



ORTHODONTIC NEW HIRE ONBOARDING MANUAL

A 30/60/90-day training system for orthodontic practices, lead assistants, office managers, and new team members.

What this guide does

It turns onboarding into a clear path: pre-boarding, day one, weekly skill building, safety orientation, trainer check-ins, role-specific training lanes, and final readiness review.

For practices

Use this as a repeatable onboarding framework instead of starting from scratch with every new hire.

For trainers

Keep expectations, feedback, sign-offs, and safety reminders consistent from week to week.

For new hires

Know what to learn first, what questions to ask, and how to grow without feeling lost.

For managers

Create cleaner handoffs, better documentation, and a smoother path from hire to productive team member.

How to Use This Manual

This is a practical onboarding guide, not a legal policy book. Adapt it to your state, practice, software, doctor preferences, and written office policies.

The best onboarding system keeps new hires from guessing and keeps trainers from relying on memory. This manual gives the team a shared path: what to introduce, what to observe, what to practice, what to document, and when to sign off.

Use it in three layers: first as a trainer guide, second as a new-hire roadmap, and third as a documentation tool for weekly check-ins.

Part	Purpose	Best use
1	Start the system	How to use this manual, onboarding philosophy, and role map.
2	Before day one	Pre-boarding, trainer assignment, schedule, documents, and welcome setup.
3	Day one	First impression, tour, office rhythm, safety, privacy, and observation.
4	Weeks 1-5	Foundation, supervised hands-on, confidence, efficiency, and readiness.
5	Role tracks	Clinical, records, sterilization, front desk, TC, insurance, and financial lanes.
6	Tools	Checklists, sign-offs, feedback scripts, logs, scorecards, and review templates.

Important boundary

This manual supports training and consistency. It does not replace state dental board rules, OSHA requirements, HIPAA policies, CDC infection-prevention guidance, employer policies, doctor direction, or legal/HR advice.

Onboarding Is a System, Not a Guessing Game

A new hire should never have to figure out the office by reading everybody's mood.

Great onboarding is calm, predictable, and repeatable. It gives the new hire structure without overwhelming them. It also protects the practice by making sure safety, privacy, scope, and patient communication are introduced early.

Clarity beats speed

The goal is not to rush a new hire into independence. The goal is to build correct habits early so the team can trust their growth.

Correction is training

Feedback should be direct, kind, and specific. A corrected new hire is not failing - they are being developed.

Safety comes first

No task should be signed off until the new hire understands the safe way, the practice way, and the scope-aware way to perform it.

Documentation matters

If progress is not written down, it becomes easy to forget, repeat, or misunderstand what has already been taught.

Trainer reminder: Do not confuse familiarity with readiness. A new hire may recognize a task before they are ready to perform it independently.

The 30/60/90-Day Growth Path

Use the first 30 days to build foundation, the next 30 to increase responsibility, and the final 30 to confirm consistency.

Phase	Main focus	What success looks like
Days 1-30	Foundation and safe habits	The new hire understands office flow, safety expectations, privacy basics, role vocabulary, and supervised task basics.
Days 31-60	Consistency and supported ownership	The new hire can handle selected tasks with less prompting, communicates clearly, and knows when to ask for help.
Days 61-90	Readiness and accountability	The new hire demonstrates dependable habits, follows written systems, and can own a defined lane without drifting outside scope.

The training rule

Every task should move through four stages: explain it, observe it, practice it with support, then sign it off only when performance is consistent.

This manual focuses heavily on the first 30 days because that is where habits form. The 60- and 90-day checkpoints help the practice turn early training into long-term team performance.

Know the Seats in the Orthodontic Office

Onboarding works better when every new hire understands how each role supports the patient journey.

Role	Primary contribution	New-hire onboarding focus
Clinical assistant	Supports patient care, chairside flow, room turnover, instructions, and doctor efficiency.	Safety, instruments, appointment types, charting, patient language, and supervised skills.
Sterilization/records	Keeps instruments, records, photos, scans, and imaging workflows organized.	Clean/dirty flow, labeling, scanning, privacy, infection control, and quality checks.
Front desk	Controls first impression, scheduling, confirmations, check-in/out, and call routing.	Phone tone, scheduling logic, privacy, handoffs, and patient experience.
Treatment coordinator	Guides consult experience and helps patients understand treatment next steps.	Consult flow, discovery questions, doctor handoffs, estimates, and follow-up.
Insurance/financial	Supports benefit verification, estimates, payment options, ledgers, and follow-up.	Privacy, documentation, estimates vs. guarantees, claims, A/R, and patient conversations.
Office manager	Maintains people, systems, numbers, culture, schedule, and safety accountability.	Training oversight, performance rhythm, compliance awareness, and team communication.

Trainer note

Even if a new hire is hired for one role, they should understand how their work affects every other part of the practice.

BEFORE DAY ONE

Pre-Boarding Checklist

The first day should not be the first time the practice gets organized.

Pre-boarding is everything the practice prepares before the new hire walks in. It reduces anxiety, protects the schedule, and gives the trainer a plan.

Task	Not Started	Observed	Practiced	Signed Off
Send welcome message with start date, arrival time, dress code, parking, and who to ask for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirm required documents, payroll/HR items, and any office-specific forms before day one when possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign a primary trainer and a backup trainer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare first-week schedule with shadowing blocks and check-in times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare computer, software, email, time clock, phone, and badge access if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print or share the first-week checklist and daily training log.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify what the new hire may observe only versus what they may practice under supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare required safety, privacy, and scope orientation materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Manager check

Do not let the first day become a scavenger hunt. A prepared station communicates professionalism before a trainer says a word.

Welcome Message Template

A simple welcome message lowers stress and gives the new hire the first example of the office's communication style.

Copy/paste welcome message

Hi [Name], welcome to the team. Your first day is [date] at [time]. Please arrive at [location/entrance] and ask for [person]. Dress code is [details]. Bring [items]. Your first day will include a tour, introductions, safety/privacy orientation, and shadowing. We are excited to help you learn the office step by step.

What this message does: it tells the new hire where to go, what to expect, and that the practice has a plan for them.

Tone

Warm, clear, and calm. Avoid sounding rushed or vague.

Details

Arrival time, location, person to ask for, dress code, documents, and schedule overview.

Expectation

Let them know day one is about orientation and observation, not instant perfection.

Support

Name the trainer or contact person so the new hire knows who to go to first.

Practice-specific welcome notes to add

Assign the Trainer Before Training Starts

The trainer is not just the person nearby. The trainer owns the teaching rhythm.

A clear trainer assignment prevents the new hire from receiving scattered instructions from five different people with five different standards.

Trainer responsibility	What it means in practice	How to document
Set expectations	Explain what the new hire will observe, practice, and not do yet.	Write the daily focus on the training log.
Model the standard	Show the correct way before asking the new hire to attempt it.	Use observe/practice/sign-off stages.
Give feedback	Correct one or two priorities at a time instead of overwhelming the new hire.	Use weekly review notes.
Protect safety	Pause training if infection control, privacy, scope, or patient comfort are at risk.	Document what was corrected and retaught.
Celebrate progress	Name specific improvement so the new hire knows what to repeat.	Add wins to the weekly check-in.

Trainer language

Today I want you to watch for three things: how we greet the patient, how we keep the room organized, and how we chart the appointment before the handoff.

DAY ONE

The First-Day Agenda

Day one should build confidence, safety awareness, and belonging.

Time block	Focus	Trainer notes
Arrival	Welcome, introductions, tour, time clock, staff areas, restrooms, emergency exits.	Keep it calm. Do not overload with clinical detail immediately.
Morning	Role overview, practice values, patient flow, HIPAA/privacy basics.	Explain why privacy matters in front desk, clinical, and hallway conversations.
Midday	Safety orientation: PPE, hand hygiene, sharps awareness, clean/dirty zones, emergency basics.	Observation only unless already trained and permitted.
Afternoon	Shadowing blocks, room flow, patient greetings, huddle, check-out or handoff observation.	Ask what they noticed. Let them name patterns.
End of day	Debrief, answer questions, give day-two focus, document what was covered.	End with clarity, not uncertainty.

Day-one goal

The new hire should leave knowing where to go, who to ask, what safety rules matter most, and what they are learning tomorrow.

DAY ONE

Day-One Completion Checklist

Use this checklist to confirm that the first day was actually completed, not just survived.

Task	Not Started	Observed	Practiced	Signed Off
Welcome, introductions, and office tour completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice values, attendance expectations, and communication standards reviewed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time clock, break areas, staff areas, and emergency exits reviewed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Role overview and first-week expectations explained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy/HIPAA basics introduced, including minimum necessary mindset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety basics introduced: PPE, hand hygiene, sharps awareness, clean/dirty zones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New hire observed patient flow and at least one team handoff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer completed end-of-day debrief and documented next-day focus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Day-one trainer notes

New hire questions to answer before day two

WEEK 1

Foundation, Safety, and Observation

Week 1 is about learning the environment before trying to own the environment.

During the first week, the new hire should be watching patterns: how patients are greeted, how rooms are reset, how clinical notes move, how the schedule flows, and how team members ask for help.

Observe

Watch the office rhythm without trying to memorize everything at once.

Ask

Ask short questions at the right time, preferably between patients or during debriefs.

Write

Keep a notebook of vocabulary, room names, supply locations, and follow-up questions.

Respect scope

Do not perform clinical tasks until trained, permitted, supervised, and signed off according to the office and state rules.

Week 1 success looks like

The new hire can explain the basic patient journey, identify clean vs. dirty areas, describe who does what, and name what they are allowed to observe versus practice.

WEEK 1

Week 1 Training Checklist

Focus: safety, vocabulary, observation, and office flow.

Task	Not Started	Observed	Practiced	Signed Off
Understand patient journey from arrival to checkout.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify clinical rooms, sterilization area, records area, lab area, front desk, and emergency supplies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observe morning huddle or daily schedule review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn clean zone, dirty zone, and unknown item mindset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review hand hygiene, PPE basics, sharps awareness, and room turnover observation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observe patient greeting, seating, appointment closeout, and checkout handoff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn basic appointment names used by the practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Begin vocabulary list: brackets, archwire, ligature, retainer, aligner, scan, pan, cephalometric, consult.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete end-of-week check-in with trainer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trainer question

What did you notice about how the team keeps the schedule moving without making patients feel rushed?

WEEK 2

Supervised Hands-On Support

Week 2 is where the new hire begins doing small pieces correctly, not everything at once.

The trainer should choose tasks that are safe, appropriate, and within the new hire's role. This may include room setup, restocking, observation notes, patient greeting, scanning support, sterilization steps, or front-desk workflows depending on the position.

Training stage	What the trainer does	What the new hire does
Explain	Describe the purpose, safety concern, and correct order.	Listen and ask clarifying questions.
Demonstrate	Perform the task slowly while naming key details.	Watch hands, tools, timing, and communication.
Guided practice	Coach one step at a time.	Practice without rushing and repeat the standard.
Feedback	Correct the most important issue first.	Receive correction without defensiveness.
Repeat	Let the new hire repeat until the habit becomes cleaner.	Document what improved and what still needs practice.

Week 2 rule

Do not sign off a task because it happened once. Sign off when the new hire can repeat it safely, calmly, and consistently.

WEEK 2

Week 2 Training Checklist

Focus: supported practice, clean handoffs, and task repetition.

Task	Not Started	Observed	Practiced	Signed Off
Perform or assist with assigned opening routine steps under supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice room setup or room reset steps appropriate to role and scope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice patient greeting and seating language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observe or support records/scan/imaging workflow according to state and office rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice sterilization flow steps that have been demonstrated and approved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice chart-note awareness: what to observe, what to document, and who confirms it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn how to ask for help without interrupting patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete midweek and end-of-week trainer check-ins.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Week 2 task selected for repetition

Week 2 feedback to repeat next week

WEEK 3

Clinical Confidence and Office Rhythm

Week 3 is about becoming more useful without becoming careless.

By Week 3, the new hire should begin recognizing patterns in the schedule. They may still need support, but they should be able to anticipate basic next steps in their lane.

Confidence

Confidence means asking fewer repeated questions because the new hire is tracking patterns.

Not independence yet

A new hire may be improving quickly and still need trainer oversight.

Better notes

Charting and handoff language should become clearer and less scattered.

Patient tone

The new hire should sound calm, respectful, and clear with patients and parents.

Week 3 success looks like

The new hire can explain what is happening, prepare for common next steps, and recover professionally when corrected.

WEEK 3

Week 3 Training Checklist

Focus: rhythm, communication, and reliable repetition.

Task	Not Started	Observed	Practiced	Signed Off
Identify common appointment types and what the team usually prepares for each.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support assigned tasks with fewer reminders while staying within scope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use clean patient language for seating, waiting, and explaining next steps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice warm handoffs between clinical/front desk/TC/financial lanes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document training notes clearly and confirm unclear information before saving or handing off.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognize when a task should be paused for safety, privacy, or trainer guidance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete Week 3 skill review with trainer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose two tasks to move toward sign-off in Week 4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New hire language

I want to make sure I do this the practice way. Can you watch me once and tell me what to adjust?

Advanced Flow and Supported Ownership

Week 4 gives the new hire more responsibility, but still with a trainer watching the standard.

This week is where offices sometimes move too fast. Supported ownership means the new hire owns selected tasks, not the entire schedule. The trainer should define exactly what is owned, what still needs approval, and what should never be guessed.

Area	Supported ownership example	Do not confuse with
Clinical	Resetting a room, preparing approved supplies, or supporting assigned appointment flow.	Performing unapproved clinical procedures or working beyond scope.
Records	Preparing patient records setup or uploading correctly after verification.	Guessing labels, images, dates, or identifiers.
Front desk	Confirming appointments or routing common calls.	Giving clinical advice or discussing details beyond privacy rules.
TC/financial	Preparing consult notes or helping with follow-up lists.	Promising insurance coverage or guaranteeing cost.

Week 4 manager check

Ask: What can this new hire own safely? What still needs supervision? What must remain off-limits for now?

WEEK 4

Week 4 Training Checklist

Focus: task ownership, efficiency, and decision awareness.

Task	Not Started	Observed	Practiced	Signed Off
Own selected opening or closing task with trainer review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare for selected appointment type or workflow before being prompted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the correct handoff language when a patient moves between team members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate stronger room/supply/records awareness in assigned lane.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Show ability to pause and ask before guessing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete two skill sign-offs if trainer confirms consistent performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review common mistakes and recovery language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare for Week 5 final readiness review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tasks approved for supported ownership

Readiness, Final Evaluation, and Handoff

Week 5 confirms what the new hire can reliably own and what still needs development.

Readiness does not mean the new hire knows everything. It means the practice knows what the new hire can do safely, consistently, and with the right support.

Ready

The new hire can perform a defined task consistently within scope and with correct documentation.

Developing

The new hire understands the task but still needs prompts, pacing, or quality checks.

Not ready

The new hire cannot yet perform the task safely or consistently, or the task is outside their role/scope.

Next step

Each review should end with a clear next assignment, not vague encouragement.

Final review mindset

A strong evaluation is not punishment. It is a clear map of what has been learned, what has been signed off, and what still needs coaching.

WEEK 5

Week 5 Final Readiness Checklist

Focus: sign-offs, trainer notes, and 60-day plan.

Task	Not Started	Observed	Practiced	Signed Off
Review all Week 1-4 checklist items and confirm completion status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirm safety and privacy orientation were completed and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirm role-specific skill sign-offs that are ready.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify tasks still requiring supervision or additional practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete new hire self-reflection and trainer evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review attendance, professionalism, communication, and coachability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create 60-day development plan with 2-4 specific goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schedule the next formal check-in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

End-of-week question

What can we now trust this person to do, and what still needs a clear training lane?

Clinical Assistant Onboarding Lane

Use this lane for new hires moving toward chairside support.

Stage	What to learn	Trainer should confirm
Foundation	Room names, appointment types, patient flow, hand hygiene, PPE, clean/dirty zones, basic orthodontic vocabulary.	Can explain flow and safety mindset.
Observation	How assistants prepare, seat, communicate, chart, reset, and hand off.	Can name key appointment steps.
Supported practice	Room setup, patient greeting, selected reset/restock steps, selected chairside support tasks as allowed.	Can perform with coaching.
Sign-off	Defined tasks repeated correctly and safely.	Can perform without drifting outside scope.

Clinical boundary

State rules, doctor direction, supervision level, and practice policy determine what a dental or orthodontic assistant may perform.

Clinical lane tasks approved by the practice

Records and Sterilization Onboarding Lane

This lane is often the cleanest entry point for learning office flow safely.

Records and sterilization teach accuracy, cleanliness, patient flow, and documentation. These roles are never small. They protect patients and keep the entire clinical schedule moving.

Area	Starter focus	Quality check
Sterilization	Clean/dirty separation, transport, instrument processing observation, packaging, storage, and logs.	No item moves forward unless the process is understood and documented.
Records	Patient verification, photos, scans, upload labels, privacy, and handoff to the doctor/TC.	No guessing patient identifiers, dates, or record types.
Lab/support	Retainer/aligner handoff awareness, packaging, labels, and case organization.	Everything is labeled, traceable, and communicated clearly.

Trainer language

Accuracy is more important than speed here. A clean record and a properly processed instrument matter more than finishing fast.

Front Desk Onboarding Lane

The front desk controls first impression, scheduling rhythm, and patient confidence.

Training focus	Starter task	Sign-off evidence
Phone tone	Answer using the approved greeting and gather basic information.	Can complete a call script without sounding rushed.
Scheduling logic	Learn appointment types, time blocks, and reschedule boundaries.	Can ask before placing a questionable appointment.
Privacy	Understand what can and cannot be discussed in public spaces or messages.	Uses minimum necessary mindset.
Handoffs	Route clinical, financial, TC, and manager questions correctly.	Does not try to answer outside their lane.
Check-in/out	Greet, verify, update, schedule, and close with clear next steps.	Patients leave knowing what happens next.

Front desk rule

A calm voice can make a busy office feel organized. A rushed voice can make an organized office feel chaotic.

Treatment, Insurance, and Financial Support Lane

This lane requires accuracy, privacy, and careful wording.

New hires in this lane should learn the difference between explaining a process and promising an outcome. They can help organize information, but estimates, benefits, contracts, and patient financial conversations must follow practice policy.

Treatment support

Consult flow, patient questions, doctor handoff, treatment plan language, and follow-up lists.

Insurance support

Benefit verification, notes, estimates, EOB awareness, and no-guarantee language.

Financial support

Payment options, ledgers, patient statements, and compassionate follow-up scripts.

Privacy support

Use only the information necessary for the role and route sensitive questions appropriately.

Safe estimate language

Based on the information available today, this is an estimate. Final insurance payment and patient responsibility can vary after the claim is processed.

Safety Orientation Essentials

Safety onboarding should happen early and be repeated often.

Dental and orthodontic teams work around sharps, saliva, blood exposure risk, chemicals, equipment, patient movement, and fast-paced workflows. The new hire must know where to find the practice's written policies and who to ask before doing something unfamiliar.

Topic	New hire should know	Practice should show
Standard Precautions	Treat patient care with consistent infection-prevention habits.	Hand hygiene, PPE, room turnover, instrument processing basics.
Sharps safety	Do not recap, pass, or handle sharps unless trained according to office policy.	Sharps containers and exposure protocol.
Chemical safety	Do not use products without understanding labels and Safety Data Sheets.	SDS location, disinfectant contact time, labels.
Emergency readiness	Know exits, alarms, medical emergency kit location, and who leads emergencies.	Emergency plan and role expectations.
Ergonomics	Work posture and repetitive motions can affect long-term health.	Chair positioning, lifting, and safe movement practices.

Safety rule

If a new hire is not sure whether an item is clean, dirty, sterile, safe, or allowed, the correct answer is to pause and ask.

HIPAA and Patient Privacy Orientation

Privacy is not just a front desk issue. Every role touches patient information.

The practice should provide official HIPAA training and policies. This page gives onboarding language to reinforce privacy habits in daily workflow.

Speak lower

Avoid discussing patient information loudly in hallways, lobbies, or shared spaces.

Use minimum necessary

Access, use, and share only the patient information needed for the task.

Verify identity

Before sharing details, confirm who you are speaking with according to office policy.

Protect screens

Do not leave charts, schedules, or patient details visible to people who should not see them.

Privacy-safe phrase

Let me verify the account and connect you with the right team member so we can answer that appropriately.

Practice-specific privacy rules to review

SCOPE

State Rules, Scope, and Supervision

The practice must train within the rules that apply where it operates.

Dental assisting requirements, job titles, exams, education pathways, and allowable duties vary by state. New hires should be taught how the office defines their role and what tasks require supervision, certification, registration, permits, or additional training.

Question	Why it matters	Who should answer
What duties can this role perform?	Prevents unsafe or unauthorized work.	Doctor, office manager, clinical lead, state board/DANB reference.
What supervision is required?	Some tasks may require direct, indirect, or general supervision depending on the state.	Doctor/clinical leadership.
What tasks require certification or permit?	Radiography, expanded functions, and other duties may have state-specific requirements.	Office manager/doctor/state board.
What is observation-only for now?	Protects the patient, the new hire, and the practice.	Trainer and clinical lead.

No guessing rule

A new hire should never be asked to guess whether they are allowed to perform a task. Scope must be clarified before training.

Warm Handoffs Make Training Safer

A warm handoff tells the next person what matters, without oversharing or skipping context.

Handoff type	What to include	Example
Clinical to front desk	Appointment completed, next appointment need, any approved scheduling note.	She is ready to check out. Next visit is a routine adjustment in 6 weeks.
Front desk to clinical	Patient arrival, concern, timing issue, or relevant update according to policy.	Patient is here and mentioned a poking wire. I noted it for clinical review.
TC to financial	Consult status and what conversation needs to happen next.	Family is interested in starting, and they would like to review monthly options.
Insurance to TC	Benefit estimate status, missing info, and no-guarantee reminder.	Benefits are pending. We should frame today's numbers as an estimate.

Handoff formula

Name the patient need, state the next step, and route the issue to the correct person.

Feedback Scripts for Trainers

Good feedback is specific, calm, and connected to the standard.

The way a trainer corrects a new hire can decide whether the new hire becomes defensive or becomes better.

Situation	What to say	Why it works
New hire is rushing	Slow down here. Accuracy matters more than speed while you are learning.	Protects quality without shaming.
Repeated mistake	We have seen this twice, so let's pause and rebuild the steps together.	Creates a reteaching plan.
Good improvement	That was cleaner than yesterday. Keep that same order next time.	Names the behavior to repeat.
Unsafe uncertainty	Do not guess on this one. When you are unsure, stop and ask.	Reinforces safety.
Patient-facing correction	Let's reset after this patient, then I will show you the practice way.	Avoids correcting harshly in front of the patient.

Trainer standard

Correct the behavior. Protect the person. Keep the standard.

Scripts for New Hires Who Want to Learn Well

Coachability sounds like ownership, not excuses.

When unsure

I want to make sure I do this the correct way. Can you walk me through the next step?

After correction

Thank you. I am going to write that down so I repeat it correctly next time.

Before a task

Can you confirm what I am allowed to do on this task and what I should only observe?

During a busy moment

I can help with that. What is the priority you want me to handle first?

With a patient

I am going to check with the clinical team so we can give you the correct answer.

At end of day

What is one thing I did better today, and one thing I should focus on tomorrow?

New hire reminder

You do not have to pretend you know. You do have to show that you are willing to learn.

OBSERVATION

Shadowing Checklist

Shadowing should be active learning, not just standing nearby.

When a new hire shadows, give them something specific to watch. This keeps observation productive and helps them form questions.

Task	Not Started	Observed	Practiced	Signed Off
Watch how the team greets the patient and parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch how the assistant prepares the room before the doctor enters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch how the team communicates timing without sounding rushed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch how the patient is given instructions at the end.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch how the team documents or hands off next steps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch what happens when the schedule changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write down three vocabulary words heard during the appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write down one question to ask during debrief.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shadowing observations and questions

TOOLS

Daily Check-In Template

A five-minute check-in can prevent a week of confusion.

Question	Trainer answer / new hire notes	Priority
What did we teach today?		
What did the new hire practice today?		
What went well?		
What needs correction or reteaching?		
What should the new hire study or review tonight?		
What is tomorrow's main focus?		

Best practice

Keep check-ins short but consistent. Long, rare feedback is less useful than short, regular feedback.

TOOLS

Weekly Review Template

Use this page at the end of each week to document progress and next steps.

Week number and date range

Review area	Status	Notes
Attendance and punctuality		
Professional communication		
Safety and infection-control habits		
Privacy and patient information habits		
Role-specific task progress		
Coachability and response to feedback		
Questions, concerns, or support needed		

Goals for next week

TOOLS

Skill Sign-Off Matrix

Use this matrix to move tasks from taught to trusted.

Skill/task	Explained	Observed	Practiced	Independent	Trainer initials
Opening routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Room setup/reset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient greeting/seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sterilization support step	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Records/photo/scan support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chart note or handoff note	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phone greeting/call routing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consult or TC support task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance/financial support task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Closing routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sign-off rule

A checked box means the task was reviewed. A trainer initial means the trainer accepts the task as consistently performed within role, scope, and practice standards.

TOOLS

New Hire Knowledge Check

Use this to confirm understanding before increasing responsibility.

Question	New hire answer
What should you do if you are not sure whether an item is clean, dirty, or sterile?	
Who should you ask before performing a task you have not been signed off to do?	
What does minimum necessary mean when working with patient information?	
What are two things you should avoid saying to patients if you are unsure?	
What are two common appointment types in this practice?	
Where are emergency supplies located?	
Where are Safety Data Sheets or chemical safety instructions located?	
What is one task you are ready to practice again this week?	

Trainer note

This is not a trick test. It is a coaching tool that shows where more explanation is needed.

Common Onboarding Mistakes

Most onboarding problems are system problems before they are people problems.

Mistake	Why it hurts	Better system
No assigned trainer	New hire gets mixed instructions and loses confidence.	Assign primary and backup trainer before day one.
Too much at once	New hire memorizes poorly and forms wrong habits.	Teach in stages and document what was covered.
No scope discussion	New hire may perform or be asked to perform duties they should not.	Review state and practice task boundaries early.
No feedback rhythm	Problems build silently until frustration appears.	Use daily check-ins and weekly reviews.
No sign-off standard	The team assumes readiness without evidence.	Use explained/observed/practiced/independent stages.
Correcting harshly	New hire becomes nervous or defensive.	Correct calmly and specifically.

Manager reminder

If every new hire struggles in the same place, the training system needs improvement.

After the First 30 Days

The second month should deepen responsibility without removing support too soon.

After the first 30 days, the practice should know what the new hire can own, what is still developing, and what requires structured practice.

60-day goal area	Examples	How to support
Consistency	Repeat signed-off tasks without reminders.	Use task audits and short feedback.
Speed with quality	Move faster without skipping safety or documentation.	Coach workflow order, not shortcuts.
Communication	Use clearer patient and team language.	Role-play common scripts.
Problem recognition	Know when something is outside normal flow.	Teach escalation examples.
Role growth	Move toward clinical, records, front desk, TC, insurance, or financial lane.	Assign a mentor for that lane.

60-day goals selected for this new hire

90-Day Review Prep

The 90-day review should answer: are we aligned, are they growing, and what is the next lane?

Review category	Questions to answer	Notes
Reliability	Has attendance, punctuality, and follow-through been consistent?	
Safety	Does the new hire respect infection control, PPE, sharps, privacy, and scope?	
Task ownership	Which tasks are signed off and trusted?	
Communication	How do they communicate with patients, parents, and team members?	
Coachability	Do they receive feedback and apply it?	
Growth lane	What role path should be developed next?	

90-day outcome

The review should end with a clear decision: continue developing in current lane, expand responsibilities, adjust training plan, or address fit concerns.

CULTURE

Train the Culture You Want to See

A new hire learns the office culture by watching what the team tolerates.

Calm under pressure

Busy does not have to mean chaotic. New hires copy the emotional pace of the team.

Kind correction

A team that corrects well can grow faster without drama.

Patient-first language

Patients remember tone, clarity, and whether they felt respected.

No gossip lane

Protect the patient's privacy and the team's trust by keeping hallway talk professional.

Own your handoff

A task is not done until the next person has what they need.

Ask early

Questions asked early prevent problems discovered late.

Culture line

The team does not just train skills. The team trains standards.

How to Put This Manual Into the Practice

A manual only works when it becomes part of the schedule.

Step	Action	Owner
1	Choose a primary trainer and backup trainer for each role lane.	
2	Customize the task list to match the practice's software, appointment types, and state rules.	
3	Build a first-week calendar with protected training and debrief time.	
4	Use daily check-ins during the first week and weekly reviews through day 30.	
5	Store sign-offs and review notes according to practice policy.	
6	Review the onboarding process after each new hire and improve the system.	

Simple rollout

Start with one new hire, one trainer, and one 30-day checklist. After the system works once, refine and reuse it.

Mini SOP Template for Any Task

Use this one-page format to turn any repeatable task into a teachable standard.

SOP field	Practice answer
Task name	
Purpose	
Who may perform it	
When it happens	
Supplies/software needed	
Safety/privacy/scope reminders	
Step 1	
Step 2	
Step 3	
Quality check	
Who signs off	

Why SOPs matter

A new hire cannot follow a standard that only lives in somebody's memory.

PRACTICE DRILLS

Scenario Drills for Onboarding

Role-play helps new hires practice language before real pressure arrives.

Scenario	New hire should practice	Trainer should listen for
Patient asks a clinical question you cannot answer.	Route to clinical team without guessing.	Calm, accurate, no unauthorized advice.
Parent is frustrated about waiting.	Acknowledge, check status, communicate next step.	Empathy and ownership.
You see an item and do not know if it is clean.	Pause and ask before touching/moving it.	Safety-first decision.
A phone caller asks for patient details.	Verify identity and follow privacy policy.	Minimum necessary mindset.
You make a mistake during a task.	Own it, communicate, and ask how to correct it.	No hiding, no excuses.
Schedule gets behind.	Ask priority and support team flow.	Team-first communication.

Role-play phrase

Let's practice this out loud before it happens with a real patient.

First-Week Training Calendar

This sample helps the office build a structured first week.

Day	Primary focus	Suggested activities
Day 1	Welcome, tour, safety/privacy basics, observation.	Introductions, policy overview, huddle, shadowing, end-of-day debrief.
Day 2	Office flow and role map.	Observe two patient journeys; learn appointment types and handoffs.
Day 3	Safety and clean/dirty flow.	PPE, hand hygiene, room turnover observation, sterilization overview.
Day 4	Role-specific shadowing.	Shadow clinical/front desk/records/TC depending on role lane.
Day 5	Review and next-week plan.	Knowledge check, questions, trainer notes, Week 2 practice focus.

Scheduling tip

Place training blocks on the schedule. If training is invisible, the day will swallow it.

Where to Store Training Records

Training records are only useful if the practice can find them.

Each practice should choose a consistent place to store onboarding notes, sign-offs, safety training records, privacy training records, and role-specific checklists according to office policy.

Training folder

Store weekly reviews, sign-off matrices, and 30/60/90 plans.

Safety records

Store OSHA/safety training documentation according to practice policy.

Privacy records

Store HIPAA training acknowledgments and policy review documentation according to practice policy.

Role SOPs

Keep current task standards and update them when the office workflow changes.

Documentation rule

Do not document patient-specific details in general training notes unless practice policy and privacy rules allow it and the information is necessary.

Practice storage location and owner

FINAL CHECKLIST

Onboarding Readiness Checklist

Use this before calling the first 30 days complete.

Task	Not Started	Observed	Practiced	Signed Off
Pre-boarding completed and trainer assigned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day-one orientation completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety orientation completed and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy orientation completed and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scope and supervision boundaries reviewed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Role-specific training lane selected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 1-5 checklists reviewed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill sign-offs completed where appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily/weekly notes stored according to practice policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60-day goals selected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next review date scheduled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final reminder

The first 30 days are not the finish line. They are the foundation for a safer, calmer, more consistent team member.

Source Notes and Educational Disclaimer

This guide is designed as a practical training framework. It should be adapted to current law, state rules, professional guidance, and the practice's written policies.

Source anchors used for this guide:

- CDC - Summary of Infection Prevention Practices in Dental Settings and Standard Precautions for dental settings.
- OSHA - Dentistry hazard recognition/control guidance and bloodborne pathogen / workplace hazard topics.
- DANB - State Dental Assisting Requirements and allowable duty/state-specific requirement lookup.
- HHS - HIPAA training resources and the HIPAA minimum necessary standard.
- AAO - Orthodontic office/staff career guidance and descriptions of common orthodontic practice roles.
- BLS - Dental assistant job duties and employment outlook context.

Educational disclaimer: This manual is informational and designed to help practices organize onboarding. It is not legal, HR, clinical, OSHA, HIPAA, billing, or state-board advice. Orthodontic practices should verify current requirements with their state dental board, OSHA resources, HIPAA/privacy counsel or officer, CDC infection-prevention guidance, and the supervising doctor or qualified practice leadership.

Area	Verify with
Allowable duties and supervision	State dental board, DANB state requirement resources, supervising doctor, practice policy.
Radiography and expanded duties	State rules, required permits, exams, certifications, or registrations.
Infection prevention	CDC guidance, manufacturer instructions for use, office infection-control coordinator.
OSHA/safety	OSHA standards/resources, office exposure-control plan, safety officer or qualified advisor.
HIPAA/privacy	HHS guidance, practice privacy policies, privacy officer or qualified counsel.