an impression of the spirit of your practice. In many cases, prospective patients call the office and are bound by many barriers. Pain, expense, inconvenience, apprehension, third parties, and lack of appreciation of services are just some of the common barriers between the doctor and the patient. Many of these patients are "shopping around" to find a caring and reassuring environment or the ability to tailor finances. An exceptional receptionist will act like a magnet bringing these patients into the office, whereas a rude or noncompassionate person may distance them. This position calls for multitasking, especially for the new practice with a small staff. Besides the receptionist duties, this employee must assist in coding, billing, insurance, accounts receivable, and collections. All of these functions are as vital to the success of the practice as the skill of the doctor. This position requires a mature experienced individual and will command a higher salary. This is money well spent because this person can literally help shape the future of the practice.

Hiring

Selecting the proper employees is a skill that can elude even the largest of businesses. There are scientific statistical methods for selecting the proper person for a job; however, the real answers are simple when applied to real life. For the sake of compari-

son, we will call a perfect employee a 10 on a scale of 1 to 10. In most progressive practices a 7 or less is unacceptable. If a doctor can surround himself or herself with 9s and 10s, marketing can be as easy as showing up for work.

Because the caliber of employee is paramount and usually directly proportional to the success and stress level of any practice, the importance of this factor is obvious.

The question of where to find good employees is faced by all those in business. Experience is very important, and the optimum situation is to hire someone who has worked in an OMS practice. Hiring an employee from a colleague's office should be avoided, unless it is discussed up front with the neighboring doctor. A new doctor can count on intimidating existing practitioners, and there is no need to start off in a deeper hole.

Local dental societies usually have newsletters with employment sections that can prove useful. The want ads in the local newspaper are a traditional means of finding help. Do not place anyone's home telephone number in an advertisement for applicants. It is not unusual to have many, many calls at all hours of the day and night. Instead, a post office box to which to send résumés is preferable. If the new doctor does not have hiring experience, it is suggested that a qualified party assist in the interview process. It is important to hire someone with the correct "fit" that will augment the personality of the doctor. Many employment situations are uncertain, but someone who conveys feelings of suspicion should not be hired. The OMS office is no place for a demure introvert. Hire someone with good eye contact, a good smile, and an enthusiastic attitude.

As the practice prospers, additional employees will be added. It is not unusual for an OMS practice to have three to five employees per doctor. As is discussed later in this section, employees in many offices feel that they are understaffed when, in reality, they are actually overstaffed.

New doctors are frequently at a quandary as to starting salaries. By surveying colleagues in the general dental community, one can establish a scale for given positions in a given community. Additionally, many of the "throwaway" dental periodicals list regional staff salaries as well as regional fees.

One of the major employment incentives for many people is insurance benefits. In the health care professions it is virtually a given to offer health insurance as a benefit. Although there are many means of doing this, some of the most common are as follows. Many companies offer group health plans at a substantial savings, whereas other employers give their staff a monetary sum for the employee to use to obtain the plan of their choice. Because many employees may have coverage from spouses or other family members, they may not need all the benefits that another employee would. So-called cafeteria plans present a menu of options that employees may choose from and are a popular option. Other benefits include sick leave, holidays, uniform allowance, and retirement benefits. Most doctors have pension and profit-sharing plans and therefore are required to match funds for employees. This is a tremendous benefit and is often overlooked. An employee with longevity can save thousands of dollars in 401K plans or similar vehicles. This benefit must be fully explained to be appreciated and extends the gift of ownership to one's staff.

The Interview Process

Interviews need not be exhaustive and should be standardized. There is a true art in being a good interviewer. This involves the art of listening—listening not only to what the employee says, but being able to read between the lines as to what the employee represents.

First, the dress and demeanor of an interviewee is important. Given the fact that most people are at their best dress and behavior at an interview, it is usually safe to assume that what you see is the best you will ever see. If dress or demeanor is inappropriate at an interview, it will only go downhill.

As stated earlier, an enthusiastic individual is ordinarily a good choice. An applicant who does not smile and show strong eye contact is usually a poor choice.

An additional caveat is an applicant who speaks negatively of previous employers. This should be a severe warning, especially for individuals who claim to be "victims."

There is little doubt that the new employer will be the next "bad guy" on their list.

Experience should be high on the list of employment attributes. Training someone to do a job is acceptable, but for a new doctor it merely creates additional stresses. It is better to hire a "teacher" than a "student" for the new doctor.

It is important to remember that the applicant is also interviewing you as a boss. When an employee resigns, they are effectively firing you as a boss. It is a two-way street. One good question to ask is what the applicant liked or disliked about his or her previous job. This can reveal key information about how they may fit in at your office. It is important to know whether the applicant can meet your standards in terms of overtime and Saturdays and other requirements.

The next most important thing is to be able to relate your vision and the goals of your practice. It is preferable to present written documentation of who you are, where you are going, and how you plan to have this applicant assist your journey. Many doctors do not have these guiding principles in writing; therefore, an employee cannot relate to goals that are nonexistent. Again, it is important to provide this applicant with the job description and discuss it in detail. If you desire an exceptional practice, you need to employ exceptional people. If you do not have written job descriptions, you must settle for mediocrity. The doctor can make an audiotape or videotape containing the guiding principles and visions of the practice. This will standardize the interview process and simplify this task.

If you have properly defined your goals and visions, you can effectively ask potential employees whether they want to play on your team and follow your rules. If you have not defined the rules of the game, how can you possible expect the employee to play? If an applicant states that he or she could not comply with expectations, this person has done both of us a tremendous service, because it may have been months of frustration before the employee quit or was terminated. This information could not have been obtained if the job description and guiding principles were not clearly defined.

Employee references can be very patronizing or very significant to hiring. Unfortunately, legal precedents have been set, and it can be grounds for a suit. Many employers are very happy to get rid of a problematic employee and do not want to have any backlash from a bad reference, so their word may not be accurate. Or, an employer may be afraid to give an accurate reference for fear of legal recourse. It probably requires speaking to several individuals to actually obtain an accurate picture. To simplify this process, it is important to ask the previous employer whether he or she would hire that employee again. It is also prudent to ask whether the applicant possesses the attributes that are in the following section. This at least gives some standardization to the referral process and allows the new employer to find out the applicant's ability to fit in to their office.

Any employer must be extremely careful about providing a negative reference. If an applicant can prove that you have prevented them from gaining employment, you may be liable. Millions of dollars in damages have been awarded to employees who were able to prove defamation in lawsuits. Be very cautious about giving a verbal or written negative reference, especially to a stranger. Many large companies only verify employment history, that an employee was hired on a given date and worked there for a given period of time. These companies refuse to comment on subjective questions.

If an employer wants to provide a negative reference without jeopardizing himself or herself, the statement "I cannot comment on this employee under advice from my attorney" should make the point without creating liability.

There is no doubt that hiring the incorrect employee can cost thousands of dollars. The cost of training, the loss of efficiency, and the negative impact are immeasurable, but they cost money and they cause stress.

Personal Characteristics of the Perfect Employee

There are seven attributes that make a perfect employee. For the sake of measurement, we will refer to a perfect employee as a "10." What we desire is to be able to screen for employees that are a "7" or above. The following considerations will greatly assist this evaluation process:

1. Competency and presentation

2. Unconditionally committed
3. Givers or takers
4. Offensive or defensive
5. Superstar or team player
6. Joyous
7. Self-managing

Competency and Presentation Competency is the foremost attribute to be considered. In any service-oriented business, customers or patients expect and seek a certain level of care and service. When a person goes to a nice restaurant, he or she knows in advance that it will be expensive. In return for that expense, a high level of service is expected (i.e., prompt seating, polite treatment, accurate ordering, fast service, and attention to detail). A waiter or waitress who cannot meet those expectations is incompetent. If you order a rare steak and salad with dressing on the side and get a well-done steak and a salad drenched in dressing, that is incompetence. This incompetence will, across the board, cause unhappy customers and eventually harm the reputation of the owner. What is frustrating here is that the restaurant owner may really have paid attention to detail. He or she may have a beautiful facility with ample parking. He or she may purchase only the finest ingredients, and may have hired the best chef in the area. Despite all the attention to detail, a single incompetent employee may shatter the owner's dream of having a fine restaurant by negating the attention to detail. There is a difference between inexperience and incompetence. If the waiter were wearing a badge "waiter in training," the customer may expect a lesser level of service. This employee may become an excellent waiter or waitress, but should not be turned loose on the public without supervision.

Presentation is also a very important factor to consider in our business. The discipline of OMS involves cosmetics, aesthetics, and health. One of the most powerful marketing principles is the appearance of the doctor and staff. Slovenly, out-of-shape staff, yellow teeth or yellow fingers from smoking, or excessive body piercings are not the image we are trying to convey. An obese employee who is bubbly and neat may be an asset, but someone with cellulite bulging from dingy polyester white scrubs does not assist your marketing efforts.

Unconditional Commitment The ideal employee displays commitment with a lack of conditions. A good example would be a resident in a training program. A resident cannot allow anything to take precedence over the work. He or she would not dream of telling the program chair that a deadline was not met because he or she ate lunch and did not have time. In that environment lunch is not a priority, and work takes precedence. When called to the emergency room in the middle of the night, the resident cannot say, "It's late, call me in the morning." These are examples of unconditional commitment.

Business owners have much more incentive to be unconditionally committed than do the employees, because they reap more of the benefits or failures. For this reason, it is rare to find this level of commitment in an employee. One thing about any society is that people identify and bond with cohesive organizational units that convey a common goal. Fraternities, sororities, social clubs, bowling leagues, and scouting and church groups are examples of situations in which people unite and develop sometimes extreme loyalties. There is usually little monetary incentive in these groups, but as social animals, people will extend great efforts for "the cause." These social characteristics extend into office settings, and when employees bond and identify, they will put forth great efforts for the good of the practice. When you have a good leader, clear-cut goals, and the correct employees, the ensuing is a beautiful machine. Doctors who have exceptional and profitable practices probably are good leaders and have exceptional employees with a well-defined common goal.

An unconditionally committed employee will perform within reason to accomplish the task at hand. An applicant who will not work overtime or on Saturdays or follow your rules is only conditionally committed and does not meet this criterion.

Finally, an employee may be unconditionally committed to you but not your vision. If an employee is only committed to you and you come into work with a poor attitude, then they will also take on your attitude. If the employee is, however, committed to your vision, then they will remind you of your commitment to excellence and point out

that your attitude that particular day is not what the goals define.

Givers versus Takers A giver is a loving, compassionate person who truly enjoys giving of himself or herself. These people understand the win/win concept and fully realize that the more they give, the more they will receive in return. These people exude a generosity that is not measured in physical gifts but in the more important subjective sense. These people give gifts of advice, time, compassion, empathy, and service. This is what is wanted in an employee.

Takers, in contrast, operate in the win/lose environment and believe that in order for them to win, someone else must look bad or lose. This is the person who reminded the teacher that he or she did not collect the homework assignments in school—the goal was not to serve as a reminder, but rather to look good at the expense of others. This is a malignant personality trait and is manifested in all sections of society.

An oral and maxillofacial surgeon who refers to other oral and maxillofacial surgeons as competitors instead of colleagues is another example of a taker. Any person who speaks negatively about something in order to enhance his or her own identity is a taker. Although it is impossible to screen for this attribute in an interview, this behavior must be identified and these people removed from your staff. One bad apple can spoil the whole bunch.

If, as an employer, you ever come across the "what's in it for me?" attitude, you must take action. If an employee must have someone lose for them to win, the losers will be the boss, the other staff, and the patients.

Offensive and Defensive Employees This categorization refers to one's ability to accept change. Change is the basis for all molecular structure, and all of life—from the subcellular level on up—involves motion, change, and energy. If you examine successful people and successful practices, you will see that they thrive on change. Change should breed excitement, but for many people it breeds fear and insecurity. If a doctor is truly interested in approaching excellence, then he or she must continually change all aspects of the practice to increase efficiency and service. Staff should be challenged and rewarded for changing. In a successful practice, staff looks at forms, policies, furnishings, and so on and brainstorms as a group on how to improve them. Accepted employee suggestions can be validated by monetary rewards.

Some employees are intimidated by change and take the "if it ain't broke, don't fix it" attitude. This is poison in a motivated practice.

Employees who encourage and accept change are termed *offensive*, whereas those employees who fear and resist change are termed *defensive*.

The author recently made significant changes to the current charting system in his office. These changes meant altering the status quo of everyone's interaction to the structure and handling of the office charts. It was truly enlightening, as an employer, to witness the offensive staff immediately recognize the potential for increased efficiency and service, whereas the defensive staff members could see only problems. For these defensive staff, this meant doing things differently, and even though it was actually less work on their part, they resisted because of their personality trait.

It is appropriate for staff to challenge change; in fact, in the proposed charting system some shortcomings had not been considered, and the author was enlightened by challenge from the offensive staff. It was interesting that the pitfalls put forth by the defensive staff were less founded on improving anything.

We all like change because it counters boredom. If we all wore the same clothes every day and ate the same food at every meal, life would not be as interesting. The same holds true in the workplace.

A successful leader understands that all change may not be effective and must concede to the staff that a given plan is not working. It is all right to make mistakes; however, do not dwell on them, but rather move forward and by trial and error enhance the service to your patients.

Successful practices have offensive players.

Superstars versus Team Players The term *superstar* is not a positive description in the sense we are using it. A superstar is that type of employee who can do it all. Although this might be appropriate or even desirable for your first employee, there will be problems when you begin adding staff. The superstar manipulates situations so all the attention swirls around him or

her. It is not about winning the game, but about how many points they scored. Superstars feel that because of their previous experience or superior intellect they can "do better."

They feel a superiority and are often overprotective of the doctor and the practice. Their attitude is that they must "save" the practice from the incompetent hands of the other employees. These employees may take some time to recognize, because they seem so dedicated on the surface. If one examines the attitudes of their coworkers, it will become evident whether they are respected leaders and role models or self-servingly critical.

There are ways to ferret out this personality type. They frequently place themselves in situations that "no one else can do." For instance, they are the only ones who can back up the computer or the only ones that do the payroll. They thrive on being needed for important functions. They frequently do this to become indispensable. They may cause many employee problems and realize that the other employee will be fired, because the practice cannot run without the efforts of the superstar. You cannot fire these employees because no one else can perform the vital functions like backup or payroll. The key to neutralizing superstar status is cross-training. Give several staff members responsibility for critical functions. This is good business sense and lessens the chance of fraud and embezzlement.

These examples do not mean that one person should not have responsibility. The difference is in the person. Whereas the superstar wanted other staff kept in the dark, the team player would have communicated the important responsibilities to the other staff so the office would function in his or her absence. Look for, hire, and reward team players; they will make your life and practice less stressful.

Although OMS is not physically challenging, many doctors go home at night exhausted and stressed. They are not exhausted from doing surgery; they are exhausted from having to constantly manipulate staff members to keep peace. Superstars embezzle from the practice. They do not steal money, they steal energy. They are like sponges, and they steal the energy and excitement from the other staff or even patients. To counter this type of behavior in these "indispensable" staff, the doctor must constantly manipulate situations and environment. This is what becomes stressful and exhausting. Surround yourself with team players and you will be energized. Synergy occurs when the total is greater than the sum of the parts. Team players, offensive staff, and givers blend harmoniously to cause synergy.

Enthusiasm, Joy, and Energy Knowing that we spend a significant part of our time with our staff, it makes sense to seek enthusiastic, joyous, and energetic people. Happiness and enthusiasm are contagious and are self-perpetuating. Friendly people with high energy levels are a welcome addition to any group of people. If you truly believe that there are no dress rehearsals in life, then you should make the most out of every waking second. For movers and shakers there is no room for pessimism. OMS is not particularly exciting for the patient, but an enthusiastic, joyous, energetic staff member can greatly enhance the service and happiness level of patients through attitude.

Surround yourself with enthusiastic, joyous, energetic employees with the other previously mentioned attributes and your practice will prosper.

Self-Managing Once you have found staff with the positive attributes, you need to make sure that they are self-managing. There exist employees who know just what to do but will not perform unless directly supervised. This is a drain because you need two people to do the job of one. There is nothing wrong with the concept of a manager, but if you must literally stand over someone to ensure progress, you have an employee who is not self-managing. Self-managing employees are a pleasure to work with and take all the effort out of management.

Termination

One situation that holds back progress and perpetuates turmoil is the ignorance and hesitancy of doctors to terminate an employee. One must make a decision to run a practice or an employee repair service. There is no doubt that terminating an employee is a decision that is wrought with emotional and legal ramifications. Firing