

## Good Dentistry is Good Communication

The following article highlights common communication problems in the dental office and provides answers to enhance communication and team-building skills. "We all care about good communication," says Klaus-Christian Hofer. "We all try hard, yet the symptoms of communication breakdown are apparent everywhere. It is possible to develop productive communication skills. In a nutshell, if you listen with method, answer questions professionally and maintain a positive office environment, you will be well on your way to successful communication."

### Question

**How can I improve my communication skills with my patients and staff?**

### Answer

Have you heard comments such as these in your office: "I thought you said..." or "Yes, I heard you, but I thought that you meant that..." or "Isn't anybody listening around here?"

If these sound familiar, communication problems could be putting your professional image and your practice at risk. What was actually said and what we thought was said often differ. Since many of our actions depend on what we hear or understand, we must pay close attention to how we communicate.

### Harnessing Collective Intelligence

It is important to create an office environment where everyone feels they can contribute and share information they know. Each stakeholder has a unique understanding and perspective of a situation. I always recommend considering this valuable "collective intelligence" in your decision-making process and to use all the brainpower available (Fig. 1).

Communication tools allow us to harness this collective intelligence in the dental practice. For instance, face-to-face conversations, phone calls, emails, bulletin boards and meetings are all used to communicate with staff and

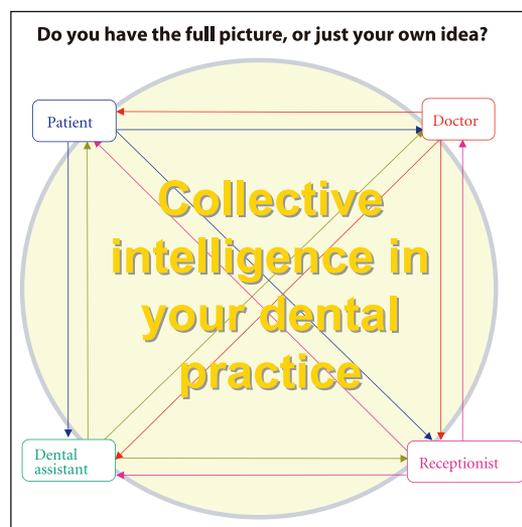


Figure 1: Collective intelligence model

patients. But the real question is whether or not these tools are being used properly or consistently. Few people understand the relative strengths and weaknesses of these tools and use them interchangeably.

Emails are used to convey information that would be better addressed in a meeting. Meetings are called to solve problems that would be better solved by a taskforce. The resulting minutes might create a documentary record about what took place, but generally they do not serve as a catalyst for action. Other decisions are made individually that should have been tabled in a meeting. Conflicts can become emotionally infected if email is used to try to resolve a personal dispute.

All too often, well-intended communications result in misunderstandings, a waste of precious time and increased stress at your practice. **Table 1** illustrates how to optimize the



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use of common communication tools in your office. Improving communication can begin by selecting the right tool for the right purpose in the right manner. Implementing guidelines on the use of these tools will help eliminate potential problems before they occur.

**Enabling Communication**

We all want to achieve good communication. Ideally, we would like to say or write a directive once and achieve the desired result. We often fail because nobody taught us how to communicate for the purpose of enabling people to do things. Such “enabling communication” works to minimize the risk of misunderstanding while maximizing comprehension. When we communicate to enable, we always answer questions. The answer enables us to act or to come to a decision. Yet this type of communication is rarely used effectively in a dental practice.

The results of modern communications research show that all questions can be classified into categories of question types and their answer patterns. Understanding these patterns helps to

minimize the chance of misunderstanding. To optimize our communications we need to match the right question type with the correct answer pattern.

Here is a very basic example. Examine the following question and answer scenario where somebody is requesting a justification.

“Why should I hurry eating my breakfast?”

1. “You know that the bus schedule has been adjusted to the winter schedule and if you don’t hurry you’ll have to wait for an extra hour.”
2. “Well, if you don’t hurry you will miss the bus.”
3. “Because the bus leaves in 10 minutes and you need 3 minutes to get to the bus stop.”

While all 3 answers are logically correct, the third answer is optimized for comprehension. The best way to answer a “why” question is with “because.” Starting your answer with “because” offers the strongest question– answer relationship.

Providing clear instructions to others is another way to improve your enabling communi-

**Table 1** The dos and don’ts of common communication tools

Communication tool	Dos	Don’ts
Bulletin board	Post schedules, announcements and messages affecting all staff.	Avoid posting vacation pictures, complaints or messages to individuals.
Questionnaire	State its purpose, offer choices, encourage comments, protect people’s privacy. Adopt a quality standard.	Refrain from asking loaded questions. Avoid lecturing.
Staff meeting (calendar driven)	Prepare an agenda and always make it interesting. Insist that all staff attend. Focus on the group, not the project. Reinforce a team mentality.	Avoid wasting staff time and using staff meetings for individual project issues. Never exceed the allotted time.
Team meeting (needs driven)	Set a specific agenda. Request that participants come prepared. Focus on the project, not the group.	Keep ‘guests’ from peeking in. Avoid coming to the meeting unprepared.
Face-to-face interview	Apply ‘empathetic listening’ strategies and recall techniques.	Avoid rushing things. Don’t perform other tasks such as taking notes or answering the telephone.
Email	Request meetings or teleconferences. Organize an event. Publish or confirm issues of concern. Exchange documents and files.	Don’t delegate or set deadlines. Refrain from committing people to tasks without feedback. Don’t try to resolve emotionally charged issues.

cation skills. Medical professionals must employ disciplined question and answer patterns. Questions that ask “How do I do this?” should be answered by using denotations such as ‘first’, followed by an action verb (e.g., place, close, select, push, etc.). Don’t say, “The instruments must first be placed in the autoclave.” Instead try saying, “First, place the instruments in the autoclave. Second, close the door.”

To minimize misunderstanding we should aim not only to answer questions logically, but to optimize our answer for comprehension.

### Empathetic Listening Style

It sounds so simple but nobody ever asks, “Can you teach me how to listen?” Our schools and universities teach writing, reading, and sometimes even public speaking skills. However, they almost never pay attention to listening skills.

Yet when we examine the distribution of day-to-day communication activities, listening accounts for over 50% of our interactions. Most of your daily office activities are based on something you read or hear from someone. Every dental practice could benefit from reviewing and honing the listening skills of the dentists and support staff.

Learning how to become an empathetic listener takes practice (**Box 1**). It is an activity that requires good timing and recall skills. Practise with a

partner and allow others to observe and critique you while learning this skill.

Communication skills at your dental practice should be learned, practised and standardized. Make communication in writing and in conversation a larger priority at your office. Harnessing the collective intelligence, understanding the principles of enabling communication and honing your empathetic listening skills will make your office shine. Remember, good dentistry is good communication. ➤

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*The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.*

### Further Reading

- Burley-Allen M. Listening, the forgotten skill. New York: John Wiley and Sons; 1995.
- Hofer K. From black ink to gray matter. Mississauga (Ont.): Chiotti Inc.; 1996.
- Hofer K. Good Webrations; applied psychology for Web design. Munich: Proteus Verlag; 2001.
- Sternberg RJ. Cognitive psychology. 3rd ed. Belmont (Calif.): Thomson Wadsworth; 2003.

#### Box 1 How to be an empathetic listener

Empathetic listening can be achieved by following certain rules:

- Stop, look and listen
- Paraphrase content
- Use minimal encouragement
- Show empathy and feeling
- Hold pauses with forced silence
- Use minimal enquiry

Avoid a provocative listening style. Be sure NOT to:

- Attack: Some try to search for the speaker’s weakest point and attack it.
- Ambush: Others take the speaker’s argument and turn it against him or her.
- Monopolize: Avoid dominating the conversation and therefore keeping the speaker off track.
- Ignore: Performing unrelated tasks while the person is trying to communicate shows that you are not really interested in what is being said.

# Associates and the Sale of Your Practice — An Appraiser's Perspective

Jeff Williams, BSc, DDS, MBA

Buying and selling a dental practice on the open market in Canada was a rare occurrence prior to the 1970s. That was a time when, upon graduation, a dentist could simply move to the community of his or her choice, open a practice and be immediately busy providing dental care. Many practice transitions at that time involved the retiring dentist 'giving' the practice to a colleague in the hope that the new owner would pay a token amount for the equipment, perhaps assume a premise lease and look after the patients.

But times have changed. As more areas of the country have become better served by the profession, there has been a recognition of the many benefits to a practitioner of buying an existing practice and paying the departing dentist a significant sum for the goodwill in their operation (in addition to monies for the equipment, leasehold improvements, instruments and supplies). As a result, the marketplace has become very active. Hence the importance of focusing on the best way to sell a dental practice. Some dentists wonder if an associate buy-in is the answer. Based on my experience as a practice appraiser, I will answer the often asked question: "How does having an associate in my practice affect its sale?"

## Attracting an Associate

With the average age of practising dentists from the baby boomer cohort continuing to increase, and the seemingly younger age when they choose to sell, one can safely predict that there are several hundred practices on the

market at any given time. While there are about 450 new graduates in Canada each year, only a fraction of them are looking to buy a practice right out of school. An owner might rightly be worried about competing for this limited pool of potential buyers. This is especially true in rural and remote regions of Canada, where fewer young dentists are willing to locate and where it can take years to sell a practice.

One long-standing perception is that the best way to sell a dental practice is to attract an associate as a potential buyer. In the ideal scenario, this person works collaboratively for a few years under the mentorship of the senior practitioner, gradually becoming more confident and accepting of more responsibility. The owner continues under the illusion that the associate is eventually going to buy him or her out. It has been my experience that this belief often proves false and most owners are disappointed that the hoped for buy-in doesn't occur. The (usually) younger dentists in these situations thrive by virtue of being able to gain valuable experience while enjoying a level of security and limited risk. If you do attract an associate and get assurances that he or she will buy the practice, remember that anything can happen. If the associate leaves, you will have to start the process all over again, but you'll now be further along your retirement timeline. You'll also have to assume any additional financial investments you may have made to expand the practice when you found an associate.

If attracting an associate for a buy-in isn't such a good idea, what about an associate who is already in place? It has been my experience that long-term associates are often not good buyers of the practice they work in. If a dentist has been an associate for more than 5 years, it's usually because he or she does not want to own a practice — ever. Consider this true story: 3 associates were asked to make an offer on the practice they worked in. The owner had made it



*Dr. Williams' half-day session at the CDA Annual Convention, titled "Dental practice appraisal and brokerage. The current status of the marketplace with projections for the future," will be presented on Saturday, August 26. For more information on the 2006 CDA Annual Convention, to be held August 24–26 in St. John's, Newfoundland, visit the CDA website at [www.cda-adc.ca](http://www.cda-adc.ca).*

clear for years that he wanted to retire ‘soon’. These associates were great practitioners and were successful by all measures. They also had an excellent rapport with their senior colleague. When the request for an offer to purchase was made, the owner naturally thought all of them would be very interested. One associate declined outright. The second, who was a newer graduate, thought the practice was overvalued, while the third simply left (there had been no written associate contract) and moved a kilometre down the road, even attempting to take patient records as he left. So much for perceptions and collegiality!

### The Impact of Having An Associate in the Practice

From an appraiser’s perspective, having an associate in a practice usually impacts negatively on the goodwill value, for several reasons:

1

In the absence of a written associate agreement, goodwill values will be adversely affected. Although the enforceability of such an agreement is not certain, the existence of non-competition and non-solicitation clauses will go a long way toward protecting an owner from sudden departures from the practice. Without a robust agreement which stipulates that the associate(s) cannot simply move ‘next door’ after leaving or after a new owner takes possession of the practice, there is a great risk to the purchaser of paying for something (cash flow based on a certain number of clinical hours and patients) he or she may not receive.

2

A long-tenured associate may feel as though he or she ‘owns’ some of the practice, simply by virtue of having treated patients that the owner has never seen. Furthermore, the associate’s efforts may be the reason behind the growth of the practice (revenues, patient base, staff numbers, etc.). Potential buyers may see this perceived ‘ownership’ issue as a risk to them, so they are generally less willing to pay as much for goodwill in a situation where there are long-term associates in a practice.

3

Assuming that there are adequate agreements in place and that the associate desires to stay with the practice after the owner sells, there remains the issue of compatibility. Every one of us is an individual, and we just might not get along with someone new for professional or personal reasons. If these differences are material, the new owner may have to seek out another associate to work in the practice. This can prove difficult in geographically challenged remote and rural areas. If no one can be found, the new owner may be forced to work longer and harder than planned, or to refer some patients to another office — patients who have contributed to the cash flow of the practice and who would have been part of the patient base included in the purchase of the practice.

There will always be debate about the benefits of grooming your buyer. If you need an associate in your practice, either to handle increased patient flow, to allow you more opportunity for time off, or to fulfill your desire to mentor a promising young practitioner, then hire one. However, don’t automatically think of your associate as your successor. ❖

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