Essential Business Principles and Skills for the Clinician-Manager, presented in Partnership with Thieme Publishers
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- [Christy] At this time it is my pleasure to introduce Doctor Brian Taylor, who will be presenting Essential Business Principles and Skills for the Clinician and Manager. Presented in partnership by Thieme Publishers. Doctor Taylor is the Director of Scientific and Product Marketing for Signia, a division of WS Audiology. He is also the Editor of Audiology Practices, the quarterly publication of the Academy of Doctors of Audiology and Editor-At-Large for the Hearing, Health and Technology Matters blog. Thank you for being with us today Doctor Taylor and at this time I hand the mic over to you.

- [Brian] Well thank you Christy. It's great to be with everybody and thanks for the introduction. I hope everybody's havin' a good week and I'm thinking that I'm standing between you and your weekend so I'll get right to it and we'll talk about some of these essential business principles and skills for the clinician manager. And there are the learning outcomes. You can go ahead and read those but I'm not gonna talk really about them, except for the content of the course. This course is really in support of a textbook that was recently published. I'm the Editor of this third edition of "Audiology Practice Management". There are several other contributors, there's about 15 chapters and what I'm going to present to you today is sort of an applied approach to how you might use some of the content of the textbook. You can Google it and find it but here's my high level agenda for the next hour or so that we're together. I wanna talk about why this course around principles and skills of the clinician manager is important and I'll define what a clinician manager is in a minute. I think this is a role that you're seeing more and more of in clinical practice that we don't really appreciate or we don't really have a lot of course content developed for this role that's gaining more and more popularity. So we'll talk about why this course is relevant to clinician managers. And we'll talk about three fundamental business principles and we'll talk about eight teachable, observable, replicable management skills. And before I get into the course I just wanna make sure that we're all sort of on the same page. I think the main purpose

of this course is to make sure that clinical managers, clinical directors who also see patients in their dual role, that they have some sort of a road map with how to cope with the unexpected with respect to managing or running or administrating in a clinical practice. I think all of us that have been outta school even for a few months or have any experience at all in the business world know that all businesses that have a manager or director, they have to deal with staff leaving, with hiring people, with people not getting along that are on the staff. They have to deal with unreasonable bosses sometimes or economic downturns or not enough money in the budget to buy equipment, whatever it might be. The intention of this course is to give you a blueprint in how you might manage and lead in an environment where you're dealing with the unexpected or some ambiguity along the lines of having to meld a staff together.

So no matter what the obstacles and the stresses that might be day-to-day, if you abide by some of the principles and the skills that we'll talk about here, I hope it'll give you a better chance to kinda weather the storm, have a road map for success and maybe minimize some of the stress. It's really about having a plan, in other words. That's sort of the high level agenda then how we kick this off. The big question for a lot of us out there that have been maybe three to five years of clinical experiences, maybe you've been promoted to director or manager, now what do I do? And this course really is gonna try to get at that. I want you to think about this course. Maybe you're already been in this kind of a situation or you at some point in the near future might embark on a situation like this, but you've been promoted to a clinic manager or a clinical director, whatever the title might be and this course is really designed to give you some insight and what you do the first hundred days that you're on that job in your new role. And some of the assumptions that we wanna make just to kinda set the stage here is that typically when you're a clinical manager or a clinical director that there's gonna be a staff of clinicians or office people or somebody that works in the clinic that report to you on the organizational chart. In addition to that as a manager or director, that kinda comes along with the territory that you're going to have some fiscal responsibility. You're responsible for generating revenue, for making a profit, for some

type of fiscal responsibility that is reflected on a profit and loss statement, which we'll talk about in a little bit. And another assumption that we wanna make is that you're gonna have some time and maybe it's only a few hours per week, but you're gonna have some time devoted to these management activities while at the same time having some time set aside where you can continue to see patients. So I wanna make the point next that we're gonna see a lot more of these dual role professionals that are both maintaining the role as a clinician where they're seeing patients, but at the same time, trying to fold in some time where they're also managing a staff, managing a budget, managing a P&L, whatever it might be. And how do you balance those two roles? I think there's a lot of mounting evidence out there that this dual role is going to grow in number. We know that for example over the next 10 year period we know from the Bureau of Labor Statistics that there is expected to be more than 3,000 new audiology jobs over the next decade and we also know for various reasons that there's a gap between the demand for an audiologist and the supply of audiologists.

So maybe more people are retiring, they're going into industry, they're getting away from clinical practice, so there's a gap in the number of clinicians that are out there for this growing demand for audiologists. And at the same time we know that a lotta students that graduate today have an awful lot of debt and for that reason they might be looking for a job that pays a little bit more. And jobs that pay a little more, you typically have some sort of management or director responsibilities. So we have this combination of forces. A shortage of senior level staff, a desire to earn a higher income and people that also went to school for a long time to learn how to take care of folks with hearing loss, so they wanna continue in a clinical role. So I think this clinician manager, clinician director is going to be a position that grows in popularity. And so my intent is to give that dual role professional some tools on how they manage the business side of things while they continue to see patients. Why is it important to provide that information? Because we know that a lot of AuD graduates have very little formal business training, maybe took one or two classes in school. That they're caregivers at heart, they still wanna see patients and that's perfectly okay and

expected, but those skills oftentimes don't translate directly into being an effective manager. Even though it may not come naturally for a lot of clinicians out there to be effective managers, it definitely is a process and a skill that can be learned, thus we have a class like this. As we move along through the introduction of why this course is important, I also want to share with you what I think are I'll call them four universal roles. And these are based on my almost 30 years of experience. The first 15 of which were in clinical director, manager types of positions. And so a lotta this I kinda learned through trial and error and wanted to share it with you. The first universal rule for clinician managers are that you're judged by your results and those results are usually defined in financial terms. So did you generate x amount of revenue? Did you generate x amount of profit? You're gonna be judged by somebody in the accounting office, the CFO or somebody of that ilk, oftentimes by the financial results that you brought to the table with your staff or with your department. Second universal role is we have to respect hierarchy.

Organizations that have more than two people require some type of an organization chart or a hierarchy to stave off any chaos. Even though it might seem sort of inflexible or maybe old fashioned to have a hierarchial organizational chart, it's important for the flow and the standardization of a business that people kinda know who does what and it's spelled out. And sometimes we may not like those organizational charts but they do serve a purpose and they do oftentimes prevent chaos. Point number three, if you have been promoted to a clinic manager or a clinic director by virtue of that title you are the face of the organization for the people that report to you on the org chart. What that means is just by walking around having that title, it's important that you reflect the values and the culture of the organization because to the people that report to you on the org chart, you sort of embody the organization for good or bad. And then along those same lines, the fourth universal rule is by virtue of your title as manager or director of the clinic you have what's called role power. Because of your role, you can hire and fire people and literally ruin people's days or lives or career, so it's important that you respect back to that hierarchial structure that everybody sort of abides by, the

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org chart, the importance of role power and that's not to say that role power rules. As we'll talk about here, being a good influencer by generating respect, fostering respect, trust, mutual trust, mutual respect, those go a long way with respect to working with a staff and creating an effective business culture. So those are sort of four universal rules that just go with the territory of being a clinician manager. Another maybe fifth universal rule, I call this the formula for success is because you're in the role of clinician manager or clinical director, clinical manager, and you have some fiscal responsibility, as I already said, you're judged by your results, we wanna make sure we don't focus so much on results and maybe the pathway to getting there. And so this little formula of behavior equals performance equals results is a nice way to think about what you need to do on a day-to-day basis to make sure that you're optimizing results. And that really is focusing on observable, repeatable, teachable sorts of behaviors that influence performance, helping people enhance their performance day-to-day in the clinic and that ultimately leads to better results. And again when I talk about results here, I'm talking about two really different kinds of results. One are financial results and the other are patient outcome results. And usually those two results are intertwined. The more happy, satisfied patients you have, the more profit and revenue you generate in the clinic.

So remember that formula when you're talking about financial results and how we get there. Another sort of universal rule I call the three-legged stool of productivity. You see that here, people and staff, quality of care and patient outcomes and revenue and profit. And the whole analogy of the three-legged stool is these all have to be in equal abundance for the clinic to be successful. You're short on a little one of these, the stool is gonna be a little bit wobbly. The analogy enforces if you're short or if you're not as good in one of these areas that the business is gonna be a little bit wobbly, so the manager or director has to make sure that you're reaching your potential in all three of these areas. What we're gonna go do now is get into the meat of the presentation and talk about how you get to that point. So we're gonna talk about three different principles and eight skills that support these principles. So principle number one is

develop people and grow relationships. Why is that important? And I think it really goes without saying but for any organization to work successfully or smoothly there has to be sincere, respectful, clear communication acrosst all the people within the organization. And the way that you build that is through some of the skills we're gonna talk about next. The ability to have one-on-one meetings with each person that reports to you as well as larger staff meetings for the entire team. So the first skill we're gonna talk about under principle number one is the ability of the clinician manager to conduct one-on-one and staff meetings and of course the reason you do these things is to build that culture based on mutual trust and respect. And these kind of meetings are the tool that does it.

So what is a one-on-one meeting? Why is it important? Because it's really about you gotta have the right people on the bus. Once you have the right people on the bus, you wanna make sure those people are trusting and working well together and the way that you build those strong relationships is to know the people on your team and you do that through these scheduled one-on-one meetings. If you're the clinician manager or the clinical director, the clinical manager and you have a staff that reports to you all the people on that staff that are reporting to you, you should be meeting with them on a scheduled basis. Probably once a week, maybe every other week for 15 to 30 minutes. This is really the only opportunity that each of your direct reports has to talk about anything that might be interest of them, that might be bothering them, anything that they really wanna talk about. I think it's important to make sure that these meetings have some structure to them. It's just not an ad-hoc conversation about anything, that there should be a little bit of structure and because there should be a little bit of structure, it's okay to use some type of a form. Which means you fill it out or your direct report fills it out and you sit down together face-to-face and you go over the things on the form and here's an example of I think a very useful one-on-one form that each direct report sorta jots some information in before the meeting and they share, talk about it and maybe you as the clinician manager have these forms in a three-ring binder and you just kinda collect them, offer some feedback. But you see on this

particular form there's a space on there for a project and a update about other people on the staff and things that might be goin' on there, items that need attention, then there's a space for the manager to provide the direct report some updates and then there's a final at the bottom, there's a little bit of a space for any other follow-up plans and next steps. Now this might seem a little open-ended, but the idea here is just create a little structure around things that move and progress through the organization to make sure that projects are getting completed in a timely way, that you're able to put out any sort of fires that might be on the horizon and it's a chance to touch base with each person on your staff on a weekly basis in a more formal way. A companion to the one-on-one with each person that reports to you on the org chart are staff meetings.

And one of the things I've noticed in my travels as a consultant over the last 10 or 15 years is staff meetings are very spontaneous. They don't always have a solid agenda and they might only happen a couple times a year. Staff meetings are really important when they're organized well. And I think a lotta people avoid these meetings because they do kinda degenerate into chaos and things don't get done, but with a few little wrinkles here and there you can make staff meetings very productive. And so building on that whole theme of creating and maintaining a culture based on mutual trust and respect through clear and consistent communication, the staff meeting is a way to do it using more of a team approach. I believe based on my experience that a staff meeting should be scheduled, they should be monthly and they should be no more than 90 minutes. I think if you do 'em every month 60 minutes might be enough time and I definitely believe they should have a pre-written agenda so when you go into the staff meeting you know what you're gonna talk about. Maybe you split it up into 10 minute segments, you have a moderator, the agenda's developed by the team before the meeting, somebody takes minutes during the meeting, and notes are sent to the team at least within a day or so after the meeting. So a staff meeting, I think when it's organized well, is a great way to make sure that everybody's on the same page, understanding what's going on, moving projects ahead and with a few little tips here

and there like I'm talking about on this slide, I think they can be much more effective. And here's an example of a staff meeting form. You can see there's different agenda items with a responsible party about who's gonna talk about it. You record the people that are attending the meeting, who's present, who's absent, meeting outputs at the bottom of the slide. So this is a really I think effective way to make sure projects move along in an effective manner. Let's move into skill number two with respect to our first principle and that is coaching and delegating. Coaching and delegating is really the ability of the manager to ask direct reports for higher levels of performance. Now you notice the key word there that's underlined is ask. It's not demand, it's not tell people, it's really asking them for higher levels of performance. And we know in a modern culture you can't really make people do anything, but you can certainly ask them and guide them through the process. So the reason that's important to ask more of others is it's a way for people to develop new skills, it's a way for them to improve their existing skills and it's really a pathway for others to get promoted. You can think of coaching and delegating as maybe a way to help people improve their skills. I guess the phrase I'm looking for is succession planning. Maybe you're grooming your replacement if you wanna move into a different role in a different clinic or another organization, something like that.

So coaching and delegating's a way to make sure that you have a good farm team. You're grooming people for success. I think it's important also to designate what's the difference between coaching and delegating and that's what's on this slide. It's not like you're literally coaching people on what they need to do but you're guiding them through the process of self-improvement. It might be helping them find a coach or take a class or a book that might improve their skills. It's not that you're actually doing the teaching but you're helping them find processes where they can improve. And then you can contrast coaching with delegating where you're handing over a responsibility, maybe something you've done for a long time. You're handing that over to a direct report and then just having them do it so they can develop that skillset. Here's an example of a coaching plan. Now I'm not gonna get into the details here but the idea is

that you identify an area in the person's skillset that might need some improvement or maybe it's a new skill that they wanna develop and you collaborate on a goal. Hopefully that goal is something that's gonna help generate more business results or better patient outcomes and then you collaborate on resources and you collaborate on a plan on how they're gonna use those resources to improve those skills. So this can be of course something that's involved in those one-on-one meetings. Maybe you go over this every fourth one-on-one to make sure that the staff is moving towards a target. But the idea is that you sorta plan this out and you're guiding the direct report through the process. Versus delegating where you're just simply handing over the responsibility to help that person stretch their skills. And we'll talk a little bit more about delegating when we talk about strategic planning at the end. That moves us to skill number three under the first principle and that is feedback, which is really nothing more than talking about performance. Now I know most people in an organization know about performance evaluations. They typically happen annually and that's fine but there's all kinds of opportunities to provide feedback to improve performance that can happen day-to-day.

And so beyond the annual performance review, those daily informal interactions between the manager and the direct reports are really fruitful opportunities to help each staff person incrementally improve your performance. And of course there's positive feedback. "Doin' a great job, keep it up," that kinda thing. Versus correcting feedback where you're asking a person to be self-aware enough that they can identify and maybe correct a mistake or maybe do something a little bit better. One thing I've learned the hard way about feedback is you have to make sure that the relationship is solid based on mutual respect and trust before you start delivering a lot of correcting feedback. And it usually takes at least a couple months to get into that mode of doing one-on-ones consistently before you can start delivering correcting feedback without the person on the receiving end of the feedback feeling like you're being overly critical and managing them too much and people of course don't like that. But if you do it the right way and wait a little bit and establish that trust and rapport, you can deliver that

correcting feedback in a very natural way that doesn't feel or seem off putting by the person on the receiving end of it. So here's some examples of feedback to a fellow clinician. Maybe it's a junior clinician that has less experience and you're trying to help them become better, more proficient in how they deliver care. Some of these phrases that you see on the slide are a nice way to kinda ease into the process of delivering some corrected feedback, like "Hey have you ever thought about doing it this way?" "What would happen if you tried doing it this other way?" Be it a test or a procedure that you do clinically. The whole idea here is not to judge the person or to be critical of them, it's just to say, "Hey, listen, there might be a different way to do this "and my job as the manager is to sort of help you "on the process of self-improvement." By delivering this kind of feedback once you've established trust and rapport, I think it's a great way to incrementally improve somebody's performance that might be on your team. Okay let's go now into principle number two. So we're moving away from people and we're gonna talk more about financial numbers. And principle number two here is make a profit but do it ethically. And why is this principle important?

As I've already said before most managers and most directors in a clinical practice are judged at least in part by their financial performance, which is usually measured by profit and revenue. And profit is needed as you all know to sustain any business but like in all of healthcare it needs to be done with great ethical consideration. So let's look at the first skill under this principle and that is your ability to read a profit and loss statement. As a clinician you don't need to be an accountant, you don't need to know at a granular level what's happening on a P&L but there's a few simple things about a profit and loss statement that you need to know so that you can use the information on it to influence the behavior of people on your team. So it's important to read this because you can think of the P&L as a financial report card of the business. It's kinda told you or it tells you what's happened in the recent past. It's sorta like looking at the box score of a baseball game from yesterday and then you can use that information to influence behavior in the future. So I approach this webinar thinking that there least be a few people that know really absolutely nothing about a P&L and so for some of you

this might be overly simplified, but I wanted to start at an area where maybe didn't know much at all or nothing about a P&L. So I'm gonna use a household budget as an example of a P&L. So here you see I think a very fortunate family. The combined salary of both individuals, a husband and wife in the family, is $500,000 between the two of them, and that would represent the gross revenue of that household. And then you'll notice their 401k and their taxes, that it's money that's taken out of their salary before it really even goes into their paycheck and set aside, goes to the government, goes into their 401k, you can think of that as the cost of goods, which is tantamount to hearing aids in a medical practice. And then that takes us down to the gross takehome pay after you've deducted those cost of goods. That would be your gross margin or profit in an audiology practice. And then you see it's broken down into monthly takehome. And then you see all of these expenses, some of them might be variable, some of them might be fixed, but collectively you can think of those as the total operating expenses of the household and then finally you see the marginal net profit at the bottom. And that's a number again that can be used for extraneous activities like maybe going on a great vacation or buying a cabin in northern Minnesota or a beach home in Oregon or Florida or whatever discretionary other kind of investment they wanna make. What works in a household by and large also works in an audiology practice and here's the carryover.

Here's a very oversimplified P&L representing one month of activity. And you can see the actual numbers there in the clinic. We have the total amount of gross revenue. Then we have the cost of goods deducted, which is from hearing aids, that's the money you pay to the manufacturer for the product. Then there's the gross margin after you've deducted that cost of goods. Then you see the operating expenses. Everything from the salary of the employees, to the rent that you might owe, to the marketing, whatever other activities, electric bill, all go under that operating expenses, and then you have the profit. Now of course we looked at a real P&L you would see dozens of different line items here. But the ones you see on this slide are the ones that really are the most important that kinda summarize the important buckets on the P&L.

And of course you can look at the actual numbers and you can compare those to the budgeted numbers, which are nothing more than what's been projected for you to be doing at each one of those buckets. Then you can see the benchmark in red, meaning how close did you get to the budgeted and that's the variance from the benchmark. So in a typical P&L, you see these kinds of lines, the budgeted versus the actual and the variance from the benchmark. And of course you don't wanna see a lot of negative numbers and if the numbers get a little too big based on the benchmark, that means the manager has to do something to try to correct that negative number. Some kind of direct corrective activity has to happen.

So that's what we're gonna get into next. Once you get comfortable knowing what's in a P&L and I'm just kinda scratching the surface there and give you a high level view of what some of the key buckets are on that P&L, but once you get comfortable doing that and if you're working in a large organization with a CFO, or a bookkeeper, an accountant that kind of manages the P&L, I would get with that person, learn the essential parts of the P&L that you have in your own practice. And once you've learned those things, then the next critical step is the second skill, which is using that information to influence the behavior of the people on your staff, which are typically other junior clinicians and front office and audiology assistant personnel. So to appreciate the power of influencing behavior in a practice, it's important to kinda look at the key fundamentals of what I call a units-based business. These are the three primary categories or the three buckets of activity you have to be thinking about in a units-based business like a hearing aid dispensing practice or an audiology practice where the primary source of revenue might be the dispensing of hearing aids. You have office traffic, the number people coming in to get tested and be seen by the audiologists. You have the number of hearing aids that are dispensed and then you have the average selling price. That's a units-based business. You can also, we don't have time to get into the details here, look at what's called a time-based business and that's taking on more importance in the era of unbundling where you might be getting paid more for the time that you spend with the patient rather than the number of units

that you might dispense on a weekly or a monthly basis. So back to the sample P&L. These are the kinds of things when you start to see the negative numbers that's when you need to start thinking about it's time to take corrective action. Another way to look at the financial health of your business are to use benchmarks and key performance indicators. And these are really usually nothing more than taking information off of a P&L and putting them on to some sort of a scorecard where you can compare information over time. What you see on this slide are some of the KPIs in a typical practice. We talk about acceptance rate, we're talking about the number of people that are seen that are hearing aid candidates that accept your recommendation for hearing aids. You see the gross revenue per provider, you see revenue per hour, so these are some typical benchmarks and then you would have a dashboard like this that would help you compare some of those KPIs over time and what you would see here is that in this particular practice it was found that they had a very low average selling price and that was a weakness and so there was some corrective activity taken and you can see over time that that number improved by $535 per unit.

So the dashboard is really there to kinda show you the health of the practice, what corrective activities need to be taken, where the manager has to allocate their resources to improve things. So bottom line here is I think it's the obligation of the manager to not only influence behavior, which in the case in the last example I showed you it's to dispense more devices or to dispense them at a higher ASP, it's not only to help influence the behavior of the people doing the dispensing, but it's also important that you acknowledge that you have the ability to influence policy which could mean renegotiating the cost of goods with the manufacturer, establishing retail prices, product tiers, changing your market strategy, so you can see there's a lot of activity along the policy lines that a manager can do to massage the numbers or to make the numbers improve on the score card. So again the teaching point here is it's the role of the manager to not only influence behavior but also influence policy. And that brings us to the third skill under this principle, which is managing cash collected. And most of you may be familiar with the adage in most businesses which is "Cash is king". And the

idea here is you have to have money flowing into the practice, people have to be paying their bills either out of pocket or insurance reimbursement on a routine basis for the business to be sustainable. So it's important that you have some sort of a policy in place where it's easy for the front office or the billing department to collect those payments in a timely and an efficient way. Once you've established that policy, train to it and monitor it. And again the role of the clinician manager here may not be to write or create the policy but it may be to influence the creation of the policy and ensure that the staff on their team are trained to support that policy in the proper way. So here's an example of creating and overseeing a policy that collects the bill when the patient is there to receive services. So you can see there's a verification process, a collection process. We don't have to get into the details here. The main point is is there's been a process that's been created and it's up to the manager to make sure that that process is understood and that it's trained and people are actually doing it.

And again that can be something that's the topic of a one-on-one. How do we tweak the process? How do we make sure that people understand and execute the process when it comes to collecting payment at the time service is rendered? So moving right along, let's move into our third principle, which is having a plan and then working your plan. This is where we're gonna talk more high level activities like strategic planning, getting bigger initiatives off the ground, that really combine the first two principles into one larger principle, which is this having a plan and working your plan. So why is this principle important? Because it's really up to the manager, or maybe a better word is leader in the organization to chart the course of future improvements, to ensure that the team is collaborating on tactics and monitoring the execution of those plans over time. So this is your ability to steer the ship in the right direction, to make sure that you're incorporating new initiatives, doing things that are gonna help to sustain the overall productivity of the practice. Another word I like to use or term I like to use around this is esprit de corps, which is the ability of the manager to create fellowship and a common spirit among the members on the team to make sure you're inspiring enthusiasm and devotion to a cause, that you sort of honor the group, the culture and

your role as a manager is to sorta be the catalyst of that. To help create that culture that accomplishes it. And this is an ongoing iterative process, it's really never ending. It's sort of establishing this culture where there's always somethin' that we can get a little better at or a new wrinkle we can add to our practice in sort of embracing that culture and infusing the entire staff with enthusiasm around that. And the first skill I think around the ability to do that is the manager's ability to implement a system-wide clinical protocol. And I wanna talk a little bit about why this is important and how you do it.

So before we do that I guess the question is is why is it important to have a clinical protocol? And the answer is in what you see here called the value equation. This is somethin' that comes out of the Harvard School of Business. You can see the source there, the actual academic work where this comes from. But the idea here is the values in the top of this equation, process quality and results have to exceed the variables in the bottom of the equation, retail price and convenience costs. And if the items in the top of the equation exceed those in the bottom, that's when a patient is likely to perceive value, that the service is worth the money. Results is benefit and satisfaction from the service or from the hearing aids. Process quality is sort of the way that we went about helping the patient. And process quality is really about your ability to implement and execute a patient experience or a patient protocol. So we wanna focus on when we talk about patient protocols, we're talking about process quality and it's the role of the manager to infuse that importance throughout their team. So why is a clinical protocol important? Besides the value equation, because we know it leads to better patient outcomes. It's a way to build a brand within your community because everybody's sort of getting the same service experience and it's also I would argue a way to attract and keep staff because you can sort of talk about in an easy way what your clinic is known for and what you're good at and what your reputation is. Here's some guidelines or some advice on how you would implement a clinical protocol as a manager and we won't get into the minutia here, but you set a timeline for the completion of when the protocol is gonna be implemented and you explain to the staff

with their buy-in why it's important to create this clinical protocol. And I think very importantly when I've done this with the teams I've been on, asking the group or the team, the lead off question is, "What as a group do we wanna be known for in our community?" And once you answer that question and you get some consistency across the staff and some buy-in from the staff about what the answer to that question is, that's when things can really take off. You give the staff a few weeks to ponder that question and then you come up with some consensus around it. You have the group come up with some minimal standards. If you don't have a written clinical protocol in your own practice, I think the next six months, this is a great way to use monthly team meetings to get a clinical protocol off the ground following the steps that I have outlined here. So you can kinda take a look at this when you're offline and read through it, but the idea here is to systematically do this in a step-by-step way. And of course within three to six months you have a complete buy-in from your staff hopefully and the result of which would be the creation of a written protocol document and maybe a common form that all the clinicians use in the practice. That brings us to the second skill under the third principle and that is the ability to create and execute a strategic plan. You could argue that a clinical protocol is one aspect of a strategic plan, but a strategic plan can actually be a whole lotta different things.

So what do we mean by a strategic plan? It's really a planning document that's designed to do any number of things. Maybe to set some organizational priorities, maybe the CEO of the healthcare organization has a big quality initiative around patient outcomes, that could be part of a strategic plan. It could be some sort of an operational gap. I showed you on that dashboard a clinic that had a low ASP, so that could be folded into a strategic plan. Improving the ASP by a certain dollar amount within a certain timeframe. It could be ensuring that the staff is working toward common goals like the ones I've already talked about. It could be around maybe a new initiative like over-the-counter hearing aids. Is this something that we want to bring into our practice? If so how do we do it? That could be part of a strategic plan. It could be third party insurance contracts. How do we make those more profitable? Do we wanna

bring a certain type of managed care program into our practice, how do we do that? That could all be part of a strategic plan. So some of those could be additional staff. But the three that you see right here are very common topics that involve a strategic plan. It could be that all four or there's multiple components to the strategic plan. The idea is that you're looking for ways to improve the organization over time. So let's go through a four step process on how you might implement a strategic plan in your practice. So regardless of what the specific plan is there's at least three or four different tactics that you can use to orchestrate the strategic plan. So the first one is what's called the SWOT Analysis. Strengths, weaknesses, opportunities and threats. And the idea here is over maybe one or two monthly staff meetings, the team would work together to come to some agreement on consensus around what are the strengths of our organization? What are the weaknesses of our organization? What are the opportunities that we have to improve or to take advantage of in the marketplace? What are the threats to our business? What are some things that might take business from us? You could work together on the team.

That way I've seen this work well is individuals complete the SWOT on their own and then during the one-on-ones you might talk individually with staff members and then at the monthly team meeting everyone shares the idea, but the one-on-ones help you sort of determine what are some of the ideas or directions you wanna go and you wanna make sure that maybe individuals on your staff that are a little shy and quiet, that they have an opportunity to speak and make sure that their opinions are heard. The SWOT analysis is very important I think to get everybody on the staff involved in the process, make sure that you have consensus across the staff. This is really step number one of completing the strategic plan for a year. The second step once you've done the SWOT Analysis is to identify a target, usually a target for improvement or it could be a target for maybe a new initiative that we wanna bring into the clinic like tinnitus management services, balance care, OTC kinds of devices, peace apps, whatever it might be. And the idea here is to look at, to prioritize what's gonna take the least or the most amount of time or money to get off the ground, what's the payoff to the organization, what

might be some good, quick wins that will kinda help get us goin' and then what are some long and medium range goals that we might have? I think there might be a slide missing here that I forgot to put in, but the idea here is you could put this on a matrix and I'll go back one slide. When it comes to prioritization, I think you wanna find the things that give you the best bang for the buck. So what's gonna have the greatest payoff to the organization and require the least or a moderate amount of time and money invested. And once you identify what those initiatives might be, those are the ones that you wanna make your top priorities and that takes a little bita time, but it's really the manager that guides that process. And then once you've gone through that prioritization part of the plan, that next part is to formulate the plan, define success, follow a timeline, make sure that you've designated a champion or a leader for each initiative during the formulation of the plan. And then finally to execute and modify the plan over time. So that's sort of a high level way of how a strategic plan would get orchestrated or implemented in a practice involving everyone.

So I see we have about 10 minutes or so left, which is good timing. So it's a good time for me to summarize and might be a good time for those of you that are on the call right now to formulate any questions that you might have. But the whole idea of this webinar is to give clinicians who have been promoted into the role of director or manager and now have this dual role sort of a road map of how they would handle the first 100 days of their time in that position and I think if you focus on three principles in an iterative sort of never ending process you have a much greater chance of success. And those three principles just to kinda summarize are building relationships and developing people, making a profit ethically and having a plan and working that plan. And what I tried to do is give you eight specific teachable, observable skills that you can use to really move those principles along. So hopefully I've given you some food for thought and some ways to execute along those three principles. And I'll sort of end here with this quote which is, "Avoid the pursuit of happiness," and instead of looking to find ways to be happy, "Define your mission and purpose," and if you pursue that that's the pathway to happiness. That happens to be a quote that you see there on the

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screen from a guy by the name of John Perry Barlow. If you're a fan of The Grateful Dead you might know who that is. He wrote a lot of The Grateful Dead songs. He was also a pioneer of the Internet and he also happened to be a rancher. So he was a very what I would call a renaissance man and I think he has a lot of wisdom encapsulated in that quote. So I'm gonna go ahead and by the way there are the references. The three books at the bottom of this slide, the Horstman book, the Bossidy and Charan book and the Berman and the Knight book, those are three fantastic resources for clinicians that have now assumed the role of director or manager. So if you play that dual role, you might find those three books to be very valuable resources, at least in my career I found them to be incredibly valuable. So I'm gonna go ahead and see if anybody has any questions. So I'll stop talking and see if there's any questions.

- [Christy] Thank you Brian. As we wait for the questions to come in, we just wanna thank you so much for coming on with us on this wonderful Friday afternoon. I had a question for ya. In terms of effective communication do you have any recommendations on how to make staff meetings more engaging or interesting for the staff to attend?

- [Brian] Yes I do. I think the way to make staff meetings more interesting is to allow the staff to create or play a role in the creation of the agenda. You gotta establish a rhythm every month. I'll just make an example. The fourth Tuesday of every month at noon we have a staff meeting, it's from noon to one. And once you've established that rhythm then the next step is okay we're never gonna have a meeting in this organization or on my team where we don't have a printed agenda before the meeting. Maybe for the first few meetings you say: Okay we have an hour and we're gonna maybe split it up into four 15 minute sections. So for the first meeting we're gonna have four topics. I'm the manager I pick the first topic, it's this. We're gonna talk about this for 15 minutes. Now I go around to the rest of the staff and maybe do this during the one-on-ones or just informal conversations but you have the staff then pick the other three topics for the meeting and then once you've picked the topics you send the agenda out and maybe

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on the agenda is the topics and then who's the person that's leading that part of the meeting and then I think for each meeting you also designate a scribe or a secretary. Somebody who's gonna take meeting notes. Another way to make that meeting more engaging is you move that person around. So every time it's a different person that's scribing. And then their job is to take notes, type it up and then send it out by the end of the day or the next day and make it so it's not too arduous of a process to do it pretty quickly, or just a quick summary. So I think doing those two things are ways to make the meetings more participatory. Another thing I've learned over time is it's very easy to get sidetracked and go off on a tangent and eat up a lotta time so I think it's important for whoever's running the meeting, who is usually the manager to say, "Okay our 15 minutes is up on this topic. "We're gonna table it "and we'll talk about it during one-on-ones. "We'll talk about it at the next time." But you write it on the board, you table the topic and that's another way. And then my fourth recommendation is don't have too many meetings. Wait to do your business during that monthly staff meeting and if you have to make it 90 minutes instead of 60 so be it. So Christy does that help?

- Yes thank you for those tips Brian. I really think that that will help our participants. So we're gonna leave the floor open just for a nother moment or two and if you have any questions send them through for Doctor Taylor. Other than that Doctor Taylor do you have any closing remarks for those that are in the classroom?

- [Brian] No, I think like I said before the topic here is really for people that are gonna continue to see patients but also wear the hat of manager or director and I think it's important especially around principle number two, make a profit ethically, most audiologists are never in this situation where they're gonna be the CFO or the bookkeeper or the organization, but my advice is if you're been promoted in that role of director or manager really take the time to pick the brain of the CFO or the person that's responsible for putting the P&L together for your organization to understand how they do it. 'Cause every P&L's a little bit different, that's why I didn't go into a lotta detail here. But make sure that you understand the terms, what each bucket is doing,

how they arrived at those decisions. Ask a lotta questions of the CFO so you understand from least a high level what's going on with the P&L for your part of the organization, don't ignore it. You get maybe the email at the end of the month and you spend five minutes on it. Really know what the numbers mean and then take it one step further and ask the CFO or the accountant to help you develop a dashaboard which is taking some of the information off the P&L and comparing it to previous years using graphs. I showed you that example of the P&L in this presentation. And a good financial person should be able to do that very easily. There's a lotta great organizations within the industry, buy-in groups, practice development groups that can help you do that. You don't wanna get too stressed out around the P&L but at the same time you wanna understand what the heck it means and how you can influence it. 'Cause ultimately that's what the role of the manager is I think is to influence behavior, influence policy. So I wanted to reiterate that point 'cause we kinda went through that quickly.

- [Christy] Thank you so much Doctor Taylor and this concludes today's course. I hope everyone has a wonderful day and thank you for joining us on Audiology Online.

- [Brian] Thanks Christy, thanks everybody.