The position of office manager can be one of the most effective management tools for growing a practice without sacrificing quality of service. At the same time it can also be the greatest limitation to the quality of life in the practice for the staff and doctor alike. The difference lies in two important distinctions: the doctor’s and the staff’s perceptions of the job; and basis for selecting the person for the job.

In most practices, the office manager is perceived by the staff in the same way as they perceive the spouse who works in the practice: s/he is neither fish nor fowl. While s/he is officially “staff,” s/he has “broken ranks.” By virtue of accepting the position, s/he has declared loyalty and alignment with the doctor. “So what’s the problem with that?” you may ask. Nothing, in an ideal situation. Since the “ideal situation” seems to be elusive for so many, the real question to address it how to achieve the best environment in which the office manager can succeed.

One of the problems with the position of office manager is that it is difficult to promote one staff member without some resultant jealousy and animosity among the rest of the staff. Often, they view the office manager as someone who is now “above” them, rather than their equal. It is essential to create an understanding among everyone what the job description of the office manager is. The duties of the office manager are to facilitate lines of communication among the staff and doctor, and to empower the doctor to have more attention on the providing orthodontic care to the patient, by easing some of the administrative responsibilities of the practice. One way to support this understanding is to change the title of office manager, to office coordinator. (The term “manager” implies that staffs now have an intermediate “boss,” and too often the manager shares this misunderstanding. All sorts of problems arise from this one factor alone.) Staffs need to be assured that the office coordinator is not a barrier to their communication and relationship with the doctor, but rather, that designated administrative issues in the practice are to be channeled through the office coordinator. In these areas, the office coordinator is the “voice” of the doctor and s/he has the authority to act on the policies stipulated. At the same time, the doctor needs to remain open to any issues or problems that are not resolved if and when the channels of communication are followed.

When someone is designated the office coordinator, it is important to dispel the mostly unspoken belief among the staff that there is no opportunity for them to grow. In fact, creating the position of office coordinator should be an announcement that opens the possibility for anyone who perceives their job as a career, that the practice is a place to grow. Designating an office coordinator indicates that, as the practice continues to grow, there will be a need for other career moves, such as clinic coordinator, TC coordinator, front desk coordinator, etc. While the initial response among staff may be an emotional one feeling “left behind,” staff will let go of that fear when they come to believe that one person’s “promotion” opens the door for many to grow.

Other critical factors in selecting the appropriate person to be the office coordinator, are the skills, talents and personality of the individual. Many practices have utilized the information available from different personality testing, such as the Birkman Grid, the Color Code, Personalisis test, Myer Briggs test, etc. (If you haven’t done so yet, get thee to a test quick!) These tools provide a foundation for assessing a person’s natural propensities (e.g., whether one is detail oriented or big picture thinker; socializer or introspective, etc.) The determination of someone’s inherent talents will avoid putting someone in a position in which s/he will eventually fail. One such example of this kind of error occurring is the following: one of my clients decided that to improve office harmony and to empower staff, he gave the final say to staff in hiring new staff.
Most of his staff were what some tests refer to as “socializers.” They held relationship as a high priority, were strongly oriented toward people’s feelings, and scored low on confrontation skills. They hired someone everyone liked and got along with, to be the financial secretary. Some time down the road, the accounts receivable started to escalate. What they discovered was the new financial secretary was unable to manage collections… she felt so badly for people who gave her a story about why they couldn’t pay their bills, that she actually made a partial payment for one of the patients! While this scenario may sound like an extreme (and it actually did happen), it serves to illustrate the need to hire the right person for the job rather than selecting primarily on one’s feelings about prospects.

The “profile” to look for in an office coordinator is one in which the person is able to handle details, has the ability to get along with different personality types, and is able to handle difficult conversations with both staff and patients. While many people think this latter trait is a strictly a function of personality, I assure you that effective communication skills can be taught when there is a willingness and commitment to do so. Thus, if the candidate has the other traits, and is lacking in the communication skills department, arrange for that person to be trained and coached in this area.

When promoting from within, there is a tendency to select the person who has seniority in the practice. As demonstrated above, that may not be the wisest choice. If it is not, then for sure before you make any announcements to the staff about who will be the office coordinator, have a private meeting with the ones whom you did not select and inform them of your decision. Acknowledge them for the loyalty and dedication they have demonstrated, being sure to highlight their talents and contributions to the practice, and tell them what you envision for their future in the practice. Let them know upon what your decision was based, and request their alignment and support in having the office coordinator succeed. Their support will be pivotal in creating alignment among the staff as a whole.

The person to select should have a clear understanding of and commitment to the doctor’s vision and mission for the practice. The shared values of doctor and office coordinator will be the operating principles from which s/he will be empowered to operate autonomously. While policies and procedures will remain as the primary focus of the job, how to interact with them, knowing when something is a rule as opposed to a policy, and other finer distinctions in the decision making process will be formulated based on the prioritized values and stated practice philosophy.

Finally, with all of the above in place, the office coordinator needs to know, both in words and actions, that the doctor will back up the office coordinator when disagreements arise, and not waffle for the sake of keeping peace.

About the Author

Joan Garbo is a trainer and consultant specializing in effective communication skills, team building, and client relations. The results of her work are evidenced in increased client referrals, reduced stress, higher profits, and an increased sense of satisfaction and fun at work.

For information on office consults, executive coaching or speaker presentations call or write to:
Joan Garbo, Joan Garbo Consultants, 19 Glen Ln., Copiague NY 11726
(631) 608-2979
website: www.joangarbo.com
e-mail: joangarbo@aol.com