THE READERS' CORNER

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(Editor's Note: The Readers' Corner is a quarterly feature of JCO in which orthodontists share their experiences and opinions about treatment and practice management. Pairs of questions are mailed periodically to JCO subscribers selected at random, and the responses are summarized in this column.)

1. Which media do you use to train new chairside assistants?

A substantial majority of clinicians "sometimes" used textbooks for training assistants; 80% reported "frequently" or "sometimes" using seminars and meetings. On the other hand, two-thirds of the respondents said they "always" or "frequently" used office manuals. Audiotapes and CD-ROMs were used only infrequently, while videotapes were slightly more popular. Only a few offices used Web-based programs.

Several respondents wrote in training methods that were not media-based, but that they had found effective: holding periodic staff meetings and assigning experienced assistants to mentor new chairside assistants.

Which media do you use to update the training of current chairside assistants?

Seminars and meetings were by far the most popular training method for continuing education of clinical staff. Office manuals were less often listed as being "always", "frequently", or "sometimes" used. Textbooks were not considered effective for ongoing training; 87% of the respondents said they "never" or "sometimes" used them. Audiotapes and videotapes were rarely mentioned, and CD-ROMs were thought to be the least effective tools for training of current chairside assistants.

What training programs have you found particularly helpful, and why?

There was no obvious consensus about any particular program. Electronically based systems that were considered useful included OSHA training tapes, the GAC Ortho Assist advanced tape, the Raintree CD-ROM, the Michigan Dental Assistant Radiography course, and AAO online presentations. More personal training methods listed were seminars and meetings on particular techniques, office manuals, on-the-job training from experienced staff, and hands-on courses. Charlene White's chairside training programs were also frequently mentioned.

Some pertinent comments were:

• "Meetings, because they are tuned into the presentation, we are away from the office, the staff can compare their skills with other assistants, and there is usually some fun involved. Also, if there is down time at the office I encourage the staff to continue their education through computer-based programs."

• "Our own customized program has been the best. Every canned program we tried had something in it that we had to advise our assistants to ignore and then teach them our own approach instead."

How much of your time, or other staff members' time, is devoted to training new assistants?

The time that the clinicians personally spent training assistants ranged from a few hours to six weeks. On the other hand, the time devoted by

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other staff members ranged from about 20 hours to six months; when staff time was given as a percentage, it was usually around 50%.

Who is in charge of training new assistants in your office?

In most of the practices, the senior staff assistant or the doctor working with the senior assistant was primarily responsible for training new employees. Some clinicians relied on the office manager or a combination of the office manager and the clinic manager. A number of respondents said they had all their staff members contribute to the training effort. In addition, a few said the person whom the new assistant was replacing would be responsible for teaching the job. One response was:

• "My assistant who never misses small details. She is not the fastest but is the one who never makes mistakes, and she is the one who communicates the best."

What would you like to change about your training procedures?

The clinicians called for a training system in basic orthodontic chairside procedures that could be customized by senior staff to reflect individual practice preferences. Several respondents felt the AAO should lead this effort; most said they would prefer a computer-based interactive program. There were many comments indicating that a standardized training manual, such as that written by Dr. Jim Reynolds for ClassOne Orthodontics, would be helpful. A few clinicians said they would appreciate having local training courses available.

Specific comments included:

• "I'd like my training program to be more structured so I could count on a new assistant being through it in a specified length of time."

• "I would like a series of videotapes that a new assistant could watch that would emphasize the basics. Over the past year I have had staff members completely change positions to cross-train them. The results have been great."

• "I would like an interactive CD-RW program that would allow me or a staff member to customize and edit a training video to concentrate on different areas, depending on the stage of the assistant's experience and duties."

2. What services do you outsource, and why?

Outsourcing was predominantly used for three types of service: some lab work, payroll, and model fabrication (in decreasing order of frequency). Considerably fewer respondents outsourced all their lab work, followed by digital models, record storage, x-rays, and cephalometric tracings.

The two most common reasons given for outsourcing were efficiency and expertise. Space limitations and conservation of office time were considered less significant, but were still often mentioned.

In your experience, which tasks lend themselves best to outsourcing?

A clear majority of respondents found laboratory services—either all lab work or specific appliances such as functional or complicated removable devices—to be most suitable for outsourcing. This was followed, in decreasing order of popularity, by payroll, models (conventional and digital), radiology, and model storage.

Some typical comments were:

• "Tasks we could do in the office, but because of their infrequency or unpredictability don't lend themselves to having a staff member trained and employed to accomplish them. Also, tasks that require technical expertise or instrumentation that we don't possess, e.g., digital models."

• "Lab work. However, I love having it in-house because I can get something done quickly if I have to. Also, I have a separate S corporation for my lab that my children own. It has paid for all education expenses."

• "Payroll. It's cheap, and it relieves the front desk staff of a complicated reporting process for which they are not trained."

• "Model storage, because I'm running out of room, but it will be difficult to retrieve them on short notice."

Which tasks are least effectively outsourced?

A number of functions were thought not to lend themselves to outsourcing, with billing the most often mentioned. Most of the clinicians apparently wanted tighter control of their practice income than third-party billing would allow. X-rays were considered difficult to outsource because of the need for a consistently competent

radiographic lab. Records storage was not generally outsourced because there would be frequent occasions when the office would need immediate access to the original records. Many clinicians did not send out simple appliances due to the turnaround time involved. A strong opinion was also expressed that diagnostic procedures should never be outsourced, for medicolegal reasons.

Remarks included:

• "Tasks requiring much input from the orthodontist and/or those we already have the equipment and expertise to do routinely ourselves."
• "Patient billing. An outside source would be too prone to mistakes and create public relations problems with patients and parents."
• "Diagnostic procedures should not be outsourced. This is the most important aspect of the orthodontist's responsibility and, without careful personal inspection, could result in misdiagnosis or missing underlying pathology. Also, if indirect bonding is employed, I would want to be involved in the final bracket position in each case."

What tasks that you are not currently outsourcing would you consider outsourcing in the future, and why?

It was apparent that many clinicians were satisfied with the current management of their practices, because one-third of the respondents were not considering any additional outsourcing. Those who said they might outsource more functions in the future were primarily interested in digital records and models and in more efficient billing. A few respondents mentioned storage of records and models, due to growing space limitations, and outside payroll services.

A few typical comments:

• "I'm not considering outsourcing anything right now because my office is running smoothly. However, if I lost my lab technician, I would outsource this immediately. I don't even want to think about training another one."
• "Digital models, because plaster models take up too much space."
• "Model storage, because of space. Record storage, because of space. And patient billing, because of effectiveness."
• "Patient billing, because it's a very time-consuming process, and a computer billing firm can do it more efficiently."

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