



To Our Readers: *There are no foolish questions. Chances are that if you have a question or concern in your practice, others are experiencing a similar situation. We're here to help. PM [doctors and staff] readers are encouraged to submit questions to lynn@soshms.com which will be printed and answered in this column anonymously.*

Re: Time Card Bandit

Dear Lynn,

Our co-worker, who is also my good friend, recently asked me to punch her time card for her because she anticipated being about 30 minutes late for work. If I say no, I jeopardize our friendship. If I say yes, I could jeopardize my job. Best option?

Clearly, she is not a very good friend if she asked you to commit what amounts to fraud—theft from your employer. You should firmly

deny her request and explain to her, in no uncertain terms, that it is unreasonable (not to mention dis-

And the more I think about it, the more peeved I get. I know it's probably best to take this up with my doctor instead

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honest) of her to ask you to put your job and your character at risk. If she is unable to get to work on time, she alone must face the consequences as outlined in your employee policy manual.

Re: Suffering in Silence

Dear Lynn,

I recently learned that another co-worker, who was hired after me, got a raise and it has been three years since I got one. I'm confused as to why.

of complaining to you; however, the thought of confronting him is terrifying. What is my best approach?

Rather than fixate on the fact that your co-worker received a raise, find out why you didn't. Act, don't react. Is this information factual—or just hearsay? Was it performance-related? Is there a wage ceiling in place that you don't know about? Do benefits play a role in off-setting salary? If you don't know the answers to

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these questions, no amount of silent agonizing or catastrophizing is going to be helpful. Wage increases should revolve around performance, and performance is evaluated via annual reviews. Reviews provide the perfect environment for a two-way dialogue to occur and outline how well you are doing. This helps determine if you are meeting objectives and where improvement may be necessary that will or won't warrant a wage increase.

Another way for employers to open communication with their staff involves written employee surveys that identify areas of concern. If neither of these options are available to you, try writing your doctor a letter. This will allow you to concisely compose your thoughts. Regardless of how you choose to approach your doctor, you should prepare to eventually have a one-on-one conversation to understand and resolve your discontent. Don't be terrified. The only real way to find answers to your questions is to put your big boy/big girl pants on and go to the source.

Re: Winning patients' Hearts for Dr. Newby

Dear Lynn,

Our practice has just taken on an associate, but we are having difficulty scheduling patients with her. They just want to see the doctor they have always been seeing. How can we convince our patients that the "new" doctor is a capable, competent DPM?

There are a number of steps you can take to convince patients to see the "new" doctor. First, it should involve some necessary marketing to publicize her qualifications, background, and character to the public and to your existing patients. Next, the DPM should reiterate verbally to his patients at every opportunity the confidence that he/she has in Dr. Newby. Additionally, now that she is on board, they can together focus on

improved service, patient care, and more timely appointments—all patient-interest based. Lastly, the staff MUST participate in promoting her by responding positively (via scripted responses) to patient inquiries about

To protect yourself from possible defamation lawsuits, the recommended answer to this is to keep your comments neutral by only confirming the employee's name, that they did indeed work for you (dates of employment);

There are laws protecting employees that vary from state to state, so consider that before you speak poorly of a former employee.

"the new doctor". They can also fill her schedule by offering sooner appointments with her and (provided an arrangement has been worked out in advance) by initially scheduling specific conditions for her. Have

the title and, if you choose, the wages. In fact, to assure that everyone in the office is on the same page about this, put a policy in writing regarding what specific information can be offered by you or any member of your team.

There are laws protecting employees that vary from state to state, so consider that before you speak poorly of a former employee. It is also recommended that you get a signed statement from your departing employee either giving or refusing permission to offer additional information to potential future employers. All this aside, what I have found to be true is that employers tend to want to give glowing references for a good employee, yet offer only basics for a "bad" one. Don't you think that is "secret code" to the person hiring them?



patience. Integrating a new doctor into a practice takes time. If everyone works as a team and the new DPM can convince patients on her own that she is a capable, competent physician, they will begin to refer her and everything will fall into place!

Re: It Isn't Always What You Say

Dear Lynn,

Our office manager received a call from a local medical office in our area who informed us that a former employee (who we fired) was being considered for hire and they were looking for information about the candidate. How much do we share with this potential new employer?

Re: SalesRep Interruptus

Dear Lynn,

Our regular sales rep (aka—Hot Hannah) always seems to come into our office at the most inconvenient times. Even though we may be running late, our doctor drops everything to sit and chat with her. How can we convince him that upsetting our schedule in this way is disrespectful to our patients?

Say it by suggesting that the practice adopt a new policy that sales reps are ONLY to be seen by making an appointment and support your proposal with the valid reason you men-

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tioned. Actually, this appointment policy is widely adopted by many well-run offices and appreciated by both

There are many times where our doctor asks us to do something, only to have the doctor's husband (our immediate supervisor) tell us to leave that be for a moment because he needs

In other words, there needs to be an illustrated outline of the “supervisory ladder” that clearly defines who reports to whom.

reps and patients equally. It seems that both parties like uninterrupted, dedicated time with the physician. Staff and well-intentioned doctors appreciate it as well because it helps maintain that “on-time” schedule.

Re: Organizational Clarity

Dear Lynn,

We have what may or may not be a unique situation in our practice.

help doing something else. What is the proper protocol?

An issue not exclusive to your practice, and it very often creates a challenge. However, it can be addressed if a structured organizational chart is in place, recognized, and followed. In other words, there needs to be an illustrated outline of the “supervisory ladder” that clearly defines who reports to whom. If the doctor’s

spouse is your immediate supervisor, in most cases, he is your first voice; however, the welfare and care of the patient should always supersede any secondary duty. If ANY manager or supervisor is pulling you away from patient care that was personally directed by the DPM, there needs to be a pow-wow to side-step those multi-directives and avoid future confusion. **PM**



Ms. Lynn Homisak, President of SOS Healthcare Management Solutions, carries a Certificate in Human Resource Studies from Cornell University School of Industry and Labor Relations. She is the 2010 recipient of Podiatry Management’s Lifetime Achievement Award and was inducted into the PM Hall of Fame. She is also an Editorial Advisor for Podiatry Management Magazine and recognized nationwide as a speaker, writer, and expert in staff and human resource management.