Helping Your Managers Manage: The Hallmarks of Superior Supervision

By John B. Pinto

Here’s a true story exemplifying even the best practice management environments.

A Huey Cobra helicopter was just finishing up a nighttime practice run. The pilot was working on his low hover maneuvers at the air base when he tipped his tail rotor sharply backward, snapping off his tail boom. Without the tail—which keeps a helicopter from spinning around in circles—the helicopter took off like a pinwheel, sliding down the runway doing 360’s in a brilliant shower of sparks. As the Cobra passed the tower, the following exchange was heard:

Tower: (urgently) “Sir, do you need any assistance?!?!”
Cobra: (calmly) “I don’t know, tower. We ain’t done crashin’ yet.”

Sound familiar? Few business management environments are as vexing as ophthalmology. The simple, common sense routine of running any business enterprise—being nice to the customers and getting paid for what you do—must rub shoulders with the immense complexities of third-party reimbursement and the even-greater complexities of ophthalmic care, itself. Every day can feel like a slow-motion crash landing. Like the helicopter pilot, the best practice supervisors need to be calm and serene, even in the midst of disaster. Let’s talk this month about the other attributes of great supervisors.

Departmental supervisors are those middle managers who take direction from an office manager or administrator to translate the doctors’ policy decisions into daily activity. Most practices with only a few lay staff members can get by without mid-level supervisors. They only need one lay leader, the “office manager.” But with any more than about 8 or 10 staff, the span of control becomes too wide for a single office manager and it pays to nominate supervisors over the natural departments: clinical services (the techs,) patient accounts (billing,) reception, marketing, optical, and surgery center.

Unlike your practice administrator or office manager, department supervisors are on the front lines of running your practice. The right supervisors can make any administrator look great. Poor supervisors will undermine the effectiveness of even the most outstanding administrator, and can take down a practice much more abruptly than the helicopter in the story.

During a recent client conference with a group of experienced managers at the table, we brainstormed about the attributes of great supervisors. Here’s what emerged.

Direct Job Knowledge. It’s not absolutely necessary that a practice administrator know how to post a charge in the computer system. But it’s essential that the billing department manager be the most savvy person in the practice when it comes to patient accounts matters. Supervisors in most environments should be working managers. The chief technician should be on the clinic floor.
working up patients with his or her crew at least two or three days a week. The optical manager should be serving the customers.

Delegation.  Almost all supervisors are brought up from the ranks. They know the job. And as working managers they still spend most of their time doing the job. But they need to balance this with the ability to delegate. One of the most common complaints leveled at otherwise excellent supervisors is that they have difficulty delegating. Your supervisors should continuously strive for a balance between doing and delegating.

“Action Today” Oriented. While every manager needs to keep the keep their eye on the future, your practice’s supervisors should not be spending a lot of time pondering the long-term destiny of the practice. They should not be compiling endless, overly-elaborate to-do lists, which commonly lead more to procrastination than organization. Instead, they should be executors, working with their teams to plow through the week’s tasks.

Grace Under Pressure. Middle-management supervisors are squeezed in a four-way vice, pressured by patients, doctors, their administrator-boss and their own staff to get things right. Like the helicopter pilot, great supervisors are understated, upbeat and calm.

Accountability. Too often, the pressure of pleasing so many parties at the same time can lead to over-promising. Great supervisors are able to gauge the needs of the job at hand against their resources and be realistic about what they need in terms of time and staff to get the job done.

Communication. It should go without saying that superior supervisors are great communicators, starting with being very good listeners. Although most supervision puts a premium on verbal communication, your practice’s department heads should also be able to write clearly. Any practice with more than a handful of staff need to transition from being a purely verbal culture to writing down agreed protocols and procedures, and using frequent memos to keep everyone in the loop.

Discipline. Supervisors bear and uphold the operational standards of the practice. If these standards are wobbly because of an undisciplined supervisor, the practice, itself, starts to melt down.

Tough Love. Holding staff members to the operational standards of the practice takes more than discipline. It requires the ability to be tough with the people you manage. If a staff member arrives inappropriately dressed, they still get sent home, even if it means they’ll have to drive 40 miles roundtrip, and the clinic will run behind that morning.

Fairness. Staff, when they’re being well managed, will always tell me something like, “Susan, my manager, is great. She’s the toughest boss I’ve ever had to work for, but she’s also the fairest.” People do their very best work when they are supervised by someone who’s inordinately tough, but combines that with inordinate fairness.

Openness. People love working for managers who are open to their ideas. People hate working for a boss who will only take their own counsel…or worse, will twist things around and take all the credit for the ideas of their staff.

Forgiveness. All staff make mistakes. They’re human. So they need to be redeemed after every mistake. Nobody likes to work under someone who holds a grudge for an error made last week. Unless an error has been made that deserves frank termination, every staff should be able to erase
their personal error scoreboard by at least the end of the week and start out the following Monday with a clean slate.

**Adaptability.** Superior managers may as well wear a button that says, “I Love Change!” Rather than being rigid, and bristling at the thought of policy changes or alterations in the routine, they welcome every change for the better, and get their more resistant staff to support unpopular changes.

**Organization.** The very best supervisors I’ve ever met, in more than two decades of field work observing practices first hand, are working parents who have raised two or more kids. I’m the father of just one son, so I certainly don’t qualify, but I’m convinced that if you can properly manage a few kids, as a primary caregiver, you can just as well organize the world. Be sure to ask candidates for any supervisory position about their parenting style—you’ll learn a lot about how they’ll manage your staff and how organized and coordinated they’ll be. I like to call supervisory applicants at home, at about 7pm when things get especially hectic, to see how organized they really are.

**Guardianship.** Even the most robust practices are still relatively fragile as business organizations go. The best supervisors see themselves as protectors of the organization, the patients, the staff, and the doctors. If they see something that’s wrong, they act directly to correct it. If they think the practice is heading down the wrong path (wrong doctor, bad office location, etc.) they speak up.

**Mentoring.** Supervisors are coaches, cheerleaders and mentors. Staff proteges are well served if their supervisors have the patience and knack for passing along their knowledge and at the same time creating a hunger for career development. Your practice’s supervisors are the chief career advisors for each person they oversee. Every annual or semi-annual written staff evaluation should include a section on career development goals signed off by both the employee and their supervisor.

**Team Playing.** Not only are supervisors the leaders of their own small departmental team, they are also members of the larger team called the “practice.” Beyond technical skill, and leadership, your supervisors should have the ability to defer to the needs of the group. For a front desk supervisor, this means not allowing warfare to break out between receptionists and techs. For the head of the marketing department, it’s making sure that everyone is truly prepared for the new ad campaign that’s coming out on Sunday, and not slaughtered with calls and patients in the weeks that follow.

**Sacrificing.** Sure, there’s the glory. And the bump in compensation. But these rarely pay back completely for the stress and demands of being an effective supervisor. Managers have to be open to early and late hours, open to criticism, and open to the adverse consequences of making the occasional crummy decision.

**Maturity and Respect.** Every supervisor has the right to express their opinion. But sometimes, the organization and its board needs to bypass opinion and make an unpopular decision. The mature supervisor publicly respects the decisions of the doctors and administrator, even when they privately disagree.

**Humility.** In a world where you’re generating dozens of decisions and requests a day, you’re going to make mistakes. Managers (and doctors and administrators!) should readily own up to their mistakes, which will only cause staff respect to grow.
Personal Reserves. Ask your supervisors how much they’re giving of themselves to the practice. Most will probably answer, “Why, 100% of course!” This is the wrong answer. If any of your supervisors are having to give 100% of their personal best to get the job done, they’re working too hard. The adroit manager only gives about 90% so they consistently have some gas left in the tank during crisis periods…which, given that this is ophthalmology, is rarely very far around the corner.

Consider sharing this list of ideal standards with your own supervisors. As a group exercise, customize it to fit your special setting and requirements. And use the results to check periodically that everyone in a overseer capacity is living up to your practice’s expectations.

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