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Follow the Leader: Part 4 – Leadership Pillar 3 – Delivering the Key Outcomes

This series of four articles opens by discussing the concept of leadership and its importance in the fast-changing world of dental practice. Styles of leadership are considered and the opportunity to develop your leadership skills is affirmed. Leadership is not something that you have to be born to; the art can be developed. Three pillars of leadership are proposed namely:

- Vision;
- Motivation; and
- Delivering the Key Outcomes.

These articles aim to give the reader some straightforward ideas for developing leadership skills and a set of further reading references to help with further development.

Leadership pillar 3 – delivering the key outcomes

This final leadership pillar is about the practice moving towards success because the whole team is delivering on the fundamental components of the practice Vision. The key intended outcomes will be described in the text of your Vision (or the mission statement). The exact and inspiring wording of your practice Vision is your business, however, it is likely that the key intended outcomes might be summarized

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as follows for dental practices:

1. Patients achieving good oral health;
2. Patients who are delighted with the service at your practice;
3. A team (including you the leader) achieving job satisfaction;
4. Financial outcomes which at least match your budgetary plans.

To be successful, actions must follow which result in the delivery of these key outcomes. As Nelson Mandela said:

'Vision without Action is merely a dream. Action without Vision is merely passing time. Vision with Action can change the world.'

This sums up how the pillars of leadership are so interdependent. The Vision supports Motivation which in turn leads to Action which results in Delivering the Key Outcomes. Whereas the day-to-day performance monitoring aspect of management should be supporting the delivery of the key outcomes in small 'bites', the job of leader is to inspire the team to keep one eye on the big picture (the practice Vision) in all that it does. So, a dental nurse applying fluoride varnish for a patient at high risk of dental caries should be contributing to all four key outcomes, not simply carrying out an isolated task. The good leader helps to remind the team of this constantly.

Radcliffe gives the example of two stone carvers preparing material for building a cathedral.¹ When asked what they are doing the first replies: *'I am carving stone'*

The second replies:

'I am building a cathedral'

The leader's job is to see that team members understand what 'cathedral' they are building. Any dental 'cathedral' is likely to include the outcomes 1–4 quoted above. The good leader is not afraid to ask people to help with the 'building' to the best of their ability.

In small bites, performance is also monitored by evaluating day-to-day outcomes. This is an essential element of practice management rather than leadership. This performance monitoring will inform the evolution of practice plans, policies and procedures which, in turn, will direct the attention of practice management to where the development of the premises, the equipment and the people needs to progress. All of this is essential for the smooth day-to-day running of the practice. This monitoring of performance might include a huge range of things from auditing the performance of the autoclave through to the five-year survival rate of a dentist's composite restorations.

We have witnessed, however, some spectacular failures in the leadership of healthcare organizations, where the big picture was utterly missed while some of the 'small bites' were being managed to virtual perfection. So, hospitals have passed audits with 'flying colours' on 'how fast are patients seen in A and E' and 'is our bed occupancy efficient' only to be later found to have high death rates, and ghastly tales of neglect on the wards. Good leaders

constantly monitor progress on the big issues.

A dental example of this might be a practice where the percentage five-year survival of composite restorations was significantly higher than a national benchmark, but patients were cancelling their practice registration because of perceived indifference to their general wellbeing. This is not to suggest that the longevity of restorations is not important, but that patients must remain registered in order to benefit from this restorative expertise.

If you were running a multinational organization, or even a typical general hospital, your work in this pillar of leadership would be almost entirely about the effectiveness of your delegation. Richard Branson is unlikely to fly your plane out to New York or even serve your in-flight food (although the latter does apparently happen sometimes!). A hospital chief executive is unlikely to remove your appendix! Even in a large dental practice, the chances are that the dental leader(s) will be working at the 'sharp end' together with their team on a daily basis. So, a very significant proportion of the action to deliver the key outcomes is executed by the leader personally in a dental practice. It follows that the leader must personally maintain the perspective of the 'cathedral' that he/she is trying to build in all relationships with the team and the patients.

However high the leader's standards are personally, however, patients are unlikely to perceive 'quality of care' unless the whole team is fully engaged in this Vision. So, effective delegation is still a vital component of this leadership pillar in dentistry. Radcliffe clearly sees two vital parts to this pillar of Delivering the Key Outcomes.¹ Radcliffe's two phases can be interpreted as:

- You must have done a great job on the practice Vision and on motivating your team (parts 2 and 3);
- You have to mean it!

We have now explored phase 1. In phase 2, a leader will need to be certain to praise team members when they deliver. It will also mean giving critical feedback when they fail which

<p>Patient Satisfaction Aspects</p> <p>Validated and benchmarked patient survey results on key aspects of your service</p> <p>Patient 'list' size movements (joining and leaving rates)</p>	<p>Job Satisfaction (Whole Team Aspects)</p> <p>Team feedback surveys benchmarked against previous years</p> <p>Sickness and leaving rates</p>
<p>Oral Health Aspects</p> <p>Patient perceived oral health outcome audits</p> <p>Professionally measured oral health outcomes</p>	<p>Financial Aspects</p> <p>Progress of financial outcomes against your set budgets</p>

Table 1. Probable key outcome data for leader to assess.

is not ambiguous. I would suggest that both of these types of conversations need to be in private. With critical feedback the reasons are obvious. The danger with public praise is that you will probably be missing some great contributions to the key outcomes, being made by some very motivated members of the team working quietly towards the vision. If they frequently hear public praise for team members who they might believe are making a lot of 'noise' but are not as committed as them, this can de-motivate.

Key outcome data and the dental leader

Finally, are your requests for action, your praise and your criticism resulting in the 'cathedral' being successfully built? In order to determine this you will need to analyse some key data regularly in order to assess whether the practice is moving towards its Vision. If you have used the grid in Part 2 for the text of your Vision, it is probable that Table 1 has set out the key data which are likely to be essential to your assessment of progress against your Vision. Even if you have expressed your Vision in another way, or edited it into a mission statement, your key data are not likely to vary much from this

list. The exact make-up of your data will be informed by your own practice Vision. You will pay particular attention to the data on those issues which are fundamental to your Vision.

Periodically, these key data should be shared with the whole team. It is a simple matter for all players in a football team to follow their progress through their results and league positions. For dental teams, following progress needs more thought and discussion, but it can be equally motivating.

Summary

Good leadership of dental practices is essential in a fast-changing world. The art of leadership can be learned. The key to effective leadership lies in painting an inspiring vision for the future of the practice which helps to motivate you and your team towards success. It is essential to monitor progress constantly towards your key intended outcomes. Your personal behaviour can be an inspiring influence on others.

Reference

1. Radcliffe S. *Leadership Plain and Simple*. Harlow, UK: Pearson, 2010.