

IT ISN'T CHANGE THAT DOES YOU IN – IT IS THE TRANSITIONS!

Thomas E. Catanzaro, DVM, MHA, LFACHE
Dipomate, American College of Healthcare Executives
CEO, Veterinary Consulting International
DrTomCat@aol.com; www.drtomcat.com

*Faced with the choice between changing one's mind/behavior
and proving that there is no need to change,
almost everyone gets busy on the proof.*

John Kenneth Galbraith

It is not the changes that do you in, it's the transitions. Change is not the same as transition. Change is situational: the new program, the new role, the new team, the new policy. Transition is the psychological process people go through to come to terms with the new situation. Change is external, transition is internal. The 3 P barrier (pride, process, paradigms) exists in most all veterinary practices.

Unless transition occurs, change will not take hold and flourish. That is what causes great ideas to fall flat. We have all heard the story, "The more things change, the more they stay the same." Translating this syndrome into real practice-centered terms, "there can be any number of initiatives for change, but unless there are transitions, nothing will be different when the dust clears."

Several of the important differences between change and transition are overlooked when people think of transition as simply gradual or unfinished change. When we talk about change, most people naturally focus on the expected outcome that the change will produce. If you are moving from California to New York City, the change may be seen as crossing the country (with multiple routes and key milestones), and probably learning your way around the Big Apple. The same is true for a veterinary practice changing to a team-based healthcare delivery format rather than a doctor-centered format, or maybe just establishing an electronic communication system for internal coordination between practice zones. In each case, the new arrangements must be understood if we are to be ready for the change.

Transition is different. The starting point for transition is not the outcome but rather, the ending that you will have to make to leave the old situation behind. Situational change hinges on the new thing, but psychological transition depends on letting go of the old reality and the old identity you had before the change took place. Nothing so undermines organizational change as the failure to think through who will have to let go of what when the change occurs. *Transition starts with an ending!*

To accept that transition starts with an ending is paradoxical at best! Test this fact with your own experience. Think of a big change in your life: your first veterinary practice position, or the birth of your first child, or a move to a new house. Good changes, all of them, but as transitions, each one started with an ending.

With your first veterinary practice, you had to let go of the student peer group and the safety of a bell curve assessment. You entered an arena where competency was required, and competency was excellence – mediocre (average) does not cut it in

practice. With a new baby, you had to let go of a regular sleep, extra money, time alone with your spouse, and the spontaneity of going somewhere when the two of you felt like it. Here too, your sense of competence may have been challenged when you found yourself unable to get the baby to eat or sleep, or even just stop crying. With a home move, a whole network of relationships ended. Even if you wanted to “keep in touch” it was never the same again. You used to know where to go for what: stores, the doctor, the dentist, the plumber, the neighbor who would house sit for you when you traveled. You have to let go of that feeling of “being at home” for a while.

Even in these “good” changes, there are transitions that begin with having to let go of something. There are endings. There are losses. The failure to identify and be ready for the endings and losses that change produces is the largest single problem that veterinary practices encounter in change management. This is the reason in consulting that we require NEW METRICS for new programs; if you do not change the measurements for success, you will most often revert to the old system that produces the old metrics.

I find practices that refuse to adopt the new spread sheets we provide, many of which are procedure specific, while the “old systems” used monetary metrics, which do not support a clear standard of care KPI per 100 transactions. We have a monthly budget projection, with paired income to expense center categories, but that often requires a realignment of the Chart of Accounts, which many practices resist. I have had some clients who would prefer to make excuses rather than accept a shortfall that exists in the old practice systems and concurrently they resist initiation of closure on outdated paradigms or the establishment of new metrics for new processes and outcomes.

Once you accept that transition begins with letting go of something, you have taken the first step in the task of transition management. The second step is understanding what comes after the “letting go”: *the neutral zone*. This is the no-man’s-land between old reality and the new. It is the limbo between the old sense of identity and the new. It is a time when the old way is gone and the new does not feel comfortable yet. It is for this reason that I modified our year-long consult to have quarterly revisits. In the early years, I made it optional, and those practices that wanted to “save money”, did not fund the quarterly visits; these practices had a high reversion rate. So I made the quarterly visits part of the year-long process, as well as a step-by-baby-step new training program to ensure staff developed into trusted team members, and our new program success rates increased. Sure, some practice owners wanted to short circuit the training process, and when they attempted that, the transition stopped and reversion usually followed.

It is important to understand the “neutral zone” for several reasons:

- 1) If you do not expect it, and understand why it is there, you are likely to try to rush through it, and become discouraged when you cannot do so,
- 2) You may mistakenly conclude that the confusion you feel is a sign that something is wrong with you.
- 3) You may be frightened in the no-man’s-land and try to escape (some staff members take flight when faced with primary accountabilities), leading to higher than usual staff turnover as the programs are initiated.

- 4) To abandon the transition situation is to abort change efforts, both personally and organizationally, and to jeopardize continuous quality improvement (CQI) initiatives throughout the practice team.
- 5) If you escape prematurely from the “neutral zone”, you will not only compromise team member empowerment and change, but also lose a great opportunity.
- 6) Painful through it often is, the neutral zone is the individual’s and practice’s best chance for creativity, individual renewal, and program development. The positive aspect of the neutral zone is realized after it is crossed, after the staff is trained to a level of trust, and after mutual respect becomes an operational reality.

The neutral zone is this both a dangerous and opportune place, and it is the very core of the transition process. It’s the place and time when the old habits are no longer adaptive to the situation, paradigms are challenged and many are extinguished, and new team-adapted programs begin to take place. It is the winter in which the old crops are plowed under and returned to the soil as decayed matter, while the New Year’s growth begins to stir and take root. It is the night where we disengage from yesterday’s concerns and start preparing for tomorrow’s opportunities. It is the chaos in which the old form dissolves and the new form emerges. It is the seedbed of the new beginning that most uncommon leaders seek.

ENDING – NEUTRAL ZONE - NEW BEGINNING

Most people make new beginnings only if they have first made an ending and spent some time in the neutral zone. Yet most practice owners try to start with the new beginning rather than finish with it. They pay virtually no attention to endings. They do not acknowledge the existence of the neutral zone, then wonder why their staff have so much difficulty with change.

I respect your misgivings, but concurrently, I don’t believe they represent real obstacles outside the leaders mind. I am not saying transition management is easy – only that it is essential. I have used the following change formula to defeat the old paradigm of **A² = G²** : *If you **Always** do what you have **Always** done, you are going to **Get** what you have always **Gotten**.*

DR CAT’S CHANGE FORMULA:

$$\text{Change} - D^2 \times P^2 \times M^2 < \text{costs}$$

D² = discomfort => desire to change . . . if you are comfortable in your fur-lined rut, change will not occur until it becomes uncomfortable, which then drives a desire for change.

P² = Participative Process . . . the power of many brains is part of the process, as is buy-in by the entire team, without team buy-in, change will not occur.

M² = Mental Model . . . there has to be a clear methodology, including training to trust, to accept the new concept/model; people do not go into the neutral zone without some form of vision of where they are going.

Less than Costs = physical, mental, fiscal, social, personal, etc.

NOTE: primary factors are **divided by multiplication signs**, and if any one factor is ZERO, the outcome is NO CHANGE.

CAUTIONS!

- *Please do not turn the whole thing over to individual contributors as a group and ask them to come up with a plan to change over to team-based programs.* Involvement is fine, but it has to be carefully prepared and framed within realistic constraints; simply to turn over the power to people who don't want a change (64% of the population) is to invite catastrophe.
- *Please refrain from making change into small stages, combining first and second and then adding the third later, the change the managers to coordinators last.* This one is tempting because in a process-oriented practice, small changes are easier to assimilate than big ones, yet one change after another is trouble and causes no relief from the original discomfort. It is better to introduce change on one coherent package.
- *Please resist the temptation to pull the best people in the practice together as a model team to show everyone else how to do it.* We know this is appealing, but it strips the best people out if the zones and hamstring the zone team's ability to duplicate the model team's accomplishments.
- *DO NOT SCRAP THE PLAN to find one that is less disruptive.* Forget this option immediately – you had good reasons to initiate the change processes – it is your job as a leader to find out how to make it work!
- *Do not tell people to stop dragging their feet or they will face disciplinary action.* Don't make threats, they build ill-will faster than they generate positive results – but ensure you have made outcome expectations crystal clear and concise.

So if you do not know how to get started, consider hiring a guide, a veterinary savvy consultant who understands the void of the neutral zone!