

I N T E R V I E W

Role of an Innovative Strategic Plan and Leadership in the Expansion of a Dentofacial Orthopedic Practice

Interview with V. Lafon

Advice on innovation strategies

RODF: Can a dentofacial orthopedic practice have an innovation strategy?

Vincent Lafon: The office of a dentofacial orthopedic specialist always has an innovation strategy even if the practitioner is not fully aware of it or is unable to articulate it precisely.

First, because innovation is an integral part of both our daily life and professional practices. Acts of innovation are commonplace; for example, taking measures to ensure the expansion of one's adult clientele, customizing one's specialization, integrating new knowledge, investing in training for their team and themselves, arranging and decorating the office so that it stands out and confers a distinct identity, purchasing high-tech equipment, etc.

Second, because the merging of ideas, practices, and directional trading, objectives, behaviors, and common performance indicators all constitute a strategy.

RODF: But if the practitioner wishes to go beyond this type of more or less spontaneous innovation strategy, how can they go about it?

Vincent Lafon: The real value of an innovation strategy lies in its qualitative and quantitative results both in the present as well as in future projections.

The first thing that the practitioner must bear in mind is that if they find the results to be satisfactory and durable with an acceptable level of associated risk, they should not feel obligated to begin to formally define their Innovative Strategic Plan. If they continue at the same pace, without needing to address issues that could potentially harm or threaten their practice, they have already achieved the first level.

If, on the other hand, they are unsatisfied or have concerns about their qualitative results—a feeling of professional accomplishment, one's conviction that they and their

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colleagues are satisfied with their professional advancement, an adequate level of specialization, the satisfaction of treating patients, work–life balance, etc—and quantitative results—chair occupancy rate, child/adult ratio in terms of the practice’s clientele, economic returns, etc—it is advisable to formally consider developing an Innovative Strategic Plan, even more so, if they are worried about their future and their ability to adapt to a profession that is constantly evolving.

It goes without saying, if the practitioner’s ambition clearly exceeds their present practice and current results or if from time to time, they enjoy challenging themselves and setting new personal goals, then establishing such a program can also be a source of motivation.

RODF: When faced with the possible injunction of an innovation strategy, the practitioner exercises their free will and this is always good news. Should they decide to formalize it, how should they go about it?

Vincent Lafon: As always, respecting the exercise of one’s free will means that the practitioner is free to decide whether they need to produce a formal higher-level Innovative Strategic Plan alone or with the assistance of their team, in which case this should be achieved without destabilizing or distressing the team. They may choose to deliberate with two or three of their closest colleagues. Finally, they may enlist the assistance of a professional innovation strategy consultant.

In any event, the practitioner must agree to dedicate sufficient time to

the plan’s development. For example, if the entire process is set to last 2–3 months, they can schedule 2–3-hour working sessions every week or even every 2 weeks. Aside from patient flow and the daily pressures of the job, defining one’s Innovative Strategic Plan is more culturally, intellectually, and emotionally demanding than dealing with a patient.

It is important to maintain a level of availability that can be used to compare and evaluate the five elements that constitute an Innovative Strategic Plan:

1. What has already been accomplished, their current practice, their strengths, and weaknesses.
2. By adapting and exposing one’s practice to a wider environment, one must consider which aspects of these changes (either immediately or in the future) can be considered threats or opportunities (regulations, stability of the national economy, new technologies, patients’ expectations, professional development needs of the team etc.).
3. The levers of qualitative and quantitative growth of the practice and resources to be allocated to them.
4. The need to construct 2–3 scenarios (perhaps geared toward “well-being” or toward a targeted expertise or maybe toward clinical research?) and ultimately to focus on the one that will inspire their practice for years to come.
5. The degree of collaboration involved in the process: alone? with some input from the team? with a few colleagues? with the support of a professional?

The freedom to think and be creative are indispensable and should be applied to every facet of this plan.

RODF: If the practitioner decides to involve an innovation strategy consultant, what can they expect from this collaboration?

Vincent Lafon: First, the professional's attitude will completely correspond with the ethical code of conduct of dental surgeons: respect for the practitioner, their team and their patients, incorporation of the regulations, a sense of ethics, refusal of any value judgments, ability to assess what is desirable and what is possible with respect to the practitioner, their office, environment, confidentiality, and the overall quality of their service.

Finally, the facilitator agrees that the practitioner has the final say regarding the content of the Innovative Strategic Plan.

The professional will commit to:

- A way of "seeing" the issues, assets, opportunities, and threats and to freely reveal and share these with the practitioner. They are also committed to perfecting their training and experience.
- Analytical and decision-making methodologies chosen based on their potential and the practitioner's strategic background (for example, Blue Ocean strategies or the Nudge method – see references at the end of this text).
- Knowing how to assist with the final formalization of the Innovative Strategic Plan, which will serve as a benchmark for the practitioner and their team.

This collaboration can take the form of face-to-face interactions, small group working sessions, telephone interviews, and email exchanges. This can be specifically tailored and adapted according to use.

RODF: What are the different elements that are used to structure an innovation strategy?

Vincent Lafon: An innovation strategy includes a simple and shareable Vision, a somewhat differentiated identity, somewhat focused Missions, Values (inspired by the Code of Ethics and specific to the practitioner and his team), and a way to obtain, commit to, and preserve resources (people, money, technologies, processes, communication, behaviors, real estate, furniture etc.) so that the practice can grow both in size and in value.

These diverse structural elements are always determined in relation to environmental changes, the practice's assets, adaptability of the team, potential to expand the practice's clientele, and wishes of the practitioner.

RODF: Is it costly to bring in an innovation strategy consultant?

Vincent Lafon: In any event, the perception of a price is linked to the value that we attach to the objectives and the expected results of a particular service (that of the innovation strategy consultant as well as that of the dentofacial orthodontist).

As regards my practice, my methods have three dimensions, which protect the interests of the practitioner: 1) it involves a tailor-made approach, which caters to the interests of each individual in the collaboration, 2) the practitioner

decides the budget they want to invest and then I propose a process, means, and objectives that correspond to it, and 3) at any moment, the practitioner may decide to end the collaboration if they deem that our collaboration is not satisfactory.

This intervention is subject to a prior proposal or (estimate), which specifically states the objectives, subject matters to be addressed, resources and technological commitments, frequency, duration and schedule of working sessions (adaptable), conditions of remote availability, participants in the process, fee amount, and settlement schedule.

If I work within Paris and its environs, transportation fees are not included. In other parts of the country, my mission and transport costs are to be reimbursed based on the simple services I would have consistently rendered during the collaboration (I do not need body guards).

RODF: We have discussed issues associated with an Innovative Strategic Plan for a practitioner and their dentofacial orthopedic practice; what about questions regarding the human management or leadership, since the current trend is to link strategy, innovation, and leadership?

Vincent Lafon: When we address strategy and innovation, it is indeed necessary to discuss issues of leadership.

Leadership is the highly contextual ability to lead a practice in an innovative environment and to inspire confidence and enthusiasm in men and women so that they are willing to try to the best of their ability to achieve challenging

goals, without undue stress but with satisfaction, within the specified period and under professional and economic constraints.

It has greater potential than management, which is more along the lines of optimizing the management of relatively stable personal and material resources.

Leadership implies an ability to deal with the emotional, cultural, and behavioral adaptations of communities and individuals affected by demanding changes or even disruptions. It requires a developed sense of worldliness and a capacity to understand, accept, and direct particular sources of inspiration, motivation, behaviors, and energy from others to deal with delicate situations and dynamics.

To sum up, a leader knows how to simultaneously create a culture of innovation and psychological security.

RODF: This is interesting, but can any practitioner be a leader?

Vincent Lafon: It is true that the word leadership can conjure up impressive images. We think of the major players of yesteryear or the outstanding leaders of today in their various fields.

This is why I prefer the reality of leaderships to the concept of leadership. This is because, first, each context requires a type of leader that is adapted to it, and second, each person has a capacity, potential, and style of their own.

Each practitioner can therefore be confident in their ability to exercise a leadership style that is adapted to their challenges and personality and that would allow them to advance in this

field if they feel the need. An experienced innovation strategist can highlight these good practices.

RODF: Leadership therefore has a personal dimension but are there constitutive elements that can characterize it?

Vincent Lafon: Research and experience have led me to believe that a leader should possess a mixture of seven abilities to be able to have a lasting and positive impact: Legitimacy (to get themselves involved), a sense of Progress for all (to get others interested), Reasoning (to explain ideas well), Culture (to gather people together), Emotion (to inspire), Respect (to convince), and Determination (to reassure).

What is unique about each leader is that they can channel each of these abilities at a relatively high level. If one of them happens to be lacking, the effect is comparable to a vitamin deficiency. Progress in the field of leadership consists of making each ability an active principle and balancing all of these

attributes in a manner that is consistent with the practitioner's personality.

RODF: You have stressed the need for a customized approach to an innovation strategy, that it must be tailored to the particular context of each office and each practitioner's personality, is it voluntary?

Vincent Lafon: I have always thought that great concepts should be humanized, and so too those that affect my job; this can be applied to competitive expert practices with strong public health and well-being issues, such as dentofacial orthopedics.

While the level of risk is as high as their ambition and demands, any practitioner can undertake an Innovative Strategic Plan and develop a leadership style of their own, which will satisfy both their patients and their team and will contribute to the development of good practices.

Conflict of Interest: The author has no conflict of interest.

SUGGESTED READINGS

1. Chan KW, Mauborgne R. Ocean Blue Strategy (Village Mondial), ed. Pearson, France 2015.
2. Thaler RS, Sunstein C. Nudge. The gentle power of choice architecture, ed. Pocket, 2012.