**TITLE: 5 Tips for Success**

Louise S. Dunn

Snowgoose Veterinary Management Consulting

1955 Indian Wells Trails

Pfafftown, NC 27404

336-945-0208

snogoose@infionline.net

www.snowgoosevet.com

**Description:** Everyone has advice on how to be successful – a successful student, parent, spouse, veterinarian…. Everyone defines success differently – productive, engaged in your work, happy, wealthy…. A successful business focuses on its operations, marketing, finance, strategic plans, and human resources. These five areas are also important to you, personally, by paying attention to successful actions in these areas you can improve your employer’s chances of business success, while, at the same time, strengthen your personal opportunities for a successful veterinary career.

**Learning Objectives: 3 Hour Presentation**

* Identify key aspects you need for success
* Deepen your understanding of how your personal success affects your employer’s success
* Create an action plan to be more successful in your veterinary career

**How Do You Spell Success**

No one wants to fail. No one wants to see you fail. Yet every year, veterinarians, team members and veterinary practices fail – they fail to grow, fail to change, and fail to experience success. Just what is your definition of “success”? Perhaps it is money and power. How about job satisfaction or self-satisfaction? Maybe it is about enjoying your work and being fully engaged in your job. The fact is, each one of you has a different definition of “success” for yourself. To focus this discussion, “success” will be defined as enjoying what you do; experiencing personal growth and satisfaction, and helping others experience growth and satisfaction. To be a successful veterinarian and associate, success extends beyond being all about you to include your team and the veterinary business.

Business success often involves concentrating on 5 key areas: Marketing, Finance, Strategic plans, Human Resources, and Operations. Spring boarding off this idea, your success as a veterinarian and an associate in a practice will also involve these 5 areas. As an associate, you will be called upon to play your part in these 5 key areas, and, knowing just what your role is will enable you to be successful.

**Tip #1 Marketing**

Twitter, Facebook, Four Square, Website, Branding, Slogans...the temptation to market yourself and your business are in your face every day. How can you engage your clients and make them want to come to the veterinary practice you work at? How far can you go to differentiate yourself and your practice from the one down the road? How can you deliver exceptional service and get the client asking you to see their pets? Moreover, just how much is this going to cost you - what is it going to you? Your reputation, the veterinary profession, trust, loyalty - there is a long list of what is at stake when you develop your marketing strategy - ethical or not.

Ethical is not synonymous with legal. There are unethical activities that are legal. Ethics is about morals and values present in your conduct and how it impacts others. Did you ever consider what was at stake when you participate in your practice’s marketing strategy? To simplify your consideration of what is at stake, let us look at the two main categories of the ethical decision making process: Corporate ethics and Individual ethics.

Corporate ethics is often described as Social Responsibility. It is the idea that businesses are supposed to go above and beyond the law or making a profit in order to serve the needs of others (others being employees, clients, suppliers, community). The ethics of the veterinary practice you are an associate in is affected by the organization's culture, the structure of the team's hierarchy and the pressure for results.

Individual ethics comes into play when making marketing decisions. Individual ethics is that mix of personality, values, morals, and perceptions that affect a person's decision about how to act and what to do. This is not just about the owner or the management team; it is also about each team members and about you. What is motivating your actions when you are with clients, treating a pet, or talking with a fellow team member? Does your action agree with the business's mission?

I am certain you have all, at one time or another, skimmed through the AVMA policies on advertising. "Advertising by veterinarians is ethical when there are no false, deceptive, or misleading statements or claims." Thus, an ethical marketing strategy means no fibbing.

Suppose you are a new associate and the practice wants you to work with the manager to market you, the new associate. This is where corporate ethics and individual ethics can either mesh, or be at odds with each other. Does the manager want to say you are a “specialist” or that you “specialize” in treating certain breeds or medical conditions? Do they want to market you as new so your services are at a discounted price? Do they want you to be “the face” of a new service they are promoting? When developing a marketing plan, an ethical marketing strategy would involve asking some questions:

* What is the outcome wanted for this marketing plan?
* Is there a client behavior that could be changed from an unsafe behavior to a safe behavior?
* Will this marketing plan increase client visits?
* What brand image is being projected by this marketing plan (business brand image and your personal brand image)?
* Are there any deceptive or misleading statements in this marketing plan?
* Is there a fair balance between the needs of the client and the needs of the business?

Outcomes - One part of the outcomes equation is the strategic plan of the practice - the vision, mission, and goals of the practice. What impact will the marketing plan have in relationship to the strategic plan of the practice? The other part is the strategic plan of your career – your vision and goals as an associate veterinarian in this business. What outcome is desired – attracting new clients, or getting current clients familiar and comfortable with you?

Behavior changes - The recent Bayer study gives every practice the idea that cat owners are exhibiting a behavior (lack of bringing cats to the veterinarian) that needs to be changed. Do you market yourself as a cat enthusiast for the sake of encouraging cat owners to make appointments? Perhaps the fact that another veterinarian is on the team opens more hours available for appointment, thus encouraging clients to call for these newly available times.

Client visits - Marketing is about relationships. Increasing client visits is great (and the Bayer Study certainly says it can improve), but just what route are you going to take to drive more client visits?

Branding - It means different things to different people. To some, it is a logo or a symbol. To others, it is an emotional connection. It is the emotional experiences your clients have when they do business with you. How will branding you appear in the way you are marketed to the community?

Deceptive or misleading statements - Do any of you, when advertising, intentionally leave information out, or give false information? Remember, the client's perception is their reality.

Balance - Sure, we can increase revenue by "selling" something (needed or not). However, is it ethical to market something that does not benefit the pet in any way yet is a financial benefit to the practice?

Although this example presented here is about marketing you as a new associate in the practice, you can easily take this down the road in the future when you are called upon to work with the manager in marketing other services the practice wishes to promote. Perhaps your interest in a certain breed or medical condition makes you the perfect one to write a blog or post information on the practice Facebook page. Go back to the questions posed earlier as you step into your role of marketing a service to your now established clientele.

Ethical marketing and ethical business practices are linked. It is when your marketing shows responsibility to the community and the outcomes are evaluated as ethical by all those affected by your marketing (your clients, your team and your community) that you have married ethics and marketing together.

**Tip #2 Finance**

Everyone expects it, you graduate, you pass the board, and you are hired on as an associate veterinarian. Your first ‘official’ job as a Veterinarian. Over the course of the first 12 months, you are expected to meet certain objectives in patient care, client service and practice success. How do you know you are hitting those objectives? The following are tips on what numbers to watch, how to evaluate your performance, and how to offer value to the practice.

No matter the practice location or size you gain employment with, you will have a contract to sign. A common paragraph in the contract will deal with the subject of your duties as an associate veterinarian, compensation, and benefits, and evaluation of your performance. While none of this is a surprise to you, you may be in for a surprise when you are told that your “numbers” are not looking good, or that you are not achieving the “numbers” expected by the owner.

As a new employee of a practice, your access to “numbers” will be limited. Many owners do not share any numbers with the team. However, some owners do participate in various levels of Open Book Management with their team. Your initial conversation with your new boss may be to broach the subject of important goals and metrics for the business this year, and if there are meetings open to the team to learn how the numbers are looking.

Finding out which practices use some form of OBM during your interview process can make for an easier discussion about how you are interested in business success (just as much as patient care and client service), and how you are passionate about making contributions to the practice’s mission. Interviewing at a practice that does not use OBM? You can still talk about these important points and inquire as to whether or not the practice can make certain metrics available to you about your performance so you can become a valuable team member.

Patient Care

 Reminder Compliance - % compliance to reminder notices typically range from 80% on Current Data

Base (not to include reminders sent to clients who have not been active for years).

 Low % may be due to poor communication with clients. Consider mail, email, text message.

 Low % may also signal low trust or bonding with the veterinarian, thus reducing compliance.

Diagnostic Production (Income) – Services should be 65% of gross, Inventory at 20% and Preventive

Wellness at 15%

Client Services

 Client Satisfaction Scores – Query clients on changes being instituted, on services you are concerned

about and when you want to see how you rate against other businesses. Any result less than 80% is a red flag to take action. Get an easy start by calling clients following a visit to your practice and ask a question or two about the service they received.

 Net Promoter Scores – Ask clients, “on a scale of 1-10, how likely are they to recommend your

services to others”. 9 or 10 is a promoter, 7-8 are passive, 6 or less are detractors. Do you

have more promoters or detractors?

Top Clients (Referral and Producers) – knowing who your promoters are is very important to identifying

what is valued by your clientele. Sure, you can make it all about money and how many referrals warrants a gift, but in reality, you are learning a valuable lesson about what makes your clients tick, what they like, what they talk about and what they want from you. Every quarter the practice needs to identify the top 50 Producers and the top 50 Referral Clients.

 Client Effort Scores – survey clients to find out if they required more or less than expected effort to

make an appointment with you or to resolve a pet health issue. Was their effort far less than expected…or far more than expected?

 New Clients / Month – VHMA Insiders’ Insights January 2015 states that new client numbers have

declined 5%. Concentrated efforts are needed for attracting new clients, but also for retaining clients. A good metric is 20-25 new clients/month/FTE.

 Client Bonding Rate – typical rate is 85% (unless you are in a college or military town).

Business Success

 Practice Growth and Profit Centers – Benchmarks as % of Income are as follows:

 Lab 18-22% Dental 5% Imaging 6%

 Anesthesia 6% Surgery 8%\* Office Visits 12%

 Medical Exams 15% Injectable 46%

 \* Surgery % may be less if there is a spay/neuter clinic or humane society nearby

 Hours / Transaction – Payroll hours per transaction range from 1.3 – 2.3 payroll hrs / transaction.

Higher hours (such as 2.5 or 3.5 hours / transaction) may be a sign of too many people

scheduled or taking too long to complete the work up and treatment of a case.

 Transactions / Full-time DVM – Per AAHA’s 8th Edition of Financial and Productivity Pulse Points, the

number is around 4,458 transactions/DVM/year. More precise, 2,828 professional services/DVM/yr. with a distinction that a new graduate should see 1,801 professional services/DVM/yr.

 Appointment Fill Rate – As a new associate, your appointment fill rate will be expectedly lower than

other associates. However, as you complete your first year, this number should / must improve. Considering the fill rate, AAHA reports that most clients have 3.2 transactions/yr.

 Lab Expense : Lab Income – For every $1 spent the practice should see $6.00

 Food Expense : Food Income – For every $1 spent the practice should see $0.40

 Designer Drugs Expense : Income – For every $1 spent the practice should see $0.70

Personal Growth and Success

Production Based Compensation – Practice Revenue / Full-Time DVM - for a new grad, production

only may prove harmful since the new grad is not yet experienced and thus generated income is lower. A good number to shoot for is $350,000 revenue produced/year, after 1 year of experience that number should increase to $550,000/year, and after 2 years you should see $700,000 production/year.

 Outcome Oriented Compensation – Producing outcomes rather than producing services. Following

quality measures to ensure quality care.

Average Charge per Transaction - $137/transaction according to AAHA. However, an even more important metric to track is your ratio of progress exams to sick exams (how often do you schedule, and your clients comply, a progress exam on a pet after the initial sick exam). The best ratio is 1:1.

Future Equity Position

 Profitability – 2/3 of practices today are classified as N0-Lo practices. Average profitability is 9.7%

with 15-18% being attained by practices achieving high profitability. Profitability depends on controlling inventory, payroll, missed charges, scheduling of team and the duties they perform (busywork vs. work), discounts (employees and clients alike), and fee structures and grouped items (Zeltzman).

 Income : Student Debt Payments – Is the profitability adequate enough for practice growth, owner

compensation and student debt payback?

 Revenue Growth – VHMA January 2015 Insiders’ Insights shows revenue growth at 5.1% for January

2015. Total revenue growth for 2014 was just 3.4%.

It is important to know where the benchmarks are coming from. Are you being compared to national averages or to the practice’s numbers from last year? Often times, it is best to note where you are right now, consider national averages, and set goals for where you want to be this year – thus competing with the new you as compared to the old you from last year.

As a new associate, comparing your numbers from the first quarter you started to subsequent quarters can give you a measuring device of old you to new you – what you are doing well and what you still need to improve. Comparing your numbers to other associates may lead you to a coaching or mentoring opportunity with the other associate (i.e. the doctor with terrific client bonding numbers can coach you on client communication and exam room presence…then watch your bonding numbers). Even if the practice does not conduct large scale benchmarking, you can request to have some personal numbers provided to you for the purpose of self-improvement and benchmarking your strengths and weaknesses.

Regardless of the source, your overriding goal for watching numbers is to identify opportunities for improvement – thus the necessity to have a starting point and a goal.

**Tip #3 Strategic Plan**

Perhaps the most common strategic planning method known is the SWOT Analysis. SWOT is an acronym standing for Strength, Weakness, Opportunity, and Threat. It is a comprehensive strategy for identifying key areas for strategic success. SWOT analysis can be performed on a project, a business, an event, or even your career status. SWOT is not just for a business, but understanding the concept, and applying it to situations, can help garner success in multiple areas.

For instance, you are nearing the end of your academic career and will assessing a professional move. SWOT it. Strengths- your qualifications, experience, motivation. Weaknesses – limitations, vulnerabilities, gaps. Opportunities – job market, locations, special interests and/or talents. Threats – changes in family, finance, obsolete knowledge. Now that you know your key strengths and weaknesses, you can plan for career success by knowing what jobs you should be looking at. Once have interviewed at a few different practices - SWOT them. Consider such things as: competitors in the area, client base, client relationships, facility design, services offered, technology used, professional development, future opportunities for ownership, location, expansion, etc.

Once you establish yourself as an associate, the SWOT analysis will be invaluable to you when you look at ways you can make a difference at the practice. Do you think the practice can benefit by using Fear Free techniques in the exam room – SWOT your idea and you talk to management. Would you like to change the standard operating procedure for a certain medical condition – SWOT it so you look at all angles and are prepared to discuss the proposed change. Being familiar with the SWOT is one tool you need in your strategic planning box.

Another necessary tool in your strategic plan for your success is your ability to succeed at time management. Of course, you have already had some success with time management as you navigate through veterinary school; however, some veterinary practices are not as conducive to time management as academia. Are you prepared to manage a 25-hour day? No, that is not a typo.

Your 25-hour day involves your family, career, personal enrichment, relaxation and a little bit of fun. As a doctor, you are expected to be busy, it is even considered admirable to be a workaholic. Why, many of us feel that if we are not busy, we must be lazy. In an attempt to satisfy what society has taught us, and to satisfy all the different directions we are going in, we try to fit everything into a ‘typical’ day, resulting in stress.

You are all doctors so you do not need to be told about the effects of stress on the body – or do you? Have you examined yourself and diagnosed the effects stress is having on you? Perhaps it is time to assess your current ‘condition.’ Once you have made your diagnosis, it is time for treatment and managing the condition.

A good treatment plan should include Stephen Covey’s “Time Matrix-Activities”, Jack Canfield’s “Power of Focus”, and David Allen’s “Getting Things Done”. Like a good treatment plan for managing a pet’s condition, these three treatment aides will help you manage your stress condition and time management efforts.

Lest you think this treatment plan only applies to your current condition while in veterinary school, consider the risk of aggravating your “condition” once you are an associate in a veterinary practice. Your 25-hour day risks expanding into a 28-hour day when you add the demands of your patients, the practice, and the people you work with. Successful time management skills while in veterinary school can easily be applied to your workday once you are an associate in a busy practice.

For example, the Time Matrix will make you evaluate activities such as: web browsing, TV channel surfing, email responding, telephone calls, exercising, making dinner, reading veterinary journals, researching a patient’s condition on VIN, attending a family activity, sleeping, etc. According to Covey, the urgent/important quadrant is the true emergency/pressing problem quadrant (things that are necessary and require you to manage them effectively). Important/not urgent contains such items for quality of life like relationship-building, planning, and true recreation (what you may want to focus on). Urgent/not important is where all those expectations of others come in – things that are presented as important but can actually wait (these activities need a bit of caution by you so you do not jump into them without thinking about the level of importance). Finally, there is the not important/not urgent quadrant. Here is where you find yourself, 2 hours later, after checking your twitter feed and getting sucked into click, after click, after mindless click. Your job is to be a master of your quadrants – to place activities in the quadrants and respond appropriately.

Categorizing activities can be difficult. Is that email or text message from a client urgent/important or not? Well, depends on the condition of the pet and the contents of the message. This is where you must become the master, and using Canfield’s tips will help. According to Canfield, much of our behavior is habit – we automatically respond to a text. Taking a moment to make a stop list helps you determine what you want from this communication and why, it can help you work smarter (because you are already working harder), it can help you to identify necessary changes and set up an action plan for change, and it can help you achieve balance in your purpose. Now, about that email from the client – she is always worrying about her pet, but ignoring her is not going to make her go away…no, it only makes her send more emails. A response, after considering what you to get out of this encounter and what you need to change in her behavior, will go a long way in improving your success in your personal and professional life.

**Tip #4 Human Resources**

We have all worked with a difficult team member at one time or another. There was the drama queen, the whiner; the cynic … the list goes on. One of the most difficult jobs of a manager or boss is making that person aware of their difficult behavior and how that behavior affects their fellow team members. What if the difficult person is the boss? What if that person is your manager? The drama and difficulties take on an entirely different level of stress and concern when the difficult behavior is coming from the person in the very position whose job it is to remedy any drama.

In most cases, drama is something that people try to ignore. Is there drama in your office? Probably, yes. The key is to identify to what degree is drama permitted and when to address it.

Many of us either have called someone a "drama queen" or have been called one. As a child, a parent or sibling may have called you a drama queen during one of your outbursts (perhaps when your sibling crossed that imaginary line in the backseat of your parents' car. As an adult, you may not have been called a drama queen to your face, but would you guess that lunchroom fodder might have been your outburst regarding a sterile pack not wrapped according to your specifications? Most likely you are in humble acknowledgement of your drama queen title.

Just what is the definition of drama at work? It certainly is not a literary composition that tells a story of human conflict (courtesy of yourdictionary.com), although it is human conflict. It is people expressing themselves, sometimes in an immature or unprofessional manner. It is complaining, showing emotion, overreacting, gossiping and so much more. Drama is cross-generational and cross-gender in the participants. It may be sporadic or an everyday occurrence. It can range from harmless, albeit disruptive behavior, to harmful and hostile activities. Ultimately, workplace drama is a behavioral response to stress. No business is immune to drama.

One type of drama, according to Marlene Chism, author of 'Stop Workplace Drama,' is the Drama Queen who plays being a victim. The Drama Queen is driving the car toward a destination that is for her personal gain, and is not aligned with the practice's vision. Drama Queens may be histrionic personalities, overreacting to seemingly minor incidents whenever order gives way to chaos. Who is a drama queen in your practice? Do not overlook yourself on this question. Perhaps it is someone who throws surgical instruments, or storms off when their instructions were not followed in the order they wanted. They usually have an order or agenda they want to follow and they accuse others of undermining the perfect work order they set up by not doing it their way.

Another type of drama is the Queen Bee. This person uses personal knowledge and power to bend the rules to get their way. This person plays office politics well and has built relationships that will result in recognition and attention. A Queen Bee is a controller who wants power and is impatient with the whining of others. Queen Bees sometimes surface with work schedule requests (I've been here longest, I'm the senior doctor, I'm married to the owner). Suddenly, drama kicks in when a schedule gets changed.

Then there is the whiner or complainer (according to Warner and Klemp, authors of 'The Drama-Free Office'). This person wants happy endings but feels powerless to change the situation. They will drag others into their drama by overreacting to perceived obstacles and portraying the situation as hopeless while trying to get more and more individuals to agree, whine, and complain with them. Complainers rarely take responsibility for their actions. We have all experienced the complainer during the course of the day. Complaints about those receptionists double booking too many sick pets, complaints about that doctor who won't call the client back and we know that client is going to show up angry, complaints about the nasty clients we aren't permitted to fire, complaints about the inept tech the owners won't fire. All of these complaints are usually followed by the comment that "someone" should do something about it...but who is this mystical "someone"? It is not the complainer or whiner that's for sure.

A cynic is one who becomes an expert in the failures of decisions by pointing out all the ways any ideas will fall short. Although valued in the practice for their skills, knowledge and abilities, the cynic only sees the downside of every situation. The cynic can bring down a group discussion fairly quickly with comments that 'we tried that before and it didn't work,' 'there's no way you are going to get the doctors to all do this,' 'no point in talking about it if the owners don't believe in it.' Cynics seem to relish in problem discussions, just not problem-solving.

And let us not forget the passive-aggressive behavior any of these personalities can espouse. Gossiping, sabotaging, or making snide remarks are all examples of passive-aggressive behavior. Their hostile behavior is subtle and enables the drama to continue. You know the remarks: "If you want to, you can TRY to draw the blood on that dog BUT you have to poke around so many times and this dog is mean," "I'm so angry at the boss, I'm just not going to be available when she comes looking for a tech to run that blood machine - see if she can do it herself." Perhaps we all became experts at passive-aggressive behavior in that backseat of your parents' car when you poked and made faces at your sibling until the drama exploded and you didn't get yelled at...but your sibling did. We make comments, take action (or no action), and wait for the other person to explode in anger and drama.

A word about gossiping - a form of passive-aggressive behavior and one of the biggest culprits of causing drama. Do not think gossiping is not occurring at your practice. Gossiping can appear as problem-solving, without ever really solving anything. Gossiping is defined (by Wikipedia) as "one of the oldest and most common means of sharing facts and views”, but it is also often loaded with errors. It is a way to see who is bonded to you. Gossip is a form of communication used by drama queens and cynics alike.

Drama usually starts with some event (involving a person, a situation, or a mindset) and is usually dependent upon the organization's culture. Common causes of drama are:

* Competing goals - Defined as goals or objectives that are in tension with, or inconsistent with the team goal. The practice's goal must be such that it focuses the team in their efforts, letting them realize what they are doing each and every day at their work. This clear, elevating goal will provide a guide for performance objectives and how to work together, thus reducing the likelihood that competing goals will take over.
* Relationship issues - when two or more team members allow relationship difficulties or differences to determine their behavior, rather than the team goal determining their behavior. Perhaps you will notice this as the "us" against "them" mentality, often a result of peer pressure and being one of the "us" or "them" gangs.
* Control Issues - When the question of "who's in charge" becomes more important than "what we should do" then you are dealing with a control issue.
* Differing values - contention over what the team's values are, or what the team's identity is, or what behaviors are appropriate, etc. For example, some team members may believe that the rights of team members to be "individuals" are more important than whether the team achieves its goals.
* Helplessness - When the team seriously doubts its ability to achieve the goal, or have an impact, or feels that too many critical factors are beyond its control, or adopts a strategy of going through the motions without actually changing anything. Helplessness can also result from a fear of rejection, working in an environment that is unsafe to suggest or try new ideas due to belittling or criticism.

Addressing drama starts with leadership. Leaders must set the example and nip drama in the fledgling state, stop it and divert the drama display to a more mature and professional dialogue. Larson and LaFasto recommend that the best strategy to have is for the leaders (senior members) to receive input from the team and make a decision using their leadership skills. This will most likely require you to have a meeting with drama offenders and simply state the behavior you are seeing, the effects of the behavior and the expectations and consequences. An effort must be made to avoid listening to a laundry list of finger pointing and excuses. As Larson points out so well, one must demonstrate consistent, courageous, and deliberate leadership to restore team productivity when there are difficult personalities derailing the collaborative effort. In other words, take control of the wheel and drive.

But what if the drama you are experiencing is with the leadership team such as your boss? It is not enough simply to label a boss as the “bad boss” – it becomes, at the very least, a mission of survival and, at a higher level, a call to a purpose for coaching them towards change. Recall the old adage, “People don’t leave jobs, they leave managers”. It would be very easy to point fingers at your “bad bosses”.

Instead of repeating horror stories about bad bosses, your challenge is to examine your managers, your bosses and yourself for some of the common traits people list on various website polls (Heathfield, Jackson, et. al.). You need to ask yourself – What behaviors do I consider “bad” for bosses? Do I display any of these behaviors? If I am in the running for a promotion, will my team complain about any of these traits in me?

* Have favorite team members who ‘report’ on others (i.e. tattletale), plays favorites.
* Ignore team members - never reward, recognize or motivate others.
* Fail to plan or fail to communicate plans, do not offer any guidance.
* Intimidate or bully others.
* Unaccepting of any feedback or criticism, never admit being wrong.
* Keep ‘stirring the pot’ and causing dissention among the team.
* Inconsistent, breaks promises, hypocrite.
* Take credit for any successes and blame others for any failures.
* Micromanage everyone.
* Unable to make decisions.
* Vindictive, never forget someone’s mistake or weakness.
* Covertly undermine others, shy away from confrontation.
* Selfish, arrogant, inconsiderate, feel entitled.

You have three options when working with a bad boss:

1. Quietly ignore the behavior OR spend time complaining to others
2. Quite the job – leave the bad boss behind
3. Try to fix the work relationship – manage up

Managing up is the most intensive choice. It means you are proactively working on the relationship in a way that benefits both you and your boss. You are learning how to communicate with and work with your boss. Before you think managing up is not worth the effort, Margie Warrell points out an important factor to consider – think of this work relationship as an opportunity. An opportunity to develop your own leadership skills by learning from the mistakes of others, and an opportunity to develop a better working relationship with the boss by learning how to work with them.

Understanding what is behind the behavior is your key to success in working with a bad boss, and for managing up and taking responsibility for your work relationship. Warrell and Mats offer up these helpful tips:

* Know what drives your boss, what motivates them.
* Learn how your boss likes to communicate (formal, informal, written, verbal, memos).
* Work with the boss’s strengths, being aware of the weaknesses and working around those.
* Do not fall into the same trap by being a bad employee and exhibiting the same bad behaviors.
* Discuss concerns with your boss and offer solutions, and certainly stand up to bullying.
* Make certain to check in with your boss, build trust and not let situations sneak up on them.
* Evaluate your past performance and communications with your boss for times that may have caused tension or your current relationship issues.

While none of these tips is a quick fix, they are strength-builders for your own skills. Certainly, if your boss is involved in unethical or illegal activities, leaving the job may be your best option. In many situations, it is about learning how to work with all types of personalities – understanding yourself as well as the boss.

As much as you may hate to think this way, you are in a relationship and must take some responsibility for making it work. You can learn valuable lessons from work experiences with a bad boss – what not to do, how to communicate better, how to build trust, and even how to exit a job on good terms!

**Tip #5 Operations**

Part of being successful at performing the operations (everything from communicating with others, to SOPs, to medical services) requires that you have been trained to perform the duties essential to your job. Not only will you be the “trainee”, you will also need to be the “trainer” to others on your team. Training is on-going, it never ends, and it will need to be done correctly.

When is someone typically trained at a veterinary practice? Most common answer – when they are a new hire. Second most common answer – when an employee exhibits subpar performance. Both of these answers address the need to “fix” someone. Fix the new hire and teach them the way of doing things and get them on schedule as quickly as possible, or fix the poor performance and get that person back on track. Yet there are other times when training should be considered: when a new piece of equipment is going to be placed into service, when a new procedure or service is going to be offered, when business performance needs improved, when a person is going to take on a management position, and (often a neglected aspect) when a team member wants to advance their professional skills just because they are interested in learning more.

Any of these scenarios are an opportunity to train someone on the team. The overarching goal of training should be to ensure consistent patient care, great client service and business profitability. None of these will occur by chance – you must have a plan. Here is your key take-home message:

The secret to successful on-the-job training is to have a plan that

aligns training with the practice’s strategic plan.

Your secret tool for a methodical assessment of your strategic plan is known as your KPIs – Key Practice Indicators. The KPI varies from practice to practice, with some indicators being similar in name but different in value. Your training program must take into account your business goals and objectives, noted by changes in the KPIs. Having KPIs is great for training initiatives because it gives you a starting point to monitor the need for training and the effectiveness of any training.

Consider three “trainers” you may have the opportunity to choose from: A senior (well-experienced) person on your team, a third-party provider, or virtual training. In addition to the trainer, the method of delivery varies and is based on the trainee and number of trainees, the topic being trained, the resources of the practices and the trainer’s skill level at training.

* Utilizing the experience of a senior team member requires some prep work prior to scheduling that person to train someone. Your choice must be someone who is competent with the tasks, skilled at demonstrating/teaching, and able to facilitate and assess the training. Having an immediate trainer on-staff affords you the luxury of a quick training set up, customized to your individual needs. The disadvantage may come into play if this person develops bad habits or becomes stale and outdated in their skill level or training style.
* When the job calls for it, a third-party provider may be the choice for training. Outsourcing your training to a third-party provider entails choosing a training service either experienced or licensed to train on a particular topic. Training formats can range from seminars, classroom instruction, or online training. On the plus side, you may be more acceptable of training received from an outside expert and the offsite location may help you focus because you are not being interrupted by the day-to-day activities in your practice. On the down side, the material being taught may be too generic for the needs of your business, covering the shifts of multiple employees may be difficult and it may be more costly to attend these training sessions. Another caveat to be aware of, some of these training providers may have other motives to highlight their agenda and additional services or products. Consider the training topic and your business needs, and then carefully evaluate providers before jumping into any training.
* Virtual training is a robust method of training when it is not feasible to gather all trainees in the same room or at the same time. This method of training is also advantageous for providing the trainee with an opportunity to learn at their own pace and in an environment they are comfortable with (i.e. at home or after their shift ends). Employing a virtual training program can be cost-effective and convenient for the business and the trainees, permitting an “on-call” training program that can be worked through at the individual’s pace. On the flip side, recorded sessions can quickly become outdated and lack personal interaction with the trainee.

The final step for a successful training program is measurement - you will not know how successful it is until you monitor some key metrics. Monitoring satisfies a couple of needs for a business: it is necessary for achieving a competitive advantage, it demonstrates the value of a program to business owners, it helps in diagnosing issues within the business, it serves as a motivator for change and it provides a guide for future business decisions.

In an effort to focus on the key indicators, Michael Kemp of Development Dimensions International presented the following Logical Path as a guide:

1. Prior to implementation - Identify needs, clarify your focus, and create a plan to ensure you are targeting the right needs.

2. During and after implementation - Evaluate, validate that the program you implemented was successful.

3. Identify expectations - Determine what new skills will be acquired, what behaviors will change, what effect on the team the training will have.

4. Determine the impact on the business - Savings, improvements, turnover, etc. What financial impact did the program have on the business?

Organize your thoughts and focus your training so as not to waste time or money. Take steps to ensure that you are addressing the needs of your entire Circle of Care - from the medical care given to the patient, to the client experience, to the success of the team and the business. Mapping out a clear plan ensures success. After all, the secret to successful on-the-job training is to have a plan that aligns training with the practice’s strategic plan

**Conclusion** – What Will Be Your Action Steps for Success?

* Marketing - yourself, marketing your ability to service clients and patients?
* Finance – numbers you are interested in watching
* Strategic plans – SWOT your career and how you will manage your time
* Human Resources – steps you will take to deal with drama or a toxic boss
* Operations – your training and how you can be involved in training others

Right now, this may seem that it is all about you. However, your actions will have a ripple effect and exert an impact on patient care, client service, team and business performance. Will you be successful? Will you make the Circle of Care successful? It really is up to you.

**References**

American Marketing Association Statement of Ethics. http://www.marketingpower.com/AboutAMA/Pages/Statement%20of%20Ethics.aspx

American Veterinary Medical Association. AVMA Code of Ethics. <http://www.avma.org/issues/policy/ethics.asp>

Gendelman, J. and Dunn, L. 2013, February. Training Day: Using Structured On-The-Job Training to Enhance Team Performance. Trends Magazine, 41-43.

Gendelman, J. and Dunn, L. 2013, April. 5 Steps to Maximize Training Effectiveness: Align your training with your strategic plan. Trends Magazine, 41-43

Heathfield, S. What Makes a Bad boss – Bad? About.com Available at <http://humanresources.about.com/od/badmanagerboss/a/boss_comments.htm>

Irvine, D. (August 30, 2012). Can You “Fix” a Bad Boss? Recognize This Blog Available at <http://www.recognizethisblog.com/2012/08/can-you-fix-a-bad-boss/>

Jackson, E. (July 27, 2012). 31 Telltale Signs You are a Horrible Boss. Forbes. Available at <http://www.forbes.com/sites/ericjackson/2012/07/27/31-telltale-signs-you-are-a-horrible-boss/>

Job Training Methods. Essortment Articles. Retrieved from http://www.essortment.com/job-training-methods-35229.html

Kemp, M. and Boatman, J. Measurement: Why, What, and How. DDI White Paper.

Kets de Vries, M. (2014, April). Coaching the toxic Leader. Harvard Business Review, 100-109.

LaFasto, F. and Larson, C. "TeamWork; What Must Go Right/What Can Go Wrong"

Lowe, Caitlynn. Veterinary Code of Professional Conduct. (http://www.ehow.com/facts\_6851330\_veterinary-code-professional-conduct.html ).

Mats, K. (March 11, 2014). Your Bad Boss is Your Problem, and it’s on You to Fix It. Popforms.com Available at <https://popforms.com/bad-boss-problem-fix/>

Phillips, C. Advantages and Disadvantages of Training Methods for Employees in Customer Service. eHow Money. Retrieved from <http://www.ehow.com/info_12114976_advantages-disadvantages-training-methods-employees-customer-service.html>

Salpeter, M. (June 3, 2013). 9 Characteristics of Bad Bosses. AOL Jobs.com Available at <http://jobs.aol.com/articles/2013/06/03/characteristics-bad-bosses/>

Warrell, M. (January 20, 2014). How to Handle a Bad Boss: 7 Strategies for “Managing Up.’ Forbes. Available at <http://www.forbes.com/sites/margiewarrell/2014/01/20/6-strategies-to-hanhandldling-a-bad-boss/>

Yglesias, M. (October 12, 2012). Who’s the Boss? Slate Small Business. Available at <http://www.slate.com/articles/business/small_business/2012/10/the_value_of_a_good_boss_stanford_researchers_show_the_economic_value_of.html>

Zeltzman, P. Veterinary Practice News, 2013 September. From No-Lo vet Practice to Profits in 7 Steps. Available at <http://www.veterinarypracticenews.com/September-2013/From-No-lo-To-Profits-In-7-Magic-Steps/>

Zielinski, D. 2012, May. Group Learning: Use social media to engage employees in knowledge sharing. HR Magazine,. 49-50.

2013 HR Benchmarks Trendbook. 2012, December. HR Magazine