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unique to each, the tolerance level and unity of the team will rise.

**BABY BOOMERS:** Born 1946–1964, 60’s–40’s age group: Baby Boomers are extremely hard working and motivated by professional status (perceived or real). Titles are important even if not complimented by a defined role. Overtime is not a word, it is the norm. Boomers have sacrificed quality time with their families and the development of hobbies to ensure that personal compensation has been high and professional achievements are recognized. This work ethic can have negative connotations both for the Boomer in loss of personal time and may be expressed with an outward disdain for the younger generations who are perceived as not willing to work as hard as they did. The situation of extended work days can be an example of the differences in the generations. Boomer’s arrive thirty minutes early (preparing for the day) and expecting no compensation for this time, the same happens at the end of the day. Boomers will expect to stay a half hour or so beyond the close of business while the younger generations will be out the door! Neither is wrong, and by the way, if we plan our day correctly, no one need stay late.

Boomers are independent and competitive. During most of their career-life, most questioned authority and searched for different ways to accomplish the same task. Some call that “challenging the status quo,” others believe it to show a welcome for change and being accountable for the quality of one’s work.

Competition is a driver for the Boomers and the need for face-to-face meetings for planning and project development is important. The younger generations are comfortable with technology and often see the need for in-person meetings as a waste of time. For most dental practices the issue of face time is not yet a full blown problem but as more systems and work can be done from remote locations, team meetings may have a different dynamic quite quickly.

**GENERATION X:** Born 1965–1976, 35–45 age group: Generation Xers love and accept change. They tend to burn out quickly if the job is repetitive. This age group loves the interaction of trade shows and learning and using the latest and greatest technology. This group is your marketing force for the practice and your next round of managers.

Generation Xers came of age watching their parents work hard, divorce and lose life savings due to a faltering economy. Therefore, this generation has the qualities of independence, self starters and work well when given a challenge or task, then left alone to “make it work. To enhance the work style of this generation is to take a hands-off approach and allow ideas and systems to spring forth from their creative minds. This generation does not shy away from responsibility or accountability. The

Gen X age group was the first to grow up with technology and know how to use it to enhance their learning experiences and know how to dig for information and research quickly. This skill will help your practice focus on service and providing a new updated experience for your patients.

The value of workplace loyalty is high among Gen X employees but many will be looking for a new job quickly if the practice is not fun, challenging and tolerant of a flexible work schedule.

This group watched their parents lose jobs and the respect that drove them. This age group is driven by the “work-hard, play-hard mentality.” Do not expect this generation to work much overtime without compensation and expect some pushback. Life and work balance is real and come before both position or title.

**GENERATION Y:** 1977–1994, 30’s to late teens: This group love recognition, crave feedback (especially positive) and they are the masters of social media. Look to this generation to provide the practice presence on Twitter and Facebook. Gen Y will come up with innovative ideas for drawing new patients to the practice and keeping current patients engaged in the practice.

Generation Y is stepping into a workplace filled with Baby Boomers who are still working hard. Standing beside these work horses, they often find themselves thrown in to be the managers of a generation that could be their parents age and who they do not understand. Gen Y does not respond well to the traditional manager/employee hierarchy. This generation has a great need to exceed, be allowed to be creative and work on their own time lines. This may not work well in the dental practice where we will always be held to a schedule. But, maybe this age group will figure out the template for a new work model.

Generation Y has been given gifts of life experiences and pleasures by their parents who often had more money than time. They thrive on tight schedules, diverse activities, and enjoy a fast, multi-tasking environment. Generation Y expects a lot from themselves, are driven to make a difference, (immediately) and do not favor a management style that is not fully engaged in their development.

Unlike the generations that came before them, this generation holds home life and quality of personal life above, their work duties. Jobs must be flexible; possibly job sharing in the dental industry, especially for those who want to have a family and then return to the work force. This is not to say that Gen Y is not respectful or accountable for high work ethics they just want time to “chill.”

**SUMMARY:** The workplace today should be the most exciting and inspiring ever available. Embrace the differences in your teammates and know that the differences are a benefit.

Working together through an open dialogue to understand what makes each generation tick is helpful. Plan a team meeting to discuss the parts of a team that are similar to all. Unity, trust, accountability and respect.

Know what your generation’s triggers are. Do you fit the mold? Learn the traits and triggers for the generations you interact with. Know when to be tolerant. Recognize that differences are good.

*Lisa Wadsworth, RDH is a professional consultant and possesses more than 20 years of experience as a dental hygienist and clinical trainer. Lisa is also a qualified professional development coach. You can reach Lisa at 215-262-6168 or Lisa@LisaWadsworth.com. For a DVD of Lisa’s presentation at the EID DESTIN 2012 meeting, call 800-337-8467.*



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

*Our team greeted runners at the finish line Saturday, October 31st, at the inaugural Frankenstein Frenzy held at Fort Campbell. Thank you to the 86th Combat Support Hospital for allowing us to participate.*



HAS YOUR TEAM SIGNED UP TO PARTICIPATE IN OUR “5 OR 5” CHALLENGE?

We are challenging each office to collect at least \$5 or 5 food/personal items from each team member. The challenge will start on Monday, November 16th and run through Monday, December 14th. We will pick up all items on the week of December 14th to deliver to Urban Ministries. Acceptable items include shelf-stable foods, such as canned goods and boxed foods, personal hygiene items, and baby supplies such as diapers and wipes.

*The office with the most points per team member receives a catered lunch on us!*

- Each dollar will be 1 point
- Each food/personal supply item will be 1 point

We want to make this challenge fair for offices of all sizes. The winner will be based on an average that accounts for the number of team members. We will average the points per person in the office. For example an office of 4 employees turns in 15 items and \$5 = 20 points all together. Then an office with 10 employees turns in 20 items and \$10 = 30 points all together. By averaging the offices, the office with 4 employees would win because they averaged 5 items per person (20/4), where as the office of 10 employees averaged 3 items per person (30/10).

To register your office, call Jess at 931-552-3292.

DENTAL IMPLANT LUNCH & LEARN WORKSHOPS:

Lunch and Learn sessions are available in your office for you and your staff! These hands on, educational workshops can be tailored to your specific needs. Dr. DeFelice and I provide information on dental implants and the role of 3D imaging technology implant dentistry. Examples of session topics include:

- Implants as the Standard of Care
- Implant Parts & Pieces
- Bone Grafting and the Atrophic Mandible
- Advanced 3-D Imaging

Of course, we bring lunch! To schedule your office’s Lunch and Learn Workshop, call Lisa at 931-552-3292, or email her at LDotson@cumberlandsurgicalarts.com.

RISK FACTORS FOR PERMANENT INJURY OF INFERIOR ALVEOLAR AND LINGUAL NERVES DURING THIRD MOLAR SURGERY:\*

The purpose of this study was to assess the incidence of and risk factors for permanent neurologic injuries to the inferior alveolar nerve (IAN) or lingual nerve (LN) after the removal of third molars. This report also describes the use of a Clinical Incident Review (CIR) process, allowing close monitoring of all patients with neurologic injuries as a result of dentoalveolar surgery. A database associated with a CIR process at the Royal Dental Hospital of Melbourne from January 2006 through December 2009 was assessed. Factors assessed included gender, age, operator class, method of anesthesia, spacial relation, depth of impaction, ramus relation, proximity of the IAN on orthopantomogram, cone-beam computed tomographic usage, and side of injury.

During this 4-year period, 11,599 lower third molars were removed in 6,803 patients. The incidence of an IAN injury was 0.68%, and the incidence of an LN injury was 0.15%. Important risk factors for permanent IAN injury were increasing age, surgery performed by staff dentists, type of anesthesia, and mesioangular impactions. The mean time of complete resolution was 4.3 months. No factors were found to statistically increase the risk of LN injury, although most injuries were seen in patients with a distoangular impaction. The overall incidences of IAN and LN injuries were low. Some risk factors for permanent IAN nerve injury were identified. *Important risk factors for permanent IAN injury were increasing age (≥25 yr old), surgery performed by staff dentists, surgery under general anesthesia, and mesioangular impaction. No factors were found to statistically increase the risk of LN injury.*

\* Nguyen E, Grubor D, et al. J Oral Maxillofac Surg. 2014 Dec;72(12):2394-401

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# THE CALL

By Dr. John Wilde<sup>2</sup>

*"Hi Sheila. This is Dr. Wilde. I'm delighted to hear you'll soon be joining our dental family. I called to say hello and see if I could answer any questions or discuss any concerns you might have."*

New patients are the life's blood of any dental practice, but our country's unemployment rate has exceeded 11% for years. New patients are becoming "as rare as hen's teeth," to borrow a phrase from the local lexicon. And when one does appoint, at least over my forty years of practice experience, the highest failure rate of any scheduled procedure has always been new patient examinations. But our new patient failure rate has dropped to almost zero since I began using "THE CALL"

Whoever answers a new patient's call in our office completes our customized induction form recording chief complaint, who referred, place of employment, home address, previous dentist, date last seen there and comprehensive contact information. This data prepares me to make "THE CALL." I call after patient care hours have ended and begin verbatim as detailed above. My call is unexpected and it is sometimes challenging to get a conversation started (especially with gentlemen). To initiate a dialog I often ask, "Are you currently having any dental pain or discomfort?"

When I first began "THE CALL," our economy was much better, and new patients plentiful. I was just searching for a way to entice them to show up. I was tired of the frequent 40-minute holes in our day occasioned by their failures. And eliminating wasted time is a compelling reason to call in and of itself. But over the years I've realized this exercise yields benefits far surpassing my modest original goal.

Just by calling I make an invaluable and indelible first impression as a health care provider who voluntarily goes above and beyond the expected. Because my patient's first contact occurs in the comfort of his or her home, not the unfamiliar and frightening (for some terrifying) environment of a dental office, I begin a warm personal relationship that establishes a positive tone for future interactions. And within this affirmative context I have a golden opportunity to address and defuse the reasons this patient

might fail. I find the overwhelming primary barrier to be fear. Once this delicate topic is breached, I have the opportunity to describe topical anesthetic, nitrous oxide, conscious sedation and my promise that I never treat any patient who isn't absolutely pain-free.

The second most common obstacle is financial, and we discuss third party, 24-month, no interest options and the possibility of phasing treatment. Sometimes people are embarrassed, and afraid they will be scolded because of how long it has been since they last saw a dentist and the severity of their current dental problems. I assure them the past can't be changed. We start afresh today and I'm gratified they chose me to treat their current dental needs. Few significant road blocks remain after these three dragons are slain and a greatly reassured patient can look forward to meeting "the nice dentist" in person.

When these patients arrive in our office, I am in the highly advantaged position of being able to forthrightly address their previously discussed primary concerns. This accurate knowledge, coupled with our enhanced relationship, leads to greatly increased case acceptance.

And isn't being allowed to provide needed care the ultimate point of this exercise?

As a bonus, do you think this uniquely caring dentist, who reaches out to patients before their appointment, might be mentioned to family and friend? ("You won't believe this, but Dr. Wilde called me at home before my appointment.") It's possible these people might also enjoy a dentist who's commitment vastly exceeds the norm.

So much is made of communication today, be it Facebook, websites, tweets. As a seasoned citizen, I admit to lacking ardor for these undeniable waves of the future. And I stubbornly contend that no instrument extant can affect someone as powerfully as a caring, compassionate human voice. Try "THE CALL" and see if you agree.

Dr. John A. Wilde has practiced in Keokuk, Iowa since 1974. He is the author of six dental books, including *Dentistry's Future*, *A Prescription for Success*, *Wealth and Joy*, and has had over 200 articles published in a variety of dental publications. John can be reached at [jwdentist@hotmail.com](mailto:jwdentist@hotmail.com), or on his cell at 309-333-2865.



by Lisa Wadsworth, RDH<sup>1</sup>

Dentistry is all about people. We can not reach or keep our potential until we examine our own situation. Once we acknowledge it, see the components of our team, render some self care, then, and only then, can we present the best of ourselves to our team members and patients.

Understanding the dynamics of multiple generations and different genders working together is imperative. To hear and view what fuels the often frustrating and confusing emotional roller coaster that ensues can be frightening. The differences of opinion and work ethic are real. However, no blame should be cast. Different generations bring psychological differences that can compliment a team. Working with different genders help all members of a team understand how the opposite can view even the smallest situation.

As team members we are the respected confidants for our patients. Our ability to access patients' emotional needs and concerns defines the difference between a thriving full assessment practice versus a "fix it when it's broken" patient base. As a team, how can we support a productive, unified approach when the members are at odds?

## What do Team Members Need?

**UNITY** - A feeling of belonging. To voice opinion, or debate a topic is natural, but undo competition does not lead to a united front. Unity is the handling of both positive and negative

## Bridging the "G" Gap

*appreciation and awareness for  
a changing dental team*

**A shift has emerged on the work front. For the first time in history, four generations can be found working in one practice. What does this mean for the employer, team member and most of all our patients?**

experiences in a manner that allows for differences of opinion while keeping an outward expression of trust for the team.

**TRUST** - Show trust in your fellow team members. Trust grows over time and is fostered by accountability and respect. If a team does not have a palpable trust level between them there is an underlying tension that patients will perceive. Trust can be as simple as knowing your teammates will have your back when the schedule gets tough to taking care of you during difficult personal times. Know that the most important trust a team member values is how well we treat our patients.

**ACCOUNTABILITY** - Be responsible for your part of the small business. Each member of the team, clinical or administrative, is a specialist in the practice. There is a part of the small business that you can call your own. Would you welcome the challenge to develop a new or better system or experience to compliment your practice? Accountability is a self-check system for expressing intent and then providing the proof that a situation or system has changed for the better.

**RESPECT** - Without this, move on or look in the mirror. The components of respect are the three topics discussed above. All three are pieces of personal growth and self worth.

## Generations Working Together

Multiple generations working together has hit an all time high. There is much to be proud of and to be learned from this work force experience. If all generations understand the differences

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