

## How to Be a Better Physician Supervisor and Break In Your Practice's New Doctor

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You would think that after some 25 years of schooling, every newly-graduated ophthalmologist would be fully ready--ripe, even--to competently report for employment in your practice. But this is far from being the case. In one client practice after another, I'm astounded by the degree of "finishing school" still needed in many cases.

Who is responsible for this gap? The doctor's parents? Their training program? Employing practices? The young physicians, themselves? Everyone is probably co-responsible. However in this month's column, let's move beyond the question, "Who's responsible?" to the more practical question of, "Who can make it better, and how?"

Here's a 12-point list to help ease you over the first year of your associate's tenure with your practice, starting with choosing the right doctor in the first place.

1. Screen All Prospective Doctors for Their Level of Maturity, "Coachability," Work Ethic and Lack of "Entitlement Issues." Some arrested development is to be expected of any 30-something doctor who is only now getting out into the real world. But is your final candidate willing to let their ego down and take direction? One of the best predictors of this is prior, successful work or play as a member of a team. As a broad generality, doctors with a life history of team sports (football and volleyball being better than singles tennis), or of group activities (clubs or scouting, for instance), are more moldable to work in a group. A strong predictor of your candidate's work ethic in your practice is how early they took their first job. You may want to jump on candidates who cut lawns or babysat at 12....and pass on candidates who would draw their first real pay check from your back account.
2. Get the Employment Contract Right. As many details should be worked out in advance as possible. A generation ago, it was common for partner-track associate deals to be sealed with a handshake, with no finite provision for what the partnership transaction was going to be. Many years on, it's now clear that this is not the best approach. You should outline your performance expectations. Don't take anything for granted. Spell out hours, duties (both clinical and business), call responsibilities and promotional chores. An intelligent associate doctor employment contract today still doesn't guarantee partnership, but it spells out the steps that will ensue if partnership is mutually desired. Really smart contracts outline how partnership buy-in, compensation and governance will work in the years ahead.
3. Get to Know Your New Doctor. When young, associate doctors complain to me about their employer (my client) everything usually revolves around communication gaps. Listen to your associate surgeons actively and often. All doctors (both partner and non-partner) in even the smallest group practices should meet at least once every month, ideally over a social meal, to work out the kinks in their professional relationship. Along the way, get to know what career drivers are the most important to your new associate. Is it financial success or quality care?

Case volumes or clinical or outcomes? Your understanding of your associate's priorities will underpin your approach to managing his or her work in the months ahead.

4. Remember That It's Called a "Residency," Not "Cotillion." Assume that your new *Dr. Young and Wonderful* knows nothing about the nuances of social interactions with staff, colleagues or referring doctors. The most astute professional practices in law and accountancy discovered many years ago that their new associates were not quite ready to interact with the professional world. As a result, they set up formal training sessions, including such practical lessons as which fork to use for the salad course. No less attention to detail is called for in your practice. Make sure your young associates are ready for prime time before you send them out into the world to win referral support. Rather than allowing them to fly solo with the first few meetings with referring doctors, join them at get-acquainted lunches and end each such meeting with a constructive (but not overbearing) post-mortem.
5. At the risk of being somewhat paternalistic, be sure to orient your young doctors to the most common career-builders and career-killers. Here are some talking points:
  - If you have not yet done so, grow up. Take yourself seriously and professionally. Dress and speak and act the part.
  - No matter the temptations, do not socialize with lay staff. It's lots of fun to flirt with techs at the Friday nite bowling party. But it's best for your career to find your own crowd outside of the office.
  - Lose the nine-to-five attitude. Arrive at least 30 minutes before your first patient and stay at least 30 minutes after you've wound up the last encounter to help tidy up the office and get ready for the next day.
  - During down time, when patients thin out, don't waste your employer's time reading journals or surfing the internet. Spend your time wisely on activities that further the interests of the practice (remember, if you make partner it will be YOUR practice one day.) The time you spend is your employer's...us it to his or her benefit, not your own.
  - You are not quite yet a "Medical Deity." Before you get there, show a little humility. Remember your "yes sirs" and "yes ma'ams" along the way.
6. Score Some Early Wins. Don't let months pass before helping your young doctor be successful. Discuss two or three measurable goals, write these down, and work together to achieve them. Examples include:
  - Achieving a clinic volume of 6 patients or more per hour
  - Yielding optical sales of \$25 or more from the average patient visit
  - Generating at least one surgical case for every 30 patient visits
  - Meeting face-to-face with at least 10 potential referral sources per week
  - Mastering the details of coding and charting so that periodic audits reveal a diminishing number of errors
7. Track Progress Graphically Over Time. It can get pretty frustrating in the first few quarters as an associate twiddling your thumbs and waiting for the next patient to arrive on a slow day. It helps immensely to see the broader trends. And there's no better way to do this than by graphing by week or by month the number of patient visits, cases, average revenue yield per patient visit, and other metrics.
8. Nearly Everyone Needs and Wants a Boss. As the doctor or administrator supervising a young associate doctor, don't assume that he or she wants a hands-off approach from you. Set and continuously re-affirm expectations. Unless your supervisory style is overbearing, your

associate will appreciate honest feedback over the rough spots ...and relish praise for progress. Show abundant support, and celebrate even the small wins (like your young doctor seeing the 1000<sup>th</sup> patient of their career in your office.) Remember that it's quite lonely being a new associate. In my experience, the average doctor-supervisor orbits their charges much less closely than they should.

9. Offer More Than Just Blunt Complaints. Instead, you should offer abundant praise for everything that's going well, and occasional redirection when problems surface. If your associate doctor requires more than just the occasional course correction this may be a signal that it's time to consider stronger medicine: a formal probationary period or frank termination.
10. Take Responsibility. As the administrator or managing partner of your group, don't blame practice problems on your associate doctors. Let's say your practice volume is faltering, and your associates have a lot of extra time on their hands. Who's been minding the store? Who determined that more doctors were needed? Who hired them? Who has supervised their work? Who has been responsible for a marketing program to keep them fully employed?
11. Get Close to Your Young Doctor's Allies. Chances are good that as the administrator or lead doctor of your practice you're not the most important person in you associate doctor's life. Work to get close to those who are. These people include spouses, techs, and even sales reps who have insinuated themselves with your young employee surgeons.
12. Finally, Have Fun. One of the greatest joys of owning or managing a professional practice can be bringing up the next generation of providers. Like parenting, this process can involve sleepless nights and lots of mistakes along the way.

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