"Top of Mind" Staff Topics—Part 2

Here are more quick, candid solutions to some frequently-asked questions.

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.*

The following are some very real questions raised by multiple staff at various workshops and seminars followed by quick, candid solutions that have been found to be effective. Any ring a bell?

Dear Lynn:

Recently we have had high staff turnover in both the front and back office and we're trying to train new employees during our very busy days. How do you suggest adequate training is achieved while working a full clinic?

Here are a couple of "startup" tips:

1) For the first one or two weeks, have the new staff follow the doctor around. Let them get a feel for how this doctor works. Some areas to keep in mind are: managing timing with the patient, keeping to the schedule, areas of importance and priority, layout of instrumentation, treatment protocols and routines (including supplies that correspond with each diagnosis), and conversations with patients (questions patients ask and how the doctor responds), etc. It's also well to note how the doctor handles especially busy days and stress-related situations. The more they learn about the doctor, the more alert they can be to his/her needs. Then they can focus and be trained in the "how to" (see #2).

2) Have the new staffer report one half hour early every day for one-on-one training until you are confident the person can handle the responsibilities and patient care activities. And yes, s(he) needs to be paid for this training time.

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Pay now or pay later. Staff turnover is extremely costly, so spend the time and effort upfront to properly orient your new team members. Provide them with the necessary training, leadership, and tools to succeed. Their success will serve the practice well.

Dear Lynn:

How do you avoid "front vs. back" conflict when it comes to scheduling patients? The back office (medical assistants) keep complaining that we (the front desk staff) are "killing them!" We're only doing our jobs.

Although this "battle" is more common than you think, it never needs to happen. The easy fix is to have front and back office staff switch jobs for a day or two (in portions, if necessary, to avoid flow setbacks). This is also a great exercise for cross-training staff. It is only when one can actually walk in another's shoes that they can understand the unfamiliar difficulties and even learn to appreciate them.

Dear Lynn:

Our clinic opens at 8 am, but the doctor is never on time. The lobby fills up, patients have to wait and it's not long before they start to complain. What would you say to our doctor to end this problem?

There are many reasons why practices run late, but the NUMBER ONE reason is that the doctor arrives late. By the way, arriving "on time" does not mean the time of the

Continued on page 60

Top of Mind *(from page 59)*

first patient appointment. It means arriving at least 15-20 minutes before the patient is scheduled. Rule of thumb: "If you can't be on time, be early".

Even with these questions, there are always going to be patients who "cry wolf" and know just what to say to get an immediate appointment. Be careful about turning patients away without getting as much detailed information as possible.

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Bottom line, patients do not want to wait. If a frank discussion between you and your doctor does not motivate him or her to change some bad habits—conduct a patient survey and get your patients to say it for you. If your doctor cares about providing outstanding customer service, hearing it from patients might be just the fix.

Dear Lynn:

How do you handle the patients who absolutely swear everything is an emergency when it's really only routine foot and nail care, etc.?

Create triage questions that the front desk can refer to when appointments are made. Some specific questions can determine emergent vs. non-emergent care, for example:

1) What seems to be the problem with your foot/feet?

2) Are you a diabetic?

3) How long have you had this problem?

4) Are you experiencing any pain currently?

5) Where is the pain located?

6) Is it red or hot?

7) Is it swollen?

8) Is there any discharge, pus, or bleeding?

9) Has there been any previous treatment? By you, your PCP, Pharmacy Rx?

This may be the ONE time that they DO really need to be seen.

Also, keep a daily "will call" list. If unable to schedule patients when they want it (today?!), give them your first open appointment. Assure them that in the event of any schedule change, they will be contacted and given the next available opening, and be sure to follow through.

Create triage questions that the front desk can refer to when appointments are made.

Dear Lynn:

How should you react when your doctor comes in upset all the time and has nothing to say to you?

There is no doubt that starting the day off with negative behavior can poison the attitude of the entire office. And although being ignored feels personal, don't always assume that is the case. Often a rebuke is a result of some rusty social skills or private distraction if they have a lot on their mind. Don't go into crisis mode. As a remedy, first try the obvious. If you don't get a "good morning," why not give one? That alone might be enough to do the trick to create awareness. If not, go a step further and start a new morning tradition that will prompt a more welcoming reaction.

For example, purchase an inexpensive white board and place it where your doctor (and patients) are sure to see it. Every day, write a positive quote, humorous message, or success-inspired idea. Call it "Thought of the Day" (or "Do it yourself Stress Relief"). When your doctor enters the office, offer that "good morning" and take him/her directly to the board to read the message together. You are almost certain to get a response—maybe even a chuckle. More importantly, this may just break the ice and you (and your patients) will start your day on a better foot! **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 is recognized nationwide as a speaker, writer, and expert in staff and human resource management.