**The Thriving Dentist Podcast**

**Why is a Practice Philosophy Important Today?**

***A Practice Philosophy Statement is a statement of beliefs which are so basic, so fundamental, that they provide a rational, comfortable basis for determining what it is that we will do together as a team, as well as what we will consciously choose not to do.***

**There are four concrete benefits to creating a *written* Practice Philosophy Statement:**

1. **It establishes a clearly understood *standard of behavior* for all Team Members**
2. **It’s a flexible *self-management tool,* which functions like a “compass” and therefore can be referenced and *situationally applied* by all who have helped to create it.**
3. **It is a form of *Principle-centered Power* holding the developmental practice model together**
4. **It’s the *foundational document out of which a shared practice Vision can be created***

**There are a number of different ways in which a practice philosophy (clarified or not) influences the growth and direction of *every* practice:**

**A Reductionistic philosophy:** Where issues and problems within the mouth are strategically reduced to their simplest form for analysis and repair. Generally tooth-centered, reactive, and reparative to average norms, with “average” being statistically defined by the “insurance” industry. This approach can also be applied to various forms of “cosmetic” dentistry, which are more focused on appearance than function, or upon the pursuit of understanding *why* the treatment needs to be performed in the first place (such are severely worn down front teeth). Leans toward using high efficiency, *industrialized approaches to treatment and “doing to”.*

vs.

**A Holistic Philosophy:** Where the teeth, jaw joints, and other structures including other areas of the body are viewed as part of a complex and highly inter-related whole, which includes how the person feels, perceives themselves, as well as what they want for themselves over time (their values and priorities). The focus is toward cooperation and collaboration, and upon achieving mutually agreed upon goals which take into consideration the functional whole. *Tends to focus on relationships* and learning rather than just “doing to”.

**Practice Philosophies can also be viewed as being either:**

 ***Needs-centered*** – Where the practice focuses on delivering services centered around

 a person’s *perceived needs*, which tend to be *present-oriented*,

 objective, and transactional. *Tactical and logistical.*

 vs.

 ***Wants-centered***- Where the practice focuses on *helping people learn more about*

 *their situation* and therefore be able to participate in their care and

treatment decisions. *Developmental and values-driven, time is seen more as a variable than a barrier.*

**Different practice philosophies lead to different management structures:**

 **Heirarchical** & Controlling – renders out a “colder”, less creative culture

 vs.

 **Flatter**, **self-managing**, and creative – renders out a “warmer”, creative culture

**Different practice philosophies tend to lead to different *missions*:**

**Scarcity mindsets = Quantity** **Orientation**– left brain, analytical, unit-centered

vs.

**Abundance mindsets = Quality Orientation** - A feeling which is expansive, a value, health-centered

**Different practice philosophies have different organizational power structures:**

**Authoritative** / **positional power** structures which are used in a subtle or in a not-so-subtle fashion to pressure people into making decisions

vs.

**Principle-centered power** – sustained proactive influence by *aligning values and priorities first* (influence occurs when the values of the leaders and the followers overlap and shared goals and purposed are transparently discussed)

**Different practice philosophies render out different patient profiles over time:**

1. A clarified practice philosophy has a tendency to attract toward it “like minded” individuals while simultaneously and subtly repelling those who are a miss-match with the practice’s purpose.
2. Practices with undifferentiated philosophies tend to “take on all comers”, a substantial number of which will eventually become conflicted with regard to how the practice is run, and this ultimately leads to regular conflicts between patients and team (*which then has a pervasive and negative influence on the practice climate and culture* -particularly with regard to how the staff tends to view others).
3. The long-term influence of a clear practice philosophy moves the practice from a rather socially and financially chaotic climate, to a much more orderly emotional and financial climate, by attracting and maintaining more and more discriminating, reliable consumers of the practice’s services.

**Different practice philosophies will choose to promote themselves differently:**

1. **Scarcity-minded**, probability-oriented philosophies will tend to rely more on insurance and random marketplace activity to shape their future.
2. **Abundance-minded** philosophies will look for every opportunity inside and outside the practice to connect to their target customer and develop them into optimal patients. This will occur via one-on-one conversations, website designs, or external marketing efforts.

**Different practice philosophies hire and develop their personnel differently:**

1. **Scarcity-minded philosophies** will tend to view staff as expendable necessities
2. **Abundance-minded philosophies** will view staff as potential self-mangers and co-leaders.
3. **Scarcity-minded philosophies** will make hiring decisions *quickly and impulsiv*ely
4. **Abundance-minded philosophies** will make hiring decisions slowly, as they realize that every decision can dramatically influence the practice culture – for the better OR worse. Consequently, they *will hire based on values, character, strengths, and growth potential*, rather than on current skills, knowledge, and availability.

**Different practice philosophies will directly or indirectly create a “brand image” which either supports or undercuts their desire for a better future**.

1. **Scarcity-minded philosophies** tend to attract scarcity-minded patients who tend to view dentistry as a commodity which should therefore be price-shopped.
2. **Abundance-minded philosophies** tend to attract abundance-minded patients who are seeking out collaborative and often co-creative relationships.
3. Both of these patterns shape the reputation or “brand image” of a practice over time and therefore become self-reinforcing.

**Different practice philosophies also have different perspectives of the future:**

1. **A scarcity oriented philosophy** will be focused on a *probable* future based on past experiences & current knowledge
2. **Abundance oriented philosophy** will be focused on a *possible* future using a *Strategic Vision & Planning*

**Different practice philosophies will have different perspectives toward patients:**

1. **Some scarcity oriented philosophies** see patients simply as a means to a financial end
2. **Some philosophies see patients as individuals who need to be manipulated** or coerced into doing what is in their best interest - and that they are unlikely to make good decisions unless we do this….so they use a BEHAVIORISTIC APPROACH
3. **Other practice philosophies believe that most patients ARE capable of making good decisions for themselves** IF they are allowed a proper opportunity to learn and grow knowledge and understanding of the relevance of the problem TO THEM. Consequently, they use a HUMANISTIC APPROACH / DEVELOPMENTAL APPROACH

**The development of a Practice Philosophy represents *one* stage of a comprehensive practice development process:**

1. **VALUES CLARIFICATION**: Values are your deep-seated, personal standards which influence every aspect of your life. What values do you most strongly identify with? And of those, which ones are “non-negotiable”? Which one is PRIMARY – and therefore takes precedence over all others? Values clarification helps you to determine your “True North?” (Dr. Pankey: “Know yourself”)
2. **PERSONAL VISION** – HOW DOES THE PRACTICE OF DENTISTRY FIT INTO THAT PICTURE?

 Martin Luther King, Jr. : “I have a dream!”

1. **PERSONAL PHILOSOPHY STATEMENT:** “I believe… I believe…. I believe…”

 Example: Apostle’s Creed: “I believe in God the Father Almighty…I believe…”

YOUR PERSONAL CONSTITUTION!

1. **PERSONAL MISSION STATEMENT**: “I believe, therefore I will….I believe therefore I will..”
2. **STAFF SELECTION AND DEVELOPMENT INTO A COLLABORATIVE TEAM**
3. **PRACTICE PHILOSOPHY STATEMENT**: (Team developed) “We believe… We believe…”

 Example: Nicene Creed: “*We* believe in one God…*We* believe in one Lord….”

YOUR PRACTICE CONSTITUTION!

1. **PRACTICE MISSION STATEMENT:** (Team developed) “We believe, therefore we will…”
2. **PRACTICE VISION STATEMENT** (Core Team developed) “This is what our preferred practice future looks, feels, and functions like….”
3. **STRATEGIC PLANNNIG** / **STRATEGIC MANAGEMENT**: The creative yet organized, realization process which moves the practice toward the Vision.

*A* ***Philosophy*** *is a set of ideals, standards or beliefs use to describe behavior and thought.*

*A* ***Personal Philosophy Statement*** *is a statement regarding who you are, created by stating what you believe, and therefore what you will stand for and against, as well as stating that which is central and “core” to your being…and therefore non-negotiable.*

*A* ***Personal Mission Statement*** *is a description of HOW you plan to act upon your core beliefs. It represents the acting out of your core values and your central beliefs in the world today.*

*Example of a Practice Philosophy Statement:*

***We hold these truths to be self-evident:***

* ***We believe that all people should be treated with dignity and respect***
* ***We believe that every person should be able to exercise their right to freedom of choice in their own self-defined pursuit of happiness***
* ***We believe that the relationship-based / health-centered healing model should be promoted in lieu of a disease centered curing model.***
* ***We believe that voluntary interdependent relationships should be facilitated via shared values and shared goals***
* ***We believe in the value of creating an environment conducive to improving the quality of life of all parties involved***
* ***And we believe that improved health is the natural outcome of successful interdependent relationships, rather than dysfunctional dependency or co-dependency relationships***