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**ORAL AND
MAXILLOFACIAL
SURGERY CLINICS
of North America**

Marketing the Oral and Maxillofacial Surgery Practice Through Positive Employee Relations

Joe Niamtu III, DMD

Oral/Maxillofacial & Cosmetic Facial Surgery, 10230 Cherokee Rd. Richmond, VA 23235, USA

Marketing the oral and maxillofacial surgery practice

I have written numerous articles and textbook chapters on this subject, and it is impossible not to repeat aspects of my views on this subject. As medicine and society change, so does marketing. Some of this information is new, and some is verbatim from previous publications, but much of it is timeless and was probably realized by successful business people in ancient Rome. Marketing is a controversial word among doctors. Some practitioners embrace it and some disdain it, but one thing is for sure—we all market. Some of us market intentionally by exposing our indigenous patient population to information about our services while they sit in a bright, friendly waiting room, listen to a call-on-hold message, peruse brochures of our work, or are given exemplary service by well-trained staff. Others claim not to market yet expose their patients to negative marketing, such as dirty and crowded surroundings, long waits, rude receptionists, and poor practice management. Both of these scenarios involve marketing, even for doctors who say that they do not believe in marketing. The problem is that they are providing negative marketing. The underlying fact is that all doctors market, like it or not. The minute you unlock your door and roll your phones over in the morning, your marketing once again begins. Even when you are closed, you are marketing by the most powerful source of all, word of mouth.

The reputation of a practice never sleeps. Realizing this fact, the remainder of this article deals with the theories of superlative patient care

through employee enhancement. I point out positive and negative influences in the world of marketing. I fully realize that this is one practitioner's opinion and others may differ, but these opinions have propelled our practice from a single oral and maxillofacial surgeon (OMS) with two employees to a nine-doctor group with seven offices and more than 50 employees. We are far from perfect and do not proclaim to hold the keys to the marketing universe, but we have come to realize and appreciate what works and have learned from our mistakes on what did not. Hundreds of OMSs around the country have found a balance of how to attract and keep patients and enjoy their profession. They also could easily write this article, and I have learned from many of them. The first rule of marketing is to always be a teacher and a student.

Employee relations

I have been an active and prolific practitioner of oral and maxillofacial surgery for 24 years. I have been lucky to have chosen eight partners who continued to drive our vision to the top and build their lives around the wonderful profession. I also have had the pleasure to befriend hundreds of other successful OMSs around the world. I truly believe if you ask average OMSs what are the best and the worst things about their practice, they will answer the question with one word: employees. The relationships you forge with your staff can produce some of the most rewarding experiences of your life. On the other hand, they can be the largest focus of stress in your life and potentially ruin your career. This range from great to horrible is not circumstance but is usually poor leadership on the part of the

E-mail address: niamtu@niamtu.com

doctor. As I write this article I am aware of employee problems within our practice that are mundane and common, although stressful and unproductive. At the same time, I am aware of several truly tragic situations involving friends of mine around the country. In one instance, a truly brilliant surgeon lost his license for writing prescriptions to his receptionist. Another friend has had his life and practice ruined from a sexual harassment suit. Still another friend suffered a huge lawsuit for actions of his employees. Because all of this information is fresh in my mind, I devote this article to employee relations. If you hire and train the right employees, marketing is almost automatic and the inverse is true. To establish a successful marketing practice, you must hire and train the right employees and terminate the employees who are not upholding the vision of your practice.

Because many new practitioners are reading this article, I begin at an elementary level and progress. The basis of the article is paramount to all employers regardless of the time in practice. Universal situations exist that enhance or detract from any business, and choosing the correct employees is paramount regardless of the type of business. This fact applies especially to all service-oriented businesses, of which health care happens to be. Unfortunately, many doctors never grasp the concept that their business is based on service and struggle and endure unnecessary stress while their colleagues who do understand the 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 US Post Office? Most people would choose the former because of perceived level of customer service on behalf of Federal Express and the lackadaisical attitude often attributed to government agencies. 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 are abusing patients, the practice will not prosper (Box 1). On the other hand, a mediocre doctor can be elevated to hero status by a staff that nurtures their patients. Most doctors are clueless on correct hiring and firing concepts, and the ones with experience often have earned their knowledge through hard knocks. When I lecture to large groups of doctors in any locality,

Box 1. The 1995 American Society for Quality survey on the reasons customers switch service providers

- Death (1%)
- Moved away (3%)
- Influenced by friends (5%)
- Lured away by competition (9%)
- Dissatisfied with work (14%)
- Attitude of indifference on the part of an employee (68%)

employee relations always occupy one of the top three lists of practice stress.

In the past, poor hiring and termination practices may have meant only increased employee turnover and doctor stress. In the current litigious environment, improper human resource skills frequently lead to lawsuits. Wrongful discharge, sexual harassment, discrimination, and other employment-related litigation is 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 and circumstances. This is 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 damaging to the morale and reputation and pocketbook of the doctor. Because most OMS offices involve a male doctor with a female staff, the author strongly advises all new practitioners to thoroughly gain information about local and local employment laws.

Initially, a new OMS will more than likely require a staff of at least three employees. The AAOMS recommends that two employees assist at surgery and someone tend to the front desk and clerical duties. Some new doctors may economize by using two employees and placing phones on a recorder during surgery; however, availability to referring doctors is compromised. There is no doubt that as soon 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. A strong pool of dental assistants, nurses, and surgical techs exists. As with any business, previous experience is preferable. A seasoned

assistant actually can teach many things to a new doctor. It is also preferable to hire an assistant who can obtain hospital assisting privileges. As with all positions, a friendly, compassionate, presentable, mature assistant is optimum. One potential problem of hiring new employees involves the age and experience levels of the applicant pool. This pay and experience level frequently abounds with young, inexperienced women, many of whom have little experience and whose reliability and maturity levels may be insufficient to suit one's needs. This segment of potential employees is often transient because of schooling, relationships, and childbearing. I have taken pride in hiring this type of employee and watching them grow into excellent staff members. This growth has been in the presence of superlative staff members who had the opportunity to mold the new employee into a polished employee. Hiring this type of person without the nurturing can lead to many employee/employer difficulties.

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 bounded by many barriers. Pain, expense, inconvenience, apprehension, third parties, and lack of appreciation of services are just some of the common barriers between a doctor and patients. Many of these patients are "shopping around" to find a caring and reassuring environment or the ability to tailor finances. An exceptional receptionist acts like a magnet to bring these patients into the practice, whereas a rude or non-compassionate person may distance them even more. This position calls for multitasking, especially for the new doctor 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 begs for a mature, experienced individual and commands a higher salary. This is money well spent, because this person literally can help shape the future of the practice.

Where to find good employees

This is a question posed by all businessmen and -women. Experience is important, and the

optimum situation is to hire someone who has worked in an oral and maxillofacial surgery practice. I warn against hiring an employee from a colleague's office, 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 help wanted ads in the local paper are a traditional means of finding employees. I warn against placing anyone's home phone in the ad for applicants. It is not unusual to have many, many calls at all hours of the day and night. Instead, I suggest a neutral address or PO Box number for which to send resumés. If the new doctor does not have hiring experience, I suggest that a qualified party assist in the interview process. It is important to hire someone with the correct "fit" who will augment the personality of the doctor. Many employment situations are a roll of the dice, but I caution against hiring someone who conveys feelings of suspicion. This is no place for a demure introvert. Hire someone with good eye contact, a good smile, and an enthusiastic attitude. An employee who "glows" is a keeper and infects the other employees and patients with that glow.

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

New doctors are frequently in 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. Many of the "throw away" dental periodicals offer yearly regional staff salaries and regional fees. One of the major incentives for many people to work is obtaining insurance benefits. In the health care professions, health insurance as a benefit is pretty much a given. 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 the plan of their choice. Because many employees may have coverage from spouses, they may not need all the benefits that another employee would. So-called "cafeteria plans" present a menu of options from which employees may choose 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 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 401 K plans or similar vehicles. This benefit must be fully explained to be appreciated and extends the gift of ownership to one's staff.

Let us direct our attention to the actual art and science of hiring and firing. If there is one element of running a business for which most doctors are unprepared, it is 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. Enumerating several commandments of hiring, 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.

I feel strongly that it is an absolute infraction to hire spouses or family members as employees. Nepotism will, at some time, cause employee problems. I have lectured all over the country on this subject and am often met with resentment for stating this opinion. It never fails that at the end of a lecture a doctor or spouse confronts me in stern disagreement. My response is that there are always exceptions to the rule, but the doctor is aware of countless problems involving family. This is especially difficult for partners or other employees because preferential treatment may be perceived. The spouse also may have the "coach's son syndrome" and apply stresses that are unnecessary. There is no doubt that it is difficult for a partner or manager to reprimand one's spouse, and if push comes to shove, it is rarely the other person who must leave the practice. I have observed many state-of-the-art practices over the past 20 years, and it is rare to find an exceptional practice with family members as employees. Two exceptions that exist are having family help at the inception of the practice as a cost-saving issue or casual summer employment for odd jobs. While on the subject of nepotism, 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 seems 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. I am aware of multiple cases throughout the country involving expensive and embarrassing outcomes for a surgeon. I am also aware of suits brought forth for telling off-color jokes, inappropriate body contact that involved "backrubs," and commenting on an employee's attire or physical traits. Another common violation is the temptation to manipulate monetary funds. Some doctors may pocket cash that comes across the front desk and feel that it is untraceable. Always remember that if a staff member witnesses a doctor evading taxes or doing anything illegal for that matter, he or she now has a partner. If the doctor can steal cash and no one knows, then why shouldn't the employee?

Doctors spend as much or more time with staff than they do with their family, and there exists a temptation to bare one's soul. I cannot stress enough the need to always keep some distance from the doctor's private life and what the employee knows or hears. The author is familiar with several exceptional surgeons who were dragged through the mud by terminated and disgruntled employees. Never underestimate the diabolic nature of scorned employees. Like in a nasty divorce, they use any weapon of destruction, so do not provide them with ammunition.

This section discusses hiring and the interview process. There is a true art to being a good interviewer. It involves the art of listening—listening to what an employee says and being able to read between the lines as to what the employee represents. I elaborate on this later. First, the dress and demeanor of an interviewee is important. Because 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 can only go downhill. I feel strongly about hiring bubbly, enthusiastic employees, and if applicants do not smile and show strong eye contact, they are usually a poor choice. An additional caveat involves an applicant who speaks negatively of previous employers. This behavior should be a severe warning, especially for individuals who claim to be "victims." There is little doubt that you 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 OK, but for a new doctor it merely adds additional stresses. It is better to hire a "teacher" than a "student" for the new doctor. Interviews need not be exhaustive and should be standardized. In

short, you have two people sizing each other up. Do not forget, applicants are also interviewing you as a boss, and when employees resign, they are effectively firing you as a boss. It is a two-way street. One good question to ask is what applicants liked or disliked about their previous job, which can extract key information about how an employee may interface in your office. It is important to know if they can meet your standards in terms of overtime and Saturdays.

The next most important thing is being able to relate your vision and the goals of your practice. You must present written documentation of who you are, where you are going, and how you plan to have an applicant assist your journey. Many doctors do not have these guiding principles in writing, and how can an employee relate to goals that are nonexistent? Again, you should provide applicants with their 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. I suggest that the doctor make an audio- or videotape that contains the guiding principles and visions of the practice, which standardizes the interview process and simplifies this task.

If you have properly defined your goals and visions, you can effectively ask employees if they want to play on your team and follow your rules. If you have not defined the rules of the game, then how can you possibly expect employees to play? I have presented the rules of the game to applicants, and they stated that they could not comply with our expectations. Such employees have done both of us a tremendous service because it may have been months of frustration before an employee quit or was terminated. The point is that if we did not have the job description and rules of the game defined, then we could not have gained this information.

Employee references can be patronizing or significant as to hiring. Unfortunately, legal precedents have been set and it can be grounds for a suit. Many employers are 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. On the other hand, an employer may be afraid to give an accurate reference because of legal recourse. It probably requires speaking to several individuals to actually obtain an accurate base. To simplify this process, it is important to ask previous employers if they would hire an employee again. It is also prudent

to ask them if the applicant possessed the attributes or lack thereof that we are about to discuss. This at least gives some standardization to the referral process and allows new employers to find out an applicant's ability to fit into their office. Any employer must be careful about providing a negative reference. If an applicant can prove that you have prevented them from employment, you may be liable. Million-dollar lawsuits have been awarded to employees who were able to prove defamation. The author severely cautions any employer against 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, loss of efficiency, and negative impact are immeasurable, but they cost money and they cause stress.

I feel that eight attributes make a perfect employee. For the sake of measurement, we refer to a perfect employee as a "10." What we desire is to be able to screen for employees who are a "7" or above. The following attributes greatly assist this evaluation process (Box 2).

Competency and presentation

Competency is the foremost attribute required in the consideration of an employee. In any service-oriented business, customers or patients

Box 2. Key interview points to consider when interviewing potential employees

1. Competency and presentation
2. Unconditional commitment
3. Giving or taking
4. Offensive or defensive behavior
5. Superstar or team player
6. Joyous demeanor
7. Self-management
8. Learner

seek and expect a certain level of care and service. When people go to a nice restaurant, they know in advance that it will be expensive. For that expense they expect a high level of service (ie, prompt seating, polite treatment, accurate ordering, fast service, and attention to detail). A waiter 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 is that the restaurant owner may really have paid attention to detail. He or she may have a beautiful facility with ample parking, purchase only the finest ingredients, and hire the best chef in the area. Despite all the attention to detail, a single incompetent employee may shatter the dream of having a fine restaurant by negating attention to detail. There is a difference between inexperience and incompetence. If our waiter had a badge that stated "waiter in training," we would expect a lesser level of service. This employee may become an excellent waiter but should not be turned loose on the public without supervision.

Presentation is also an important factor to consider in our business. The discipline of oral and maxillofacial surgery involves cosmetics, aesthetics, and health. One of your most powerful marketing principles is the appearance of the doctor and staff. Slovenly, out-of-shape staff with yellow teeth or fingers from smoking or excessive body piercings or tattoos do not embody 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

Unconditional commitment is defined as commitment with the lack of conditions. The closest example that I can find is a resident in a training program. As residents, we could not allow anything to take precedence over our work. None of us would have dreamed of telling our program chair that we could not meet a deadline because we ate lunch and did not have time. We were in an environment in which lunch was not a priority, and our work took precedence. When we are called to the emergency room in the middle of the

night, we cannot say "It's late, call me in the morning." These are examples of unconditional commitment.

Owners of businesses have much more impetus to be unconditionally committed because they reap more of the benefits or failures than do the employees. 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, sports clubs, bowling leagues, scouting troops, 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, and the point is that we are social animals and extend great efforts for "the cause." This same socialism extends into office settings; when employees bond and identify, they 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 product 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.

Unconditionally committed employees perform within reason to accomplish the task at hand. Applicant who will not work overtime or on Saturdays or follow your rules of the game are only conditionally committed and do not meet our criteria. Finally, employees may be unconditionally committed to you and not your vision. If employees are only committed to you and you come into work with a poor attitude, then they also take on your attitude. If employees are committed to your vision, however, then they can pull you aside and remind you of your commitment to excellence and point out that your attitude on that particular day is not what your goals define.

Givers versus takers

People are either givers or takers. Givers are loving, compassionate people who truly enjoy giving of themselves. These people understand the win/win concept and fully realize that the more they give, the more they receive in return. These people exude a generosity that is not measured in physical gifts but more importantly in the subjective sense. These people give gifts of

advice, time, compassion, empathy, and service. By now, you should be getting a picture of what it is that we want in an employee.

On the other hand, takers operate in the win/lose environment because for them to win, someone else must lose or look bad. These people reminded the teachers that they did not collect the homework assignments in school. Their means were 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 culture. An OMS who refers to other OMSs as competitors instead of colleagues is another example of a taker. Persons who speak negatively about anything to enhance their own identity are takers. Givers would complement other persons on their efforts and then focus on those of their own. 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 barrel. If, as an employer, you come across the “what’s in it for me?” attitude, you must take action. If employees must have someone lose for them to win, guess who loses? The losers are the boss, the other staff, and the patients.

Offensive and defensive employees

By this categorization we are referring to one’s ability to accept change. Change is the basis for all molecular structure, and all of life—from the subcellular level up—involves motion, change, and energy. If you examine successful people and successful practices, you see that they thrive on change. Change should breed excitement, but for many people it breeds fear and insecurity. If doctors are truly interested in approaching excellence, then they must continually change all aspects of their practice to increase efficiency and service. I challenge and reward my staff for changing. We look at our forms, policies, and furnishings and brainstorm, as a group, on how to improve them. Accepted employee suggestions are validated by monetary rewards.

Some employees are intimidated by change and take the “if it ain’t broke, don’t fix it” attitude, which is poison in a motivated practice. Employees who accept and encourage change are termed offensive, whereas employees who fear and resist change are termed defensive. I recently made significant changes to the current charting system in my office. These changes meant altering the

status quo of everyone’s interaction in the structure and handling of the office charts. It was truly enlightening, as an employer, to witness the offensive staff immediately recognizing the potential for increased efficiency and service, whereas the defensive staff members could only see problems. For these defensive staff, it meant doing things differently, and although it was actually less work on their part, they resisted because of their personality traits.

It is appropriate for staff to challenge change. When I proposed the charting system changes, I did not consider some shortcomings and was enlightened by challenge from the offensive staff. It was interesting that the pitfalls put forth by the defensive staff were less founded to 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. Valid leaders understand that all change may not be effective and must concede to their staff that a given plan was not working. It is acceptable to make mistakes and not dwell on them but rather move forward and, by trial and error, enhance the service to patients. Successful practices have offensive players.

Superstars versus team players

The term “superstar” is not a positive adjective in the sense we are using it. A superstar is the type of employee who can do it all. Although this might be appropriate or even desirable for your first employee, you will have problems when you begin adding staff. Superstars manipulate situations so all the attention swirls around them. It is not about winning the game; it is about how many points they scored. Superstars feel that for their previous experience or superior intellect they can “do better.” They feel 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 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 co-workers, it becomes evident whether they are respected leaders and role models or self-servingly critical.

There are tricks to ferret out this personality type. Superstars 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 who do the payroll. They thrive on being needed for important functions. They frequently do this to become indispensable. They may cause 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, such as back up or payroll. The key to neutralizing superstar status is cross-training. Give several staff responsibility for critical functions. This is good business sense and lessens the chance of fraud and embezzlement. Cross-training prevents superstardom.

These examples do not mean that one person should not have responsibility. The difference is in the person. Whereas superstars want other staff kept in the dark, team players communicate the important responsibilities to the other staff so that the office functions in their absence. Look for, hire, and reward team players, because they make your life and practice less stressful.

Although oral and maxillofacial surgery 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, which 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 self-perpetuating. Friendly people with high energy levels are a welcome addition to any group of people anywhere. If you truly believe that there are no dress rehearsals in life, then you should make the most of every waking second. For movers and shakers there is no room for

pessimism. The form of oral and maxillofacial surgery is not particularly exciting for the patient, but enthusiastic, joyous, energetic staff members 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-management

Once you have found staff with positive attributes, you need to make sure that they are self-managing. Some employees know just what to do but do 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

If I could highlight a single entity that holds back progress and perpetuates turmoil, it would be 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 someone or being fired can provoke so many emotions in both parties that many doctors procrastinate or endure years of unnecessary stress because they cannot bring themselves to "pull the trigger."

In this situation, we ignore the tenets of big business. In the corporate world, termination and the factors leading to it are clearly defined, and it is not uncommon for employees to be terminated in the presence of co-workers while a company security guard hands them a box in which to place belongings and then escorts them to the door. It is traumatic for employees to be terminated because it signifies failure and humiliation. It is even worse when employees feel that they were unfairly terminated. If an employee is terminated for being tardy and has the retort that "Mary Ann is always late," your credibility is lost and you may open yourself for a wrongful termination suit. The best way to avoid termination is to use correct hiring principles. This sounds so trite, but

in most offices hiring is such a haphazard event that it becomes a roll of the dice. In my travels I am constantly amazed by the lack of attention to basic human resource policy. Well-established offices often do not have written job descriptions, policy manuals, employee documentation files, and other basic information. Every office should have written policy on exactly what it takes to be an excellent employee and what it takes to be terminated. Employers also must be consistent with these policies with every employee. If employees do not know the goals of the practice, the day-to-day policies, and what is expected of them, how can they be expected to perform? Without structure one has chaos. Unfortunately, many practices—new and old—function in a chaotic state.

For these reasons, every practice needs a map and a compass. The map is the policy manual, and the compass is the leader of the practice, the doctor. No one can get from point A to point B in unfamiliar territory or inclement weather without navigational aids. Can you imagine a football team with no one designated as the quarterback? If there was no leader and anyone could call any play at any time, chaos would rule and the team would never advance. Similarly, if the team had a quarterback who knew all the plays but had no playbook for the rest of the team, the same chaos would rule. Any successful team must have a leader and a playbook, and any pilot must have a map and a compass. Similarly, every office must have a leader and rules of the game, which are mentioned later.

When the performance of an employee begins to falter, the leader must conscientiously ask himself or herself if it is an employee or employer problem. The perceived employee problem is often actually a leadership problem. If it is truly an employee problem and the employee can be salvaged, then a written warning and a second chance may be extended for a probationary period. If the employer feels that the employee is not catching on or is unsalvageable, then it is better to approach the inevitable as soon as possible. It is also important to document employee shortcomings and proof of counseling the employee, which is critical in terms of defending a wrongful discharge suit or an unemployment claim.

The task of termination

If the proper pre-termination steps have been performed, the actual task of termination need

not be complicated. The single most important point is to have the entire script well thought out and clear in your mind. This is no time to ad lib or fumble around; absolute clarity is essential. It is also important to realize that if you are unhappy with the performance of a staff member, he or she is probably aware of it and is probably unhappy. Sometimes the termination of employment is actually a relief to both parties. I always terminate an employment relationship on a Friday afternoon, unless a significant infraction, such as theft or substance abuse, has transpired. It is important to have a private environment away from other employees, and it is mandatory to have an employee, preferably of the opposite sex, present to document and witness. I simply tell an employee that the employment relationship is not working. I further tell the employee that I think he or she is a fine person but not a good fit for the practice. I state that I have a certain vision and direction for the practice and that the employee is not moving toward the goals of the practice, which is not a good fit. I prefer not to delve into specifics because it opens the door for argumentation or comparison to other employees. If the employee pushes in that direction, I take control of the situation and reiterate that the topic is not open for discussion and move on. It is imperative not to insult an employee and leave him or her with poor self-esteem. If the situation is applicable, I offer the employee the ability to resign with severance benefits or be terminated with no benefits. I enter the interview with two predrafted letters—one for resignation and one for termination—and give the employee a choice. If I feel that there may be legal implications or retribution, I have the practice attorney present. It is acceptable to have a manager or attorney do the actual firing, as long as the proper channels are followed. It may be wise for the doctor to distance himself or herself from these proceedings and stick to doctoring. I have eight partners and more than 50 employees. Because of the size of our practice, we have an administrator with medical group management experience and a trained and experienced human resources manager. Hiring and firing are ongoing occurrences and are beyond the scope and training of the doctors.

Although it may seem cold, it is an absolute necessity to obtain any keys, credit cards, or any other practice possessions immediately. There are many cases of documented sabotage involving the lack of following this protocol. An even greater temptation for sabotage is to terminate an

employee with 2 weeks' notice, which is a perfect invitation for the person to be unproductive or diabolic within your office. A prudent employer already has a replacement lined up for the position. I stated earlier that some doctors commit serious errors in judgment by taking money from the front desk, having affairs with staff, or allowing staff to know personal or family information. After being fired, an employee may become disgruntled and expose any deceit or retribution, which is a real and all too common situation. Do not fall victim.

Putting it all together through communication

I have outlined many theories and techniques related to marketing and patient service. I have used the phrase "content, happy and profitable practice" many times throughout this article. Anyone who has built this type of office can testify that it is a task of significant proportion, and the pursuit of excellence is never ending. It is said that excellence is a journey, not a destination, because there is no finish line. If someone is truly dedicated to the profession and practicing with enjoyment and profitability, then he or she will pay attention to the following tenets:

- Hire and maintain the correct staff
- Provide leadership and enthusiasm
- Make clear what is expected through a policy manual
- Train the staff to be patient-centered service providers
- Reward them for their efforts
- Pursue excellence in all facets of your practice
- Know when to terminate an employee
- Constantly improve the level of training and communication
- Always be a teacher and a student

These tenets are key to setting the stage for organized marketing. Without them, there is no marketing, unless it is negative marketing. A common misconception is that marketing merely involves the physical techniques mentioned earlier. A surgeon cannot market alone, and an uninformed or undertrained staff cannot market at all. Constant communication and consultation are paramount to keeping the team sharp. No football team would ever reach the championship without practice. For the OMS this practice involves staff communication. Any progressive practice has regular meetings with the doctors, managers, and staff. Although one's staff may

know what to do and what to say, it must be continually stressed to stay aware and sharp. Enthusiasm is contagious, and the same may be said of the lack thereof. This team spirit must be perpetuated. I have monthly staff meetings with the partners and manager, quarterly staff meetings with everyone included, and an annual retreat for staff focused on communication, patient service, and continuing education. The manager also has regular meetings with various locations. One does not need to have a group to do this. In fact, it is much easier with a smaller office. Regardless of size, everything in this article applies to all offices.

To enhance communication, one must have policy and consistency in all positions. My partners and I have used a set of communication principles we refer to as "The Rules of the Game." This is an excellent list from which to build and a valuable tool to show a prospective employee that you are contemplating hiring. Every game has rules, and to win, one must be acutely aware of all the rules to avoid a disqualification. The winners in oral and maxillofacial surgery are happy, profitable practices, and the losers are those who go home exhausted and frustrated and dislike what they do for a living.

The following principles are referred to as the "Rules of the Game," and in my office they take precedence over all other forms of communication. All partners, managers, and employees are aware of the rules and they are posted throughout the office in bright, laminated frames. I feel that it is important for each person in the practice to have an intimate knowledge of the rules, and like referees in sports, the owners and managers must have an even greater understanding. The following sections examine each rule and its implication as it relates to oral and maxillofacial surgery.

Be willing to support our missions, values, and guiding principles

This rule, although obvious, is the most often overlooked. I am amazed and confounded by how many OMS practices do not have a written policy manual with distinct job descriptions and a clear outline of the vision or goals of the practice. If you do not communicate these with employees, how can you possibly expect them to support them?

Speak with good purpose

Gossip among doctors and employees is one of the most destructive forces in an office. It involves

speaking about someone outside of his or her presence. Gossip is spoken by idle, unchallenged employees and can undermine your entire staff and effort. It should be grounds for termination and strictly prohibited. This also applies to those who say one thing and do another. Leaders must truly practice what they preach. Like your mom said, "If you can't say anything nice, don't say anything!" This especially holds true for pessimists.

Be open and honest in your communication with each other

Actually expressing one's true feelings is sometimes difficult. We are often afraid to hurt someone's feelings, rock the boat, or cause friction, so often it is easier to agree with someone or support improper behavior because you may be intimidated to express the truth. This is one of the most difficult things for some people to do, but if this rule is not followed, the others are meaningless. One must be able to look partners, managers, and employees in the eye and tell them exactly how they feel. If this is done with consistency, a person will be respected. For this to work, all individuals must take a pledge to be open and honest. It breaks the ice and paves the way for open-ended communication. Failure to do so perpetuates the problems of communication that plague many practices.

Complete agreements and be responsible to others and yourself

When people try to iron out problems, it is human nature for everyone to want to jump on the bandwagon and volunteer to take responsibility for making a change, which frequently involves a task, behavior change, or sacrifice. All too often, people who are enthusiastic starters often lose their vigor or neglect to follow through on the task or the promised behavior. This fault is common and is one huge reason why some practices never get out of the hole. It is imperative that when people say they will do something, they take the responsibility to follow through and the leader of the practice takes the responsibility to coach them through the stated work and insist on its timely completion. People must realize that when they fail to follow through on a task, they let themselves and the practice down.

1. Make only agreements that you are willing and intend to keep.

2. Clear up any broken or potentially broken agreements at the first appropriate time with the appropriate person, which is especially important. If one sees that a person is missing the promise or timeline, it is important to discuss this with the correct person at the correct time. The immediate leader for this staff position must be made aware of the possible lack of follow through and it should be expressed immediately. Complaining to the incorrect person may be gossip, and failing to notify the leader immediately compounds the problem by procrastination.
3. Do not commit to others unless there is agreement. Simply because a given individual feels that he or she has the correct idea or action does not make it correct. This fact must be clearly communicated to the group and a positive response must ensue, which requires rule number 3.

If a problem arises, look first at the system, not the people, and then make the correction

If there is one thing that many employers are guilty of it is this. I stated earlier that most employee problems are the result of the employer, not the employee, which is usually true. Employees often take the brunt of criticism when the employer is guilty of being a poor leader. If there are no policy manuals, job descriptions, vision, or goals, then whatever occurs is happenstance or coincidence. Your chances of having an enjoyable, profitable practice fall into the odds of winning the lottery. Virtually any employee problem can be traced to improper leadership. Next time you are disappointed with an employee, stop and look in the mirror and ask yourself as a leader, "Did I do everything possible to make the rules and goals known and set clear standards to be followed in this case?" It takes a big person, but so often a leader cannot answer this question in the affirmative. A true leader admits shortcomings and does better; a poor leader continues to be a blamer.

Do not be a blamer

No one likes taking criticism or being wrong, but blaming others for one's failure or shortcomings only perpetuates mediocrity. The three hardest words to say are "I was wrong." Once a person can speak with honesty and admit the failure, he or she will be respected and open the door for

other individuals to exhibit this honesty. For this environment to exist, the other staff must be supportive and accept apology and honesty and not persecute the individual or dwell on the admission.

Commit to add value by making more out of less

For any business to thrive, each person must add value. Stress and waste occur when staff or doctors detract value. The key to operating a successful business in this day of managed care and business is to be lean, economical, innovative, and value conscious, not only in physical spending but also on decisions and the entire aura of the practice. Waste in policy or expenditures severely affects the ability for some doctors to enjoy their work and make a profit. Each staff member should constantly challenge the others and the practice to do more with less, and when a suggestion is valid, that employee should be rewarded.

Have the willingness to win and allow others to win

In a win/win situation, the attitude is “if I allow others to win, then I win also.” With an employer, the win is even bigger. This is a competitive world, and many people are used to winning to be promoted or to advance. Unfortunately, many of these people feel that they can win only if someone else loses, which creates a backstabbing environment; for the person to win, someone must lose. If this person is your employee, then the practice ultimately loses. These people are goal oriented and difficult to control. On the other hand, win/win employees progress and advance just as fast and with fewer waves because they realize that by allowing others to win, they win and may win bigger. This type of employee portrays altruism and is a valuable asset to any practice. The world needs more winners.

Focus on what works and retreat on what does not

Often the best intentions are put forth with ideas or policies, only to have them fail or fall short of the intended benefit. A progressive leader realizes that some ideas, no matter how good they seem, are not feasible. These leaders admit the shortcoming, regroup, and attack the problem from another angle. A poor or resistant leader does not admit to the shortcoming and beats a dead horse, although it is not in the best interest of the practice. Some leaders remain hardheaded

and propagate poor policy because they cannot admit to being incorrect. No matter how good it sounds, if it does not work, move on. What is also important is not to focus too much on the past. If one is surrounded by individuals who do not forget a mistake and continually reflect on what did not work, the proper environment is not being fostered to admit a mistake. Do not dwell on the past; learn from mistakes and move on.

Encourage the risk of innovation

One must focus on the best communication for staff and the best service and care for patients. Doing this requires going outside of the usual parameters for practice and service. If one follows the usual details for running a practice, then one will have a usual practice. To have an exceptional practice, one must constantly challenge the leaders and the staff to think of innovative means to better the communication and patient service and care. Sometimes staff are shy or hesitant to provide input. Sometimes people who provide input are ridiculed or ignored or, worse yet, go unrewarded. Big business learned decades ago that it pays to have good ideas and one should pay for good ideas. If employees make a suggestion that makes a difference, they deserve reward. They win, you win bigger, and your patients win biggest.

An example is how our practice decreased after-hour calls by 90%. No one loves being on call and we all get nuisance calls. Many or most of the after-hour calls involve medications. Some calls are warranted and many are from drug seeking patients. Our practice simply put a message on our after-hours recorder that stated, “No prescriptions are filled after hours or on weekends.” We also posted these signs throughout the office. We initially feared that we may offend legitimate patients in pain, but we were wrong. Legitimate patients called during office hours and drug seekers called someone else. We literally decreased our emergency calls by 90%.

Do not shoot the messenger

Upon hearing bad news, the king killed the messenger, as the story goes. None of us want to hear bad things about our practice, but to ignore them only makes things worse. Ignorance is bliss only for someone who wants to work in a stressful and non-profitable environment. A good leader must demand to know what is good and what is bad and must liberate the staff, patients, and

referring doctors to have unencumbered input. If you make it hard for someone to tell you negative things, you never hear them. This is not reality. Sometimes it requires a negative to make a positive. True leaders have an open-door policy for constructive criticism and act accordingly. Before criticizing someone, first try to understand the principles of the policy and always offer criticism in a positive and constructive manner, as stated in rule number 3. Encourage critique!

Raise the “red flag” when overloaded

Leadership requires energy, and sometimes—with the best of intentions—we put too much responsibility and burden on ourselves. Although we think we can handle it, we become overloaded and begin to break rule number 4. This behavior, although done with good intentions, actually encumbers the practice and skews all the rules. We all have limits of responsibility that we can handle and must maintain a good mix of relaxation and outside activities. If one becomes overloaded, in trying to make something better, he or she may actually make it worse. We all tend to multitask; sometimes instead of advancing a few prime goals we wallow in stagnation, which leads to inefficiency and burnout. If our managers “raise the flag,” we can appreciate their honesty instead of admonishing them months later when we see that the projects are not done. It is more advantageous to admit overload and ask for help to keep the practice on track. Never be afraid ask for assistance and never create an environment in which this communication is frowned upon.

Always maintain a sense of humor

Life is a short ride, and we all have only so many heartbeats to enjoy it. Sometimes we take things way too seriously. There is a time for

seriousness and a time for levity. Most influential and successful people with whom I have had the pleasure of being associated always find humor in life and make the best out of all situations. As OMSs, we live in a high stress environment and face sometimes grave decisions on a daily basis. No matter how bad things seem in a given crisis, history tells us that they will pass and improve. Optimism is a virtue and is contagious. Try to smile every second and find humor and laughter in life. There are no dress rehearsals in life! How would you treat people today if you knew it was your last day on earth? The button that fell off your shirt or the flat tire would carry much less aggravation.

Summary

This article was intended to be about marketing. Many readers may have appreciated more specific discussion on exact techniques or “how do I do it?” Those topics can be covered in a future article, but having superlative acumen on employee relations is much more important to all OMSs than “how to take a referring doc to lunch.” Keep a copy of this article handy and distribute it to all new employees. Review the hiring and firing tenets and “Rules of the Game” each time you hire a new employee, fire an established one, or face trying times with staff or partners.

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