

MANAGEMENT & MARKETING

(Editor's Note: This quarterly JCO column is compiled by Contributing Editor Robert Haeger. Every quarter, Dr. Haeger presents a successful approach or strategy for a particular aspect of practice management. Your suggestions for future topics or authors are welcome.)

Are you the kind of doctor who is great with patients but who lacks strong leadership skills for your office personnel? In my case, I understand numbers and love the details of orthodontics, but I am not very good at interpersonal staff relationships. Although my wonderful staff has been with me for a long time, I could be a more inspirational leader. I plan on using this month's Management & Marketing column as a catalyst to make improvements in my office.

In this article, Dr. J. Richard Steedle takes you through the steps required to build your own All-Star Team, whether you are starting out as a "collection of individuals" or are already functioning well as a "purpose-driven team". Unlike much of the "touchy-feely" management fluff that many of us just glance over and forget, this is a road map for assessing your own abilities as a leader, identifying your practice's areas of weakness, and making progress, along with your staff, toward the goal of a peaceful and productive practice.

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Leading an All-Star Staff

Orthodontic practices are built on relationships. Too often, we decide to make changes in our practices without understanding the obstacles that these relationships can pose. In this article, I will challenge you to assess your own ability to lead your staff, providing a self-help guide on how to resolve staff problems, hire the right people, fire the wrong people, improve individual staff performance, and develop a more harmonious and productive office.

Fortunately, leadership skills can be learned. As Kouzes and Posner point out, "Leadership is not about personality; it's about behavior."¹

Developing an All-Star Team

Any group or organization progresses through three stages, as described by Buccholz and Roth,² on its way to becoming a high-performance team: 1) a collection of individuals, 2) a leader-directed group, and, finally, 3) a purpose-driven team. As a practice advances from level 1 to level 3, it becomes increasingly more effective in dealing with management issues and also produces consistently better results, with less effort on the doctor's part.

People who work together continually make decisions about what they should do each day. The three phases of team development are differentiated by how the staff makes and executes these decisions and what guides their performance. Many books and articles on team building have listed the qualities of a great team, but all of these can be narrowed down to three distinguishing characteristics, which change as the team becomes more effective:

1. *Leadership.* Who makes the decisions about what we should do today? Who sets the agenda? Who leads the group?

2. *Direction.* Why do we do what we do? How do we decide? What is our direction?

3. *Performance.* How do we share responsibility for executing those decisions? How well do we work together to get the job done?

Knowing the level at which your practice is operating allows you to identify the necessary steps to improve your performance. The real-life scenarios outlined below illustrate each stage of team development.

Stage 1: A Collection of Individuals

A recent orthodontic graduate is hired by a corporate practice. When she begins working in the practice, much of her time is spent mediating disputes between a chairside assistant and the office manager. Every attempt to improve the practice is undermined by this poor interpersonal relationship. Her practice is operating in the first phase of team development, which is centered on individuals.²

In this phase, staff members work toward personal rather than group goals, avoid change, and do not cooperate, share responsibility, or deal with conflict well.² In a collection of individuals, we hear statements such as, “That’s not my job”, “That idea won’t work”, and “I just come in and do my job”.

Stage 2: The Leader-Directed Group

Another orthodontist has been practicing solo for 10 years. Although his practice is successful and he has a good staff, management has become increasingly burdensome. He leaves the office at the end of each day distracted by patient issues, new projects, and staff conflicts. On his days off, he’s in the office making phone calls, doing payroll, and dealing with all the decisions that must be made. His practice is functioning in the second phase of team development, which is centered on the leader.²

In this phase, the doctor provides direction, assigns tasks, reviews performance, acts as the primary focus of communication, and maintains

control of all significant decisions. These decisions are based on a recognized common purpose established by the doctor, with one-way sharing of responsibility. Staff members have accepted the doctor’s leadership, and while they may cooperate with one another, they do not always feel responsible to one another. The members of a leader-directed group have developed a group identity, defined their roles, clarified their group objectives, and established norms for working together.² But even though the group may be harmonious, there may not be full staff commitment and accountability to what the leader views as important. The most common way to make a decision is for the group to ask, “Here’s the situation, Doctor, what should we do?”

Stage 3: The Purpose-Driven Team

After many years, a third orthodontist has recognized the emotional and physical burden of running her thriving practice and has decided to make her work more enjoyable and rewarding. Thanks to several years of focused attention, through personnel changes, staff leadership development, improvement of individual performance, and clarification of direction and purpose, her practice has continued to grow, but now requires less of her time and energy. She and her staff are functioning at the third level of team development, which is centered on the team and its purpose.

At this point, decisions are made by the team, and leadership is participatory. A purpose shared by the staff and the orthodontist is used to guide all actions and decisions. Clear lines of delegation and responsibility have been established. Team members willingly help one another outside the areas of their primary responsibility; the staff and doctor are responsible and accountable to each other and the practice. Because the members of the team rely on the practice purpose to figure out what to do, only a few decisions are referred to the doctor. The team responds rapidly to opportunities, because they welcome change as they constantly seek to improve. In this phase, the leader and team members work synergistically to make the team greater than the sum of its parts.²

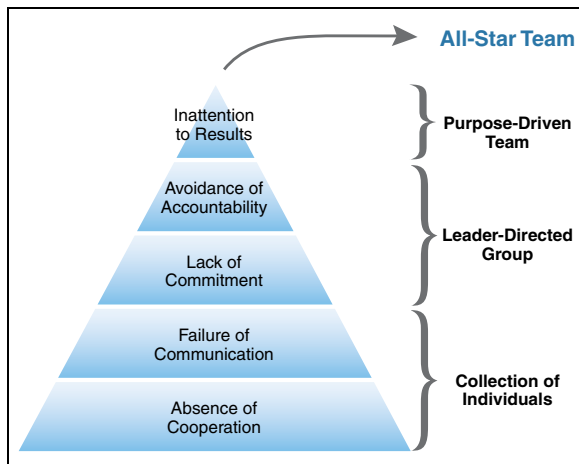


Fig. 1 Three stages of team development, leading to All-Star Team.

The Five Frustrations of Staff Management

At each stage of development, both individuals and teams will face personal or interpersonal issues that can prevent them from moving forward. Staff problems can take many forms, but ultimately, all staff issues can be divided into five categories of frustration, as outlined by Lencioni^{3,4} (Fig. 1):

1. Absence of cooperation (trust)

- Not appreciating the contributions of others
- Concealing weaknesses and mistakes; defensiveness
- Failing to share responsibility
- Jumping to negative conclusions about others

2. Failure of communication (conflict or artificial harmony)

- Blaming others for problems in the practice
- Becoming upset with other staff members; gossiping
- Not contributing to meetings and discussions
- Neglecting to bring up critical problems and other issues

3. Lack of commitment

- Valuing personal needs more than the needs of

the team

- Resisting changes in the office that would disrupt the individual's routine
- Acting uncertain about priorities
- Complaining about problems without offering a solution

4. Avoidance of accountability

- Failing to follow up on assignments and responsibilities
- Missing deadlines
- Making the leader address all problems and issues in the practice
- Resenting staff members who are not performing well

5. Inattention to results

- Failing to identify or pursue key practice objectives
- Failing to seek solutions to significant problems in the practice
- Failing to complete important projects
- Focusing on minor matters to the exclusion of more important issues

Each of the five frustrations must be overcome in sequence, depending on the team's stage of development. A collection of individuals must resolve the issues of *cooperation* and *communication* before it can progress. In a leader-directed group that has already achieved good cooperation and communication, the primary problems are *commitment* and *accountability*. Finally, for a purpose-driven team, focusing on *results* is the challenge.

Although each frustration can be improved with more effective leadership and clearer direction, they are all primarily problems of performance—how the team shares responsibility for getting things done. Table 1 pairs the “Five Frustrations” with some suggestions for overcoming these problems in an orthodontic practice setting.⁵

Moving Up to the Next Level

With this information as background, how do you motivate a collection of individuals to work together and accept the doctor's leadership and

**TABLE 1
OVERCOMING THE FIVE FRUSTRATIONS OF STAFF MANAGEMENT**

	Goals for Staff Team	How to Do It
<i>Absence of cooperation (trust)</i>	<ul style="list-style-type: none"> • Staff members trust and appreciate one another, so they can work cooperatively toward a common goal. • Staff members are open with one another about weaknesses, mistakes, fears, and behaviors. 	<ul style="list-style-type: none"> • Hire a facilitator to teach communication and conflict-resolution skills. • Consistently articulate and enforce a code of conduct for how staff members treat one another, insisting on mutual support, courtesy, and respect. • Begin to delegate operational and management decisions and projects to the staff using the “levels of delegation” model (Fig. 3).
<i>Failure of communication (conflict or artificial harmony)</i>	<ul style="list-style-type: none"> • Staff is not afraid to engage in passionate dialogue around issues and decisions that are key to the practice’s success. • Discussions are centered on issues, not personalities, allowing staff members to find the best solutions to problems. 	<ul style="list-style-type: none"> • Conduct regular meetings to focus on specific improvements for the practice. (Limit attendance to those who are directly affected by each change.) • Encourage participation in meetings by soliciting feedback and setting the ground rules for respectful discussions. • Value and act upon suggestions made by staff.
<i>Lack of commitment</i>	<ul style="list-style-type: none"> • All opinions and ideas are considered, so that everyone can commit to the decision. • Commitment to the team (collaboration) is valued so highly that even when some may disagree with the decision, all members are willing to commit their efforts to make the project successful. 	<ul style="list-style-type: none"> • Articulate the biggest challenge that the practice faces right now and discuss how it affects staff members. • Conclude every meeting by reviewing all decisions made and clarifying what was decided. • Conclude every meeting by distributing staff assignments and recording those commitments for follow-up at the next meeting.
<i>Avoidance of accountability</i>	<ul style="list-style-type: none"> • Doctor is willing to confront difficult issues and to set high standards of performance and behavior. • Staff members hold one another accountable for adhering to the decisions and standards of the practice. 	<ul style="list-style-type: none"> • Develop consistent follow-up procedures to ensure that all assignments and commitments are completed on time. • Encourage all team members to diplomatically hold one another accountable when commitments are not being met. • Put in place an effective staff performance review process.
<i>Inattention to results</i>	<ul style="list-style-type: none"> • Staff members set aside their own individual needs to focus on what is best for the team and the practice. • Staff focuses on the most significant improvements for the practice and does not stop before objectives are achieved. 	<ul style="list-style-type: none"> • Constantly focus on two or three projects that will have the greatest and most immediate impact on the quality and viability of the practice. • Develop systems and procedures that ensure excellent clinical results, outstanding customer service, great interpersonal relationships, and sound financial management. • Insist that all projects and objectives be completed fully and within a reasonable amount of time.





STAGE	LEADERSHIP	DIRECTION	PERFORMANCE
	(Who makes the decisions?)	(Why are we doing what we're doing?)	(How do we share responsibility for getting things done?)
 COLLECTION OF INDIVIDUALS	Centered on the individuals	Lacks direction or purpose	Does not share responsibility well
↓	<i>Accept the doctor as the leader</i>	<i>The doctor sets the direction</i>	<i>Establish norms for working together</i>
 LEADER-DIRECTED GROUP	Centered on the leader	Recognizes a common purpose	Responsibility goes one way (staff to doctor)
↓	<i>Share operational and management decisions</i>	<i>Act and make decisions guided by a common purpose</i>	<i>Become responsive and accountable to one another</i>
 PURPOSE-DRIVEN TEAM	Centered on the team	Based on a common purpose	Responsibility is shared by all
↓	<i>Share some strategic decisions</i>	<i>Internalize a shared purpose</i>	<i>Become committed to one another and the key results of the practice</i>
 ALL-STAR TEAM	Committed to the team	Committed to a shared purpose	Committed to good relationships and significant results

Fig. 2 Stages of team development: characteristics and developmental tasks.²

direction? How do you inspire a leader-directed group to commit to working as a team? And how do you turn a purpose-driven team into an All-Star Team?

At each stage, a specific set of developmental tasks must be completed before moving to the next level (Fig. 2), as described below.

1. *Moving from a collection of individuals to a leader-directed group.* During this transition, staff members change from acting independently, without any clear direction, to accepting the leadership and direction of the doctor. The developmental tasks for this transition are to:

- Establish a new direction for the practice. The doctor must define the practice's primary objectives. This common purpose will provide direction in the four fundamentals of an exceptional practice: excellent clinical care, outstanding customer service, great interpersonal relationships, and sound financial management.
- Help staff members identify and appreciate one another's skills and how they can share responsibility for getting things done. The doctor may need

to provide training to improve interpersonal communication, conflict resolution, and cooperation.

- Develop norms for working with one another.^{2,6} The doctor must establish a code of conduct describing what is expected and identifying unacceptable behaviors. A fundamental expectation must be that everyone support one another and treat one another with courtesy and respect.
- Confront and possibly dismiss anyone who cannot meet the new standards. Staff members must understand that unacceptable behaviors will no longer be ignored or tolerated.⁷ Regular staff performance evaluations must be given.

2. *Moving from a leader-directed group to a purpose-driven team.* In this transition, the staff shifts from depending on the doctor to shared responsibility and participatory leadership. The doctor's role changes from directing to coaching and from a focus on control to a focus on results. The developmental tasks for this transition are to:

- Achieve consensus on the shared purpose (mission) of the practice.² After the new direction is set, doctor and staff must discuss how to imple-

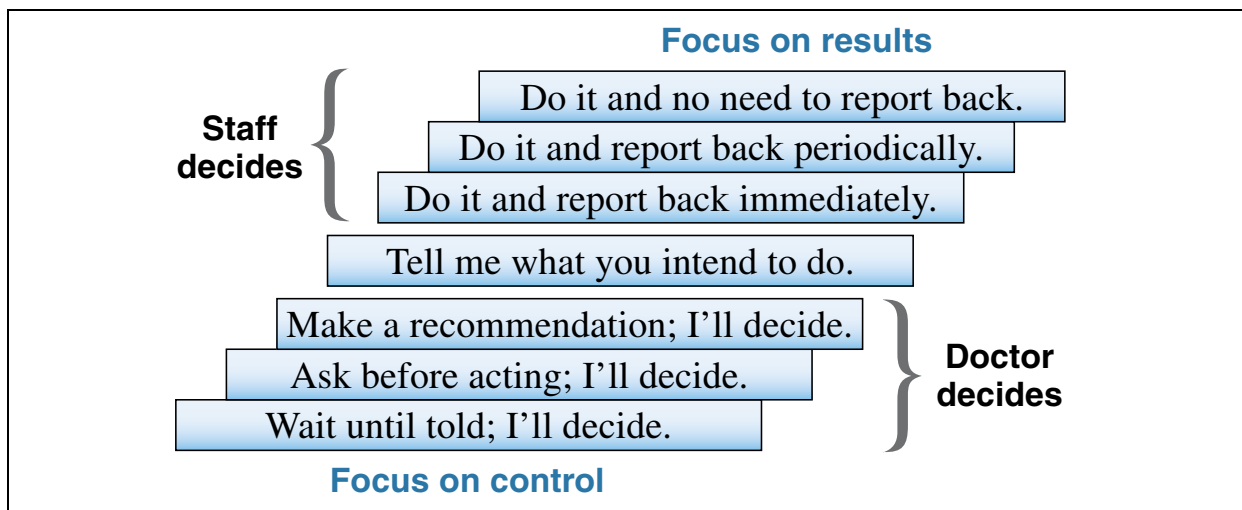


Fig. 3 Levels of delegation (modified from Covey⁹).

ment the mission. Full staff commitment occurs only when everyone has a voice in shaping the shared purpose of the practice.

- Delegate more responsibility, share decision-making, and insist on accountability. Progressively delegate more of the decision-making to capable staff (Fig. 3), and develop competent team leaders. When mistakes are made, insist on accountability without blame. Ask instead, “What in our system or training contributed to this problem?” and “How can we change our way of doing things so that it will not happen again?”
- Encourage discussion among team members as they search for underlying causes of problems in the practice. Encourage frank conversations about problems and full participation in implementing solutions.
- Identify key areas of needed improvement and focus on change to achieve practice goals. Build a culture of “never-ending improvement”. Focus on key projects that will make significant progress in bringing the practice closer to its ultimate purpose.

3. *Moving from a purpose-driven team to an All-Star Team.* With persistence, patience, and time, the principles of a purpose-driven team can become so integrated into the culture of a practice that it evolves into an All-Star Team. The developmental tasks for this transition are to:

- Hire and retain only staff members who have the willingness and capability to operate in a team environment.
- Refine the communication and interpersonal skills of the staff to encourage open and compassionate interaction.
- Develop staff decision-making skills and judgment so that more and more of the operations, management, and direction of the practice can be

handled by competent staff leaders.⁴

- Encourage commitment to one another and to the goals of the practice.
- Intensively focus on significant results to move the practice forward.

Principles of Hiring, Firing, and Performance

As the necessary steps are taken to improve the team’s performance, it must be decided whether everyone on staff has what it takes to be a member of an All-Star Team. Most of us learn how to hire, fire, and review our staff members through trial and error. Eventually, however, every orthodontist who develops a high-performance team seems to adopt a similar approach. Styles may differ, but the basic principles of hiring, firing, and performance in successful practices are the same:

1. *A successful practice with a great team hires and retains “good heads” and “good hearts”, not necessarily just “good hands”.*

People with “good heads” figure things out for themselves. When autonomy is given to the staff, they can be expected to handle all situations with intelligence and professionalism. People with “good hearts” are compassionate—that is, they naturally support and encourage others. They would never upset the patients, parents, or other staff members, because they know how to treat others with compassion, courtesy, and respect. People with “good hands” have the technical skills needed for their positions.

When a practice is growing, it is natural to think that it needs well-trained assistants who can step right in and help treat patients immediately. But practices that highly value and hire only

trained assistants without considering “heads” and “hearts” may discover that these staff members create interpersonal problems with the other staff and patients. As Lencioni says, “Whether someone is the ‘right person’ has more to do with character traits and innate capabilities than with specific knowledge, background, or skills.”³ Almost anyone can be trained to perform the skills needed to do well, but no one can be trained to have a “good head” or “good heart”.

The best way to find the right people is to implement a thorough hiring process, which should include a reference check, a telephone interview, a face-to-face interview with the doctor, and a full- or half-day of work in the practice. Staff must be involved in the interview process and the final decision, so that everyone will be fully committed to welcoming and integrating the new person as a valued member of the team.

2. A successful practice with a great team does not hire people and then figure out how to motivate them; it chooses self-motivated people who share its core values and then helps them become even better.

Successful doctors understand that they do not motivate anyone. They can lead, they can inspire, but they cannot motivate. Motivation comes from within; it is a personal trait that can be channeled toward high-quality care and outstanding customer service. Nothing is more exasperating than trying to motivate an unmotivated person or to get a reluctant employee to embrace the practice’s values of clinical excellence and outstanding service. By hiring self-motivated staff members, the doctor can focus on inspiring and leading the team to continuous improvement, rather than trying to convert people to a way of thinking.

Hire for excellence, and hire only if applicants have what it takes. The more cohesive the team, the more rigorous your hiring practices must be. The rule of thumb is “when in doubt, don’t hire”. Keep looking until you find someone who is self-motivated, shares the practice’s core values, and is willing to become part of a dynamic team.⁸

3. A successful practice with a great team is willing to dismiss any person who interferes with its ability to become an exceptional practice.

What if a practice finds that it has the wrong person on the team? Some people should not be working in a professional office; others are simply the wrong fit for what a practice wishes to accomplish. Often, they lack “good heads” or “good hearts”, or they are not internally motivated to do their best. An inordinate amount of time can be spent trying to instill proper professional and interpersonal behavior in people who just don’t understand. Staff members must know how to treat others before they enter the practice, because they rarely learn it afterward, and the practice is not the place to teach them.

The best staff members need to be guided, taught, and led, but not tightly managed.⁸ When you feel the need to tightly manage someone, you’ve probably made a hiring mistake. If meetings, conferences, and motivation sessions have been unsuccessful in improving a staff member’s performance or behavior, you need to act immediately. To the patients, the staff and doctor are the practice. If the practice does not follow through and dismiss a poorly performing staff member, its reputation will suffer.

4. A successful practice with a great team has regular performance reviews that provide an opportunity for all staff members to continuously improve their attitude, behavior, job performance, and value to the practice.

To develop an All-Star Team, the doctor must be willing to encourage good performance and confront poor performance. A staff performance review lays the groundwork for expectations; it is an opportunity to be clear about what good performance looks like. A performance review promotes continuous improvement in technical skills and job performance; positive, lasting changes in interpersonal behavior; and identification and coaching of staff leaders in the practice. An effective staff review includes both the doctor’s evaluation of job performance and a peer assessment of performance as a team member.⁵

During the performance review, personal-development goals should be proposed for achieve-

ment by the next progress review. When agreement is reached on these realistic goals, the practice has a right to expect measurable progress in a reasonable time. If the staff member fails to make progress after two or three reviews, the practice has given that person every opportunity to change and can reasonably dismiss the staff member.

Enforcing high standards of performance and behavior cannot be reserved only for formal reviews. Issues of cooperation, communication, commitment, accountability, and inattention to results must be addressed every day. This can take the form of a gentle reminder of “how we treat each other here” or a more direct discussion with the team member. An essential skill of a leader is the ability to hold a team member accountable in a face-to-face discussion when he or she breaks a promise, doesn’t meet expectations, or is simply behaving in a way that is contrary to the practice’s standards. Patterson and colleagues’ *Crucial Confrontations*⁷ provides valuable insights into this process. Subtitled *Tools for Resolving Broken Promises, Violated Expectations, and Bad Behavior*, it presents an effective way to conduct a face-to-face discussion that is candid, open, honest, and respectful, in which problems are resolved and the relationship benefits.

5. A successful practice matches team members to roles in which they can do their best work.

Sometimes the problem with performance is not having hired the wrong person; it is having put the right person in the wrong position. The best front-desk person does not always make the best financial coordinator. The best clinical assistant does not always make the best clinical coordinator. Conversely, sometimes a mediocre clinical assistant can become a wonderful treatment coordinator, or a mediocre front-desk person can become a great insurance coordinator. The goal is to ensure that the right person with the right personality and strengths is in the right position.

Doctors should strive to identify the strengths of staff members through personality testing and performance reviews, then put them into positions where they can shine. If a person has a “good head” and a “good heart”, a place can often be

found—but be careful. Some people have “good hearts”, but lack the mental acuity to work in an orthodontic office. Others are very intelligent, but don’t relate well to others. An All-Star Team must have both “good heads” and “good hearts”, as well as a good training program to prepare them for the tasks at hand.

Conclusion

To grow and thrive in today’s environment, a practice needs great people who are well trained in great systems to deliver great service. It is possible to transform a practice—whether it is two months, two years, or two decades old—but not with a better bracket, a new marketing plan, or a fancy new piece of equipment. Practices get better only when the people in them get better.

None of this can occur without active leadership. People get better when we get better—when we, as their leaders, know and do what it takes to transform our staffs into dynamic, committed All-Star Teams.

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