

**PRAISE  
MAKES YOU  
FEEL GOOD  
CRITIQUE  
MAKES YOU  
BETTER**

## Is Criticism Good? Listening to Your Staff and Patients May Improve Your Practice

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Just to be clear I don't mean it's easy to take constructive criticism but it is good and very necessary. Effective communication requires that we sometimes need to listen to the things that are difficult to hear.

Often, the patients are the first to know just what isn't working in our practices. Just look at your Yelp reviews to understand that. The next to know is staff, they see day-to-day what annoys or aggravates patients, often they are ones patients complain to and sometimes even yell at but too often that is where the criticism stops. The staff tries to shield the doctors from the negative feedback thinking it will upset the doctor or worse result in a "kill the messenger" action.

But if you create a structure for giving information, good and bad, don't wait to hold a meeting when there has been a problem and there is a need to recover, schedule a time each week to review and really evaluate your successes and challenges.

Once a week, evaluate each area of the practice, begin with the appointment schedule; look over each day, evaluating each patient encounter, what went well, what could be improved? The goal is not expedience but information. The receptionist should break down the initial encounter, was the patient happy when they arrive? If not, why not? If so why? It could be traffic or parking or a personal issue? Is it something that you can impact? Could they have been prepared for the parking situation at the initial appointment booking? Should you adjust your office hours to allow for better patient access? Is the paperwork burdensome? Instead of blaming the patient for their annoyance, consider presenting the need differently, I recommend all medical history information requests take place at the pre-testing encounter; it makes more sense to have this discussion with the tech rather than the front desk. You may also get information that is more accurate. Same suggestion for retinal imaging discussion, it's not about price or insurance coverages, it's about accurate information on the patients eye. But when the staff tells us that the patients are resistant, we put the onerous on the staff member. When you know that patients are annoyed or frustrated you can adapt and adjust the message. But you have to know! Ask the staff, the goal is to found solution not just patient bash.

The next step in patient contact in pre-testing or what I prefer to call the beginning of the exam, this is an opportunity to differentiate the practice, and speed is not the objective. Which days ran smoothly? How did patients respond to each situation? Did you connect with the patient and explain the quality of the care provided? How can your team do that? What do patients ask them? Are they afraid, (the dreaded puff of air), anxious about an issue they having? Or have we made the technicians so task focused that they don't have the opportunity to make the patient feel special?

Take a step back and discuss the patient experience with your techs allow them to give input on how to improve the situation.

Be aware that working with too many insurance companies just to get patients in the door won't have a positive financial impact if the patient experience is bad. Focus on quality patient care even if that means a slightly lighter appointment schedule, fewer quality appointments will serve you and your patient better.

Now onto the exam room, it takes courage to allow someone critique you, but listen to your team, really listen, they can give their insight on how you appear to the patient and how you might be more effective. Be willing to try something new. As a consultant, I am surprised when doctors complain about reaction they receive repeatedly from patients that frustrate them but they don't consider adapting their communication method. If you keep getting the same result...try something different.

Now, move on to each area of the practice, what happens once the patient exits the exam room? Do they move to the optical area, contact lenses, special testing, medical evaluations or to check out and insurance billing? Critique each patient encounter that week, what could be improved? Create an internal evaluation sheet for staff to complete, this structure may allow you get the more input of staff without their fear of recriminations.

Listen to patient feedback, surveys are a wonderful source, but be careful of outsourced surveys, while they get feedback, often from people who love or hate us, we need the information from the middle. Take the time to perform a written patient survey, offered from the doctor in the exam room, to each comprehensive eye exam patient.

My favorite survey is two questions:

1. Would you refer your friends and family to our practice?

If yes,

2. Why?

If no,

2. Why not?

Each and every patient contact and interaction with staff (including doctors) should be evaluated throughout the year. It would be nearly impossible to evaluate and adapt each area all at the same time. Make this an ongoing project, choose one area, have everyone on the team give input, get patient feedback, evaluate the information, make changes, give the changes time to take effect, follow up often, then move onto the next area.

The ability to change and adapt is critical to the long-term health of our practices but also for us a human beings, willing acceptance of change is a healthy state of mind.

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