

# The Secrets of Effectiveness and Getting Things Done

Communication is often the key.

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**O**ften, physicians become frustrated with their inability to get things done in ways that they believe to be “the obvious solution.” When this obvious solution is not acted upon, it causes tension for both the physician and the administrative team, as well as potentially contributing to a personal sense of ineffectiveness. For example, one day a well-respected physician practitioner shared his deep and long-standing frustration with “the system” and the lack of investment in his particular area of clinical practice. He had wonderful ideas about how to make things better for the patients, the physicians, and the system in general. As he retold his story, it was apparent that he made great clinical points and yet his suggestions were not acted upon. So why might this be the case? The answer often rests in how we go about effecting change and, in particular, how we as physicians tend to communicate.

Imagine you are on vacation in another country in which the natives speak a different language. As you might imagine, asking for something in English may yield poor results. Sometimes in this scenario we might think that speaking more slowly and perhaps with greater volume—still in English, mind you—will make us better understood. Of course, no matter how slowly or loudly we speak in English, the non-English-speaking person or persons will remain unable to understand our request.

This is precisely how physicians and administrators sometimes speak to each other. They are increasingly reliant upon one another to get things done while maintaining a personal sense of purpose, well-being, and ultimate effectiveness. To make this collaborative approach work, we need to find a common language. Here are some secrets of effectiveness and getting things done.

## **Learn the Language**

Non-clinical administrators think in terms of “business speak,” whereas physicians are trained in “doctor

that business plan are essential elements of business speak. In line with the Triple Aim, we talk about the service needs of our customers (i.e., doctors, team members, patients, and family members), the outcomes we expect, and the financial investments that are needed to realize those returns. Although this type of business speak may feel awkward, it is no more awkward than learning any other language. It is worth the effort, or at least the awareness. Simply speaking more slowly or speaking with greater volume will not get the job done.

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speak.” Even in our inner thoughts, we speak to ourselves in our preferred language, because we tend to think in that language. Those of you who have successfully learned a second language know what it is like to actually think in another language rather than translating everything you hear. You actually do form ideas in the other language; it can be an epiphany. Learning to translate, or even think, in the new language makes the difference between an effective physician leader and an ineffective one.

More specifically, learning the components of a strong business plan and how to align and communicate

When you do present your business case, tell both sides of the story. Being over-zealous about the virtues of your plan without disclosing any negative consequences is unrealistic and could hurt your credibility. We all know there are pros and cons to what we choose to do or not do. Being open and honest while speaking in business-speak will gain you credibility and will further your cause. Similarly, if you have a conflict of interest, or if it may appear that you do, it is far better to disclose this upfront. If others learn that you have an owner interest in a proposal, it may hurt your credibility and even

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jeopardize your goal, no matter the merit of the suggestion. So, learn the language and drive for results.

### Choose the Time and Place

Too often, physicians save an issue that they are passionate about for the last minutes of a meeting, or, even worse, try to talk to someone in a hallway or doorframe. This method of addressing issues is destructive and only serves to slow the change process. It is far better to give everyone a heads-up on an issue. Place it on the agenda and schedule the amount of time the discussion will require to avoid time limitations that make it impossible for it to be properly heard!

In addition, meeting with people privately and soliciting their support in advance will better position everyone for a good outcome. This alignment method is far superior to the all-too-common “ambush” technique witnessed and seen backfire time and time again.

Let’s address the use of virtual communication for sharing issues. This modality is being used increasingly, with less than ideal results. I believe that email and text messaging should be reserved for discrete communication and brief correspondence. Complex tasks, controversial initiatives, or even hard-to-grasp concepts are better presented in person, where both verbal and non-verbal communication elements can assist in greater understanding by all parties. If you catch yourself choosing a virtual forum and writing a seriously long, complex email on a topic of significance, think twice and consider deleting the message in favor of scheduling a meeting. Choosing the right forum matters, so choose wisely.

### Align the Work

Understanding what is important to the system and looking for ways in which your suggestion furthers those intentions will best ensure a successful outcome. For example, if the system wants to improve complication rates and the solution you propose has a direct or indirect by-product of lowering complications, the initiative will better gain the attention of the sys-

tem. This can sometimes feel hokey or manipulative; you hear terms like “embellishment,” “noise,” or “fluff” used to describe this level of work. Rather than viewing this in doctor speak, remember the audience and be deliberate in finding ways to highlight how your initiative aligns with system imperatives. What seems obvious to you is not always obvious to others.

This secret of effectiveness is hard-learned, even for experienced executives, who often times feel as though they are starting conversa-

would be the next steps from your perspective and when (be specific) should we plan on a follow-up?”

This simple step of validating the next step and mutually agreeing upon a date will make all the difference. When that date rolls around, you should immediately seek the agreed-upon result. Sometimes you will find little has been done or the deadline has been missed. Don’t fret—the power of this technique lies in holding the other party accountable to what they already agreed to

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tions in the middle. They—and we—assume the other party has the context, understands the way in which this initiative connects to others, and immediately sees the alignment, yet nothing can be farther from the truth. In fact, we are all busy, we have our own set of experiences, and we don’t always see the ways in which activities connect with one another. So this secret of success is to be more deliberate than you could ever imagine in overtly aligning your work or proposed initiative. It matters!

### Be Firm But Be Patient

If your initiative is aligned, clinically appropriate, and you believe it will make a difference, don’t be shy about expecting time-appropriate responsiveness and clear next-step accountabilities. I am not suggesting arrogance or fist-pounding behaviors, just clear, unemotional, time-limited accountability. However, do not make the mistake of thinking your priority is the administration’s top priority.

As physicians, we sometimes expect things to be as fast as a stat medication order. The reality is that large-scale initiatives take time. Again, the real secret here is to ask for a time-limited commitment and hold the corresponding parties to it. “Thank you for taking the time and listening. It sounds as though we have some mutual agreement. What

do, and holding yourself accountable for moving things forward. This fact-based, unemotional accountability technique will yield results. You just have to be patient.

Although this advice may seem too simple to some, or, paradoxically, onerous to others, be assured that each of these steps will better your chances of being effective physician leaders and will, at the very least, lower your frustrations. Listening to and understanding what is important to the system, aligning your work, choosing the right forum, holding parties accountable, and, most essentially, speaking the language of the land will increase your odds of success exponentially. In fact, putting your proposal in the form of a question is a wonderful way to engage in dialogue, avoid being misinterpreted, and, ultimately, move your agenda along. So no matter how large or small the initiative, consider some of these subtle, but tried and tested, approaches to getting things done. **PM**



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