



The DPM Wears Prada?

You can't control how the boss acts, but you CAN control how you react to her.

BY LYNN HOMISAK, PRT

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 [doctor and staff] readers are encouraged to submit questions to lynn@soshms.com which will be printed and answered in this column anonymously.

Re: The DPM Wears Prada?

Dear Lynn,

I don't know where else to turn. I work for a large practice with four doctors (all owners) and one associate, who I will call Dr. X. All four docs are great—I love working for them. They tell me I am an excellent employee, and I do love my job. Unfortunately, I cannot ever seem to please Dr. X. She speaks down to me, criticizes my work, embarrasses me in front of patients and I have had just about all I can take. No one else seems to be her target. Just me. I've been there long before she got there and never had a problem. My office manager has gone to Dr. X to speak with her on my behalf, as have the other doctors, but nothing ever changes. Is my only option left to leave?

Why does "The Devil Wears Prada" movie suddenly appear in my subconscious? Maybe because the kind of behavior you describe by the associate is very similar to that character which Meryl Streep played so spectacularly. If Ms.

Streep (in her role as Miranda Priestly) couldn't convince us all that bullying or domineering bosses are both intolerable and show offensive-type behaviors, no one could.

to prove something to themselves or to others. Maybe they were treated similarly by someone in their past. Or maybe something or someone in her life is causing her pain and

**If you really enjoy your job,
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you have hit the jackpot!**

Since your side of the story is the only thing to go on, my response can only reflect your allegations, real or not. If you really enjoy your job, your patients, and the people you work with, you have hit the jackpot! Think this through carefully. Typically, when someone in power acts the way you've described, there is an underlying reason. These individuals either need

lashing out is her go-to solution. It's usually not personal against you specifically.

If you've worked with her long enough, likely you are starting to see patterns of when, why, or what triggers her scorn. If so, you can be one step ahead of them, avoid them completely, or at least figure out how to step around them. One approach might be, "Doctor, I'll come back when you feel less upset," then walk away, giving you some distance and her some time to calm down. Remember, you cannot control how she acts. What you CAN control is how you react to her.

Of course, the harder (sometimes better) thing to do is face this dilemma head on. If you don't, it is likely to only fester and get worse. While her behavior is turning you inside out, it appears to be working for her! Arrange some time to have a private, one-on-one conversation with her

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and explain to her how her words or actions make you feel. It is very possible she is not aware that you are the sole target of her anger. If you've taken notes of previous incidents and conversations, use these to speak specifics. Be calm, professional, and honest. Say what you have to say and listen to her viewpoint. Is there any legitimacy to what she has to say? After you've both aired your grievances, can you reach a mutual understanding that you don't have to live together and come to a workable arrangement?

You mention you have already confided in and asked your manager and doctor-owners for assistance to no avail. Many times, filling out an official grievance form gives your claim more credibility. It also prompts appropriate follow-through and (if applicable) consequence for poor behavior. If, in the end, you still feel defeated, she remains a fixture in the practice, and nothing changes, then likely (and sadly), your last resort is to leave—for your own sanity. You would not be the first one to resign because of a failed employer-employee dynamic. Studies show over and over again that “bosses” are the number one reason people leave their job. If you are as good a worker as you say,

involvement is poor and she feels like she does not get heard.

If holding monthly meetings is the key function that designates her

support environment and outlined in your practice/employee handbook.

*“Insubordination in the workplace refers to an employee’s inten-

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as an office manager—and nothing really gets accomplished—it appears she is an office manager in name only and unfortunately, staff pick up on this. They do not see her as a leader, which is why they do not take her seriously. Also, without consequence for their “poor” behavior—they never have any real reason to be involved (in staff meetings or any team-related function) beyond what they feel is necessary.

Do you or your manager ever



tional refusal to obey an employer’s lawful and reasonable orders. Such a refusal would undermine a supervisor’s level of respect and ability to manage and, therefore, is often a reason for disciplinary action, up to and including termination.”¹

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you will surely be missed when you are gone and won’t have difficulty finding a job elsewhere.

Re: Office Manager Reality

Dear Lynn,

I’m having some difficulties with staff at my office. There are communication issues and animosity between our two office sites. I have an office manager; however, she does not do all office manager tasks, I do. She does hold monthly meetings, but staff

reprimand them for insubordination? (because that is what it sounds like). (see *below) Maybe it’s time that happened. If “the inmates are running the asylum”, aka chaos, they are the ones running the show (and they know it), why should they listen to those who claim to be in authority? While obviously not a military unit, a medical practice also requires a code of behavior and hierarchy to function properly. Non-cooperation should be unacceptable in a patient/health

Re: Satisfying Patient Demands

Dear Lynn,

The problem I have is that my patients are very irritated with having to come back for multiple (follow-up) visits. They want everything taken care of at their first visit and sometimes they claim to have 3-4 different issues. Bottom line, they are just not willing to pay their \$50-\$70 co-pay to return for follow-up care for their initial complaint, let alone suggesting being rescheduled for other conditions. You make it sound easy, but it’s just not practical—so we treat everything

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we can while the patient is there. And yes, we run behind schedule. Can't be helped.

I understand that patients do not want to pay copays and if treating all their conditions upon demand and con-

Do the right thing for ALL your patients, not just some of them.

stantly running behind schedule makes you happy—go for it. Just recognize that their \$50-\$70 co-pay is the arrangement they made with their insurance companies. They have chosen the higher co-pay in exchange for a lower premium. You have every right to reschedule a patient who presents with and EXPECTS you to treat every one of their complaints while they are there. Keep in mind, however, that pleasing this patient by extending your time with them (in the name of customer service) is a nice thing to do. Now, you must ALSO consider that one good act of kindness punishes patients that follow and come on time—

by keeping them waiting! And that is the opposite of good customer service. Hello, patient DIS-satisfaction.

It is confusing why so many podiatrists feel the need to blow up their schedule and create “the nightmare” of congested patient flow. Here is a medical reality: a dental patient, in the chair, scheduled to have a cavity filled, saying to the dentist, “Oh, by the way, doc, while I’m here, can you also take care of that tooth in the back? It’s been a little sensitive to cold these past couple of weeks and I’m afraid another cavity may be developing. I really don’t want to make another trip back.” The dentist might take a peek and maybe an x-ray. As long as it is not an emergent situation, that dentist will look the patient straight in the eye and without hesitation say, “Bob, it looks like an old filling needs to be replaced. In order to spend the proper amount of time to take care of this for you, I need for you to reschedule. Please see Carol at the desk and she will put you in at a time that is convenient for you as soon as our schedule allows. I look forward to seeing you again in the next week or so to take care of that for you!” The dentist pats him on the back, asks if he has any questions about today’s treatment, shakes his hand, and says goodbye. There is no crisis, no drama, and no catastrophe for that dentist because he/she failed to accommodate...and oh, most dental patients pay out of pocket for every service they receive!

In podiatry, if it’s an emergent situation, your patient would likely have called in advance and that’s a different story because you can alter your schedule to either see BOTH conditions OR reschedule the less critical one. Of course, if there is time in your schedule, by all means tend to that patient’s request. If you do, it’s important that you explain to them that in the future, it is always better to call in advance with additional foot problems, so you can make adequate arrangements in your schedule to address all ailments.

Educating your patients as to your scheduling policies helps to prevent recurring incidents of “Please tend to every complaint while I am here!” If you have a patient who calls in advance and needs to be seen for several conditions, you can plan enough time in your schedule to do so. It is very rare that these patients can fit into a 10 or 15-minute block of time.

Do the right thing for ALL your patients, not just some of them.

It will reduce YOUR stress, the stress of your staff, and those (hopefully returning) patients who are left waiting in what you have now officially designated “the waiting room”! **PM**



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Reference

¹ www.shrm.org