

"Going with the Gut" During Hiring... ...Still Not as Smart as the Brain

by Paul Edwards²

Over the years, I've hired some real problems. Maybe you've been there, too? And for most of those years, I blamed them. How could so many people be so far off from what I needed? Even weirder, how could they all be so similar?

Guess what I finally learned: The common thread was me. When I made a bad hire, I was generally the problem. See for yourself.

Hiring Bomb #1: The Sales Slacker.

"The Gut Don't Lie" ...Except When it Does

There's a time and place for "going with your gut," but it's not at the beginning of the hiring process. Yet it took me years to realize that each time I let a gut reaction rush me through the rest of the interview stage, I made a bad hire.

Take the "Sales Slacker." Turned out, this sales guy was not motivated by making money and didn't care to follow up on opportunities. But was he likeable? Yes! Did I get a good feeling about him based on that likability and his resume? You betcha! In fact, he knew how to reflect back to me exactly what I wanted to hear. And unfortunately, I let him do just that.

Here's what I didn't do. I didn't take my usual time in altering my interview questions to suit the position and type of person I needed to hire for. I didn't ask things like, "Tell me a bit about the sales and follow up processes that you've been exposed to and which ones you think are most effective." Followed by, "In a perfect world with unlimited earning potential based on your performance, how much business would you expect to close for us?" And, "based on that, how much would you hope to earn in each of the next three years?" Believe me, had I known back then to ask those questions, I would have picked a different person for the job.

Lesson learned: When the person doing the hiring gets lazy, the results reflect the work put in.

Hiring Bomb #2: The Executive Non-Assistant.

Who's Making the Decisions Here? Oh.

Another hiring misstep was the personal executive assistant who treated me as if I was the employee and she owned the business, and whose job included making all of my travel arrangements. This was a situation in which too much of a good thing, in this case "taking ownership" was actually not a good thing.

Problem was, she had her own personal story about money, and would make personal judgments about people who prefer to fly first class (even with bonus points), or pay for an upgrade for more (needed) leg room, or insist on a king-sized bed when a queen for \$20 per night less will do. Keep in mind, in a slow year, I fly at least 30 times, have trouble sleeping and folks are depending on me to be relaxed and sharp when I show up.

Well, you can imagine how this played out. I found myself sitting in a middle seat on three-stop flights on more than one occasion, just to save a few bucks that I probably lost later due to being exhausted

and not at my best during the trip.

What were my misjudgments when making this hire? During the interview, I made the mistake of being impressed by skills and attitude, not screening for how she'd handled past situations and warning signs about her priorities and relevant values. Better interviewing, along with using a service that provides behavioral assessment tools, would have kept me from hiring the wrong fit for the position.

Predictably, in most cases, what she would do if she had owned the business, was not what I would do. I finally let her go because of something we refer to as the "we don't need another stapler" incident.

Lesson learned: Communicating what I expect may seem straightforward, but aligning others' priorities with my own is not as simple.

This is the Human Part of Human Resources

The fact is, for many years I relied on three things when hiring: my gut, if I liked the person, and what I thought their resume meant about them. Here's the problem with that. Trusting these three things to help you decide if the person is great is like seeing an infomercial, believing in it hook, line and sinker, and then buying Ronco's instant hotdog cooker circa 1972. It was an electric chair for hotdogs. While the hotdog was "cooked," the breakers in my grandma's kitchen where also "thrown."

Gut reactions and likability are not objective, thorough, or foolproof. As for resumes, 60% are augmented if not blatantly lying, so they serve as a great basis for later fact checking, nothing more.

Here's What I Should Have Been Doing Instead: Behavioral Interviews

During these gut-based interviews, my questions were centered vaguely around whether the candidate would be able to fulfill the job duties, and what they had been up to before. They were not targeted to identify specific talents nor reveal fundamental flaws in previous job performances and suitability for the position.

Instead, I should have been using "behavioral" interview techniques, asking open-ended questions that get candidates talking about their prior, most relevant work and life experiences as they related to what I would be asking them to do. I should also have prepared in advance and fine-tuned my questions for each interview so they were based on the exact position's duties, and what I hoped to accomplish with each new hire.

For instance, I had asked my mis-hired executive assistant questions like, "Have you ever had to make travel arrangements for someone else?" Instead of the stronger alternative: "You will be making travel arrangements for everyone here and most notably, the CEO, who is one of our primary speakers. Based on your past experience, what would be your primary concerns when making travel arrangements for the CEO? Start from the day he leaves and cover all the basics, including transportation, hotels, and getting him back."

Once you've improved your questions, give the answers your full attention, and follow up on red flags or interesting responses. And as you listen, keep in mind that you are looking for people, whether office staff or clinical, to raise your game. You are seeking people who excel in areas where your practice needs improvement, and who like what they do and are excited to do it for you.

Hiring Better Every Time, and Where Your Gut Belongs

Your gut, your feelings, and the candidate's packet of lies - ahem, I mean resume - are, at best, minor components of a great hiring decision. Instead of using these during my hiring misadventures, I should have been preparing a list of very specific and pointed behavioral questions and giving the interview process my full and undivided attention. Lessons learned...finally!

Of course, there are admittedly more steps to the hiring process than just the above, and there's a definite art to creating finely-tuned interview questions.

IMPORTANT NUMBERS TO TRACK... continued from page 1

Production. For the sake of this article, we'll use Gross Production (GP) and Collectible Production (CP). GP is the total dollars of dentistry that you actually produced. CP is the actual production dollars that you are allowed to collect because of write-offs and discounts. That's why it is possible to have a 97%–100% Collection percentage when based on CP.

I have always wanted to know my GP which reflects how hard and productive I've worked that day. I find it to be more motivating and allows me to set better goals when I look at GP. I want to know how "productive" I am! If I do 10 PPO crowns one day, there's a big difference in the GP and the CP. GP is the more motivating way to keep you focused on production.

Now when it comes to Collection percentage, I believe you should have two numbers: one for GP and one for CP. For example, if one month your Gross Production (GP) was \$100,000 but the Collectible Production (CP) was \$90,000 and your office collected \$85,000, you would have a big difference in your Collection % between GP (85%) and CP (94%). Of course if you collected \$90,000 for that month, your CP Collection rate would be 100%, but your GP Collection rate would be 90%.

My staff provides me a monthly report that we generate ourselves. I don't need to read a volume of papers each month to seek out my numbers. Among other stats on that report, I want these five numbers on there: Gross Production, Collectible Production, Collections, GP Collection percentage and CP Collection percentage. I feel it is important to review on a monthly basis those last two numbers on Collection percentages. That will keep you informed about how much of an impact there is when participating with insurance plans. More than likely, you will see those two percentages drift further and further apart as we keep getting our fees downgraded by insurance companies.

If you simply look at your Collectible Collection percentage month to month, it may look very good because it stays around 98% or so. But, if you don't look at the Gross Collection percentage you will not really know the negative impact that some of your insurance companies are having on your practice. You may very well stay at a 98% Collectible Collection percentage, but you will eventually realize that you're working much harder to do that.

By looking at both Collection percentages, it will give you information monthly about the impact of insurance on your practice which will allow you to make decisions on weeding out some of the weaker plans. It's not uncommon to see a practice have a growing variance on those two percentages which the doctor needs to be aware of constantly in order to help make better decisions dealing with insurance companies. Remember, it's all about the numbers, so you may want to keep track of these important ones.

By the way, I do go back to my gut at the very end of the hiring process - and only at the very end, when the last two candidates are fantastic and running neck and neck toward the final verdict. The result? My interview and hiring process now gets me an 80% success rate... and you can get there too.

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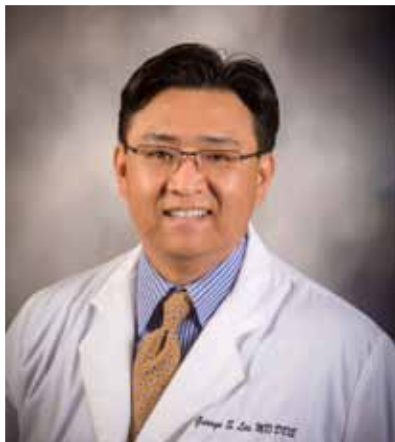


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FROM THE DESK OF GEORGE S. LEE, MD, DDS:

PATIENTS' ATTITUDES TOWARD SCREENING FOR MEDICAL CONDITIONS IN A DENTAL SETTING*

Previous studies demonstrated the efficacy of chairside medical screening by dentists to identify patients who are at increased risk for developing cardiovascular associated events and the favorable attitude of dentists toward chairside medical screening. This study assessed patient attitudes toward chairside medical screening in a dental setting. A self administered questionnaire of eight five-point response scale questions was given to a convenience sample of adult patients attending a dental school clinic and two private practice settings. Statistical analysis was used

to compare responses between study groups.

Regardless of setting, the majority of respondents was willing to have a dentist conduct screening for heart disease, high blood pressure, diabetes, human immunodeficiency virus infection, and hepatitis infection (55-90 percent); discuss results immediately (79 percent and 89 percent); provide oral fluids, finger-stick blood, blood pressure measurements, and height and weight (60-94 percent); and pay up to \$20 (50-67 percent). Respondents reported that their opinion of the dentist would improve regarding the dentist's professionalism, knowledge, competence, and compassion (48-77 percent). The fact that the test was not done by a physician was ranked as the least important potential barrier. All respondents expressed a favorable attitude toward chairside screening. The priority rankings within an item were similar for both groups. Acceptance by patients of chairside medical screening in a dental setting is a critical element for successful implementation of this strategy.

WORK ANNIVERSARIES

We would like to extend our appreciation for 2 of our employees that have recently celebrated anniversaries with our office. Virginia recently celebrated 11 years with our office. Christina recently celebrated 2 years. We appreciate them and the level of care that they give our patients.

IS YOUR PATIENT A DENTAL IMPLANT CANDIDATE?



As you already know, dental implants are a great option to propose to your patient for tooth replacement. If your patient is interested in discussing this as an option, please note on your referral or let us know when you call to schedule them.

* Greenberg BL, Kantor ML, et al. J Public Health Dent. 2012 Winter;72(1):28-35

IMPORTANT NUMBERS TO TRACK

by Dr. Joe Steven, Jr.

"Buy my book and I'll show you how to attain a 97% collection rate!"

"Take my course and I'll get your collection rate up to 99%!"

"With my consulting program you will have a 100% collection rate!"

I've seen all the ads and hype and I keep telling myself that there's no way they can do that in my practice. I've come to realize though that it depends on how you look at your numbers. Reviewing my monthly numbers 36 years ago is quite different than how I look at them now. And the reason for that is due to insurance companies and the write-offs that we incur.

Back in 1978, I always focused on production. We tracked it daily, monthly and annually. Back then "production" was considered whatever our normal charge was at the time. For example, we charged a whopping \$15 for an extraction back then. So, regardless if it was a welfare patient where we didn't receive our full fee or a patient we offered a discount, at the end of the day, \$15 was recorded as one of the production items for the day.

Over the years, when start-up or struggling practices have requested my advice on building their businesses, I have always stressed "Production, Production, Production!"

Of course, I have heard it said many times that it's all about "Collections" because you can't spend "Production" numbers. I know, I know, I know. But I still say the first thing to do is to focus on producing dentistry in a timely manner while maintaining quality.

Why do some dentists take two hours for a crown prep appointment, and others spend 30 minutes? I believe it is because increasing production has not been the main priority for the two-hour doc.

It really is unfortunate that for the large majority of dentists, in order to make a great living we have to work hard and we have to produce a lot of dentistry. Focus on production first, then focus on collections. Better yet, focus on both at the same time and you'll be way ahead of the game. Too many doctors are not willing to go out on a limb and offer a little credit to patients but would prefer to read *People* magazine instead of taking a partial payment and doing some dentistry.

Anyway, back to the numbers and those statements at the beginning of this article. It took me a while when I first heard those claims to realize those numbers are truly attainable when you are figuring the Collection % based on "Collectible Production." You can set up your computer to figure "Gross Production" such as \$15 for that extraction vs. \$10 from Welfare for Collectible Production.

I've heard various terms tossed about like Net Production, Gross Production, Collectible Production and Adjusted

Important Numbers to Track	(1, 3)
Going with the Gut	(3)
From the Desk of Dr. Lee	(4)

continued
on page 3