

# “Top of Mind” Staff Topics—Part 1

Here are quick, candid solutions  
to some frequently-asked questions.

BY LYNN HOMISAK, PRT



*To Our Readers:* There are no foolish questions. Chances are that if you have a question or concern in your practice, others are experiencing a similar situation. We're here to help. PM [doctor and staff] readers are encouraged to submit questions to [lynn@soshms.com](mailto:lynn@soshms.com) which will be printed and answered in this column anonymously.

Following are some very real questions raised by multiple staff members at various workshops and seminars followed by quick, candid solutions that have been found to be effective. Any ring a bell?

Dear Lynn,

*How do you tell the doctor to not discuss money in the room with the patients? I have already asked him several times but he still does it.*

In some cases, it is actually more effective to have the doctor discuss fees with the patient. Some are really good at it; and others, not so much. If you feel your doctor has demonstrated he clearly lacks the skills to communicate financial issues, it may be time for an intervention. A little pro-active planning may avoid an unproductive, awkward conversation so exercise some due diligence. Join your doctor in the room when it's time to discuss fees and listen to his presentation. When the doctor leaves the room, ask the patient to repeat to you what the doctor just told them. Do they understand the cost of the procedure and all the patient-expect-

ed financial obligations?

If you find there is a 'disconnect' as a result of the doctor's financial discussion—the patient is misinformed, confused, or has little understanding of payment expectations—document and present those findings to your doctor. There are real life consequences associated with misperception of doctor-patient encounters. To the patient, this confusion could seem like incompetence, excessive billing, or worse, decep-

of your work? Are you truly slipping, feeling overwhelmed, not meeting expectations, etc.? Or do you believe your own fears and self-doubt are feeding that insecurity? Use a little introspection and remind yourself of your strengths, your attributes, and the reasons you were hired.

Once you've defined what they are, arrange time to talk with this individual, face to face. It is critical that you schedule a time and have a plan for what you want to say. Let him/

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tion. Once your doctor is made aware of these misunderstandings, he may be more inclined to empower a competent staff person to handle this discussion with the patient in the future, while he continues to do what he does best—heal those aching feet!

Dear Lynn,

*How would you approach and talk to someone you work for who you are intimidated by or have trouble communicating with?*

First, it's important that you understand why you feel intimidated; then take the necessary steps to overcome those concerns. Is this someone criticizing your effort or disapproving

her know how you feel and give that person an opportunity to respond. There is a really great chance that this person is not even aware of how they make you feel. Sure, face to face interaction is probably the last thing you want to do. Understood! However, what you resist, persists! Avoiding this communication will only continue to make you feel uncomfortable. It could also lead to more misunderstanding. Talking it out can actually light your path to resolution.

Dear Lynn,

*How do you handle it when the doctor doesn't want you to respond during a staff meeting?*

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*Top of Mind (from page 61)*

Wow! A doctor's disregard for feedback shows complete indifference towards the performance and

provider is permitted to disclose a complete medical record, including notes received by another provider, as long as it pertains to treatment or other permissible reasons noted in

quences for rule violation as outlined in your employee manual.

3) If you don't have an employee manual, create one.

Dear Lynn,

*What can I do about a co-worker who fails to take the initiative to do her tasks in the office?*

Employee productivity should always be documented with a performance review. Typically, these are performed annually by managers or employers. However, annual protocol should never preclude addressing their

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future growth of the employees and the practice! The good news is you are having staff meetings. The bad news: I expect this doctor will struggle mightily—growing and moving this practice forward. One solution is to simply ask the doctor at the conclusion of your next meeting WHY he/she refuses group discussion. You don't know what you don't know. Is it a timing issue? Are staff opinions not respected? You need to find out.

Try this approach (in your words); "Doctor, the staff truly appreciates that you set time aside to have regular meetings. We think they are important and want you to know that we care about this practice too. Because we are intimately involved in

the Rule. It is always recommended that proper written authorization from patients requesting their records is received prior to the release of records.

Physicians have some discretion to withhold certain mental health records if they believe the disclosure may be harmful to the patient or another individual. Also, test results (i.e., HIV tests or those related



failing work efforts, struggles, or lack of enthusiasm immediately, when observed. Learning what is preventing them from giving 100% will either lead to: a) the need for additional guidance, training, and the employee's desire to improve or b) termination, based on repeated lack of effort, regression, or failure to perform. **PM**

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activities that occur on a daily basis, we have the opportunity to observe positive and negative office issues first hand. We feel we can offer helpful insight and perspective that can streamline our operations and promote practice growth and development. Would you allow us to share some of our ideas with you during our next meeting? I'm sure you will find our participation productive and worthwhile."

Dear Lynn,

*Can we release records from other doctors that are in our charts?*

The general answer is yes. According to a HIPAA Privacy Rule, a

to substance abuse/treatment) may be subject to state-specific or other federal laws regarding disclosure. For more specifics, it's best to check with HIPAA. <https://www.hhs.gov/sites/default/files/privacysummary.pdf?language=es>

Dear Lynn,

*How do you address an otherwise excellent employee's appearance at work that you find inappropriate and unprofessional (low cut shirt, tattoos visible)?*

1) Follow the dress code outlined in your employee manual for all employees across the board.

2) Follow through with conse-



**Ms. Lynn Homisak**, President of SOS Healthcare Management Solutions, carries a Certificate in Human Resource Studies from Cornell University School of Industry and Labor Relations. She is the 2010 recipient of Podiatry Management's Lifetime Achievement Award and was inducted into the PM Hall of Fame. She is also an Editorial Advisor for Podiatry Management Magazine and is recognized nationwide as a speaker, writer, and expert in staff and human resource management.