SUCCESSFUL ASSOCIATESHIPS DON’T JUST HAPPEN

Some relationships between the associate dentist, senior doctor and the rest of the staff are matches made in heaven while others seemed doomed from the very beginning. Over the past twenty seven years of consulting I have researched what it takes to create the successful two or more doctor practice and I’ve made notes on why so many of them fail. At one point on my research, I found problems in three fourths of those in existence. Only twenty five percent were working well with minimal stress.

What are some of the ground rules for a successful relationship and whose job is it to see that it works? The ground rules are quite simple and the answer to part two of the question is: EVERYONE in the practice is responsible for making it work.

Do You Need A Second Dentist?

The first ground rule is to make sure that the practice needs another dentist before the decision is made to turn from solo to duo. Hearing comments like: 1) I’m going back to my 10th reunion from dental school and I thought it would sound good to say I have an associate. 2) My spouse and I have reached the age of traveling ten weeks each year and I need someone to cover for me in my absences. Or, 3) I get tired of working with all women, as a male dentist I need another male doctor on staff with whom I can share some of my joys and challenges. There is only ONE reason a second dentist should be brought into a practice and that is: the practice is too busy and one dentist can’t physically take care of the patient load.

Staff Need To Be Involved.

The second ground rule is that “the staff should be in on the what’s happening now”. If the senior dentist secretly interviews the candidates for the associate position or tells the staff one week, “oh, by the way I’ve interviewed for a second dentist and he (she) is starting to work in two weeks. Fridays off have been a gift so beginning in two weeks you will all be working Fridays with the new dentist. If the staff resents the new arrangement even before the associate starts, it will only be down hill from there. No matter how good the new dentist is; he or she is starting off with points against them. The proper introduction to the staff is to sit down and explain to them that “we have built a dental practice we should all be proud to be part of.” The dentist/owner then goes on to say, “due to the sheer busy-ness of the practice, in order for us to continue to serve the number of patients that wish to come here, we need a second dentist and in hiring this person, I NEED YOUR HELP! These are the four magical words that empower the team to realize that they are important in the decision, and even more important in the selection and orientation of the new dentist.

The smart senior dentist asks the staff to create on paper the ideal candidate for the office as the second dentist. At a team meeting they offer personal and professional traits they hope the new dentist possesses. “We want the new dentist to be caring, clinically good, even-tempered, outgoing, grateful to be there, kind to staff and patients, respectful, honest, punctual, dependable, motivated, goal-oriented”, and the list goes on. If the staff members feel involved in this important decision and the actual selection process, even though the owner/dentist is the final decision maker, staff are much more anxious to make the new dentist work out well as they had a say in who was brought in.
Rules for All.

Rules for the Dentist/Owner:

1) Never speak unfavorably about the new dentist to the staff for any reason.
2) Never compare the new dentist’s skills to your own. Remember you were new once.
3) Don’t expect the associate dentist to be a moneymaker and practice builder the first twelve months.
4) Don’t hoard your patients and get mad if you see their names on the new doctor’s schedule.
5) Don’t take all the big cases and expect the associate to be happy with “left-over” dentistry or procedures that you dislike doing.
6) Show strong and positive leadership at all times. Be a mentor and teacher for the younger dentist. Be proud of him/her and introduce them to all the patients and your colleagues at meetings.

Rules For the Business Staff

1) When answering the phone or greeting patients, don’t refer to Doctor B as “our Associate”. An example of this might be: Mrs. Carver, who is a patient of Doctor A’s calls with a lost filling that must be replaced immediately. (The later this afternoon, the better as Mrs. Carver works in the next city 60 miles away.) If Doctor A’s schedule can’t accommodate Mrs. Carver yet the Associate has an opening, rather than saying, “I’m sorry Mrs. Carver, Dr. A can’t see you today, but you could see our Associate,” this sounds second best. A better phrase would be: “I’m sorry that Dr. A can’t see you this afternoon as his schedule is very full. Dr. A would not want this to wait. He would want you to see Dr. B who joined our practice since you were last here”. Sounding supportive of Dr. B and putting them on an even field by title is key in patient acceptance and trust.

2) Concentrate on being as loyal to the Associate’s schedule as Doctor A’s. Remember when the Associate is successful it benefits the entire practice.

3) Promote the Associate over the telephone and introduce him/her every time the opportunity presents itself. When the staff show interest in the Associate, the patients follow suit. If the senior dentist is jealous, this can cause friction.

4) Try to have the same collections savvy with the Associate’s patients as Dr. A’s. Remember most associates are paid a percentage of their collections so they rely heavily on the business staff for a decent paycheck.

5) Let the Associate know daily how they did for the day with numbers, goals, computer reports and such. They will only be as interested in the business of dentistry if the information and enthusiasm from their co-workers is strong.
Rules for the Clinical Staff.

1) Speak favorably about the new dentist to all patients. Some examples are: “Before you leave, Mrs. Horner, I hope you can meet Dr. B who joined our practice recently. We are so fortunate to find a second dentist with the same HIGH standard of care as Dr. A.” Or, if Dr. B saw the patient personally, “Mrs. Horner, those restorations Dr. B just placed are beautiful”. Showing acceptance of the Associate develops trust from patients to the new doctor.

2) When you see Dr. B looking for instruments, having challenges with a difficult patient, or getting behind schedule, offer assistance and show that you are there to help make their transition into the practice easier.

3) While assisting Dr. B, interact with him or her in a positive and respectful manner. Oftentimes with younger associates and older staff, the staff often think they know more than the associate (and sometimes this is true based on years of experience) but that “superior than thou art” attitude should never be tolerated for any reason by Dr. A and this should be clearly outlined and understood BEFORE Dr. B arrives. With an estimated 60-70% of Associate failures being blamed on rude and overbearing employees, this is a biggie!

4) Offer to hold weekly hands-on training sessions for the Associate dentist on office clinical protocol. These can include sterilization techniques, laboratory efficiency and the flow of lab cases from the office to the lab and back, materials, technology usage and maintenance, and chairside clinical tips that save time and reduce stress. Dr. A should also be in on these sessions as a participant and as a teacher of certain clinical techniques. Ask the Associate to share his or her newest clinical tips with the office.

5) Always speak favorably about Dr. B in and out of the office. The staff will be the Associate’s greatest referral source next to the Associate’s own friends and family circle. When the enthusiasm of the Associate is high, their success doubles. When the patients and community see the office embrace the new dentist, they follow suit.

Rules for the Associate Doctor

1) The Associate will be looked upon by the staff as someone they may go to for complaining about the owner dentist or their working conditions. Under NO circumstance should the Associate (male or female) become the staff’s best friend or sounding board. Just say when the complaining begins, “I understand what you are saying but in fairness to Dr. A, may I please arrange a total team meeting so that you can discuss this with everyone. If the two dentists make a pact that they will support each other in these types of issues, damage control is in place.

2) While it is fine to have lunch with the staff from time to time, make sure as the Associate dentist that the conversations remain non-office related in nature (unless Dr. A is present) and the new dentist should conduct him or herself in a positive and professional manner at all times. The first thirty days set the tone for the relationship for the future.
3) The Associate dentist can not divulge confidential information regarding the associateship, or the staff given to them by Dr. A. Being part of the gossip mill is not in good taste and will usually come back to haunt the person(s) involved. Knowing how to be a confidant is part of the success package. It is very tempting to be “in on” certain office information and not be able to share it with others. Ask Dr. A first!

4) Take as many courses available to become a better clinician, better business person and better Associate. When Dr. A and the staff see the new dentist making strides to improve, it will strengthen the relations. Show initiative and discuss your goals and how you can reach them.

5) Show appreciation for the staff and Dr. A. Sharing your work home and patients with others is not easy for anyone in going from solo to duo. Having another personality in the practice is an adjustment as well. Let them know how much you appreciate the opportunity to be part of the practice and the effort they are putting forth on your behalf.

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