

By Cynthia Matossian, MD, FACS



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In the trenches, correcting behavior

Your mid-level managers can make or break profitability. Your ability to spot, and train them, is paramount.

Some truisms to remember about a successful, profitable practice:

- Turnover is costly to a practice.
- To replace a mid-level manager, a practice's eyes and ears, it will cost about 50% of that person's salary.
- To replace a lower-level staff member, so critical to patient reception, billing and all communication, it will cost about 20% of that person's salary.
- Without protocols in place to spot mid-level management talent, who in turn manage lower-level staff members, your practice will not run efficiently.
- Without training these mid-level managers to the fullest extent — an on-going exercise — your practice won't flourish.

SIDE BY SIDE

Ours is a 67-person, three-office practice, and without efficient, well-trained mid-level management we would have the equivalent of mayhem. But our protocols prevent that. Our mid-tier managers report at least once a month to senior management and to the managing physician on staff development. They work side by side with our front desk staff, oph-

thalmic assistants, billing staff and so on. Their job is to constantly train and improve the patient-friendly performance of the lower-level personnel. Progress reports and grids assessing skill sets are revised and shared on a regular basis.

But who trains the middle managers? And how do we choose them for promotion? Because there are few places to train ophthalmic staffing professionals, the answer to that first question is, us. The answer to the second is, based on observation.

PERSONALITY PLUS

Staff members destined for mid-level management are problem solvers and quick thinkers. Without being told, they come to work early and stay later than every one else. They have demonstrated basic leadership skills and know how to urge staff to follow rules while also showing support. 'Yes, I get it that you got frustrated with the insurance company regarding its coverage policy. Next time, take a few deep breaths before speaking.'

Once senior management has deemed a staff member as mid-level management material, formal training begins.

SCHOOL BEGINS

In our monthly mid-level

management meetings, with most senior level staff and the managing physician also in attendance, we hold our own version of a book club — we call it leadership chapter club. We assign one to two chapters written by consultants such as John Pinto, Craig PISO and Chris McChesney, who write about leadership, office dynamics and decision-making. We discuss the chapters as a group seeking input from our mid-tier managers. We empower them to constructively correct the behavior of our staff either right on the spot or in the morning before patients arrive. Sometimes they keep a list and address observed issues at a later date. The point: Training happens at all different times.

We also send our mid-level managers to training courses outside of our office about once every year.

TOUGH PROBLEMS

The toughest thing for them to learn is how to garner respect and to get staff to respond to their requests, yet work side by side. Wisdom, experience and skill play a role in their ability to navigate this delicate balance.

We try to deal with problems immediately. Bullet point number one is ever-present in our minds. **OM**