Buck Up, Buttercup: Tackle Challenging Conversations With Confidence

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Looking the other way will not make problems any easier to deal with. Take off the blinkers and make a choice to be a leader in your practice. Authors' addresses: Equine Practice Management Group, PO Box 1569, Weatherford, TX 76086 (Eddleman); e-mail: kirk@equinepracticemanagement.com; Summit Veterinary Advisors, LLC, 10354 W. Chatfield Avenue, Suite 103, Littleton, CO 80127 (Mamalis); e-mail: Leslie@SummitVeterinaryAdvisors.com. © 2011 AAEP.

1. Introduction
Advances in veterinary medicine seem to happen every day, so why are we still having the same conversations with the people in our practices? Take a practical approach to addressing some common but difficult conversations.

2. Covering the Topic
This topic is co-presented by Mr. Eddleman and Ms. Mamalis. Using two presenters for a topic on interpersonal communication makes the program more interesting and enhances the experience for the audience. Rather than rely on formal lecture, the presenters role-play some of the scenarios, alternating the roles of employee, physician, manager, and client. We chose three of four brief scenarios, including situations with associate physicians, with staff, and with clients, and discuss or demonstrate how to respond.

3. Situations to Address
(1) Your associate wants to make more money, and believes it would be logical to increase his percentage, pay him 100% of trip fees and emergency fees, and otherwise increase his compensation. After all, he is making “only” 25%, and the practice makes the other 75%. Using 100 pennies, we demonstrate where the money goes using common percentages for practice expenses such as the associate’s pay, staff wages, payroll taxes and benefits, cost of goods, rent, utilities, truck expenses, credit card fees, and so forth. The goal is to provide a tangible explanation for why the doctor’s compensation is reasonable.

(2) You are ready to make some changes in the practice, anything from revising the fee schedule to requiring payment at the time of service to implementing 360-degree performance reviews. You may be excited about your ideas, but your employees are not. Sometimes the employees complaining the loudest have been with the practice longer than you have. To overcome negativity, involve your staff in making the change a reality. Have a meeting to discuss everything that’s wrong with the idea, then reverse direction and get employees to tell you everything that makes the change perfect for your practice.

(3) Should you look the other way or address the situation when a doctor is dating another employee?
What are the pros and cons of fraternization policies? If you are an owner and are married to a co-owner or a practice employee, take an objective look at whether or not your relationship is impacting the practice. The most important issue is to ensure professional behavior at work.

(4) “She’s being mean to me.” When you are dealing with employee conflicts, behaviors can be difficult to document. Tracking tardiness is straightforward, but how do you measure whether a behavior is “mean” or “snotty”?

(5) The last thing a busy doctor wants to do is talk to a client about money. Add to that the fact that the client is potentially annoyed that you have continued to bill him or embarrassed that he has not paid. Now the client has another sick horse.

(6) “I’m fine with everything in my contract except…” You know you’re in for a tough conversation when that word “except” is in play. When the expected compromise involves the proposed non-compete agreement, you need to play hardball. We will not address the legalities or enforceability of non-competes but will focus on whether practice owners should be willing to negotiate a non-compete and include a discussion of the precedent you could be setting.