

DYNAMICS OF CHANGE & THE PRACTICE TEAM

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*Most managers say, "Human Beings Resist Change" - yet,
when they want, and when they can control the process,
Americans chase the beneficial change!* Dr. Tom Cat

Based on organizational behavior studies of the American workforce, the concept of "causing change" is not comfortable for most people. In fact, just under half of all Americans prefer to maintain the work group operations in a steady and predictable environment; about 17 percent of the work force want to maintain a steady and predictable environment by insert quality assurance and quality control elements into the work group operations. That leaves about a third of the American workforce as change agents, and they are divided about half-and-half, between the inspirational "cheer leaders" of their groups, and the task masters who want new "things" to occur, usually yesterday.

THE DYNAMICS OF CHANGE

To many, change is a journey into oblivion, a hazardous step into the void where no person has gone before - NOT! Most people actually want change to gain more control over their own lives, and usually in their own work environments. In response, the savvy veterinary practice leader attempts to increase the staff's understanding (tell them "why"), so they can increase the desire for new horizons (paint a vivid vision) in their followers, so the team can gain some more control(client-centered patient advocacy) in their own work space (pride in performance excellence). People who enter veterinary medicine are usually here because it is a "calling"; it is not the money nor the great work environment, but rather, it is the self-image, personal pride in belonging, and the "feeling of giving" which keeps them in this healthcare delivery profession.

Let's look at a few systemic facts of the American workplace, and the American worker (including veterinary practice staff):

- ▶ Happy people resist change, because they are satisfied
- ▶ Unhappy people want change because they are not satisfied
- ▶ Happiness is a personal choice, it cannot be "given" to anyone
- ▶ Personal adaptive choices can cause happiness or unhappiness

relationship between identification of the problem and development of resolutions; it has been designed to allow you to compare “leadership initiatives” with what usually happens in a veterinary practice, veterinary association, veterinary industry, or most American work place environments:

Managing Change Matrix		
DOMAIN	DX	RX
1. Knowledge	Academic Credentials/Tests	Education
2. Skills	Competencies	Training
3. Attitude	Climate/Opinion Surveys	Recognition Systems
4. Motivation	Practice Culture Assessments	Organizational Evolution
5. Values	VPC Culture Assessments	Organizational Development
6. Capacity	Interview/Work Performance	Selection
7. Personality	Myers-Briggs/D-I-S-C	Therapy/Drugs

In the above matrix, items 1, 4, and 6 are essential for managing the change process in most any work place. Development of efficacious knowledge requires education, motivation requires an organizational evolution which enhances the “safe haven” of the practice culture, and a person’s capacity to fit into the team must be established by clear selection by attributes, and development of the terms of employment (team fit, competency, productivity, with client-centered patient advocacy). The challenge for most veterinary practices is not in the identification of the problem but rather in the selection of the resolution methods; this is what usually happens in a veterinary healthcare delivery team system:

- Poor knowledge - send them to CE
- Low skills capability - send them to CE
- Poor attitude - send them to CE
- Indifferent motivation - send them to CE
- Poor Values - send them to CE
- Inadequate capacity - send them to CE
- Disharmony on personalities - send them to CE

One size does NOT fit all, and one solution does not solve all the problems. Most students of management and leadership know that the Marriott Corporation hires for “people who like to serve people”, so the result is a consistently “good to great” service for guests. Toshiba hires their MBAs without ever looking at their grades or resumes; the extended Toshiba interview process is all about attitude and team fit. Human healthcare facilities check the provider’s experience, but also provide limited credentials to every provider; they are only allowed to do the things where they have shown knowledge, skills, competency and capacity. Veterinary medicine has a tendency to hire warm bodies, with some personal characteristics or factors that seems “nice”, and then keep beating on their weaknesses. We also know that no teaching hospital has ever trained a veterinarian to be skilled at Human Resource selection or management. On consults, we use the following model to explain the change process parameters:

$$C^2 = D^2 \times P^2 \times M^2 < \text{costs}$$

C² = Continuous Change

D² = Desire => Dissatisfaction

P² = Participative Process

M² = Mental Model

< costs = Fiscal, Social, Psychological

x = multiplication - so any factor at zero prevents change!

So what is a veterinary practice manager to do to address these long term ineffective paradigms, how can a practice culture be changed, and how can a “safe haven” for change management be created for the staff?

REALIZE, THE VETERINARIAN IS THE OTHER FAMILY DOCTOR!

*“No one cares how much you know,
until they know how much you care!”*

Every veterinarian in a practice needs to become a leader of a positive practice culture; doom and gloom cannot be allowed to seep into the practice delivery system. We need staff and doctors to be positive client-centered patient advocates, and understand that we MUST listen to client concerns with caring, compassion, and empathy. In the VCI® Signature Series monograph, *Building A Bond-centered Veterinary Practice: Compliance Meets the Human-Animal Bond*, we introduced the Pet Parent Awareness Training programs. Here are some consistent parameters of those programs:

- ▶ The leadership must have a clear mission focus, based on inviolate core

values and a motivational vision.

- ▶ There must be consistent Standards of Care between providers, and the staff must be able to depend upon that consistency at ALL times.
- ▶ A practice must see clients when scheduled (within 5 minutes of the promised appointment - it is a social contract)
- ▶ Providers need to talk about “needs” (□), instead of the traditional “recommendations”, and record the client’s response.
- ▶ Good medical records are essential, including a Master problem List, which provides a continuity of care between providers
- ▶ Clients must perceive a strong patient advocacy between providers, as a constant expectation, when accessing the practice.
- ▶ The team must be able to celebrate successes regularly, as well as fully face failures as positive learning experiences.

We have found in many general practices, and most speciality practices, that the routine healthcare delivery rhetoric has not kept up with our compassion awareness, or even the awareness of the importance of pet wellness to our clients. The concept of “PET PARENT” addresses this concept is those two simple words; since over 80 percent of American pet owners give their pet “family status”, and a third of those give their pet “people status”; most every client has already accepted the role of Pet Parent, so the practice staff better recognize and nurture that feeling when building their practice relationships in the community. In recent months, we have published three new VCI® Signature Series monographs to elaborate on this Pet Parent and patient advocacy theme:

- ▶ ***Professionalism, Bioethics, & Image: Character & Life Skills Beyond Legal Ethics*** - this is a hard look at the evolution of medical ethics through the ages, from Homer to the feminist impact of the 1980s; it also includes an instructive assessment of the communications skills needed, and how to best apply them inside and outside the practice setting.
- ▶ ***Standards of Patient Care in a Bond Centered Practice*** - this was driven in part by the new 2003 AAHA *Standards for Veterinary Hospital Certification*, partly because of changing standards from our Associations. and partly by the profession’s awareness shift from primarily curative medicine to wellness healthcare delivery.
- ▶ ***Building the Bond-centered Practice: Compliance Meets the Human-Animal Bond (Introducing the VPC Pet Parenting Program)*** - this was the most recent, and the 2004 infatuation with the AAHA Compliance Study; no

one wants to be “compliance cops”, and no client wants to be policed by the practice. The AAHA Study actually showed the problem was internal to the practice, in that clients were not being made fully aware of the “needs”; we find Pet Parent Awareness Training is a far more acceptable term to staff and clients alike, and is causing major changes in practices which have adopted this philosophy.

Many of the programs that should be offered have been shared in the VIN Press text (circa 2007), *Promoting the Human-Animal Bond in Veterinary Practice (2nd Edition)*, available for FREE download from the VIN Library, and while it has a nice selection of warm-fuzzy pictures in the five foundation chapters, there are 26 program-based appendices offering special client-centered program ideas. We need to remember during these times of stress, “NO ONE CARES HOW MUCH YOU KNOW, UNTIL THEY KNOW HOW MUCH YOU CARE!”

The Care Credit[®] audio tape (and CD), titled “*The Veterinarian - The Other Family Doctor*”, has allowed me to put into perspective why we need to say “need.” The self-confidence the doctor displays is reflected in the client compliance to the care needed; the animal is the beneficiary of our positive belief and strong convictions. When I was in general practice, and had 18 doctors on our 9-satellite, central hospital team, I also was the relief veterinarian for the complex. When I went into one of the satellites run by an associate doctor, I acted just like I asked them to act, and my Average Client Transaction went up significantly. It was then that I began to fully realize that it was my confidence and delivery convictions that made the difference, not just my tenure with the long-term clients of my flagship facility.

Recently, an old and dear friend, Bill Balaban, sent me an e-mail. Bill was a New York producer before he retired and moved to Davis to be near the veterinary school and pursue his human-animal bond interests. In that e-mail, Bill simply said, “*How are we going to give new graduates, and the profession in general, the self-confidence to start speaking for what our companion animals really deserve?*”

FIRST - We need to believe that the companion animal is one of the most important stabilizing factors in every pet household during these times of stress and uncertainty.

SECOND - We need to believe that clients come through our doors because they want our expertise and help; if they didn’t they would stay home.

THIRD - We need to believe that the human-animal bond is a strong healing tool within the household, and the non-judgmental love is the benefit that

keeps on giving.

FOURTH - We need to fully accept our role as the “other family doctor” and talk of the needs of the animals, what they deserve, and what we need to do to maintain or restore wellness and well-being in the family.

Please think about these four factors as you see your clients and develop your practice culture. Please embrace the role of patient advocate when talking to clients and the community; use the staff to educate the Pet Parents. It is the savvy leaders who are shifting from doctor-centered practice operations to staff operated facilities; doctors **ONLY** diagnose, prescribe, and do surgery, while the staff has all other operational functions. When creating the New American Veterinary Practice (Chapter 1, Building The Successful Veterinary Practice: Programs & Procedures (Volume 2), from Blackwell Press), curtail the doctor-centered fears and paradigms, embrace a staff-operated healthcare delivery facility, respect the inpatient and outpatient schedules, and cherish the role of animals in our lives. Speak for the animals place into our care, because no one else has the ability to say it like you do!