



Staff Management Is an Ongoing Process

Policies, protocols, communication and appreciation are keys to a smooth-running podiatry office.

BY ANDREA LINNE

Kim Gauntt, DPM, has had a thriving practice for more than 32 years, with two offices in Hillsboro and Newberg, OR. Yet, 8 years ago, he invited Lynn Homisak, owner of SOS Healthcare Management Solutions, to spend a few days at his Oregon Foot and Ankle Specialists offices. “I didn’t have a particular problem, but after hearing Lynn speak at a conference, I realized she could see things with fresh eyes and fine-tune the running of my office. I have six staff members, and we all got used to doing things a certain way. Lynn



Dr. Gauntt

people see all the money to avoid any potential embezzlement, although I never had that problem.

“At the end of three days, Lynn sat down with me, with my staff members, and with the staff and me,” Dr. Gauntt says. “We dis-

communication disconnects. Often, there are no clear policies and protocols, and if they do exist, there is no follow up. It all comes back to communication. Doctors may have expectations, but staff members don’t know what they are. At the same time, staff members

“If you have staff issues, they’re always on your mind and can distract you.”—Gauntt

cussed practical changes and how to implement them, with a shared understanding that the goal was to make things better for everyone. It improved processes and morale.

“We’re in the business of medicine, and podiatrists have to deal with the business aspects to be suc-

may have complaints—and patients may complain to staff—but these complaints aren’t always relayed to the doctors. It isn’t until these issues are addressed head on by both doctors and staff that changes can be made and better outcomes can be realized.”

“Improving patient management takes time,” says Tina Del Buono, a director and consultant at the Top Practices Practice Management Institute. “When a podiatrist reaches out to us, I ask, ‘What are the three things you’d like to work on?’ Then we focus on one at a time.”



Lynn Homisak

“Most staffing problems boil down to two common issues—a lack of management skills and a variety of communication disconnects.”—Homisak

Policies and Protocols

Leland Gilmore, DPM, has a solo practice in Alexandria, VA, with 22 employees, including an office manager, administrative assistants, medical assistants, a physical therapist, an anes-

Continued on page 66

immediately developed an easy and trusting relationship with my staff, so they didn’t feel threatened. She helped me see and prioritize staffing. One person was doing all the scheduling, and she didn’t have her own space. Lynn helped us rearrange the office so she could work without noise and ringing phones. Lynn also offered ideas to improve scheduling, so staff could be more successful with other tasks. And she suggested that two

cessful,” Dr. Gauntt says. “At meetings, podiatrists want to learn about staff management, but doctors need CME credits, and staff management doesn’t count. If you have staff issues, they’re always on your mind and can distract you.”

“Podiatrists ask me for help for a number of reasons,” Homisak says, “but most problems boil down to two common issues—a lack of management skills and a variety of commu-



Ongoing Process (from page 65)

thesiologist and a marketing director. “There are a lot of moving parts,” Dr. Gilmore says, adding that he sees 40 to 45 patients a day. Five years ago, he began working with Del Buono. “We didn’t have specific protocols, so people thought they knew what was best for the practice and proceeded in a certain way, which could result in overscheduling, employee conflicts and going over the supply budget. We worked on developing protocols, job descriptions and key metrics for everyone in the office.”



Dr. Schneider

Since then, Dr. Gilmore and his office practice administrator have relied on Tina to address time management issues, restructure patient flow and improve patient scheduling. “Tina has helped us go from a wonderful practice to a premier practice,” Dr. Gilmore says. “I talk to her once a quarter, and our practice manager talks to her every other month.” They also use the Top

First, I have written office policies and treatment protocols. Second, I’m a big believer in shadowing. No matter the position, the new hire will spend time with me in the treatment rooms to understand what we do. They’ll also shadow the lead of their department to observe their role. Finally, cross-training is very important. That

Del Buono says. “We understand what we say but that doesn’t mean someone else does. Instead of being critical when someone does something you don’t like, ask *why* they did it that way. That way, you’ll understand what they were thinking, and you can explain how you think about it. It’s also important to conduct em-

“Often, doctors are so desperate for staff that they don’t train them as well as we should, and that’s bad for the employee and the office.”—Schneider

way. If a team member is out, anyone can be shifted to take over that role.

“I don’t believe in micromanaging staff members, which is a sign of distrust,” Dr. Schneider says. “But sometimes a reminder is necessary. For instance, the phone in my office is answered in one way and only one way. If I hear the phone being answered in a different way, I will reacquaint that person with the system on answering the phone. I also use checklists for things I notice that ar-

ployee performance reviews, at least yearly. But an informal review can be done a daily basis. You can discuss with a staff member how something could have been handled differently. And be sure to offer praise when things go well. Setting aside time to talk to staff members also give them the opportunity to say what they need, such as someone to cover them when they go on a break.”

“You need to respect your team,” Dr. Schneider says. “There’s nothing

“Communication is a big issue. We understand what we say but that doesn’t mean someone else does.”—Del Buono

Practices Practice Management Library, which includes training modules, forms and staff management articles, all of which can be printed and shared with employees. “That helps everyone understand the big picture and where they fit in,” Del Buono says. “When they see how they impact the practice for good, they understand they have value.”

“Staff members must be trained and understand office policies and protocols,” says Andrew J. Schneider, DPM, who has a solo practice in Houston and is VP of the American Academy of Podiatric Practice Management. “Often, doctors are so desperate for staff that they don’t train them as well as we should, and that’s bad for the employee and the office. I have three favorite training strategies.

en’t being done properly. There was a time when the treatment rooms weren’t being stocked properly, so I developed a checklist and that took care of the problem.”

Communication and Appreciation

In many offices, there’s a big disconnect between the front and back office,” Homisak says. “The front office is told to fill the schedule, but if done unsystematically and without following proper scheduling protocol, it overloads the back staff who can’t handle all the patients. To avoid conflict, and to better manage patient flow, it helps if all staff members are cross-trained, so everyone understands each other’s job.”

“Communication is a big issue,”



Tina Del Buono

worse than your team seeing you be sweet and nice to your patients but being a jerk to your staff. I see it happen all the time. Respect goes a long way. So does showing appreciation with a simple ‘thank you.’ It’s important to create an environment in which you are open to receiving suggestions from your staff and implementing them, when appropriate. We’re going to be painting my office soon, and I asked my staff to help choose colors. They have a better eye for it than I do, and it makes them feel empowered and part of a team. We have a team meeting every two weeks, and we recently began quarterly summits. I close the office for a day, and we work on our office goals and how to keep moving forward. Sometimes, I bring in an outside facilitator. I take everyone to a nice lunch and then we do something fun.”

Continued on page 68



Ongoing Process (from page 66)

Podiatrists, like many small business owners, are having trouble hiring and retaining employees. “Some doctors are modifying their schedules or closing due to staff shortages,” says Cindy Pezza, PMAC, pres-

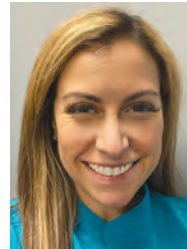
cord, which cuts down on documentation for the doctor. Dr. Gilmore did try a virtual scribe who was based in the Philippines, but it didn’t work out due to the time difference. “She often fell asleep during patient visits,” he says. “But many doctors have had success with virtual medical scribes.”

together for 32 years in Naperville, a suburb of Chicago, and raised two children. “We don’t practice on the same days,” Dr. Reid says, “except for surgery, which we view as dates.”

Kristina and Taylor Robertson are also in their main office on separate days. “When we worked together,

“We had a hard time finding staff.”

—Robertson



Dr. Robertson

it was wonderful to have a second opinion,” Kristina Robertson says. “But my husband and I do some things differently, and that became stressful for our staff. We could see that they were running to get stuff for my husband and me, so we discussed the situation with them. Now, one of us is in the office, while the other one is in surgery or at the satellite office or making nursing home visits. It’s improved patient flow and makes for a healthier relationship between my husband and me.”

“I personally would never work with my wife or a relative in the

ident and CEO of Pinnacle Practice Achievement. “I don’t know why hiring is so hard,” Dr. Schneider says, “but I’m hearing this is a challenge in all business sectors, not just medicine. Getting staff is the biggest staff management problem.”

“If people don’t feel appreciated, they leave,” Pezza says. “Do everything you can to keep staff happy, which includes increasing salaries and offering benefits to be competitive. Also, stress that working in a podiatry office, rather than in a hospital, offers perks, such as flexibility. To improve office culture,



Cindy Pezza

make time for staff members to share their concerns, then create core values that everyone agrees to. That let’s staff members feel that they are valued and heard.”

In February 2021, Pezza connected Kristina Robertson, DPM, whose Nola Sole Podiatry practice is in New Orleans, with Tammy Hull, who lives in Ohio. Hull was an office manager for a podiatrist who retired, and she was looking for work from home. “We had a hard time finding staff,” says Dr. Robertson, who is in practice with her husband, Taylor Robertson, DPM. “We have a main office and a satellite office, and we also work with nursing homes. Cindy, who is our business consultant, had been floating the idea of a remote

“Stress that working in a podiatry office, rather than in a hospital, offers perks, such as flexibility.”—Pezza

Remote Staff Members

“A lot of people want to work from home, and there is a lot that can be done from home or outsourced,” Pezza says. Dr. Schneider has five staff members, including two who work remotely. “One staff member is located in the Philippines,” he says. “She does insurance verification and edits my videos for marketing. We consider both remote workers part of our team. They participate in team meetings and are compensated like other staff members.” While Dr. Schneider doesn’t have a virtual medical scribe, he says a virtual assistant can be in the treatment room on a tablet or iPad and enter notes directly into an electronic health re-

assistant, and at first, I was resistant. We had a Zoom interview with Tammy and realized she had a lot of knowledge. We just had to share with her our protocols. Tammy answers the phone, and does reminder calls for patients. We share information through secure email, and Tammy inputs patient and insurance information. She participates in our weekly training with staff via Zoom. Our office manager checks in with Tammy every day, we call it a morning huddle, and she and my staff text throughout the day with any patient questions. It frees up my staff members to interact with patients without being interrupted by phone calls.”

Mom and Pop Shops

Marlene Reid, DPM, and her husband, Lawrence Kosova, DPM, have been married for 35 years, practiced

practice,” Dr. Schneider says. “I value my marriage too much to do that. I know that others do with great success.” For spouses who do work together, Del Buono says, “Set your office hours and keep them. Make sure work is work, home is home and family is family.”

“Whether you have a large or small practice,” Homisak says, “keep in mind that when an office runs smoothly, or when it doesn’t, everyone knows it, including your patients.” **PM**



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