

# Be a Real Professional!

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**I**n an era in which healthcare practices are striving to provide better customer service, reduce staff turnover, increase referrals, and build stronger revenues, we need a standard of excellence upon which to base our expectations, model our behaviors, and hold our team members accountable. This article lays a foundation for a model of professionalism that allows your practice to build a team of people who serve as consistent and energized representatives of your unique vision—no matter how big or small your practice.

**Key words:** Professional conduct; reputation; image; attitude; behaviors.

If I had a dollar for every time a new client said “I just want my staff to be more *professional*,” I’d be so rich that I might stop re-using my paper towels!

Oh—that wasn’t a very professional thing to say. Or was it?

What does it really mean to “*be professional!*” The answer depends on who you ask. Some use the phrase to portray neutrality and cool-headedness, others see it as a display of expertise or credentialing, and many describe it as being “nice” or even “grown-up.” The phrase has been used philosophically to portray a solemn trust or commitment,<sup>1</sup> and critically as a statement of admonishment when people display “inappropriate” behaviors. When we look in dictionaries, we find still more definitions of “being professional,” all of which may be summarized as: *behavior that is not personal or amateur, and that conforms to a certain set of standards.* But what are these standards?

Most often, the phrase “be professional” is code for a type of conduct that we expect from people in business. The problem is that the general, undefined nature of this code leaves us wondering exactly what we are supposed to DO when someone tells us to “be professional.”

Ironically, there is no easily referenced statement of “being professional” that concretely explains it such that we can act on it. Nevertheless, patients want it in their doc-

tors, administrators demand it from their staff, and clients asks us to teach it in our training.

There are many more questions than answers. Is professional behavior the same in every situation? Is “being professional” in an operating room the same “being professional” that we want in our exam rooms? Should everyone be professional, or is it limited to certain types of people or positions? Do we have different levels or expectations for being professional based on credentialing or longevity of experience? What does it mean to “look professional,” to present a “professional environment,” or to “treat our colleagues as professionals?” Can we answer all of these questions in a simple manner so we all know what to do all the time in every situation? Can we (or even should we) standardize “being professional?”

## ***Everyone’s definition of “professional” is different.***

It seems that if we are going to demand it from each other, then at the very least, we should make an effort to define it. The challenge in defining how to “be professional” is that we have worked for decades without a clear definition. As a result, our behaviors have been guided by a series of assumptions. Never is this more evident than when I ask my clients to define the specific behaviors that they associate with their ideal of “being professional.” Typically, they are stymied; confused about why I would be asking them to define “professional” when the word accounts for 50% of my company name! The reason is simple: because *everyone’s definition is different.*

As clients begin to describe the picture they have of being professional, they are often surprised by their own

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answers. Some discover that the behaviors they are describing are formal and sterile, and would yield precisely the *opposite* outcomes of what they actually want in their practice. Others realize that they don't know how to describe what they want, but that they can easily spell out what they *don't* want. They begin to list nonprofessional behaviors such as: gossiping, back-biting, eating lunch in front of patients, dressing provocatively, or arriving late. They are also quite clear about the behaviors that they want to eliminate among their physicians, like failure to respect others, inadequate follow-through with referring colleagues, inaccurate or incomplete charting, or barking orders at subordinates.

In order to stop unwanted behaviors, leaders typically instruct others to be professional. That's a bit like telling a young child to be good. When I was five years old, my mother left me with a babysitter and told me to "be good." I thought I was being *very* good when I gathered every one of her beautiful shoes and gave them to the lady at the door who said she was from the Salvation Army. As it turned out, that wasn't what my mother meant by "be good." How do your team members interpret your request when you say "be professional?"

***It's time we agreed upon a general statement of "being professional," as well as a method for achieving it.***

It's time we agreed upon a general statement of "being professional," as well as a method for achieving it. From this, we can then develop a standard of excellence upon which to base our expectations, model our behaviors, and hold people accountable.

## **BREAKING THE CODE**

I propose the following definition; I have found it to be the most accurate representation of what my clients are trying to create in their practices:

**Being Professional:** *Consistently adhering to a standardized set of behaviors and attitudes that allow all members of a team to: 1) represent the unique vision of the practice; 2) bring out the best of themselves as individuals; and 3) tend to the needs of others with grace and expertise—regardless of whether they are busy, emotionally distracted, or physically challenged.*

For some readers, this definition will resonate as a comforting and logical clarification of something they've known all along. They will use it as a launch pad from which to build a specific set of behaviors for their practice and move on to a higher level of excellence.

For others, there will be a moment of disapproval. They will question whether it is professional to put in writing that we are, first and foremost, human beings who have

days when we don't feel like being "nice." But the reality of healthcare is that doctors, clinical staff, and administrative personnel are real people, with real emotions and real challenges. If we ignore that fact, it doesn't go away. Rather it grows into a virus of negativity that ultimately eats into your bottom line.

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The simple truth is that when we ask people to "be professional," we have to be clear about which parts of their real selves we are asking them to put aside and which we want them to bring out. We have to recognize that some situations are harder than others and some days are more emotionally or physically stressful. If they don't come to you equipped with the tools to manage those times effectively, then either change your hiring plan or change your training plan. Getting the best from your team means that you have to recognize them as whole people and make certain that they understand precisely what you want and how to give it to you.

## **GETTING SPECIFIC**

The definition of "being professional" is only able to be fully actualized when you answer these four questions:

1. "What is our specific vision for the practice?"
2. "What is the specific image that will project our vision to the people we serve?"
3. "What are the specific attitudes and behaviors that will help us to portray that image?"
4. "What specific actions must we take so that every individual in our practice will adopt and implement these attitudes and behaviors effectively and consistently?"

You'll notice that the word "specific" appears in all four questions. Getting meticulously specific is the key to this process. In point of fact, the miscommunications that occur when we aren't specific are at the very root of our *lack* of professionalism in healthcare. How can we hold people accountable if we haven't outlined our expectations? How can we serve as effective role models if we aren't clear about what we are supposed to be modeling?

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Your version of "being professional" will differ from that of other practices, based on how you answer questions 1 and 2 above. That's an exciting thing, because it helps you

to differentiate your practice from that of your competitors. Your vision and image will dictate the necessary attitudes and behaviors, and so it's imperative that you begin there.

Here are two abbreviated case studies, both of which are examples of being professional:

## **PRACTICE # 1: SOLO FAMILY PRACTICE**

### **Practice Vision**

Our practice is a place where all generations can come to get primary medical help and education. We are committed to the belief that every patient deserves the time and attention to be heard, understood, and treated with personal respect and the best that medicine has to offer.

### **Primary Desired Image**

Caring, Friendly, Patients-First, Accessible, Warm, Children Welcome

### **Sample Attitudes**

- “I choose to work in this practice because I enjoy building close relationships with the people in our community.”
- “I look for whatever I can do to help them to feel comfortable and safe while in our care.”
- “Friendliness is most important with those patients who aren't friendly back to us.”
- “We're more of a family than a work team. We know all our patients and their families really well, and have laughed or cried with most of them.”

### **Sample Behaviors**

- Support staff wear a uniform consisting of one of five different sets of scrubs (chosen daily by individuals according to personal taste); the doctor wears business casual with lab jacket.
- Reception area is filled with local publications, toys, plants, cards from patients, and photos of babies.
- Clinical staff enter the reception area and welcome their patients as they would a friend into their home (as opposed to standing in the doorway and calling out the patients' names).
- Staff members paste post-it notes on the front of files so the doctor can stay apprised of important events in the patients' recent life (weddings, grandchildren, etc.).

### **Sample Leadership Actions**

- Instruct staff and doctor in communication skills that allow them to build rapid rapport, engage in brief dialogues without divulging personal data, and end conversations gracefully.
- Help staff to identify which types of patients are intimidating and give them specific skills to master their discomfort.

- Set up schedules such that the doctor can give each patient an additional 3 to 5 minutes for the relationship-building portion of the visit (note—this time is not billable).

## **PRACTICE # 2: ORTHOPEDIC AND NEUROLOGY GROUP PRACTICE**

### **Practice Vision**

AAA is the premier orthopedic and neurosurgery practice in the region. With 18 subspecialty-trained physicians, we are the largest, most comprehensive practice of its kind in BBB and CCC counties.

### **Primary Desired Image**

State of the Art, Innovative, World-Class, Multi-Specialization, Results-Oriented

### **Sample Attitudes**

- “I'm in this practice because I want to be a part of a fast-paced environment that helps people to be the best they can be.”
- “I'm proud of the fact that we're always looking for new advances, and I stay on top of the literature every week.”
- “We don't have time for ‘maybe's’—it's my job to get it done.”
- “I enjoy the sense of achievement when we help our patients to get out of pain and resume their active lives.”

### **Sample Behaviors**

- Support staff wear identical scrubs, crisply ironed; the doctors wear white lab coats with business attire; and the administrative leaders wear blazers with the practice logo.
- Reception area is stocked with informational brochures, copies of articles written by and about the group, and posters of active sports legends.
- Noncredentialed team members are knowledgeable about the areas of care offered in the practice and speak clearly and concisely when patient questions arise.
- Doctors inter-refer and take a team-approach to patient care.

### **Sample Leadership Actions**

- Instruct staff members in communication skills that allow them to efficiently move patients through the system while maintaining a friendly, welcoming demeanor.
- Doctors provide in-service to staff so that they can answer FAQs and save the doctors time.
- Hold quarterly partnership meetings to reestablish vision, goals, and priorities in a constantly changing field.

Obviously, there is a lot more involved in being professional than can be listed in the examples above. The

important thing is to recognize that each of these practices focused its attitudes and behaviors to be in direct response to its vision and primary desired image.

***The more you demand of your team members, the more time you have to devote to defining your expectations and training them on the specifics of making it all happen consistently.***

Of course, some practices would like to be friendly *and* large. All that means is that you need to expand the definition of your vision and image, and then expand the attitudes' and behaviors' portion commensurate with your goals. Just remember, the more you demand of your team members, the more time you have to devote to defining your expectations and training them on the specifics of making it all happen consistently.

Once you've chosen your vision, primary image, attitudes, and behaviors, then you can incorporate that into your hiring process. Look for people who naturally portray the specific behaviors you seek. For example, you probably wouldn't choose a touchy-feely, chatty receptionist for Practice # 2, but that same person would be ideal for Practice # 1.

Above all, it's important to choose your version of "being professional" so that it closely represents the personality of your doctors. Too many practices try to create an image that doesn't match their physicians. The end result is a conflicted message that confuses your staff, your patients, and your referring practices. Further, it's self-defeating. Ask anyone who has experienced the stress that comes from pretending to be someone that they're not, and he or she will tell you: it's difficult, it's exhausting, and it often leads to burnout, significant turnover, and the decline of a practice.

## THE BOTTOM LINE

Differentiate your practice by determining your unique version of "being professional," and then motivate and align your team by helping them to develop the key attitudes and behaviors that will allow them to be professional in a way that brings out the very best in each of them. In the end, you will find an exciting synchronicity that will result in a solid reputation as a practice that is consistently professional. ■

## REFERENCE

1. American Medical Association. *Declaration of Professional Responsibility*; [www.ama-assn.org/ama/upload/mm/369/declaration.pdf](http://www.ama-assn.org/ama/upload/mm/369/declaration.pdf).