

Time Management

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Does this sound familiar?

The end of the office work day comes and everyone else goes home. During the next two to three hours, I get more accomplished than I was able to all day long. What is wrong with this picture? Am I taking on too much; is this job more than I can handle? Are my expectations unrealistic?

If you find yourself asking these questions, it is time to back up and take a good long look at your approach to the demands of your position and how you are attempting to fulfill them.

How much consideration was given to the position description prior to your acceptance of the job? Exactly what is expected of you in your position? These are questions of paramount importance that many times go unanswered or perhaps were never addressed at the proper time and come back to haunt you later.

Here, we'll look at these issues—the “source of the problem,” so to

speak—and then at potential solutions.

Defining the Problem

Let's consider the expectations of your position from three perspectives: the physician's, yours, and that of your subordinates.

Quite often, the physician who is tasked with the selection of a practice administrator does not take into account the actual ability to achieve all that is (or will be) expected. In most cases, the physician does not have the actual working knowledge of the position's requirements and surmises that the candidate can accomplish everything that is expected. Generally speaking, accurate job descriptions are not available in most real-world scenarios, nor are the physician's expectations committed to paper in such a way that both parties can have a clear understanding of exactly what is required. It already sounds like a disaster waiting to happen, doesn't it?

Initially, prospective administrators wish to be hired for the position for which they are being considered. While attempting to put their best foot forward, they inadvertently assist the physician in concluding that they can more than get the job done. Unfortunately, this idea is being put forth by and to individuals who do not have full knowledge of this particular position's actual requirements. In my experience, most administrators have a type “A” personality and believe that they can charge ahead and pick up what they don't know “on the fly,” subsequently making it all happen as they go. To some degree, this assumption has merit. The administrator and physician(s) typically do not sit down and plan for the inevitable. They either do not make or do not keep a commitment to meet regularly and communicate their expectations and frustrations with the demands of the posi-

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tion. Can you see this as another potential disaster?

The people who work in the practice, i.e., **the administrator's subordinates**, will rapidly paint a mental picture of what the administrator can and cannot accomplish. If the administrator appears to be moving toward an event or action that will increase the workload of some employees, there will be instant opposition. This might be covertly or overtly proclaimed, but count on it—opposition will occur. The administrator will find that some subordinates will do anything asked of them, and others will stonewall, taking the position that the administrator has absolutely no right to ask anything of them, and doing almost anything possible to impede progress. Did I already mention disaster?

Savvying a Solution

So how do we rectify what appears to be a career sliding toward the edge of the cliff? Communication is the key—communication that corrects misperceptions and transcends boundaries between administrator and physician, and administrator and subordinates.

However, and all too often, the relationships we develop among these three groups of people exacerbate the problem of not being able to meet performance expectations. We end up talking to each other, yet not communicating. How, you might ask, is this possible? Because of something called assumptions. Each of the three spokes of the practice wheel—physician, administrator, and subordinates—often find that there are far too many things assumed but not necessarily agreed upon prior to this administrator boarding the train.

How do we dissolve these assumptions so that we can deal with the reality of the situation? Here are my suggestions.

Once the new administrator is

aboard, s/he should immediately get into the habit of effectively communicating with the physicians and the staff. Feedback and agreement on the items of interest in the workplace are critical to success. One cannot assume answers to thorny questions without exposure to all the facts. In many instances, a good amount of detective work is necessary to determine these facts. The administrator is the “fact bearer.” S/he must take responsibility for ensuring that all parties have realistic expectations of what the administrator, the physicians, and the staff must accomplish. S/he must preach it, walk it, talk it, and continually fight for effective communication among all the parties.

Regular, well-planned staff meetings, for example, are an absolute requirement. These need wisdom and knowledge equally dispensed. Every person in the practice—physician, administrator, office manager, technician, etc.—should have a clear set of expectations for his/her performance. This information must be drilled into everyone who is involved until you can gauge the effectiveness by the results.

To get results, of course, you must not only communicate but also train, prioritize, and delegate.

Consider job descriptions. Many times, these have become more a formal document than a working tool. Carefully thought out, accurate statements concerning the requirements of the position are necessary for the description to work. In order to assure accuracy, both the administrator and someone who has actually performed in this position must collaborate toward the goal of creating a valid document. This exercise is not about creating an epistle so much as it is about creating a fully descriptive document. Upon completion, there should be little room for question regarding the requirements of the position. It is then incumbent

upon the administrator to meet with the subordinate and review the description to the degree necessary for that person to fully understand the requirements and responsibilities of the position. If you do not understand the rules, how can you play the game?

One word of caution: When you communicate about expectations and realities and attempt to integrate the two into what is possible and doable, subordinates will appear to agree, but you may experience one of the inherent dangers that an administrator often faces. This danger is the propensity of subordinates to upward-delegate. That is, they pass off jobs to the administrator that they “cannot do themselves.” The administrator typically takes the approach that “It is just easier for me to do it, so I know that it gets done right.”

This is a serious error on the part of the administrator. You are setting a precedent that will be repeated over and over again. You must stop, take a deep breath, and train the subordinate to do whatever it is that you originally delegated. Once subordinates see that the task in question is their responsibility and they have the self confidence to know they can accomplish the task, one more thing will be gone from your desk. Perhaps this will give you some of the precious time that you need to accomplish other items on your never-ending “to-do” list.

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