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RE-EVALUATING EMPLOYEE EVALUATIONS

As employers, we need a better way – meaning, an effective way of evaluating how employees are performing. The purpose of evaluating your employee's past is, ironically, improving their future performance, but there has to be some kind of bridge between the two.

The trouble is, most of us use evaluations to focus backwards, criticize, and provide "feedback" with little or no buy-in from the person being evaluated. So here's a new direction for thinking about evaluations: First and foremost, evaluations need to be about the immediate future, and your employee needs to learn to create them with you. Once you have shared goals, you have a blueprint for the next quarter and then the year. And that is something you and your employees can get excited about.

After testing several methods, I'm now convinced that the best way to evaluate an individual is to enlist them in setting mutual goals and developing a plan for their role within your practice. This plan isn't just about their past performance, it's about their future role in your business - and that's your hook for getting and keeping them engaged. To understand how to get there, though, let's first look at the problems within typical evaluation processes.

WHAT'S WRONG WITH TRADITIONAL EVALUATIONS?

Let's face it: most dentists and managers, and especially employees, dread evaluations. Here's what's wrong with the most common types:

The useless chat-disguised-as-meeting. Here's the typical conversation: "Oh! It's time for your eval. Well, last year was pretty good. No one died. It would be nice if you weren't late so often, and if you'd get those TPS reports turned in on time. [Insert random nice thing here.] Did you have some feedback for me? Thanks, this has been awesome. Don't forget those TPS reports!" No passion to be had. It's a backward-looking conversation with no forward thinking.
The fill-in-the-blanks method. These evals start with forms (we have them) listing categories such as Job Knowledge, Teamwork, Communication, Dependability, and so forth. You give the employee a set of ratings in little boxes. In most cases, you do this about one minute before your meeting. You stare across the table while they skim for anything less than a 5-star rating, and that becomes your focus. Again, it's a backward-looking conversation with no forward thinking component.

CONTINUED ON PAGE 2

EMPLOYEE EVALUATIONS... CONTINUED FROM PAGE 1

The overdue coaching session. I see this one all the time, too: "I have a problem with Employee X, but I'm too angry or uncomfortable with confrontation to bring it up as the issue occurs, so it's time to do an evaluation." This never works, because an evaluation is not a substitute for, or an escalation of, a progressive corrective coaching process.

The self-evaluation. Alternatively, you may give employees a form and let them rate themselves so you don't have to (what a novel idea!). Typically, they rate themselves as excellent in everything, so now you need to find a way to crush them. Problem? You gave up too much power to begin with, so you're forced to work through your employee's defenses and your own reactions and emotions before you can even begin a constructive (still backward-looking) conversation.

The "about my raise" evaluation. I admit it: For years, I asked employees to remind me when their evals came due, knowing they wouldn't miss that "time for a raise" conversation for the world. But this meant I was temporarily abdicating my role as leader by not even putting in enough effort to schedule something on my calendar. It also meant I placed the same importance on the evaluation process as vacuuming under my patio grill once a year. Perhaps worse, I had let the evaluation be connected by default to the expectation of a raise, placing focus squarely on that one (optional) component. I now discuss raises in a separate check-in conversation about one month later.

I give all of these evaluation processes 1 out of 5 stars. All of them require you to focus your energies on the past. But if evaluations offer a valuable, untapped chance to discuss the intersection of your employee's past and future at your business, then there must be a better way. Evaluations provide a framework for summarizing where improvement should occur, and a rare opportunity to stop everything and prioritize the ongoing relationship and expectations we are creating with each other.

It's the check-in point for that working relationship, more than the one-off filling out of any form, which provides an opportunity for your employee to self-actualize and prioritize their own improvement. After all, we cannot really improve others. We can only choose to prioritize our own improvement.

So here's a radical thought: let's use the evaluation process not just to look backwards, but to move the employee and practice forward, together.

CHARTING NEW TERRITORY WITH EMPLOYEE EVALUATIONS

At its most useful, an evaluation isn't something you do to someone. It's a method by which you engage and enroll (and re-engage, and re-enroll) your employees in their individualized shared goals.

Here's how that works:

1. You and your employee create expectations going forward, and define goals which are the end result of those expectations. This continues the process that should begin upon hiring, with the expectations and goals in the employee's job description-but you can also start this with any employee at any time!

2. Consider those goals to be a blueprint for future check-ins. As you and your employees get better at focusing on and accomplishing shared goals, you will probably use a combination of scheduled and informal check-ins.

3. Goals should reflect not only what you need from your employee and what you want them to achieve (although that's part of it), but also include their personal-professional goals. These are goals you set together, in which the employee has reasonable input on their work, growth, and future within your practice.

Because this method emphasizes the goals you create with employees, you stand a much better chance of engaging them in the outcome of those shared goals.

Although this process focuses on one individual at a time, it ultimately works to engage and energize your entire team.

SMARTER EVALS AN "OVERNEATH" LEADERSHIP STRATEGY

As planning and goal-setting become shared enterprises, you'll be amazed at how well your employees start to run your practice. I call this the "overneath" approach to managing employees. Managing "overneath" someone, as a concept, combines being a leader (the "over" component) with being someone who leads by supporting others (the "underneath" component) in their personal-professional goals.

This lets you maintain your big-picture focus, managing your business, and keeping your vision, mission, and core values in mind, while also supporting your individual team members in ways that lead to extraordinary results. It's essential to increasing the effectiveness of your evaluations and raising the level of your leadership skills.

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Stats Don't Lie

When Do New Patients Call a Dentist

by Aaron R. Boone[2]

Over my 9-year pro football career, I heard many speeches from coaches; but there was one speech I will never forget. That speech was given on my first day with the Dallas Cowboys, when newly hired head coach, Bill Parcells, told all of us rookies that he had coached thousands of players, and that he would be watching our every move-both in practice and in games. He told us our futures, and our team's success, would depend on our stats, because "Stats Don't Lie." Fast-forward 13 years and, although my career focus has changed from football to dental marketing, I have found the same principles of Coach Parcells' quote hold true in this industry. Over the years, I have been able to work with thousands of dental offices across the country and it's true: "Stats Don't Lie."

If you are going to spend your hard-earned money on any marketing, make sure to have accountability in place at your front desk so that the calls are answered! Nobody likes leaving a voice mail - especially first-time callers. In fact, our analytics show that if a first-time caller's call is not answered, he or she will only leave a voice mail 18% of the time!

For a greater understanding of how to maximize your marketing spending and schedule more new patients, let's take a look at the numbers. Did you know that nearly 25% of calls to your practice typically occur when no one is there to answer the phone? It's true! Many people call when they are not at work themselves. At DentalMarketing.net, we have listened to, scored and tracked over 1,000,000 inbound calls from across the country and from all different types of marketing sources. Our data has uncovered that a staggering portion of calls from first-time callers and potential patients are placed during lunch, after hours and over the weekend.

Here's the timing breakdown of incoming prospective patient calls:

- **9.05% of calls occur after hours, between 5:01 p.m. - 7:59 a.m.**
- **5.56% of calls occur over the weekend, Saturday & Sunday.**
- **10.29% of calls occur during lunch hour, between 12:00 p.m. - 1:00 p.m.**

We estimate that, on average, the value of one new patient to your practice is around $1,000 over year one. You can see how important it is to answer the phone! There is no doubt that it is critical to have talented people answer incoming calls during regular office hours; however, the hours your office may not be open are just as vital. For that, we recommend the following:

1. Stagger the lunch breaks of the front desk staff so someone is always available to answer the phone.
2. Forward the calls to your cell phone, a staff member's cell phone, or hire an answering service after hours and over the weekends.
3. Offer incentives ($20) to your staff for every new patient appointment they schedule outside of regular business hours, if they will forward calls to their personal cell phone. (Print out the patient schedule for the next two weeks before staff members leave the office so they can schedule.)
4. Always have an up-to-date voice mail recording. Make sure the messages are checked regularly throughout the day and calls are returned immediately. (Keep your voice mail recording short, engaging, easy to understand and with a friendly tone.)

Stats don't lie! With 25% of calls coming outside of business hours, and only 18% of those callers willing to leave a voice mail, it is imperative and very profitable to have a plan in place for these calls. After all, it is really hard to schedule an appointment if the potential new patient can't get anybody on the phone!

Aaron R. Boone is the COO for DentalMarketing.net, the leader in direct mail marketing for dentists. With many years and millions of postcards delivered, DentalMarketing.net's unique postcard marketing services include proven designs, targeted demographics, staff training, fully trackable campaigns, and a risk-free guarantee. Contact Aaron at info@dentalmarketing.net or call 844 214 8788. Visit the website at DentalMarketing.net.

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DENTAL TREATMENT & ANTICOAGULANT THERAPY

PART I

Risk of Bleeding:

Dental treatment in anticoagulated patients is common. Historically their management has been controversial following early reports of major bleeding prior to accurate monitoring of anticoagulant levels. There remains widespread belief among physicians and dentists that stopping oral anticoagulation before dental surgery is necessary.

Overall Patient Assessment:

Written review and updating of the patient's medical history is critical and should be performed at least annually and signed by the patient. Verbal review of any changes in health history, medicines taken, and known drug allergies should be performed by the assistant, hygienist or dentist before each patient appointment.

Background:

Patients may be prescribed oral anticoagulants, or blood thinners, most often to help prevent complications arising from atrial fibrillation, thromboembolism or stroke. Pre-treatment evaluation and peri-treatment precautions may be necessary depending on the extent of anticoagulation desired by the physician, and the type of dental treatment required.

Medical History Questions Related to Anticoagulant Therapy:

- Heart Attack
- Irregular Heartbeat
- Deep Vein Thrombosis
- Prosthetic Heart Valve
- Atrial Fibrillation
- Heart Surgery
- Stroke
- Embolisms
- Unstable Angina
- Cardiac Stents

MEDICATIONS COMMONLY PRESCRIBED OR TAKEN THAT CAN INCREASE BLEEDING:

- Coumadin (warfarin)
- Plavix (clopidogrel)
- Advil / Motrin (ibuprofen)
- Aspirin
- Other NSAIDs
- Mutli antithrombotic therapy
- Aleve

CONFIRM WHY THE PATIENT IS TAKING ANTICOAGULANTS

HERBS & SUPPLEMENTS KNOWN TO INTERACT WITH WARFARIN AND/OR INTERFERE WITH BLEEDING:

- Ginkgo*
- Ginseng*
- Garlic*
- Cranberry
- Dong quai (angelica)
- Mexican vanilla (tonka bean)
- Ginger
- St. John's wort
- Green tea
- Melatonin
- Vitamin E
- Glucosamine and Chondroitin

*Most Common

A VARIETY OF OTHER HOMEOPATHIC SUPPLEMENTS MAY ALSO INTERFERE WITH BLEEDING

Co-Existing Medical Problems:

Patients on oral anticoagulants with **drug-eluting cardiac stents, liver disease, renal disease, thrombocytopenia, diabetes, thyrotoxicosis, or metastatic disease,** which are treated with multiple drug regimens, or who are taking warfarin and anti-platelet drugs, may have an even greater risk of bleeding. The conclusion has been made that the combined use of multiple antithrombotic therapy is associated with an even greater risk of bleeding complications ranging from mild to life-threatening. When there is a serious bleeding event, management is complex and requires considerable expertise.*

- (IF YOU ARE CONCERNED ABOUT PERI-OPERATIVE BLEEDING AND PATIENT MANAGEMENT, IT MAY BE ADVISABLE TO REFER THE ANTICOAGULATED PATIENT TO A DENTAL SPECIALIST FOR TREATMENT AND MANAGEMENT.)

*Holmes DR, Kereiakes DJ, Kleiman NS, et al. Combining antiplatelet and anticoagulant therapies. J Am Coll Cardiol, 2009

Pre-treatment Recommendations or Considerations:

Ask if the patient has been instructed to modify their anti-coagulation medicine regimen before any dental treatment or surgeries, particularly invasive procedures.

Ask if they know their **INR**, a measurement of the extent of anticoagulation. Acceptable therapeutic ranges are usually between 2.0 and 3.0 for most patients and 2.5 to 3.5 for heart valve replacement patients. If INR level is lower than 4.0 it is generally accepted that outpatient dental surgery can be performed without high risk of excessive bleeding. **Do not proceed with surgery for patients with an INR level ≥4.**

Has the patient changed their dietary supplement use, alcohol intake or started antibiotics since their last INR reading?