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Ash: Hello and welcome to another episode of Beyond Bitewings. In today's episode, we will be talking about when to bring in an associate and what are some of the things to consider when you're thinking about employing an associate. And within the studio today we have Robert.

Robert: Good afternoon.

Ash: And Sharon Tiger, our guest speaker. Now she is a prominent dental practice management consultant nationally and she's going to share some of her viewpoints regarding the subject matter. So Sharon, how are you doing today?

Sharon: Good, thanks for having me. I think this is a great topic, especially since I work with a lot of practice transitions. So I work with a lot of doctors who are trying to bring on an associate because they're so busy and they have enough new patients that they can utilize an associate and help the practice grow more. Of course the first step is to see, did you really need an associate?

Ash: And how do you determine that? You said something there, that their practice is growing to the point where they need an associate, how do they know when they need an associate?

Sharon: Well, the first thing they would need to consider is do they have enough new patients to support the established doctor and an associate?

Robert: Is there a number that you would put on that?

Sharon: It really, really depends if the doctor doesn't have enough room in his schedule to see any of the new patients. That the schedule is so heavily booked that he can't even get new patients in to see him. That would be a consideration. And that's gonna be different with each doctor. Some doctors see new patients through their schedule, some doctors see new patients through a hygiene. So it's important to look at, are we getting our new patients in within the week? Because if we can't get them in within a week, then they're going to call someone else. So if we can't get the patients in within a week, even with a hygienist, a new patient, then we need some help. Either we need another hygienist. And at that point, sometimes the doctor will need another doctor to see all those hygienists. For example, let's say he's working with two hygienists. I have a doctor right now who's working with three hygienists by himself. And to get any more new patients in, we're gonna have to have a fourth hygienist. And that will be very hard for him to do, check for hygienists and see his operative patients.

Robert: Yeah, how can he do any operative work if he's just doing hygiene checks all day?

Sharon: Right, right, so it's very difficult. Some doctors can do three and manage, but it's tight. So if they see new patients through a hygiene, they would need another hygienist and they would also need a doctor. And I'm assuming if they need another hygienist, that there's enough production there to support another doctor. Also it would have to be at the point that the established doctor is making enough income to support overhead and to support his or her bills, be able to fund their retirement, which I know, I think you've talked about on the show before. So it's not another burden. Although they're going to make money by paying the associate a percentage of production, they're gonna make money from the associate. They still have to see the timing and they know when it's starting to get overwhelming, they're not able to see new patients.

- And it's kind of a different level for each doctor, isn't it? Some people get overwhelmed. I know I've had calls from clients, they get overwhelmed when they were doing 50,000 a month. And on the other hand, we've got clients that do what 150,000 a month. So it's different for each doctor.

Sharon: It is different for each doctor. And we also have to know, I'm hoping they're working with CPAs and planners, like...

Robert: Did all specific CPAs.

Sharon: Dental-specific CPAs and planners that could guide them. No, this isn't a time to bring an associate, the practice isn't profitable enough to do that. So I don't think it's a decision they can make by themselves, I think they have to use their dental CPA to really help guide them that this is the time they may say, I'm overwhelmed. And we may need to look at why are they overwhelmed, maybe it's not time for an associate. But when it is time for an associate, the things to consider is, defining the associate in itself is a nightmare.

Ash: How long does that normally take? I mean, is that like, you can go to one website and overnight hire someone within a week or is it take months or what?

Robert: No, it could take months and it could take years to find an associate. What have you found with your clients?

Sharon: Lately, It's been more difficult for them to find an associate to come in, although I'm not sure I really understand that. I think a lot of the associates that are in corporate dentistry would like to get out of it, but the money is so good sometimes they can't leave there and go into private practice because of the amount they're being paid. But it's a better quality of life, I think, if they look for a private practice to associate in.

Robert: But there is really tempting to stay with corporate dentistry because they're not gonna make that much money at first.

Ash: When they're a business owner?

Robert: When they're an associate. They won't make as much money as corporate is paying them.

Ash: I see.

Robert: But they can, eventually. But I think their style of life and the number of patients they have to see, and the stress, would be a whole lot less joining a private practice. I think another thing they need to consider, is this the right person for my practice? And what I highly recommend is that they do a personality test that actually looks at something similar to, what is the test that you all use?

Sharon: Culture index.

Robert: And what does culture index look at?

Sharon: Well, culture index is really, they don't call it a personality test, they call it a character trait survey. And it really helps you match. And I think you said they need to take a personality test, but I think, really tell me if I'm wrong, but I think the owner doctor needs to take that test as well as the associate.

Ash: Absolutely.

Robert: Because what you wanna see is if they're compatible.

Sharon: Right. And that culture index is fantastic for doctors to take that test, have the associate take that test. And even though we might think the associate is the most perfect match in the world after speaking to them, that test will point out what's not gonna work or where you don't match, or where you do match, or if it's even a match.

Sharon: And it'll tell you how you match. In other words, if you know what the survey is of the other person, then you know how to approach that person on several issues, how to resolve issues with them. And vice versa.

Sharon: And I think that's a key step that is left out. Like I think that's the most important step in bringing on an associate, is that even if you're desperate and you say, wait a minute, this is the only associate I've had come to my practice in a year, we need to look to see if it's gonna work. And the culture index is fantastic in letting you know what to expect and then you can decide. Okay, I understand they're telling me about these traits but I'm gonna do it anyway. What I find is when people do it anyway, it doesn't always work. So I think that culture index is a really important step. Besides that, knowing how to coach your associate. So having regular weekly meetings with him or her, which is something doctors don't like to take the time to do, but they have to really meet with them once a week, make sure their philosophies are the same, make sure they diagnose the same way. And if it's a young associate, coach them on how you diagnose. I always like the associate to at least every time he's free or she's free, to

go listen to the doctor, to go listen to the established doctor and how he or she is diagnosing and hygiene, and how he or she speaks to patients.

Robert: So really just observing.

Sharon: I mean, every time the associate has a moment, rather than going back and reading a magazine in their office-

Robert: Or playing video games.

Sharon: Or playing video games, which is a very common thing. I make sure they never go to their office and that every time they have a break, except for lunch in the bathroom , I want them to be observing the doctor. And not that he or she has to be like that doctor, but they have to know the style of the practice. Maybe the established doctor is not aggressive with treatment. And to bring in an aggressive person right away would not be a match for the patients. I'm not saying it can't eventually work to have someone who's a little more aggressive than the other doctor, but I feel like in the beginning, we would like their styles to match.

Robert: Well, I think you kind of need the styles to match so that you don't really offend some of the patients. Because if you've got the established doctor that's been there for 10, 15 years and you bring in someone way more aggressive, you can actually run patients off, right?

Sharon: Right, correct.

Ash: Yeah, okay.

Sharon: And also those weekly meetings are very important, like I said, to not skip those. Something else that's important is to see what their dentistry looks like. Make sure that you put them with your most experienced assistant. So normally my established doctors like to keep their most experienced associate.

Ash: Yeah, most experienced associate.

Sharon: And I want the most experienced assistant to be with my new associate so that she can coach him. She can coach him and help hand him the instruments quicker and actually guide him or her on how to get things done in a more timely manner and also give feedback to the established doctor on, you really need to talk to him about the way he's doing his crowns or the way he's prepping the tooth. Or you need to talk to him about this, 'cause that's not what he's doing. Normally, the established doctor wouldn't get to see it unless he saw the hygiene patient after the associate doctor did the crown. So it's important that he has that ear of that experienced associate. And I have a doctor right now that's spending weekly going over how to do a crown, what are the steps that you take, what do you need to be careful of, how to do something as simple as a composite. But to do it the way that the established doctor knows is the best way to get it done, and all we have is what they learned in school or what they learned at another practice they were out for a year or two. But that doctor really has to see how they're doing their treatment. He should be a mentor. He should be a mentor, really going

over with him how to do the crown, how to do the composite, in a way that I know you know how to do this, but let me show you, point you out some things that I've noticed that I do that I'd like to show you how to do. And a lot of established doctors don't like to do that, 'cause they feel like they're telling them something they should already know and it's possibly condescending. But not if it's done in a good way. Not if it's done in a good, light, professional way, and letting them know upfront before they even get hired on that you're going to do that.

Ash: And these are doctors. When you talk about an associate, I think of somebody that's probably been out of dental school a couple of years. But some associates,

Robert: Just got out of school.

Ash: been out eight years or so.

Sharon: That's true.

Ash: And so I guess you have to coach them differently depending on their degree of experience.

Sharon: Yes. And I feel like sometimes that's tougher when they've been working somewhere else for eight or nine years and they've developed their own habits.

Robert: Not all good.

Sharon: Not all good. Some good and some not good. But see, one of those things is, that conversation would have to be have upfront before we sign any contracts or anything. Are you gonna be okay with me coaching you? If there's some of the treatment that you're doing that I'd like to see you do differently, is that gonna be okay with you?

Ash: So you suggest that the doctors sit down and have that kind of heart-to-heart meeting before they go to the contract phase and sign that and actually bring 'em in?

Sharon: Absolutely, absolutely.

Ash: And is that something that they do on their own or is that something a person like you needs to facilitate? I don't see that happening much unless there's a facilitator.

Sharon: Often I facilitate that with all my practices. I know Robert you do that with some of your clients, but I think it's good to have a consultant coach you on how to coach your associate.

Robert: And the other thing you mentioned is, I know how much doctors really love to have those meetings every week. Is it necessary for they really to get together weekly or can this be done once a month to coach your associate?

Sharon: Well, I think it needs to be done weekly at least for the first six months.

Robert: Okay.

Sharon: After the first six months, you can decide if you wanna go to biweekly. And it's just a good way to stay in relationship. Whether you go out to lunch, it's a good way to stay hooked so that you have the type of relationship or bond that they feel comfortable with you telling them the uncomfortable things. So if you're only meeting with them once a month, I feel like that bond isn't there. And I'm not saying you have to do that forever, but you have gotta create that bond.

Ash: So it really comes down to a matter of your favorite topic communications.

Sharon: Right, right. But I once again wanna stress, the hard conversations you have to have before you sign the contract. Like how many vacation days is he or she gonna be okay with? Are they gonna be okay with you coaching them on their treatment?

Ash: And how many days of the week are they gonna be practicing or expected to show up, right? And I guess how many hours a day.

Sharon: Right, and what you expect with their relationships with the team, how you don't expect them to become their friends, even though they might be closer to their age, the team member's age, they're not their friends. And often associates make that era of hanging out at the front desk or rather than observing the doctor.

Robert: Because they want what, the front desk to assign them the treatment or they just wanna be liked?

Sharon: They wanna be liked. They wanna be liked by the team. They wanna hang out with them. They wanna go out and have drinks with them. And that's just not appropriate unless the established doctor is coming along. So I feel like a lot of important conversations need to be had before that contract is signed. And often I know that contracts have been signed and I've said to my doctor, did we have this conversation? Did we have this conversation? No, I'm gonna have that with him now. Well, that's tough. And you still can have it, of course. Like any of you out there who already have signed contracts, you can still have these conversations with them, but you have to coach them. You have to coach them on their dentistry, you have to coach them in their language skills with patients.

Ash: Let me ask you this question. I put together a lot of associate contracts for our clients. Is there something that I should be putting in the contract that it requires weekly or biweekly mentor meetings with the owner doctor?

Sharon: I think that'd be wonderful. I think it'd be wonderful, also put in, well, I don't know if you're gonna put this in the contract, but that they take that, I've forgotten, culture index.

Ash: Oh, culture index.

Robert: But I guess they would do that before they sign.

Ash: If I'm aware of it, we try to get them to take those tests before we even go to the contract.

Sharon: Right, but a lot of those things would be good to be in the contract. that the doctor can coach them on treatment. That the doctor can coach them on treatment that they think they know how to do, but show them some other ways.

Robert: Well, certainly I'll let everybody know what each other's expectations are.

Sharon: Right, right. I'm working with a practice right now where they already signed the contract, but this associate, he's very open. He's very open to changing the way he's doing things, learning and new ways-

Robert: The associate or the owner?

Sharon: The associate is very open to the owner telling him this.

Ash: Wow, that's great.

Sharon: And that's really nice, but that's not always how it is.

Ash: Yeah.

Sharon: But the key is having that experienced assistant who the established doctor has worked with for a long time.

Ash: That's interesting because I wouldn't have thought of that because again, I would naturally expect the owner doctor to keep that most experienced assistant with him. But it makes sense.

Sharon: You usually see is, okay, well, I'll hire just a young assistant now for my associate, but I don't know how that's gonna give the established doctor any new information, I don't know how that's gonna help my associate with their speed. Those long-term assistants are brilliant. They can almost do the dentistry. So they know when things are off and they know that maybe it's not appropriate for them to have the conversation, but they should go tell the established doctor so he can have the conversation. And this particular office I'm thinking about, the established doctor actually told the associate, "So I'm putting you with my most experienced assistant so that she can give you feedback and that she can give me feedback on how it's going. So she is here to help you. So she might every now and then point things out and that's okay, 'cause that's why I gave you my most experienced assistant to support you and your growth." So I think that's very important and I feel like the established doctor should at this point, be able to work with any type of assistant. Even a young assistant.

Robert: Right. Now, what if the scenario was reversed where let's say the owner doctor was only open for a couple of years, but is now interviewing an associate doctor that's been practicing for let's say eight years.

Sharon: So see, associate has more experience than the owner. That's less.

Robert: Maybe, maybe.

Ash: Okay, interesting.

Sharon: We don't know if they do, I have never run into that. But I know it does happen. I think it could be awkward for the established doctor who's only been out for two years, and I can also see the benefits of the eight-year doctor bringing things to the table that would really help the younger doctor. I could see both ways.

Robert: Well, and on the other end of the spectrum, I guess, thinking about this, I've seen doctors that have sold their practice, they're at the end of their career, and they wanna go practice somewhere a couple days a week or three days a week somewhere. And so yeah, then they go and work for a younger doctor. So then how do you handle that?

Sharon: I feel like...

Ash: Because you've gotta, in a lot of cases, they haven't kept up their skills and they're really doing things the way they were done 20 years ago. And the younger doctor that's now the owner, he's gonna try to get them to update their skills and speed.

Robert: I don't know if he's gonna try to do that.

Ash: Is that possible?

Sharon: I don't know. That's another one of those upfront conversations. He would have to sit down with him or she, and have that upfront conversation of, I know you've been out there eight years, we have some new things in our practice that maybe you have not been exposed to, we have a CEREC machine.

Ash: Or in some cases, we have electronic records now.

Sharon: Right.

Robert: And not paper . There's still some of those out there.

Sharon: feel like that doctor, the three-day a week, retired doctor who sold his practice, would have to be willing. So that's how I feel like another one of those conversations that people are not willing to have that I feel like if they don't, it gets them in a bind afterwards. It could still get him to bind, he could say he'll agree to all that then not do it. But then we have a contract where either party can break the contract in 60 days. I'm assuming.

Sharon: Usually it's 60 or 90, sometimes 30, but yeah, there's a a period.

Sharon: But I do think the benefit to having the initial conversation is at least you gave it your best shot. And I would like that initial conversation with that type of situation you described, Ash, to be put in the contract.

Ash: And if it's in the contract, again, then everybody knows what each other's expectations are and they can always refer back to that. I think if it's in writing, then you can always refer back to it and it's more likely to happen.

Sharon: I feel like all these expectations, you should really start putting those in the contracts.

Ash: Interesting.

Robert: And even having those conversations with your doctors at your firm. Like, so what are your expectations? Are you gonna do this? Are you gonna have a conversation with him? 'Cause I wanna put that all in the contract so when we look back, we know this is what we agreed to. I think that'd be of great value.

Sharon: On the other side of the coin, if we're representing some of these young associates and I'm reviewing their first contract and I don't know the owner that's bringing them in, and if I insist on sticking a paragraph in there that says, you're gonna mentor me at least once a week, how do you think the owners would respond to that? Favorably or unfavorably?

Ash: I don't know. That's unusual to-

Sharon:: Yeah, that would be. I think I'm gonna try that.

Robert: Yeah. You know, I can think of maybe two clients that I have that will actually appreciate that and will say, yes, absolutely. But the other ones, not too sure.

Sharon: Well, I think there's real value to tell them how important it is to be mentored. But it just depends how open the associate is gonna be to this.

Robert: Well, the reason I bring that up is because we always offer free contract review for the associates that come to us once they're getting out of their dental school. But we do that for free. And so if they're interested in having that done, how do they get in touch with us, Ash?

Ash: Oh, of course, yes. So you can definitely send us an email or all your queries to info@eandassociates.com, and that's and spelled out A-N-D.

Ash: And we wanna thank Dr. Sharon Tiger for being here today and giving us this great information. Is there anything you'd like to add before we go?

Sharon: Well, if they wanna contact me about any questions or concerns, they can always email me at-

Robert: And what's your email address?

Sharon: Txtiger, T-I-G-E-R like an animal, the number two, @gmail.com. And I'd be happy to answer those questions. I just think it's so important to get those initial expectations settled. That would be my big summary at the end here.

- All right, outstanding. Thanks for being here today, we appreciate it.

Sharon: Thanks for having me.

Robert: Thank you again.

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