

Managing the Practice, Not the Personalities



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"The patient is 20 minutes late. Tell them to reschedule."

"I really need to leave the clinic tomorrow at 4. Cancel my 4:30 patient."

"The new doctor doesn't need a medical assistant. She can just ask someone to help."

"We don't see anyone with that symptom. Tell them to go to urgent care."

"That's my exam room. You can't put Dr. Smith's patient in there."

All day, every day, staff receive instructions from physicians about how to handle management issues. The list multiplies as the day unfolds. Too often, the instructions are confusing, and sometimes contradictory. One physician wants it done this way; another expects something completely different. The staff is left trying to keep track. Confusion, and perhaps a little fear, reigns. Over time, the team can become a group of individuals focused

on protecting “their” doctor’s interests rather than working together as a practice. Good medical care is inherently individualized. That individualism is part of what fosters great medical care in the exam room. But when every physician has their own rules for staffing, scheduling, exam rooms, patient behavior, messages - and everything else - that same treasured individuality can sink a medical practice. If you’ve noticed signs of territoriality in your practice, consider taking a few steps.

Determine the governance. How are decisions made? Who makes them? It sounds basic, but many practices have never really answered those questions. Instead, decisions get made in the moment, often by whomever is present, feels most strongly about the issue, or has the loudest voice. Determine what decisions belong to the individual physician, what decisions belong to the practice manager, and what needs to be decided by the group. Then make sure everyone understands the boundaries. Think of governance as guardrails, not a fiefdom. Physicians certainly need a voice in how the practice operates, but that doesn’t mean every operational issue requires a physician-specific solution.

Lead with data. Develop a dashboard of key performance data and share it openly with your team. If physicians and staff are accustomed to seeing data about the management of the practice, it won’t be a surprise when you analyze something like physician-directed cancellations. One practice I recently visited shared that a patient had been “bumped” 13 times before finally deciding not to reschedule. Each individual cancellation may have seemed reasonable at the time. Put together, they tell a very different story.

Be curious about the data. Ask why something is happening before jumping to conclusions. If you routinely use data to guide decisions, individuals are less likely to feel targeted when an analysis reveals an opportunity related to them. The data can also help the team recognize that decisions about seemingly innocuous issues may have significant consequences, particularly if everyone is doing things differently.

Coordinate, don’t dictate. Some physicians and staff may bristle at having a standard workflow for key processes. But look at it through the lens of the patient: consistency promotes reliability. Patients should be able to be seen, get advice, obtain their results, connect with the practice when they have concerns, receive guidance, and know what comes next. Those are the activities that make patients confident they are in good hands. There are plenty of opportunities to create consistency without turning your practice into an assembly line. Consider start-of-the-day checklists, daily huddles, preference cards for in-office procedures, exam room stocking and labeling, and standard intake protocols. Then pay attention to what is working and what isn’t. Reflect on the challenges of the day. Seek out patient feedback. Ask your staff what they need to do their jobs more effectively. Adjust as needed. There is no magic bullet for running an efficient and effective practice. Good management is really a series of small decisions, made consistently, that make it easier for people to do good work.

Hold the line. Establishing expectations is one thing; maintaining them day after day is another. If the practice agrees on a late-patient policy, but every physician can override it whenever they choose, you don't really have a policy. If exam rooms are shared, but everyone knows not to touch "Dr. Smith's room," the actual rule is different from the office policy. Accountability applies to everyone, including leadership. That doesn't mean there can never be an exception. Of course there can. Medicine is full of exceptions. But an exception should be just that, rather than the way the practice quietly operates whenever someone pushes back. Your staff are watching these moments closely. If you establish a standard and then fail to support the employee who follows it, you've sent a much stronger message than anything written in the policy manual.

Good management may not be the most glamorous part of medicine, but patients feel the effects every day - so do the people who work for you. Create the guardrails, pay attention to the data, make the work easier to do consistently, and then support your team when they follow the rules you've put in place.

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