Failure to Launch?

Change is inescapable. And still, there is a strong tendency to resist it.

BY LYNN HOMISAK, PRT

With a nod to Paramount Pictures, this article titled "Failure to Launch" is not a 2006 rom-com movie critique. Neither is it a psychological syndrome reference to young adults who are having trouble becoming self-sufficient and taking on adult responsibilities.

It does instead focus on strategic change and how the inability to make moderate-level changes in the practice can result in the failure to deliver more effective treatment presentations; strengthen the staff dynamic; and more generally, develop constructive methods of doctor-patient-staff communication.

Like it or not, certain things we do in a practice setting may unintentionally and unknowingly become routine or habit to the point that they are no longer functional. Nevertheless, we carry on as if they still are because we fall into the "that's the way we've always done it" trap. The encouraging news is that by introducing new awareness and some simple change management techniques, old habits can die young; laying the foundation for new opportunities of growth, innovation, job satisfaction and yes, revenue enhancement.

Ten years ago, I wrote a comprehensive article for *Podiatry Management* about this very topic—change. In it, I talked about the fact that change is not easy (and a decade hasn't changed that). Regardless of benefits, everyone deals with change in their own way, based on a personal level of comfort. Innovators, visionaries, and risk takers jump at the opportunity to make changes in their lives, while laggards seem to resist at all costs. A decade hasn't changed that either. The article revealed how the latter group would prefer things stay the same. For them, if change is imperative, they are equipped with endless excuses. "I don't have the time to train staff" or "That is just not going to work here." Change deniers might see any adjustments as too stressful, scary, and costly or avoid going there because practically speaking, they simply don't know how to go about it.

Of course, those excuses mentioned for keeping the status quo are only the tip of the iceberg. There are those who are afraid of taking any chances at all because they are afraid of the unknown, have a fear of failure, or believe it or not, a fear of success. Others may feel it's just not necessary to upset the apple cart and prefer to keep things, good, mediocre, or bad, just the way they are. They are of the mindset, "If it ain't broke; don't fix it!" The question is, are they able to recognize "broken" when they see it?

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None of these reasons are a surprise because when you stop to think about it, most words associated with change are perceived as negative (i.e., anxiety, difficult, risky, or confusing). It is no wonder staying in the comfort range is the preferred non-action. For one it's undemanding, two, it's safe, and three, these individuals refuse to believe that the pleasure of arriving at point B (progress) even comes close to the pain of moving away from Point A (where they feel most at ease). It's almost as if they've established a predetermined Failure to Launch, closing their minds to any conceivable upside—namely, breakthrough, anticipation and excitement.

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Unfreezing, Changing, Refreezing

"Change is the only constant in life"—quote by Greek philosopher Heraclitus.

It is inescapable. And still, there is a strong tendency to resist change. Changing what has become routine and leaving a secure, comfort zone is tough. But not impossible. Conquering that resistance involves a three-step process: unfreeze old habits; be willing to make changes; then accept and refreeze those changes as a new norm moving forward. Sounds simple, right? It's not.

When my previous article was published, I was experiencing my own life-altering change—having moved from East to West Coast. All the negative feelings—anxiety, fear, risk, confusion and apprehension described above were real to me.

Before I could even *consider* adopting "new", it was imperative that I go through that three-step process; starting with unfreezing (or erasing) the old. Remember the Men in Black movie when Will Smith and Tommy Lee Jones employed a Neuralizer—that "flashy thingy" to erase and re-program human memories? Since the *Neuralizer* was not an option in real life, I had to learn to re-program and refreeze new processes, until they became the new comfort point.

For me, moving west came with several levels of acceptance—I was somewhat prepared for the expected changes (weather, geography, job, new doctors, licenses, etc.); not for the unexpected. And for the record, yes, I struggled with both. For instance, who knew there was a Transamerica language barrier? I mean, no one in NJ ever accused me of "tawking" funny before. Suddenly I found myself defending what was branded my "Joisey" accent. Wait, I had the accent? I always thought it was the other way around! (Where exactly is Joisey anyway?) Every time I used words like *chocolate, dog, daughter* or *walk* in general conversation, it sparked an outpouring of giggles. Change the way I speak? No, thank you!

That's not all. Until I learned the lay of the land, I needed occasional driving directions. What I received was foreign to how I navigated roads. I was offered coordinates and instructions like "at the next corner, head south—or deviate north". Huh? Did that mean go right or left? Someone get me a compass, quick! Tell me the Parkway exit! Where is the turnpike entrance? What is a *freeway*?

Further distress emerged when I could no longer find some of my favorite foods, like Taylor's Ham (google it) or a legendary NY bagel! The first Northwest bagel equivalent was mostly an unnaturally crusty hamburger bun splashed with sesame seeds and a hole poked in the middle. Humorous.

For a while, I was dumbfounded, felt lost and a little…ok, *a lot* out of sorts. The changes I faced took some time to understand until ultimately, I was able to successfully unfreeze my old habits and expectations and refreeze new ones. Soon, the inconceivable became customary and eventually easier. Except, there was still the simple "cawfee" order at Starbucks…*fuhgettaboudit!*

Fast forward to several months ago, when all that changed. Again. I moved back to the East Coast and guess what? After learning to adapt to West Coast habits, everything old is new again. Once again, I find myself in the position of having to thaw out. *Brrrr*. If it is said that old habits die hard, then it should also be said that old habits that become new habits that were once old habits *die even harder.*

Whether personal or professional, stepping out of a comfort zone into unfamiliar territory remains challenging. While comfortable feels good, easy and safe, *staying* there can suffocate new ideas and experiences and block the pathway to essential progress. And that is what I see happening in many offices, especially in those who have been around a while.

No doubt, staying in your self-made comfort zone requires less effort; however, there exists options that can make things easier—and *better*. With some well-thought out preparation, small steps, clear expectations, and forward thinking, change can absolutely open doors and prove extremely innovating and rewarding. If given a chance.

Unwelcomed Change

These past two years, we have experienced unimaginable change. No one will deny that an unwelcomed transformation has slapped everyone in the face—hard—as we all fell victim to the Covid-19 pandemic and contagious offspring. Losing so many, losing so much; certainly not change we asked for. However, with or without our permission, it quickly became a way of life.

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The pandemic affected everyone—everywhere and to some degree, still does and forever will. The medical profession was hit hard. Medical personnel worked like never before, many under unthinkable conditions. Unsung heroes. The changes that medical practices were expected to make affected personnel, revenue, family, patient care, communication, you name it. Nothing less than a major beating. Doctors, staff, patients and practices suffered in ways no one could anticipate and to this day, many never recovered.

Loyal, long-time employees were sadly let go; others quit to stay home with children unable to attend school; and some opted for early retirement. That cozy engaging image that medical offices strive to offer patients became a gloomy, socially distanced disconnect. Patients needing medical care substituted personal appointments for telehealth, if that was even an option. Doctors who wanted to stay connected felt compelled to add this unfamiliar, uncertain, tech

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method of patient communication as part of their services. Those patients who physically visited offices were told to wait in parking lots for that phone call to enter; their health status checked at the door. Reception rooms were reorganized to meet distance standards, and stringent sterilization protocol and face covering requirements all became the new safety norms. A world turned upside down.

At this writing, we are hopefully nearing some relief from this deadly global virus. Still, the unwelcomed changes made during the pandemic have an afterlife. All workplaces; hospitals, restaurants, airlines, retail shops, and yes, your office, will continue to do things differently than before. For better or for worse.

Merriam Webster defines change as making something different in some way. It doesn't say that "way" needs to be agonizing, scary or difficult. In fact, for most of us, when we think of change in the office, it's more likely a very doable protocol, policy, or a schedule that needs to be altered, modified, or updated. All these are achievable in a practice when the goal is to what? Improve!

Using Persuasion to Present Effective Treatment Plans

In a work environment, there are many worthwhile benefits for breaking away from the same ole, same ole. They include, but are not limited to; keeping up to date, staying in sync and relevant with the profession; boosting internal and external market growth; developing new and innovative skills; building office morale; and clearing the way for expanded business opportunities. In other words, progress. Gaining the acceptance of key players (in this case, patients or staff) to go along with anticipated change is essential. If they believe it is merely a self-serving pitch where only YOU stand to gain, you've lost them. Enter the power of influential persuasion.

If you find you are not getting that affirmative head nod when recommending surgery or orthotics, it could be your persuasive technique needs "tweaking". Do any of these sound familiar?

- Are you too often met with doubt and/or resistance when presenting a care plan to your patients?
- Are patients not as compliant as you'd like with your treatment plans?
- Are your explanations lengthy or confusing and find you lose them before getting to any of the meaningful details?
- Are you able to fully articulate your responses to their questions—to their understanding?

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- Do you ever consider how your message is being heard? In other words, do you speak too fast? Too slow? Do you mumble your words? Do patients seem to have a hard time keeping up or hearing you?
- Do you find you are so focused on what you want to say that you fail to fully listen to their concerns?
- Are you aware of your eye contact, facial expressions, body posture, and word emphasis—keys to overall believability?
- Have your presentations to patients (or staff) become routine, weak, and unenthusiastic?

Perhaps the need to say or do things differently has never even crossed your mind, especially if it's the way you've *always* done it. Perhaps you feel your presentation is good just the way it is, thank you, and needs no improvement. However, if any of the above questions are even slightly relatable, ***perhaps***, it's time for some "out with the old (habit) and in with the new."

Brevity and Pausing—Influential Tactics

Mark Twain once wrote in a lengthy letter to his friend, "If I had more time, I would have written a shorter letter." It was at this point that he realized brevity has its advantages.

Are you in the habit of taking what should be a clear and concise message and turning it into a lengthy, drawn-out essay? A guarantee to snooze, I mean *lose*, your audience and less likely to be convincing. If, on the other hand, you are open to minor changes in your presentation, keeping the message brief and to the point, you will have a greater chance of patient buy-in and getting that desired outcome.

The "4-second rule" is another interesting strategy by author/lawyer Bill Murphy, Jr. . It compliments Twain's brevity approach by asserting that all conversations are best broken down into a series of shorter conversations and after each one, adding in a 4-second intentional pause. Count: one podiatrist, two podiatrist, three podiatrist, four podiatrist.

The organizational advantage to following this concept is three-fold. Besides allowing your patient to absorb what you said in small chunks, you have the necessary time to control your pace and tone while also "remembering what the heck you talked about between each pause". He admits accepting his advice on its face might not be convincing and may sound weird or awkward at first. Yet he stresses numerous studies have revealed that this regulated method of patience is truly empowering; suggesting that you at least give the 4-second pause a try.

A third highly persuasive technique to evoke involves the WIIFM (What's In It For Me) factor. People naturally need to understand the value of your recommendation(s) before agreeing to them. They will respond well if they can realize the positive force of the change; so, sharing subjective benefits with them is critical.

Think…how will the idea you are proposing link to their happiness or success? For example, how might you convince your elderly patient that wearing custom orthotics is in their best interest? Suggesting that they'll be able to run a marathon, for example, means little or nothing to them at this stage in their life. Far more meaningful would be to focus on the fact that orthotics will help to increase

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mobility and reduce pain, which will allow them more quality time with grandchildren, golfing, shopping, or any activity of choice. Pickleball, anyone? The ability to persuade others that change is beneficial helps them appreciate what is in it for them. Incentive is a game changer.

Finally, patients are far more open to change if they see you as the expert; that you have the education and experience necessary for an excellent outcome. If they appear reluctant to move in the clinical direction you recommend, you must find a way to reduce their resistance levels. Build their trust and confidence in YOU as their knowledgeable source and assure them they are in good hands. Staff can be your biggest advocate in this area. Add extra points for building your self-confidence because having regard for your own abilities translates well in gaining the respect of others.

Staff Awareness and Communication Change How You View and Communicate with Staff

Experience and observation are great teachers. As a former front and back staffer, office manager, and now consultant, it's clear to see one of the biggest reasons for inefficiency in a practice. Not surprising, it is the breakdown in communication between doctors and staff. And it's hard to ignite change, when there is a failure to communicate. To be clear, both doctors and staff are guilty of holding on to ineffectual convention. What you resist persists. That said, management starts at the top, and for those in a managing role, getting to the core of ongoing communication issues should be top priority.

In a profession that revolves around "do no harm", the following queries remain somewhat of a mystery. Despite many management gurus sharing well-proved success strategies, why is it that (generally speaking)…

- Doctors *don't* make more of an effort to openly converse with staff, instead of remaining in the dark about behaviors and activities harmful to their practice?
- Doctors *do* make excuses to keep staff on the payroll who clearly

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do not cooperate with other team members, fail to follow policy, and continually cause internal disruption?

- Doctors *do* pay for and send staff to conferences to learn methods that will improve their practice, only to disregard that valuable information and suggested change?
- Doctors *don't* understand that higher levels of engagement with their staff produce higher performing teams?
- Doctors *do* reject staff ideas and *don't* make an effort to listen to concerns?
- Doctors *don't* make the time to train staff right the first time and avoid wasting valuable time repeatedly correcting mistakes by untrained employees?
- Doctors *don't* delegate non-invasive, non-DPM specific tasks to staff which offers the physician more quality/productive patient care, reduced hours, few daily duties, and revenue increase?

The last two bullets go hand in hand. There is no clear understanding why doctors don't put more emphasis on training. The most successful practices/businesses recognize that the strength of any operation is a collective effort—only as strong as the weakest link.

Assign the right task to the right person.

Not only will allowing staff to increase participation boost their morale, their professional image, and their feeling of importance/accomplishment; they will come to view their work as an inspiring career, not just a humdrum job.

Staff input, together with repeated, fundamental standards of operation such as job descriptions, group meetings, consistent policies, performance reviews, manuals, etc., are established, proven tools that will improve office function. All aimed at quality patient care, improved revenue, and a highly FUNctioning office (emphasis on fun). With proper training, supportive management, and continuing education, staff can be "superstars" in the practice and remain happily committed employees. Spelled L-O-Y-A-L! How many different ways can this be stated?

Some primary guidelines can make delegation easy:

1) Outline tasks you can legally and comfortably delegate.

2) Determine what factors (if any) might prevent you from delegating certain responsibilities.

3) Assign the right task to the right person.

4) Clarify the details of the job.

5) Oversee and manage (but don't micro-manage) the outcome.

6) Convey your expectations and insist on quality.

7) Reward and incentivize their accomplishments.

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The staff communication component is difficult and can be confrontational—even awkward—for many doctors. But, while it's true that Staff Management 101 was not curriculum in medical school, it also does not require a PhD. Just common sense, an ear to listen, some patience, and a bit of encouragement. It is not rocket science. It *is*, however, an all-systems-go, win-win outcome.

You might recall what it was like back when you were an employee. What did you like about your boss/employer/manager? What did you dislike? Things haven't changed much in this department. Employees still look for the same positive characteristics that you did back in the day. Pay attention to them. Include them. Discuss with them. Teach them and learn from them. Most of all, appreciate them.

Bullet #7 is especially concerning. Instead of letting staff suggestions go to the idea graveyard when you believe "staying the course" is the better option, consider giving a few weeks for their proposal to take form. It costs nothing to listen to what they have to offer and be thankful they even take an interest in proposing an improvement.

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If skepticism prevents you from immediately accepting their ideas and moving in a new direction, you'll likely want to first identify the risks and potential pitfalls (estimated costs, anticipated patient reactions, fears). That is understandable. Consider the suggestion, thoroughly. Weigh all options. Are there enough facts and examples that support a successful outcome? Honestly ask yourself, "Is there a possibility that things could be better than the way they are now?" Probably yes. "Could this be the solution?" You will never know unless you give it a chance. If a better outcome is not the result, explain that going back to square one doesn't mean rejection. It means "It sounds like a good idea. Let's try to approach things from another angle" and explain why. If it seems doable, (just a little uncomfortable at first), give it a try. If it proves to have a positive effect, repeat it enough

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times and soon it will become everyone's new normal.

This is fact certain. Staff who feel every idea presented is rejected will stop presenting ideas. Their emotional detachment will have adverse effects—to productivity, satisfaction, practice efficiency, and very likely, their exit. Studies have shown that employees don't leave their jobs because of the work they do. They leave because of their "bosses".

Where the Magic Happens

Those reluctant to making change, especially big change, often struggle with initial liftoff and ultimately fail to launch what has the potential to be exceptional. I imagine they feel as if they are standing on the very edge of a cliff, fearing the worst outcome. Looking to the universe, they ask, "What if I take the leap…and FALL?" From out of nowhere comes a response. "Oh, my dear; but what if you fly instead?"

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That critical step, or proverbial leap, may result in uncomfortably pushing your professional/personal boundaries or performance forward, spark a career breakthrough, or find the solution to a troubling problem. There are both psychological and situational components at play that help decide whether or not that scary leap is worth taking. The situational component contends with all the possible approaches, roles, policies and processes, while the psychological factor deals with perceptions, emotions and reactions.

Each one of us is capable of accomplishing what we set out to change if the reasons for doing so (or consequences of not doing so) are understood and accepted. Those holding on to past or present may never know or experience the excitement that taking a forward leap can bring. Especially if somewhere after leaving your comfort zone and taking the leap is where the magic happens.

"I don't believe in magic", the young boy said. The old man smiled. "You will when you see her."—Atticus Poetry

If you never change, you stay the same or go backwards. If you never change, you may not discover the magic. Don't fail to launch the possibilities. Take the Leap. **PM**

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