



Gorilla Warfare

When it comes to HR and patient communication, often the dentist isn't the best person to be in charge

I recognized way back in the 1990s that when it comes to human resources, some people are incredibly more intuitive about their fellow *Homo sapiens* than others are. I, for example, rapidly turned over HR duties for my practice to my general manager, because she's far better at people skills.

Most dentists just don't like to have uncomfortable conversations. When you've wrapped up an hourlong root canal and emerge from the operatory to see a hygienist arguing with an assistant, you shouldn't retreat to your office and close the door. You're the coach of the practice! Good football and basketball coaches are completely engaged in their games—walking up and down the sidelines, pulling players out and putting others in, helping people and talking to people. When I get done with patients, I like to walk them out to the front and then shake hands with the folks in the waiting room and to check on my team. I like to smell the floor! I want to get a feel for what's going on.

Dentists are the proverbial 400-pound gorillas of a dental practice ... and usually people don't question the 400-pound gorillas. During 17 years of Sundays that I got dragged to Mass, I never saw a single person ask the priest a question. People don't feel comfortable asking questions of authority figures—they might complain about their priest or rabbi, but they're not going to confront him. They might complain about the president, but they're not going to write him a letter. And 400-pound dentist gorillas tend to be controlling, because they think they know everything and can do everything—including HR, even though they're usually horrible at it.

You can't—and shouldn't—be doing everything

Every time I hear a dentist say, "My staff drives me crazy," I reply: "Then why are you in charge of them? Get an office manager—someone

who has the skills to manage those employees, so you can go play dentist."

If you as the dentist are doing the HR and have lots of staff turnover, then you shouldn't be doing it. Let someone else tackle it. Everyone will be much happier.

I've seen HR catastrophes where a 20-year-old dental practice didn't have a single employee who'd been there more than two years. Meanwhile, I still have my first dental assistant, Jan—and I got out of school in 1987, so this is my 30-year anniversary. (Make that "our 30-year anniversary," because Jan's there, too.) I have many staff members who have been with me for decades. Not years—*decades*. I think that because I realized I wasn't the guy to be doing HR and delegated that part of my business, it led to employees sticking with me for all these years. Be a conductor—don't try to play all the instruments yourself. You don't have to do everything yourself, and if you tried, it wouldn't work.

Same thing with presentation of treatment plans: When the 400-pound gorilla presents a treatment plan, people don't ask any questions. But in every office I've seen that does at least \$750,000 a year, whenever that 400-pound gorilla turns over control of treatment-plan presentation to someone who's more social, the patient feels comfortable asking questions ... and the practice starts bringing in about twice as much per year.

It isn't rocket science; she's just way better at selling dentistry than you are. (And in our industry right now, most of the time that person will indeed be a "she.") You don't have to sell the dentistry—you just have to perform it. Let her sell it! She's more intuitive, more engaged with the patients and knows how to communicate with them in a meaningful way.

Man, talk about communication!

What qualifies as "meaningful communication"? In last month's column I mentioned that women talk about five times more than men every day, and I heard responses like, "Oh, that's easy—because they're always

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by Howard Farran, DDS, MBA, publisher, *Dentaltown* magazine

gossiping!” Truth is, men who say things like that are usually jealous about how women can more easily have conversations about difficult things.

Let’s define “gossip” as misguided, misdirected venting—and that’s something you don’t want in your practice, because venting rarely leads to action or solving the problem. Instead, what you want is that staffer to approach you and express her problems. Then you walk her over to whomever she has an issue with and everyone sits down, talks and works it out. It’s inherently uncomfortable—but occasionally necessary, if you want your office to operate at a hum, without friction

Whenever I’m lecturing, female dentists come up and say, “I have a problem. Whenever the old-man

dentist I worked with for the past three years snapped his fingers, everyone jumped. But now that I’ve bought his practice, whenever I snap my fingers and say the same stuff he said, nobody jumps. Instead, they all start asking questions.”

They think that’s a bad thing, but I tell them that it’s not. The real “bad” thing was when the male dentist spoke and nobody replied: That was fear-based, because they believed it was pointless to talk to him. I tell these dentists they should feel honored that when they bark out something to their teams, they bark back. If your team is so easily sharing their concerns or ideas, you’ve achieved something in your practice that most of us never have and never will. It’s a damn good thing.

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Howard Farran, DDS, MBA, is an international speaker who has written books and dozens of articles. To schedule Howard to speak at your next national, state or local dental meeting, email rebecca@farranmedia.com.

2017

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19–22**

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**APRIL
28**

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**MAY
5**

Patterson Dental conference
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**JULY 29–
AUG. 1**

Pearly Whites conference
Melbourne and Sydney, Australia

**AUG.
18–19**

Dental Summit Nashville
Nashville, Tennessee

**OCT.
11**

Asteto Dental Labs study group
Saddle Brook, New Jersey

Practicing patience with your patients

That goes for patients, too. If you’re not good at talking with people, hire someone who is, or the practice won’t succeed at making connections with patients.

How does your team respond to people who call the practice but don’t know what to ask? At our office, lots of folks call up and say, “Uh ... how much is a crown?” Valerie, who’s been with my office for years, knows that the proper response isn’t a dollar amount but, “Who said you needed a crown?” She knows how to begin a conversation founded in trust: “Well, why don’t you just come down right now? I can have the doctor take a look, to see if you even need one.” When trust is conveyed starting with the first phone call, it’s magic.

That’s why many phone systems have two options: Existing patients call one number, while new patients call a different one instead. If a patient has been coming to me for 20 years, I have more freedom in how I communicate with her because she already trusts me (or she wouldn’t be coming back for two decades’ worth of checkups). But new patients don’t know anything about me or my work, so it’s important to have a system that builds trust right away. ■