

# Am I Speaking a Foreign Language?

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For most medical practices, it is a challenge to simultaneously balance the needs of physician, staff, and patient. This triangle is a sensitive scale that can easily tip in favor of one group.

- Everyone in the organization must understand where they fit in the big picture.
- Leaders must have a clear plan of where the practice is going.
- Patients must have an understanding of their eye disease and the treatment.

## Communication

During the first 7 years of our practice, office space was relatively small and we had only a handful of staff. In those days, little effort was required to keep communication systems on track. We would begin our day by gathering around the front desk for a 10-minute stand-up meeting. We would discuss the patient load for the day and current business.

In 1987 we moved to a surgicenter/office building. Suddenly, we had 30,000 square feet and a staff that had quadrupled in size in a short period. What we

also had was a communication breakdown.

One reason for the breakdown was that our surgical team was stationed on the second floor while the rest of the practice functioned from the main level. In addition, part-time staff were added throughout the practice, and there were more new physicians. Each group was speaking its own language, in its own way.

To improve our communication in the office, we implemented several tools over the years. For example, a page of daily minutes is posted each morning. Using our voice-mail system, callers can leave messages for the entire staff. The messages are transcribed first thing in the morning and posted along with patient numbers for the day, staff who will be out of the office, important announcements, personal news, and expected visitors.

We hold staff meetings on a quarterly basis. The office is closed for 1 hour, and everyone is encouraged to attend. Most often, we divide the session into three segments. The first 20 minutes is spent with announcements, introductions of new staff, and a review of recent policy changes or personnel issues. The second 20 minutes is an educational period. For example, a new surgeon will present details of his or her specialty. Or, we will review new surgical techniques or changes in clinical protocols. The last third of the meeting is motivational or fun. We have done everything from net-working exercises to game shows (with a focus on the practice), complete with door prizes. Although these staff meetings require an investment of only a few hours over a year, we believe the staff feels more bonded than before.

Other suggestions for communication include the following:

- *Interoffice newsletter.*  
The newsletter should be done quickly and formatted easily in house. Include office updates, news of staff members, practice trivia, quotes, and interesting patient stories. We named our publication the “IOL” (interoffice letter).
- *Leaders accessible to staff.*  
Breakfast with the Boss is a great concept. Sam Walton was well known for showing up on loading docks or in break rooms to talk with employees at Wal-Mart. He knew he could learn valuable information from those working on the front lines. The same holds true in a medical office. If you really want to know what needs changing, you must provide a direct line between staff and the one(s) in charge.

### **Leadership**

There is an art to leadership. Those who have mastered the fine skills of directing others need not toot their horn; the state of their practice will speak for itself. Organizations with strong leadership will have the balance figured out. Busy physicians, staff with high morale, and satisfied patients are benchmarks for all practices.

A leader must know how to empower, delegate, and be an accomplished “puzzle master.” A puzzle master is one who constantly examines all options to create a combination that will achieve the best picture, regardless of how difficult

the solution. This may mean shifting staff positions, creating new ways of thinking, or combining duties to improve the bottom line. Successful puzzle masters excel at showing staff how each fits into the big picture. They demonstrate how every piece of the puzzle is important and make a daily effort to sincerely thank those who go the extra mile for the practice. Puzzle work can be time consuming and detailed—but without it, a masterpiece is impossible.

The next skill a leader must possess is the ability to delegate. Delegation can be scary; however, establishing boundaries of empowerment becomes easier when you realize that delegating doesn’t mean forfeiting control. It means empowering your staff to evaluate concerns and handle them without discussion. Start by identifying clear tasks that can be delegated. We believe the doctor should do; that is, examine, diagnose, and treat the patient. Every other task in the office can be done by an experienced, empow-

ered staff member, manager, or administrator.

The key is to empower people through detailed training and by giving encouragement and showing belief in their abilities. Remember that a good hire is a person who can grow with you and share in the excitement of seeing a practice succeed, even during turbulent economic times (see sidebar on page 3).

### **Education**

Make training a priority in your practice. Patients, vendors, and staff will feel the effect on your organization. The results will include lower staff turnover, which saves time and money. Training can be a powerful marketing tool because the staff are able to educate and inform the patients and the public relates this to high-quality care.

Many patients today lack confidence in the health care system. That makes it especially important to set aside time each week to provide focused staff education.

Understanding how your staff learns is key to meeting its needs. Older staff may prefer more explanation or a written-out, step-by-step approach. Younger staff may want a news bulletin or to get the information from the computer.

At times you may require an “escape to learn” opportunity. Spend a day out of the office at a private home or a nearby park. Create a detailed agenda in advance, with a focus on solving problems, creating new ideas for practice growth, and uniting the

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## Grade Yourself at a Glance

1. Do you communicate information to your staff on a regular basis?
2. Do you take the time to give sincere appreciation and praise and mentor your staff?
3. Is there a forum in which all staff can share their ideas or complaints?
4. Can a patient with a complaint approach any member of your staff and get a result?
5. Do you share your vision of the future with all team members?
6. Have you ever had a staff retreat?
7. Have you attended an in-service or educational course in the past 3 months?
8. Have you thought about how generational diversity affects your workplace?
9. Have you recently done a staff, doctor and patient survey to measure balance?
10. Is your practice balanced and speaking the same language?

team in a common goal. Although fun, it is also time for the staff to share ideas and concerns with management. The results of these adventures are improved communication and increased productivity. If you haven't tried a retreat, do so as soon as possible.

### Age

Is there tension in your practice and you can't put your finger on what is causing it? Generational diversity could be the culprit. A simple explanation is that each generation has ideas and values that have been influenced by the period in which its members were raised. These influences affect how we communicate and learn.

Today is unique in the workplace because three distinct generations are working together in a setting in which the rules are constantly changing. Although it is easy to find exceptions to the following categorizations, in general, the information holds true for the masses.

The World War II generation (born between 1909 and 1932) was influenced by the Depression and the war. They usually have a

strong sense of loyalty, respect authority, and are solid, no-nonsense performers. Having and keeping a job means everything to them. They often perceive change and ambiguity as a liability.

The Baby Boomers (born between 1946 and 1960) grew up as the first generation to receive their parents' full attention and focus. During the post-war boom, no dream seemed too small, and the sky was the limit. Teamwork, personal growth, and health wellness are core values of this generation. On the job, they are willing to go the extra mile, want to please, and are good at relationships. Their liabilities include being uncomfortable with conflict and overly sensitive to feedback, as well as having trouble realizing they may not reach their dreams.

Those in Generation X (born between 1961 and 1991), were strongly influenced by the downsizing of corporate America. Thus, they developed a survivor mentality. Their big question is, "What does this have to do with my survival?" People in this generation understood early that no

one was going to hold their hand, so they better figure out how to take care of themselves. Their core values are diversity, balance, fun, informality, and self-reliance. These employees are adaptable, technologically literate, creative, independent, and not intimidated by authority. Their liabilities to the workplace include impatience, poor people skills, inexperience, and cynicism.

In a large practice, all three generations are probably represented. The World War II Generation is represented through the patient sector or volunteer staff. The Baby Boomers are likely the head physicians and management staff, and the rest are late Boomers or early Generation Xers.

As this shift occurs, the goals, personalities, and methods of care have changed. Gone are the days when the physician jumps out of bed in the middle of the night and rides a horse-drawn carriage to the next farm to treat a patient at his or her home.

Today, we are faced with a new breed of doctors who prefer an emergency patient to arrive at a time that is convenient to the

doctor's personal schedule. Unfortunately, this trend isn't exclusive to doctors. Employees in the 1960s who were proud of working a year without taking a sick day have been replaced with employees who think sick days are an entitlement and that those who don't use the benefit are fools.

And, don't forget the patient who once accepted the doctor's treatment as gospel. Many now come to the practice after doing hours of on-line research and watching related television new shows. Sometimes what they learn through these venues is confusing or plain wrong. In a sense, they must be "deprogrammed" before they will accept accurate information about their situation.

What can you do about these generational issues? Learn to talk in terms to which the listener can best relate. Most often, we speak to others the way we would want to be spoken to. Gifted communicators learn to function in the opposite manner. If you are working with someone from the World War II Generation, don't assume he or she will respond to technical jargon or fast-paced instructions. On the opposite end, those of Generation X will not tolerate long wait times and have the potential to be more time-consuming patients because of their previsit research on ocular disease or refractive treatment.

Do not underestimate the impact that generational issues have on practice ethics, productivity, and profit. As the years pass and the members born in the latter part of Generation X come into the workforce, the ability to retain good people by providing a benefits package and flexible schedule they will be satisfied with may be difficult.

## **Results**

Your efforts to provide your team with improved communication, dynamic leadership, focused education, and an understanding of diversified age issues should result in a more balanced practice. If you are wondering how well your "triad scale" is balanced, take the time to survey not only your patients but also your staff, associate doctors, and management team. Stability is produced when equal weight is placed on all sides and everyone is able to speak and understand a common language.

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