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the editor's corner

There is a thesis that, for a variety of reasons — including the personality of people who make good students, the selection of good students by professional schools, and the nature of the professional training — professional people do not make good managers. Yet, management is not an exact science nor an intuitive discipline. It can be learned. In that sense, for people as educable as professionals, management is a subject which has been omitted from their education.

Orthodontic management can be divided into treatment management, office or business management, and people management. Treatment management involves planning, organizing, coordinating, directing, controlling and supervising treatment. Treatment results can be measured following treatment, with a complete post-treatment analysis and with a system of grading results (see Gottlieb, *Grading Your Orthodontic Treatment Results*, JCO March 1975). Treatment results can also be monitored during treatment, manually or by computer, through a control system of preprogrammed milestones in treatment. This is management by objectives (see Drucker, *The Practice of Management*).

Office or business management is not basically different for an orthodontic practice than it is for other enterprises. There are a few specialized records which are possibly unique to orthodontic practice (see Gottlieb, *Blueprint for Economic Survival in Orthodontics*, JCO May 1976). Basically, business management is concerned with productivity and profit and can

EDITOR'S CORNER

be measured in those terms. For an orthodontic practice, this can be measured in terms of referrals, case starts, net profit, and purchasing power. Thus, it also lends itself to management by objectives.

When two significant functions are added, office or business management becomes less clear and simple for most orthodontists. These are promotion and marketing. Orthodontists who can accept "practice building" are uncomfortable with "practice promotion" and "marketing". Yet, the common denominator of these is the solicitation of patient referrals. The words "promotion", "marketing", and "solicitation" have acquired strong negative connotations in our society through abuse of their basic intent. "Promotion" is only the advancement or furtherance of an enterprise. "Marketing" is "the performance of business activities that direct the flow of goods and services from producer to consumer or user" (American Marketing Association). "Solicitation" is merely requesting or urging. It is inaccurate to limit their definition to advertising, hard selling, or devious practices.

What has passed for practice building in the average orthodontic practice has not been successful. The number of case starts in the average orthodontic practice has been declining for several years. Orthodontists have not approached this crucial function in a purposeful, organized, managerial manner. That must change, and practice building must also be managed by objectives and measured by results. Management of referrers is measurable in terms of number of referrals. Patient cooperation is measurable in terms of performance and "on time" finishing. It is possible to evaluate the performance of oneself and one's staff on a produc-

tivity basis. But, practice building may be more difficult to quantify than the other areas of practice to the extent that it may be even more concerned with people management.

There is more intuition involved in people management. There may be less difficulty for orthodontists in inspiring others with a sense of professionalism, pride of excellence in workmanship, and integrity, than with the interpersonal relationships involved in people getting along with people, liking people, and helping people. The close personal contact and interdependence of doctor and staff, and doctor and staff and patients, places more emphasis on these intangible human qualities in a professional practice than in a business, and this is one of the distinguishing features of the professional practice.

The basis for staff management is in selecting the right people, offering them excellent training and support, giving them responsibility and authority equal to their capabilities, and providing recognition and reward. The orthodontist who believes that no one can perform the technical tasks as well as he can, will be amazed at how well and how quickly staff can do as well. What may have become drudgery for him, becomes excitement and challenge for them. What is below his capabilities, extends theirs. The orthodontist who is able to cut the cord — to the extent that he is able to delegate technical tasks — may well find a rewarding practice fulfillment in management.

Someone said that you can't afford happiness any longer; it has gotten too expensive. Well, for orthodontists, happiness will be the well-managed practice. Poor management or non-management is becoming too expensive. □