

Teams That Please Clients

How to switch from doctor-centered teams to a system that focuses on clients' needs and empowers staff members

By Wendy S. Myers



It's Monday morning and your three exam rooms are full, one patient is in surgery, and six patients are scheduled for dental prophylaxis. Two veterinarians handle appointments while the third doctor performs surgery. Dr. Important barks orders at three technicians, leaving Dr. Easygoing without an exam-room assistant. Does this scenario sound familiar?

"Our practice used to be more doctor-centered," says Heather Howell, RVT, MBA, hospital administrator at Carson Valley Veterinary Hospital in Minden, Nevada. "Whoever screamed the loudest got his work done first."

After experimenting with different teams and zone structures for seven years, staff members discovered a system that helped them change from a doctor-centered culture to client-centered teams. The results were dramatic. Employee morale improved, doctors saw more patients, clients didn't feel rushed, and everyone felt part of a team. "We asked, 'What isn't working and what can we do to make the hospital run more smoothly?'" Howell says.

Rather than coming up with their own answers, Howell and the four partners asked staff members to design the solution. Simply put, a team is two or more people working together to reach common goals, says Dr. Nan Boss in *Educating Clients From A to Z: What to Say and How to Say It* (AAHA Press, 1999). Teamwork means giving employees responsibility and authority. Teams also become more productive if there's a guiding vision, such as a hospital mission statement or philosophy. Practice owners and managers act as coaches, providing direction and advice when needed. Staff members may need additional training, monthly staff meetings and weekly department meetings, and confidence-building activities.

"In work, school and family situations, people are used to hierarchical structures," says Dr. Kathleen Neuhoff, Dipl. ABVP, the hospital director of Magrane Pet Medical Center in Mishawaka, Indiana, and AAHA's president-elect. "Staff members are not prepared for the responsibilities that go with the authority to make decisions. They have to be prepared to

resolve the problem, not just complain about it.”

Getting Started

Making the transition to team-based management isn't easy. If staff members currently follow detailed instructions, you can't empower them overnight. Don't expect results until three to six months, or longer. In *Client Satisfaction Pays: Quality Service for Practice Success* (AAHA Press, 1998), Dr. Carin A. Smith explains organizational characteristics that must be present for your team to achieve success:

- **Participation.** Involve team members in decision-making, goal setting, planning, and problem solving whenever possible. People own what they create. If staff members feel a sense of ownership and participation in the practice, they'll be motivated to improve their skills and service because they realize that the practice's success reflects on them.
- **Values.** Make the philosophy of client-centered service known through your actions and words. Continually reinforce the values and philosophy of the practice through public recognition of actions that exemplify it and constructive, private corrections of actions that diminish it.
- **Personal power.** Organizations large and small are discovering that giving people the authority to make decisions on their own makes them more productive and committed.
- **Challenge.** Provide challenging work, and encourage career development through information, added responsibilities, and training.
- **Communication.** Keep communication flowing up, down, and across all lines and levels in the practice. Use formal communication methods—staff meetings, memos, newsletters, and one-on-one discussions—as well as informal methods. You don't need to have heart-to-heart chats with every staff member. Your practice manager or team leader should listen and respond to specific staff concerns. Staff members should strive to understand the organization's mission and their importance as individuals and team members in helping achieve quality service.



To get rid of front vs. back attitudes, Howell asks a team to present topics at staff meetings. For example, a doctor, technician, receptionist and animal caretaker will discuss hip radiographs for certain breeds. A receptionist describes what questions to ask the client when scheduling the appointment, including bringing AKC papers. A technician demonstrates proper radiograph positioning techniques and explains client-education handouts. An animal caretaker discusses

how to reload radiograph film. A veterinarian explains what he or she looks for on radiograph images. Getting everyone's input ensures consistent communication and protocols.

At Magrane Pet Medical Center, Dr. Neuhoff organized inpatient, outpatient, administrative and doctor teams, and each team chose its leader. Leaders rotated every six, 12, or 18 months. Team leaders handled hiring, firing, and job reviews. "Our team structure was working well, but we were getting too comfortable," Dr. Neuhoff admits. "Team leaders were turning into bosses."

That's why staff members decided to disband teams and move toward self-directed teams. Each staff member has the responsibility and authority to make decisions. For example, if an animal caretaker is using a pressure sprayer to clean kennels and it suddenly breaks, he or she fixes or replaces it. "Initially, it was chaotic because we had no go-to person," Dr. Neuhoff says. "We had to do intensive training with staff members to learn how to manage conflicts with each other."

Dr. Neuhoff hired Nancy Leonard, a Chicago-based consultant who specializes in team development and leadership training. Staff members also took Myers Briggs personality tests to understand their differences and anticipate actions of others. New staff members are paired with mentors until they learn the self-directed style. "The Myers Briggs test doesn't excuse behavior; it explains it," says Summer Compton, RVT. "As a mentor, it's my responsibility to give employees skills to communicate better with each other."

For example, a miscommunication between two receptionists escalated into a personality problem. A few days later, the receptionists began arguing and raising their voices in the reception area. Instead of talking to each other in the beginning, the problem grew until tempers flared. Compton facilitated a discussion between the two receptionists to resolve the conflict and taught them to address concerns immediately in the future.

A self-directed management style also lets employees implement new programs and try new skills. A technician at Magrane Pet Medical Center plans to get a blood donor dog for the practice and several staff members volunteered to support her. "There's no boss to say, 'No, you can't do that,'" Compton says. "If your co-workers don't think it's a good idea, it stops there."

But self-directed management requires motivated self-starters. Employees must find productive tasks during downtimes, constantly seek learning opportunities, and ask for help

when necessary. “If you’re not that kind of person, this style won’t work for you,” Compton says. “No one will tell you what you should be doing.”

Teamwork Equals Productivity



Would you be interested in a scheduling system that could increase your volume by 30 percent to 40 percent? High-density scheduling is based on overlapping the last 10 minutes of one appointment in one exam room with the first 10 minutes of the next appointment in another room. The staggered schedule lets a technician load the other room, perform a 3- to 5-minute screen 10 minutes before the end of the preceding appointment, place the updated medical record on the back of the exam-room door, and then return with the doctor. When the technician or outpatient nurse enters, the doctor knows it’s time to disengage and transfer client education and closeout to the nurse—immediately. Then the veterinarian moves to the next exam room, reviewing the updated medical record on the back of the door that the outpatient nurse completed. Dr. Thomas E. Catanzaro, MHA, Dipl. FACHE, owner of Veterinary Practice Consultants and Catanzaro & Associates in Golden, Colorado, and author of more than 10 books, explains high-density scheduling in several books, including *Promoting the Human-Animal Bond in Veterinary Practice* (Iowa State University Press, 2001).

Here’s how the system works: An outpatient nurse does wellness exams, dispenses medication, and gives clients discharge instructions while the veterinarian is in the next room. A backroom technician or inpatient nurse works with a veterinary assistant. This team does all workups, IVs, anesthesia, radiographs, blood work, and surgery preps—everything except diagnoses and surgery. “This frees you to have high-quality, low-quantity time with your patients and clients,” Dr. Catanzaro explains in *Veterinary Healthcare Services: Options in Delivery* (Iowa State University Press, 2000). “For those practices on the borderline of needing another doctor, it makes a big difference between a high-net, one-doctor practice and a low-net, two-doctor practice. Except for those single-doctor practices taking their own emergency calls, it almost always makes more sense to hire another technician or assistant before another doctor.”

Letting staff members handle client education, technical tasks, and paperwork lets doctors see 30 percent to 40 percent more appointments in the same amount of time (see sidebar, “How High-Density Scheduling Works”). As with any team-based management, high-density



scheduling means doctors must give up control. Chances are, your receptionists already know how long each doctor takes for various problems. However, veterinarians should set guidelines for common appointments, Catanzaro advises. For example, wellness exams typically last 20 minutes, while you should add an extra 10 minutes for puppies' vaccinations, a geriatric workup, or a severe dermatology or medical case. You can block off 10-minute appointments for rechecks or suture or drain removal. Don't book new puppy exams and severe problems back-to-back, Dr. Catanzaro warns. Instead, alternate with rechecks or vaccinations.

Let receptionists play with the variables and each doctor's style, he advises. Evaluate the system after 90 days and ask everyone to note good and bad points to discuss—but don't rehash schedule problems daily. Several vendors offer computerized appointment books that accommodate this scheduling system. Like any transition, high-density scheduling takes time and requires personalization for your practice. Book at least one catch-up time in the morning and afternoon. "Once the reception team is trained, the appointment book is a no-touch zone for doctors," Dr. Catanzaro says.

In a typical 20-minute appointment, the outpatient nurse spends 5 minutes conducting a quick wellness exam, collecting history, and checking the patient's temperature, pulse, and respiration. Then the doctor enters the exam room, performs a thorough physical exam, and addresses client concerns noted by the nurse. The veterinarian decides to admit the patient for the day or dispense medication and send the patient home. The nurse returns to dispense medication and give the client instructions and handouts, or admits the patient for diagnostics, treatment, or quick blood work or injections. Whichever occurs, the exam room is empty in 20 minutes. "In a perfect traffic flow, the client has 20 minutes of quality time," Dr. Catanzaro says. "By using the staff for everything except medicine and surgery, the doctor gives the client excellent care, caring discharge instructions, and handouts in half the time."

Try several scheduling options to fit your practice style. You'll also need an inpatient doctor who will treat hospitalized patients and perform surgery. In a one-doctor practice or clinics where veterinarians want variety, the same veterinarian can be a morning outpatient doctor who sees appointments and an afternoon inpatient doctor who does workups, minor procedures, and

surgery. This rotation requires confidence in your associates and good medical records so any staff member can understand the case.

Carson Valley Veterinary Hospital uses high-density scheduling on some days and a traditional schedule on others. Each doctor is paired with an outpatient nurse. A dental and surgery team in the back keeps traffic flowing smoothly. Several years ago, the surgery team handled dentistry, but the surgery technician struggled to keep surgery tables prepared and anesthetize dentistry patients between surgeries. The veterinarian fell behind schedule if he had to stop to perform an extraction. Now a dental technician and veterinary assistant focus exclusively on dentistry patients. The dental technician anesthetizes the patient while the assistant performs the dental prophylaxis.

A surgery team allows doctors to perform up to 20 surgeries per day. A licensed technician, assistant, and surgery floater make up the team. From 7 to 8:30 a.m., a veterinarian checks in surgery patients through exam rooms and the surgery team begins pre-operative procedures, medication, and fluids. The doctor performs surgery from 9 a.m. until noon. The surgery team and veterinarian rotate lunches for constant care. The doctor updates medical records by 2 p.m. and the surgery team calls clients, discharges patients, and cleans the surgery suite. Carson Valley Veterinary Hospital has a 7:1 staff-to-doctor ratio, yet its percentage of staff salaries remains at 22 percent, including the manager's salary. "It pays to utilize your staff," Howell says.



A front-office team adds even more efficiencies. A "practice operator" answers the phone, a greeter checks vaccine history and welcomes clients, and a floater escorts clients to exam rooms and leaves the desk to fill prescriptions and food orders, and deliver phone messages to doctors and technicians. Another receptionist checks out clients. "All four people used to leave the front desk," Howell says. "Now clients get individual attention and we're more efficient."

How High-Density Scheduling Works

If you want to leverage your team and see more patients, try high-density scheduling. Here's a sample appointment log for a two-doctor practice from *Veterinary Healthcare Services: Options in Delivery* (Iowa State University Press, 2000) by Dr. Thomas E. Catanzaro, MHA, Dipl. FACHE.

Appointment Log Schedule Dr. Hall, Exam Room 1 Dr. Haig, Exam Room 2

Time	Client Name	Pet Name	Client Concern	Time	Client Name	Pet Name	Client Concern
2:15	Halyak	Duz	Ears	2:15	XXXX	XXXX	XXXX
2:25	XXXX	XXXX	XXXX	2:25	Siple	Midge	Drain tube
2:35	Rivera	2 new puppies	Puppy plan	2:35	XXXX	XXXX	XXXX
2:45	XXXX	XXXX	XXXX	2:45	XXXX	XXXX	XXXX
2:55	XXXX	XXXX	XXXX	2:55	Duzan	Snicker	2nd puppy visit
3:05	Truax	Fred	Geriatric	3:05	XXXX	XXXX	XXXX
3:15	XXXX	XXXX	Physical	3:15	XXXX	XXXX	XXXX
3:25	XXXX	XXXX	XXXX	3:25	XXXX	XXXX	XXXX
3:35	Catch-up	Time		3:35	Catch-up	Time	
3:45	Catch-up	Time		3:45	Catch-up	Time	
3:55	Catanzaro	Max	Abscess	3:55	XXXX	XXXX	XXXX
4:05	XXXX	XXXX	XXXX	4:05	Strattman	Queen	Heart
4:15	XXXX	XXXX	XXXX	4:15	XXXX	XXXX	Murmur
4:25	Leake	Ralph	Recheck	4:25	XXXX	XXXX	XXXX
4:35	XXXX	XXXX	ear	4:35	Howell	Nikki	Eye exam
4:45	XXXX	XXXX	XXXX	4:45	XXXX	XXXX	XXXX
4:55	Seibert	New	Kitten	4:55	XXXX	XXXX	XXXX
5:05	XXXX	Kitten	Plan	5:05	XXXX	XXXX	XXXX
5:15	Catch-up	Time		5:15	Catch-up	Time	
5:25	Catch-up	Time		5:15	Catch-up	Time	

Understanding the Four Stages of Team Development

Turning diverse individuals into a productive team can be challenging. You need to understand how group dynamics and behaviors influence teamwork. Bruce W. Tuckman, Ph.D., a psychology professor at Florida State University in Tallahassee,



Florida, developed models for group behaviors and tasks. Catalyst Consulting Team, a leadership development firm with offices in Washington, D.C.; Austin, Texas; and San Francisco, California, used Tuckman's research to explain the four stages of team development: forming, storming, norming, and performing. As you review this checklist, see how these theories apply to your practice's management.

Forming

- The purpose and goals for the team are unclear.
- Members feel varying degrees of commitment.
- Members are cautious, don't initiate, and avoid responsibility.
- Communication is low and a few members often dominate.
- Members are dependent on directive leadership.

Tasks during the forming stage:

- Build a common purpose. Clearly establish client expectations.
- Understand personal expectations and interests.
- Clarify accountability, recognition, and rewards.
- Assess resources and see who has what to contribute.
- Leader provides direction and drives the team process. **Storming**
- Differences and confusion arise over goals and roles.
- Struggles erupt over approaches, direction, and control.
- Team members react toward leadership with counterproductive behaviors.
- Team is uncertain about how to deal with issues openly.
- Team wrestles with communication issues.
- Members act independently.

Tasks during the forming stage:

- Involve everyone in the discussion.

- Inquire into differences; include all ideas and opinions.
- Seek further clarity about purpose and develop a common approach to meeting project objectives.
- Assess and test resource needs; make necessary adjustments.
- Define operational agreements (norms).
- Leader raises difficult issues and coaches team through struggles.

Norming

- Team gains confidence, feels a sense of momentum.
- What, how, who, and when become clarified.
- Team develops agreements on approaches, goals, communication, and leadership roles.
- Team builds relationships with clients.
- Members begin to relate interdependently.

Tasks during the norming stage:

- Develop processes for information sharing, feedback, and resource distribution.
- Have open forums on tasks and relationships, both internal and external.
- Build appropriate feedback loops with external relationships.
- Work toward consensus on overarching issues. Negotiate where appropriate.
- Leader uses a facilitative style to create the opportunity for others to lead.

Performing

- Members take full responsibility for tasks and relationships.
- Team achieves effective and satisfying results.
- Team takes the initiative to continually assess external forces.
- Team facilitates itself easily through the various stages.
- Members work proactively for the benefit of the team.

Tasks during the performing stage:

- Continuously seek to improve tasks and relationships.
- Assess and evaluate results against purpose and external forces.
- Celebrate successes—reward and recognize both team and individual wins.
- Continuously test for better methods and approaches.
- Leader focuses on purpose, interdependent relationships, and conditions that shift the

stages.

By understanding the stages your employees will undergo as they become a productive, efficient team, you can improve the quality of their interactions during each stage. If you're struggling, consider a leadership consultant or expert from a local university who can assist you. An outsider's view may help team members openly share frustrations and work together to find resolution.

About the Author:



Wendy S. Myers owns Communication Solutions for Veterinarians in Denver. Her consulting firm helps teams improve compliance, client service and practice management. Communication Solutions for Veterinarians has provided mystery phone shopper training to more than 2,600 receptionists nationwide. Wendy is a partner in Animal Hospital Specialty Center, a 13-doctor AAHA-accredited referral practice offering internal medicine, surgery, neurology, oncology, specialty dentistry, and emergency care in Highlands Ranch, Colorado. She is the author of four books and five videos. Subscribe to Communication Solutions for Veterinarians' e-newsletter on our website at: www.csvets.com. E-mail Wendy at: wmyers@csvets.com.