

# Resolve Doctor and Staff Breakdowns & Reduce Your Stress

Excerpts from “Ignite the Passion – Get Extraordinary Results”

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The most significant barrier to taking your practice to the next level, creating staff harmony, and enjoying your practice with lower stress is the breakdowns in communication and relationships within the practice. When we are consulting with doctors or speaking to study groups, the doctors' will most frequently say “I love my staff. They are hard working and committed. However, what causes me the most stress is dealing with the personality and emotional issues that are always present with the staff!”



They will ask “do you have a simple way to deal with these issues? Or Better yet, a process for the staff so they can do it without me?” The short answer is YES! We call it the Breakdown Process. It is simple, quick and easy to use once everyone does a few things to shift their thinking and feelings about breakdowns. What we want you to understand is that breakdowns are a normal occurrence in every practice, in fact in every relationship. The hard reality is that you can't do away with breakdowns because everything is always in motion, shifting and changing. Orthodontics is based upon creating breakdowns – the shifting and changing of teeth! So Rule #1: Look forward to the breakdowns that occur in your office. They are opportunities. Encourage people to identify the breakdowns so you can keep improving and refining your team's excellence. It is not about blame.

## **The Right Mindset**

We need to shift the way we think about the fact that our staff always has breakdowns. Get the right “mindset”. Here are a few things that you will need to understand before you implement any process for resolving breakdowns, conflicts, or performance issues. Especially, if you are a male doctor with an all female staff..... Okay, that would mean over 90% of you reading this article! Here are five points to remember when resolving communication or relationship breakdowns.

1. If you are a male doctor, most likely you will never fully understand or relate to your staff's perspective about any of the issues. There are too many emotional ties. you are outnumbered, and the variations of how the issue is internalized are too great. Reduce your own stress by not getting upset when “upsets” need to be talked about.

*Bottom-line:* Why the issue is present isn't important. How it gets resolved by them is!

2. Any “issue” has a high probability of “resurfacing” at any time in the future. The most common complaint by doctors is that they can't understand why an issue that they fixed last year is reoccurring again today. There is a reason for this phenomenon. Resolving a problem does not mean that it is a closed contract.

*Bottom-line:* Emotions are not logical and it is best to let others tell you their story around the issue; don't try to guess.

3. *Having a “process” is key!* To reduce everyone’s stress and tension, it is paramount that you, as the doctor-leader of the practice, set aside the time, space and conditions for your staff to process issues on a regular and frequent basis. Things simply build up and need a space to be vented. This doesn’t mean you have to fix it, you just need to acknowledge it and them.

*Bottom-line:* You show your staff that you care about them when you commit your time and theirs to discussing the underlying issues within the practice. Your practice will take off and grow once you make the Breakdown Process a cornerstone to your Practice Culture.

4. *Listening is much more important than “fixing”.* The staff has the solution. When the doctor avoids opening up the discussion simple things become *barn-burners*. Simply listen then let the staff sort it out. They look to you to “set the boundaries” in the relationships and behavior. When the boundaries are too flexible, inconsistent, or worst, apply to some of the staff but not all the staff, your practice becomes an “unsafe” place for openly resolving issues.

*Bottom-line:* Listening and acknowledging your staff will free them to let go of their resistance to a consensus solution.

5. *The staff runs your business!* Respect, trust and commitment create a solid foundation for your business. Orthodontics is a relationship business, not only with your patients, parents and referral sources, but more importantly between you and your staff. When your staff is cohesive and happy they are productive and most importantly your clients will know it. A fun atmosphere is infectious to anyone that enters your office. Invest in the success of your practice by investing your “time and attention to listening” to your staff.

*Bottom-line:* When you show that you care enough by addressing “their issues” you build trust and commitment. It screams “I care about you because you are significant and important!”

### **The Power of Influence**

With the right mindset, the second thing to remember about breakdowns is we can only “influence”, not control the staff and their decisions. Yes, the fact is that we all want to be right! Our way is the best way. For some of you out there, your way is the only way. Honestly, when it comes to relationships and solutions to problems, most of us prefer our own solutions. We like how we think. We feel in control of our environment and our destiny in life. Our relationships feel better when they work best for us. In fact, if my staff would accept me just as I am and adapt to my little, relatively minor, personality differences, there would be fewer issues with me at the office. Right! Of course, the only challenge is finding a staff that can be hypnotized to believe this all the time.

Our ability to self-manage becomes paramount because we don’t get to be right all the time and the staff generally sees us as part of the problem. Using the power of influence, instead of control, will be your best approach. Knowing what we can and can’t control opens up a broader understanding of how to influence and how things get resolved. This awareness is important because it will keep you from being drawn into the emotions of the issues or the personalities of the staff.

What we *can control* is actually the simplest. We can control ourselves - what we think and believe as well as our behavior. We can control our time, energy and attention to what is important as the doctor-owner of the practice. We have the power to hire and fire, set the vision and direction of the practice, and make decisions about the running of the practice. However, we can’t control the people in the practice.

Many doctors believe that they “have control” over the staff by setting performance expectations, establishing goals, and defining tightly monitored office rules and procedures. In reality, all of these are simply your “*requests*” that you want them follow. As you know, some will not like what you have set out as the rules. Too many times doctors confuse control with authority, power, and influence.

What we can not control is also pretty simple. We can’t control people, issues, perspective or reactions that the staff bring to the office. Behavior is a choice (self-directed). It is driven by beliefs, assumptions and life experiences. We spend a lot of money, time and energy developing systems and procedures to minimize the errors or issues that might occur; but the how, when, what and intensity of the problem is always governed by someone else.

As the doctor-owner, you have the power to determine “how” you and your staff will address the issues. How you use that power will determine whether the process is open and fair, the environment is safe for discussion, who will be involved, and the expectations for what actions or consequences will be taken. Your staff’s willingness to participate, commitment to take corrective action, and their feelings of resolution are determined by how you yield your power. The highest level of power and influence is to *mediate* your team to a resolution effectively and timely. The more effectively you manage your behavior and language, mediate the process, and maintain safe relational-emotional boundaries, the more willing your staff will be to implement and mediate the breakdown process *without* you.

### **The Breakdown Process**

Our Breakdown Process is a series of simple and quick steps, especially if you do it with the right mindset and self-management. Let me provide you with a definition. A Breakdown is simply an unfulfilled expectation or undesired result. Someone doesn’t do something that they were suppose to do, promise to do, or were expected to do. Technically they get out of integrity with you or someone in the practice. When a breakdown is experienced by anyone in the practice, regardless of where they work in the practice or who it is with, they simply do the following:

1. *Declare the Breakdown.* Having the courage to bring up an issue is 90% of the solution. Creating a culture where you can use consistent language like “I would like to declare a breakdown”, enables your staff or you to raise the red flag without being intimidated about hurting someone’s feels.

Example: I would like to declare a breakdown with the scheduling process.

2. *Name the Breakdown.* Giving it a name helps you be very specific about what is broken. Instead of saying “I don’t like it when we are 30 minutes behind in our schedule and the front office is the problem”; you have to think about it which takes out the emotional reaction of the moment.

Example: The breakdown is that we are having too many unscheduled emergencies or de-bandings in the operatory during heavy patient appointments.

3. *What happened?* State the FACTS; not tell a story about the facts. This step, frankly for me, is the hardest. It is so easy to get into “my version or interpretation” of why something is happening; instead of simply stating the data about the issue. We are socialized to give a narrative interpretation about how someone else did something that caused it to break. The “*drama*” becomes more important than the “*real problem*”! If you want to add real humor to your breakdown session, just keep reminding people when they are “in their story” not the facts. It is a great teacher. Continue to ask yourself and those around you “is this fact or story?”

Example: In the last two weeks we have 15 appointments put into the afternoon “prime-time” after school time slots that cause all of us to run 30 minutes behind all afternoon. Give an example of “story”

4. *Who is accountable?* This step is not a blame game or witch hunt. It is simply a clarification of whose job is it to handle the situation. Many times this question will highlight confusion about whose role it is or a conflict between two roles or procedures. The front office may have one procedure or set of rules and the back office has another. As a practice, we haven’t addressed the breakdown so we don’t realize that we are operating under different guidelines. Emotionally we have tension around it but it isn’t getting addressed properly.

Example: Here you simply state who is accountable. This is where you pick up that 2 people may think they are operating with different goals. In this example we have an agreement to only schedule certain kinds of patients during our prime-time appointments. The front-office person (Mary Lou) has the responsibility to schedule patients into the right appointment times. Over the last two weeks, we have discussed the breakdown with her but continue to have the problem.

5. *What is missing or in the way?* This step is for the purpose of identifying what gets in the way of doing things that will work effectively. It helps uncover issues that seem to be outside the power or authority of the individual(s) involved, incorrect assumptions, or simply lack of understanding about the impact of one person’s decision on the rest of the office. Occasionally, it will identify training opportunities or performance inconsistencies.

Example: Mary Lou – “We have several mothers who are insistent and rude with me when I don’t put them in an “after school” appointment. When they don’t get their preferred appointment time, they will cancel then show up at the office insistent on being seen. I don’t know how to handle these mothers. Besides Dr. Daugherty says that the patient is always right so I have to take care of them.” What is missing in this situation may vary from office to office; but generally, either requires the doctor to address the issue with those mothers or better “assertiveness” training for the scheduling person.

Remember that breakdowns are opportunities to become better at what you do. Fear about raising an issue is the biggest barrier to your success. As a leader you have the opportunity, no the responsibility, to create an environment where your staff knows that there is a consistent process that will give them a safe place to address their issues. When you do this, you will “Ignite the Passion & Get Extraordinary Results!” You will have less stress and an extraordinary practice!

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