ORGANIZATIONAL BEHAVIOR & THE UNCOMMON LEADER

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Recurring preventive & wellcare healthcare delivery
by practice staff is the ultimate HAB program effort.
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In empowering and developing leaders in your practice, it is important to recognize the phases of change that leaders will face. Like all facets of veterinary medicine, there are competencies, and competency = excellence; it is the same for empowering the staff leaders - there are no shades of mediocrity allowed.

One of the major challenges lies in practice history, where people have worked hard for a needed change, and then the practice drifted back to "the old ways"; usually the practice leadership reversion was based on comfort zones. After a quarter century and hundreds of practices, I am ready to admit the average practice owners/leaders have a WALL, just as athletes' training have a wall - the uncommon Olympian knows how to push through that wall, while the "also rans" allow the WALL to defeat their progress and settle for some "average" position. Our profession is infamous for publishing National Averages as 'benchmarks' . . . and I am equally famous for stating that AVERAGE = the best of the worst, or the worst of the best. Average is just another name for mediocrity, yet practice managers accept National Averages as their 'benchmark' when working in veterinary management circles.

To understand what we are addressing with organization behavior, we need to understand all the phases of Organization Change, so we can concurrently see the WALL as it is approaching and anticipate how to move beyond it.

The Five Phases of Organizational Change

PHASE 1 - THE HONEYMOON

What to expect: a sense of excitement, clear "to do" list(s), feeling that 'things will get better', hope reigns, quick fixes are implemented, and in fact, you will building a new foundation for the future.
Key Action Steps: build an emotional bank account (thank you notes, meaningful outreach solicitations, etc.), moment-by-moment appraisal feedback, quarterly performance planning (target action goal setting at individual level), start to expect exemplary behaviors, recognition and rewards, new accountability system, and clear practice and zone behavior standards.

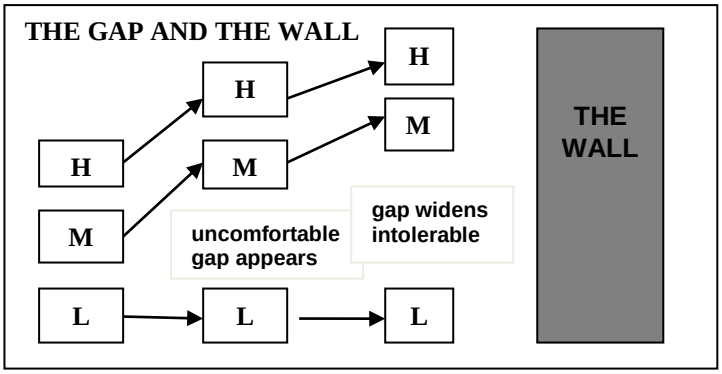
PHASE 2 - REALITY SETS IN

What to expect: we/they, inconsistency, this too shall pass for some, it's not our fault (early BLAME GAME positioning), bigger than I thought, this will impact me and some will be getting it while others will not . . . insecure new leaders will start to panic, separation of zone and individual performers will be noted.

Key Action Steps: elevate and refocus training, recruit/re-recruit high performers, increase substance of communication within staff, continuous quality improvement enhanced at the individual level, and meaningful conversations at all levels.

PHASE 3 - THE UNCOMFORTABLE GAP

What to expect: the WALL appears (as participation/commitment gap widens), tougher decisions must be made, process improvement at user level increases, need for standardization becomes evident to all, inconsistencies become obvious to others, continued progress gives false sense of security; high and middle performers see the gap with low performers and it becomes uncomfortable, and are perceived as not consistent with the core values and standards of care of the practice.



Please be aware, high performers exist in most all veterinary practices, and have a hard time adapting to non-performing practices. If they are required to report to a low performer, they will usually depart the practice. When they cannot exit for personal reasons, they will usually learn more, grow more, and contribute more, often outside the practice setting, including pursuit of advanced degrees/certification, and/or leadership in professional organizations. In some rare cases, the high performers will slow down and pace themselves, since they perceive that is the desire of the practice leadership.

In the case of middle performers, they just slow down, which will stall the organization. Low performers will seem well rested, since they knew they could outlast the new initiatives ["this too shall pass"].

Key Action Steps: elevate and focus training, continue to re-recruit high performers, increase the substance of communication with high and middle performers, ensure that the 'right people' are in the 'right positions', promote your winners, starve the low performers. The high and middle performers must be elevated to a higher level of performance expectations. The low performers are given the opportunity to elevate or vacate [dehiring is NOT unrealistic - see *Building The Successful Veterinary Practice: Innovation & Creativity* (Volume 3), Wiley & Sons Publishing]. Those that respond will be assisted over the WALL, and those who refuse, will be left behind to find other positions better suited for their attitude/aptitude.

PHASE 4 - CONSISTENCY

What to expect: system-wide high-performing results, right leaders stepping forward, everyone understands the keys to success, disciplined people and

disciplined processes, proactive leadership from accountable individuals . . . the practice team has crossed the wall at this point, they will not be waiting for practice owners who have not advanced with them; instead, they will see problems, initiate corrective actions, and keep management informed of the improvements. An example would be a nutritional advisor who sees her visitation rates (i.e., income levels) have dropped below expectations, so she goes to her boss and says, "*I am not getting enough nutritional referrals from the doctors, I need to present an improved integrated treat-maintenance program to them so their referral rates will improve*." "*After that, we need to track patient referral rates by vet to ensure we are getting equal proactive participation by all providers.*" The uncommon leader will look at them and say "Let's make it happen!" . . . most others will make excuses about fear of change, resistance to surveillance, respect for individual veterinarian preferences, and a host of other foot-dragging excuses.
Key Action Steps: Push for innovation and program ownership, standardize and repeat key behaviors, recognize positive efforts in public, reward the self-confident proactive players, find new metrics to track new programs, and start to ask, "how can we improve this program?"

PHASE 5 - LEADING THE WAY - CONTINUOUS QUALITY IMPROVEMENT (CQI)
What to expect: staff members have a purpose, clients select your practice over others, patients perceive a FEAR FREE environment, veterinarians and nurses want to be employed at your practice, you are changing wellcare for the betterment of patients and clients, staff pride is evident at all levels on a daily basis, and what seemed impossible is now being achieved and exceeded on a regular basis.
Key Action Steps: individual recognition becomes profession-wide, staff become leaders of professional organizations, practice becomes a training ground for others, community outreach programs are promoted by staff members, social media interactions have become a multiple-staff function, and the anchors are gone!

INDIVIDUAL ACCOUNTABILITY

How do you create a sense of ownership within a practice team? It is amazing what a staff will do when they feel accountable for outcomes rather than just directed process. We cannot motivate people, we can only create a culture that nurtures the individual's feeling of accountability, pride, and self-actualization; this type practice culture better inspires staff members to motivate themselves. Concurrently, words and actions that demotivate staff members must be eliminated from the culture.

It starts with the selection - the hiring team (*Building The Successful Veterinary Practice: Innovation & Creativity* (Volume 3), Wiley & Sons Publishing). Your team must understand, they hire their co-workers, they train their co-workers. they will orient their co-workers, and they will be role models for their co-workers. Some staff will push back and say "it is not their job", or "I do not like interviewing", or make the excuse, "If we force people through multiple levels of interview, we will lose some good people". Reality is, hiring co-workers promote the team and cause faster assimilation to the practice culture. The hiring checklists in the reference provided show you how to listen for 'attitude', the primary hiring criteria.

Yet some control-based practice owners say, *"What is they hire someone I don't like?*" . . . hiring is initiated with a specific job ad, requiring a hand written cover letter and resume - this eliminates many want-to-be staff. The screen process continues with phone interviews by the practice manger with three simple "knock-out questions" such as, "*How much advanced notice do you need to work AFTER the quitting time?*" (any answer except NONE is wrong for healthcare settings) or "*Is there anything in your past that would preclude handling money or drugs when we do the background check?"* (yes, you do run a background check and a full reference review). While these two screenings are occurring, the hiring team gets to select their interview questions from the above reference text . . . all applicants will get the same questions, and be rated with '+' and '-' scores (see above referenced text). When it gets to the final one or two, there is a 'trial work day' (with casual pay) to assess work ethic and interactive harmony.

THE FIRST 90-DAYS

We have provided in the VIN Bookstore (www.vin.com) a VCI *Signature Series* Monograph on *Staff Orientation & Training*, with four phase, 90-day training for each practice zone. These are SELF-PACED and SELF-DIRECTED training programs, with pre-identified staff members or videos as trainers, and a timeline built into the expectations. At the end of the first phase, the manager meets quietly with the new staff member and should ask, "Now that you have been here for PHASE D, how do we compare with what we said?" Also after each phase, the training coordinator/manager meets with the candidate as asks, "First, what worked well and second, what do we need to change for the next person." A compliance-oriented person will usually start with the negatives. A third question is often, "Which trainer would you suggest the others emulate?"

Think like a new staff member - she just left a position where she had friends, and they probably gave her a party and cake, maybe a plaque, plus lots of well-wishes and hugs. Now she is a new face in your practice without a friend, no parties, no plaque, and likely very few people calling her by name. When you catch her doing something well, stop and commend her, and maybe ask, "What are we doing equally as well as your performance here?" By the end of PHASE C (communication phase), you could add the question, "Who are some people who have been extra helpful during your first few days of the orientation rotation?" By the end of PHASE B (basic skills), it is time to ask, "At your previous practice, what are some of the things that your experienced that you feel could make us better?" At the end of PHASE A (advanced skills), you may ask, "Is there anything here that you are uncomfortable with? Anything that might cause you to want to leave?"

It is obvious by now that the old question "How ya doing" is a non-productive leadership style. When someone answers with a challenge, this same flippant approach often generates a "suck it up and power through" response. Inversely, the UNCOMMON LEADER will take the feedback and ensure people are recognized for their efforts in assisting the new staff member, or promoting the practices, vision, values and/or Standards of Care. The uncommon leader spends significant time in

"closing the loop" with staff members who are proactively supporting the orientation and training programs of the practice.

TIPS FOR ENHANCED EMPOWERMENT

On consults, I recommend rewarding high performing people with out-of-practice Continuing Education opportunities, and with that, a challenge - *For each day of paid continuing education, you need to bring back one idea to improve our Standards of Care, implement it, and keep it alive for 90 days, before we evaluate it by four criteria: benefit to the patient(s), benefit to the client(s), benefit to the staff members, benefit to the practice entity*.

This harvests intellectual capital, but more importantly, makes the individual staff members accountable for Continuous Quality Improvement (CQI) implementation efforts. Other practical steps in developing a sense of empowerment include:

- Set clear goals and target actions, and communicate the new metrics needed to assess milestones and completion (the WHY and WHAT is always a leadership function before starting any project).
- Establish an on-going process for reviewing CQI initiatives (the WHO and HOW belong to the zone accountable for implementation of new ideas).
- Recognize (and reward) innovation and initiative . . . public recognition is often underutilized in veterinary practices. This recognition needs to come with 1) receipt of new idea(s), 2) implementation plan for new idea(s), and 3) when milestones/completion of new ideas have occurred (WHEN, as well as any measurements/new metrics, are always a joint function discussion between leadership and staff before starting any new program).
- Train empowered staff members how to respond to ideas and feedback. First, listen for the caring intentions and recognize the positive thought process used for suggestions. Second, even if you disagree, do not make the person wrong, instead, ask them to consider additional metrics and parameters. Third, learn to say yes within budget considerations.
- Always jointly define the metrics to measure milestones, outcomes, and progress, before embarking on any project or program.
- Celebrate the launch of new programs concurrent with identifying the action person for refinements, CQI feedback, and refocusing on the outcome goals.

FINAL ASSESSMENTS

The *Signature Series* monograph on *Performance Planning*, has been made available in the VIN Bookstore (www.vin.com). If includes self-assessments for the 90-day reviews, for staff as well as veterinarians, managers and other practice leaders.

The bottom line is most readers will NOT seek out the references stated herein . . . some will attempt to cherry pick ideas, but will not seek the *Organization Behavior* monograph from then VIN Bookstore. A few will expect the staff to change without seeking to change their own behaviors. But in the end a few UNCOMMON LEADERS, will put it all together and assess how it could fit into their practice culture and philosophy. For those, call or e-mail me anytime.