

# Trained staff can help build a practice

## Which of these excuses stands in YOUR way of having a well-trained staff?

By Lynn Homisak, PRT  
SOS Healthcare Management Solutions, LLC  
[www.soshms.com](http://www.soshms.com)

Are you one of those doctors who would like to make your office more efficient, make the best use of your clinical staff and increase your bottom line? If your answer is “**YES**”...then you really need to read on because I have what is probably the best known secret in podiatry and I am willing to share it with you!

When I am called into podiatry offices, it’s usually for one or all of the above reasons, so I spend a good amount of time focusing on ways to bump things up to the next level; you know, the old “work smarter, not harder” theory. Typically, the first thing we’re faced with (and it never ceases to amaze me) is how many doctors insist on doing all patient care tasks themselves. When I see a physician leave a treatment room to get a DME product out of the lab or spend an excessive amount of time either fitting a patient with a night splint or explaining stretching exercises for example, I know they are not using their staff in the best possible way. This prompts me to suggest “change” right out of the gate, but history has taught me that I better be prepared to back a statement like that up with some pretty valid points, so after observing their protocol, I record a list of tasks performed by the doctor and categorize them in one of three ways...

1. “productive time” (representing select clinical tasks that only they, as doctors, are licensed to do);
2. “delegated time” (clinical/non-clinical tasks that can be passed on to trained staff or physician extenders; thereby allowing for MORE “productive time”); and
3. “wasted time” (unessential tasks that decrease the profit potential of the practice.)

I’d love to see every doctor focus on tasks that fall under “productive time” but that’s not always the case, so whenever I see that time compromised, I have to ask: “**Why don’t you delegate more hands on patient care to your staff!?**” That question usually prompts a number of responses:

### 1. “My staff is not trained to do that.”

- ♦ Well, that is not so much a problem as it is an opportunity! Take the time to train them! That doesn’t mean just *telling* them how to do something; it means *teaching* them how. Interesting to note, according to a survey launched on our SOS website a couple months ago, it showed 69% of doctors polled said they would let their staff do more, if in fact they were better trained. So what’s holding them back? Time? Yes, it does take time up front to train them. However, without adequate training, you lose time correcting mistakes, get unprofessional results, equipment damage due to improper handling and worse yet, your patient communication and relations are put at risk. None of these are acceptable. There is no doubt that training costs time up front; but as staff becomes more proficient, that time will be more than recovered. Your time and efforts will be realized down the road when proper training allows staff to actually generate revenue. For example, in one room staff could be dispensing an orthotic or taking an AFO foot impression or measuring for therapeutic shoes while you are in the next room performing a matrixectomy. Staff’s role is increased all the more when they have developed their own comfortable

recommendations like “the perfect socks to go with those shoes” or a more comfortable insole for your Crocs.

Training can be as simple as scheduling a weekly “in-service” where you or an existing staff member (who also possesses teaching skills) can spend some focused time explaining and demonstrating the hows and whys of tasks you chose to delegate. Another alternative is to ask for help outside of your clinic. SOS Healthcare has a national workshop that offers staff and doctors a hands-on training session (among other things) involving value-added clinical tasks that can help guide your staff in the right direction. A full curriculum and schedule of events can be found at [www.soshms.com](http://www.soshms.com) and clicking on [Podiatric Office Training Workshop](#).

One of the doctors who recently attended a workshop confessed she had no idea how much her staff WANTED to be involved in patient care and because of their enthusiasm, how good they were at certain tasks that she always felt were “doctor specific.” By gradually increasing their responsibilities to include fitting and dispensing accommodative insoles (at the doctor’s recommendation), foot impressions, the entire therapeutic shoe program – start to finish and orthotic dispensing, she not only succeeded in elevating the professionalism of the practice, but also increased the attention that her patients received and an overall more comprehensive approach to their care. Add to that, the reduced stress at not having to “do it all” herself; and she saw training in a whole new light!

2. ***“My patients come to see me, not my staff!”***

- ◆ That would be true if the staff person was incapable (read : unskilled) of performing the task. Patients TRUST their doctor, so if the doctor is confident that their staff is adequately trained and fully capable of doing an AFO foot impression, e.g., the patient will be accepting. Yes, there are exceptions to the rule (there always are!) and in the beginning, you might get some patient resistance, but nothing that can’t be handled by the doctor’s **confident** presentation that their staff is part of the professional “care team” and very capable of performing the service. Of course, you are ultimately responsible for everything your staff does, so if they are incapable of taking proper shoe measurements or they do not have the knowledge and skill to perform a clinical task as a result of them not being properly trained....refer back to #1.

3. ***“I can do it quicker and better”***

- ◆ No doubt...excellence comes with experience and time. Just as you trained to become an excellent podiatric physician, staff must train to become podiatric assistants. Consider giving them a similar chance to meet that challenge as well. In time and under your direct guidance and supervision, staff can be taught to replicate certain services to your satisfaction.

4. ***“It only takes me a minute to get the night splint, or draw the injection, or demonstrate the exercises.”***

- ◆ That statement usually prompts me to share a general calculation on how eliminating one minute of wasted time from each patient visit usually equates to being able to see a couple more patients a day. By delegating more patient care duties to their capable staff, my response to doctors is...“You can not only increase your volume, but reduce your effort AND capture that lost revenue, which over one year’s time becomes very significant. Does this interest you?”

5. ***“I think spending that extra time with the patient strengthens my doctor-patient bond and I am not willing to give that up;”*** and on the coat heels of that, ***“It’s not always about the money! The extra amount of time I spend with my patient is important to them.”***

- ◆ In most everything we do, there is a tradeoff and this is no exception so yes, you do get to choose between increased annual revenue, for example vs. leaving the room to get a DME product yourself because you feel strongly that the patient needs (or demands) your personalized attention. I think the bigger point is not to confuse *quantity* of time spent with your patient vs. *quality* of time. If patients sense they are being “turfed off” to someone who (in their eyes is presumably less qualified), they WILL be apprehensive, even resentful. Truth is a patient’s perception of “quality care” has a lot to do with HOW you spend your time with them. The process can go either way; but for the most part, it is within your control. If a patient feels they are getting the care they deserve because you sat down next to them, looked them in the eye when you spoke (and not into your computer screen) and answered their questions, even if this only took 10 minutes, you’ve successfully bonded with them. Once this mutual trust is built, patients are much more willing to accept your staff because they feel they are an extension of your care (aka a “physician extender”; a professional, competent member of your “care team”). The role of the entire team is to make patients feel that their entire experience in your office is important, not just their face to face doctor time. And their satisfaction is only a good reflection on you! Don’t believe me? Talk to any staff person or doctor in that position and they will tell you that for them, patient acceptance of staff’s clinical interaction is not a concern. For the doctors who maintain that they have “heard in detail from their patients that they will not be happy seeing the medical assistant”...it’s mostly because their patients don’t know any different; they’ve been trained to think that way. I’m not concerned that the patient’s perception can’t be reversed...I’m more concerned that the doctor’s can’t be.

Many doctors have told me that they don’t participate in Medicare’s Therapeutic Shoe Program; they refuse to sell shoes of any kind, they outsource their AFO’s and even send their patients to the pharmacy for a particular DME product that can best be supplied by a podiatric-recognized vendor. They know that providing these services to their patients is beneficial all the way around, but they insist they are too busy; their time is too demanding – and more services means more work.

So what’s the secret that can turn that all around? In a word... ***Stafftraininganddelegation***. Alright, so turning it into one word was a stretch, but no matter how you look at it, staff training and delegation can make the best use of staff AND doctor time, can increase staff, doctor and office efficiency and patient flow, provide staff job satisfaction, heighten patient’s perception of “their” professional medical team and add to your practice’s bottom line. Get on board the STAFF TRAIN! Get it? Got it? **GOOD!**

*Lynn Homisak, President of SOS Healthcare Management Solutions, LLC, has a Certificate in Human Resource Studies from Cornell University School of Industry and Labor Relations and is a Fellow and Past Vice-President of the American Academy of Podiatric Practice Management. She is the 2010 recipient of Podiatry Management’s Lifetime Achievement Award and will be inducted into the PM Hall of Fame at a special ceremonial luncheon during the APMA Meeting in Seattle this August. Recently appointed as an Editorial Advisor for Podiatry Management Magazine, Lynn is internationally recognized by many in her profession as an author, speaker and expert in staff and human resource management.*

