

Reskilling & Upskilling: Keeping Workforce Stress From Crushing Us

There is a bulls eye target on us all related to stress in the workforce. It can take on different shapes and sizes within different professions and businesses, but since the pandemic, I've not heard of any employer who's not been affected by it in some way.

It hits us square in the face with new healthcare or industry regulations and requirements. It swarms us with dramatic shortages of workers, and it flexes its large muscle with transformational changes desired by employees—but often reluctantly adopted by employers—to stay ahead of the new way of doing things.

It's disheartening to hear from so many of you struggling to find employees. Everyone is affected—rural and urban settings and all areas of the state: north/south/east/west. You're telling us you've not been able to rehire dental team members: assistants, hygienists and front office staff members for many months if not more than a year. We know there are assisting and hygiene programs on the brink of closing, as well as one dental assisting program that has closed, and hygiene schools down from 10 to six over the past several years. We know training opportunities just to onboard dental assistants for working within a dental setting are lacking.

MDA has created a taskforce to address these matters, and last month, more than 300 of you took a survey from the State Office of Dental Health and the MDA to help us identify post-COVID workforce needs and shortages. We thank you tremendously for this, and Dr. Guy Deyton dives into some of the outcomes from the survey on page 20. Additionally, we have been in contact with many of the schools to address the concerns and help identify what we can do to assist.



With one dental assisting program closing (that's one too many), MDA's EFDA program stepped up to assist the final students in becoming EFDA permitted before graduating. We also are creating a program to provide better training to successfully pass the Basic Skills Exam, one of the pathways to become EFDA-certified, and we know of programs working toward assistant training in high schools. Yet, we realize all this is not enough.

So, what else can be done? I believe we must start thinking more about the following: transforming the way we educate dental team members; permitting teams to work at their highest level of education; adjusting ideas on having only a 9-5 job schedule; pursuing different modalities to provide care; and, at the same time, relinquishing the mindset that our way is the only way. This is not only something healthcare professions are considering, but something all industries and professions are having to consider—often with reluctance.

Even within the MDA executive office, our way of running our business is changing. Fortunately, we can offer remote work to our team members, which has increased

efficiency while adding an additional benefit to keep team members satisfied and engaged.

It might be that within your office setting, you've had to adjust your thinking on allowing team members to have shortened or adjusted schedules, while ensuring these continue to allow for progress within the practice and provision of quality patient care. In addition, with current team members or lack of some team members, adjustments seem to be likely for who is doing what. I've heard from dentists, "I've had to do prophys again for the first time in 10 years." What else do we look at? Do we figure out a way to reskill or upskill who we have employed?

I borrowed those terms from a blog post¹ recently shared with me titled, "*Reskilling and Upskilling: A Strategic Response to Changing Skill Demands*". The ideas within the blog discuss the upskilling and reskilling of employees both being ways to combat the expected shortages within the workforce. *Reskilling* is the process of learning new skills so you can do a different job, or of training people to do a different job. *Upskilling* is the process of learning new skills or of teaching workers new skills. The person sharing it suggested this is perhaps how we need to look at our current dental teams and workforce shortages—can they be reskilled (or upskilled) to meet the current demands and help practices to run efficiently, even while you try to add the team members you need?

I like the terms because it can help us to think more along the lines of maybe we do have the team we need, and we just need to reconfigure some things for optimal performance. And just so you don't feel this is occurring only in your practice, within

MDA we often adjust duties and find ourselves reskilling and upskilling team members. Currently, we are especially experiencing this on the front of digital transformation in communications. Print media may still find a niche, but our team members are having to adapt to a new technology for marketing and communicating with the membership (in addition to continually adapting to communicate across generations and practice models). It certainly creates an interesting labyrinth. We are fortunate to have team members who can close our gaps and advance their skills.

For dental practices, you likely are doing this too, especially since the pandemic. Yet what can this look like in the future when it comes to creating not only “new skills” but new and improved career paths for the dental team? Transformative teams, and if I might be so bold to say ... adjustments within assistants and hygiene skills and scopes, conducted with appropriate training that might be done in virtual and clinical settings?

I have been with the MDA for 30 years and in that time, workforce issues in all varieties have been present. There often has been resistance and reluctance to change. Certainly, dentists—the leaders in your practice—want to ensure the safest, most effective treatment for your patients. But are there ways the members can look at opportunities in education and scope to upskill your dental team? It’s a multifaceted problem and solution, which the current workforce committee is discussing. Stay tuned.

All these areas deserve concentration in order to effectively manage the stresses we all see within our profession or industry workforces. Stresses that can either crush us, or strengthen us with positive and appropriate movement towards successful outcomes.



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REFERENCES

1. <https://www.talentguard.com/blog/reskilling-upskilling-strategic-response-changing-skill-demands>

From the Editor

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that work. I quickly scrambled to figure out what we were going to do. Rental space was not available in town. A couple team members suggested asking a local orthodontist about using his space because he only uses it once a month. He was so gracious in allowing me to move into his office and “take-over” for four months. I couldn’t have done this without that gesture and kindness. Other local dentists also reached out and said if I needed anything at all to call. We used another office’s pano when we just had to have one. Our dentists and offices in this community are awesome, and their willingness to help us while we were in transition was so comforting.

APPRECIATE YOUR FAMILY

This is two-fold. First is your dental family: your team that is with you day in and day out and one of your best support systems. You must remember they are going through this too, probably in more ways than you are. They are moving things, keeping patients happy, preparing to set things back up in a new setting. I give accolades to my team for being so giving of their time and energy in seeing that we made this a success.

Secondly, is your family at home. The stresses of this can overflow and follow you home at night and on the weekends. I tried

to make every attempt to leave things at the office, but no matter how hard I tried, many conversations at dinner or in the car went to the remodel. My wife is my pillar of strength and there is just no way this could have happened without her support and courage to tackle a project like this. I can’t imagine going through something like this not having support from all my family.

Now the dust has settled and boxes are unpacked. We are acclimating to our new normal. It is an amazing feeling. I had no idea how comforting and life-changing this project would be. We have had an increase in patient flow and even though the schedule has sped up quite a bit, the stress level is low. I was so entrenched in what I was doing before the remodel, I did not realize that I needed re-charged. I feel like I am a new dentist again, excited to get going every day. It’s not hard when I have such a supportive family at home and at the office and the most amazing setting to work in. I can’t wait to see the challenges each day and am looking

so forward to the rest of my career.



Contact Dr. Wyckoff at editor@modental.org.

LETTERS

Dear Doug,

I really enjoyed reading your “Practice Reflection & Responsibility” editorial today! I was in practice for 50 ½ years before retiring at my wife’s urging!

I spent 10 years as an Air Force dentist right out of dental school and another 40+ years in private practice. While in dental school (1962-66) I needed 27 restorations

in my mouth! I had amalgams completed by a faculty member and 80 percent of them are still in place (57+ years)! During my career, I have done thousands of amalgam restorations and was very comfortable doing them. And most of them remained in my patients’ mouths for the duration of my career!

My son practiced with me for 14 years before my retirement and he only does composite restorations for his patients. And I’m sure he feels comfortable doing them

as I did amalgams. Dental practice marches on, so I now let him treat me as necessary and would never force him to do an amalgam for me if he feels more comfortable doing a composite to replace a failing amalgam. But I do agree with you that a dentist must keep up with new and current procedures if they prove successful in practice! Thanks for your editorial reflections!

Sincerely, Dr. Kurt H. Studt
St. Louis, Mo.