

Guest Author Bob Cooper: The Leader As Talent Scout

Have you ever regretted a hiring decision?

You thought the individual would be a self-starter, but you found yourself having to give constant direction. Perhaps you needed someone with excellent customer service skills, and received complaints about the individual's attitude and behavior.

One explanation for this dilemma can be found in the book "Now Discover Your Strengths" by Buckingham and Clifton. The authors differentiate between knowledge, skills, and talents. Talents are innate, whereas skills and knowledge can be acquired through learning and practice. You don't teach someone to be a self-starter, no more than you teach someone to have a talent for empathy. This is why even after providing training on assertiveness skills, or how to provide excellent customer service, we don't see much improvement or any at all.

I learned this lesson many years ago from a mentor named Bill. Bill was Vice President of Distribution and an excellent talent scout. During an off-site management retreat, Bill introduced his new warehouse supervisor. Bill explained that what he needed for this position was someone who has excellent communication skills, is decisive, and assumes accountability. Bill explained that he found the new warehouse supervisor in his health club. He had observed over several months how this individual communicated with others, the respect he was shown, and how he thought about resolving problems. Some of you might be thinking – "He found a manager while working out?" The point Bill was making is that he knew that he can provide the knowledge and skills required to be a

warehouse supervisor, but he needed the talent to lead. I remember the day Bill asked me to move from the position of Quality Circle Facilitator (a staff position) to Customer Service Manager (with 30 direct reports). I said “Bill, I don’t know this operation, and I have never held a management position – why did you select me?” He looked me in the eye and said “Bob, people believe in you, and will follow you. You will learn the departmental functions, I can’t teach what you have.”

The point in sharing these stories from Bill is this – you must think about your hiring and promotional decisions very carefully. If you focus primarily on knowledge and skills which can be taught, and overlook an individual’s talent, you can find yourself regretting the decision.

How do you find talent?

One strategy is to use behavioral-based interviews to assess whether or not this person has the talent you need. For example, if you require someone who is decisive, you might tailor your questions toward asking the candidate to discuss difficult decisions they had to make, and how they went about it. You might need to follow-up by asking for specifics. If empathy is an important talent, you might ask the individual to describe specific situations where a customer was very upset, and how they handled the situation. Pay close attention to how they describe the situation, and whether you get a sense that they fully connect with the importance of empathy. Although this is not an exact science, it puts the focus of your interview on the most important area – talent. We often make the mistake of looking at a resume and being overly impressed with the individual’s accomplishments. The real question is – how did they go about getting the job done? Are they consensus builders? Do they build strong teams? How did they overcome obstacles? Did they develop a successor? With an internal candidate, don’t make the mistake of promoting

someone who has good technical skills and poor interpersonal skills, with the hope that they will learn to deal more effectively with others. Identify the talents needed for the role, and determine if this individual “owns” this or not. Don’t try to train them to be strategic, or nice, or anything else. They are who they are, and that’s OK. Select individuals who demonstrate on an ongoing basis the talents needed for success.

You might not find your next manager in a health club, but leaders should always pay attention to an individual’s talents.

Our role as leaders is to build on people’s strengths, not placing too much attention on improving weaknesses. Place individuals in jobs that allow them to leverage their strengths. If someone loves dealing with customers, and has a natural ability to do so, don’t put them in the back office. If someone doesn’t deal well with others, don’t force them into a position where they need to build consensus, and then be disappointed when it doesn’t happen.

I encourage you to use peer-interviewing as a strategy to find a good fit for a position. The person being hired will need to work well with colleagues, so why not engage the colleagues in the selection process. Teach your staff to also be talent scouts.

An organization is only as good as its people. Being a good talent scout is a competitive advantage. You build customer and staff loyalty, reduce turnover and the associated recruitment expenses, and build a winning team for the future.

Always be on the look out for talent, it’s always around you.

For a complete listing of our services, please visit us at www.rlcooperassoc.com



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Innovations in Organizational Management

Who Does What in a Medical Office: Basic Position Descriptions

Front Desk/Check-In

- Greets patients and visitors to the practice
- Registers patients in the practice management system which may mean entering information given verbally or on registration forms
- Collects identification and insurance cards and copies or scans them for the record, may photograph the patient for the record
- May collect co-pays or other monies
- Prints encounter form (also called superbill, routing slip, or fee ticket) with updated information, or updates information on the encounter form
- Has patient sign financial agreement, receipt of privacy policy, benefits assignment, etc.
- May answer phone calls, take messages and make appointments
- Directs visitor (drug reps, salespersons, etc.) appropriately

Medical Records

- Primary responsibility for the integrity and management of the medical record, whether paper or electronic
- Controls record filing (paper) or indexing (electronic)
- Fulfills requests by patients, attorneys, insurance companies, and social security for release of records
- May manage paper faxes and messages by attaching to charts and delivering to provider
- May prepare paper charts for chart audits by payers or others
- May be the HIPAA Officer

Medical Assistant, LPN or RN

- May assist Physician, Nurse Practitioner or Physician Assistant with procedures
- Depending on state laws, may give injections
- May perform procedures independently (ear wax removal, staple removal, etc.)
- Provides Medicare patients with an Advance Beneficiary Notice if any lab test or procedure to be performed in the office will not be covered by Medicare
- May perform phlebotomy (draw blood)
- May collect specimens, perform basic laboratory tests and chart results
- Provides patient education verbally and by providing written materials
- May schedule tests or procedures ordered by the provider
- May schedule surgery and prepare surgery packets for providers (*this may be delegated to a surgery scheduler if this position exists)
- Calls patients about test or procedure results; returns patients calls with answers after consulting with provider
- Prepares exam room for procedures (PAP smears, excisions, etc.), marks specimens for lab and pathology
- Cleans exam room after each patient and stocks exam and procedure rooms with supplies

- May be responsible for ordering office medications and medical supplies
- May perform lab controls daily and check and record temperatures on lab refrigerators and freezers

Triage Nurse

- Takes incoming calls from patients and gives them medical advice according to predetermined nursing protocols
- Makes decisions about patients needing to be seen urgently, same day or next day
- May be delegated callbacks from providers or other nurses
- May see walk-in patients and triage their condition

Lead Nurse, Charge Nurse, or Nurse Supervisor

- Assigns clinical staff specific responsibilities
- Manages clinical staff schedules, using agency or temporary staff as needed
- Performs annual competency exams on staff
- Ensures all staff are current on licenses, continuing education and CPR
- Problem-solves patient issues
- May be responsible for ordering office medications and medical supplies
- Has responsibility for medication sample closet upkeep
- May perform annual evaluations for clinical staff
- Responsible for equipment maintenance and makes recommendations for medical equipment as needed
- May be the Patient Safety Officer and the Worker's Compensation Coordinator

Referral Clerk

- Reviews orders written by providers and determines where test and procedures may be performed based on patient's insurance

- May provide the patient with information about the test or procedure cost and what the patient's financial responsibility is estimated to be
- Pre-authorizes, pre-certifies, or pre-notifies the test or procedure if required by the patient's insurance company
- Schedules the test or procedure
- Provides the patient with information about preparation for the test or procedure

Lab Technologist/ Phlebotomist

- Receives laboratory requisitions from provider and collects specimens according to provider order
- Provides Medicare patients with an Advance Beneficiary Notice if any lab test or procedure to be performed in the office will not be covered by Medicare
- Performs tests or packages specimens to be transported to reference lab
- Receives results back from the labs and matches them to charts
- Performs lab controls daily and checks and records temperatures on lab refrigerators and freezers

Check-out Desk

- Reviews services received by patients, checking to make sure that all services received were checked on the encounter form
- Enters charges in the computer system for services received
- Tells patient if any additional monies are owed if co-pay was collected at check-in
- May sign patient on to a payment plan if needed
- Takes monies owed, posts monies and produces a receipt for the patient
- Makes return appointment for the patient if needed, or enters recall into the practice management system

Billers or Collector

- Corrects claims that are rejected from the claims scrubber, clearinghouse or payer
- Files secondary and tertiary claims as needed, electronically or via paper
- Posts receipts from insurance companies and patients and edits any electronic remittance advice; may post from lockbox account on the web
- May prepare deposits and/or make deposits
- Generates patient statements
- May check eligibility on patients with appointments and call patients whose insurance is not active (*may be delegated to a financial counselor if this position exists)
- Calls patients who have not made payments in response to statements
- May turn patients over to third-party collectors
- Takes phone calls from payers or patients about billing issues and resolves issues

Coder

- Reviews notes from inpatient or outpatient encounters and codes them according to the documentation
- May post charges for services rendered
- Audits chart documentation for quality purposes to ensure that provider coding and documentation is synchronous
- Introduces changes in procedure (HCPCS) and diagnosis (ICD-9) codes and educates staff on the use of new codes
- Ensures encounter forms and practice management software is updated appropriately with new and deleted codes
- May be delegated the Compliance Officer

Billing Supervisor

- Reviews the work of coders, billers and collectors and

performs quality audits to benchmark acceptable error rates

- Prepares or reviews deposits and tracks daily charge, collection, write-off and deposit information, watching for monthly aberrations by payer or date
- Reviews Accounts Receivable (A/R) reports, looking for trending or specific problems to be addressed with staff or payers
- Brings to the attention of the Office Manager or Administrator any issues with non-standard payment trends, denials or non-covered services.
- Performs evaluations for billing department staff
- Takes escalated patient complaints
- May credential providers with new payers or recredential providers with payers or hospitals

Office Manager, Practice Administrator, or Practice Manager (see the Library tab for job descriptions) see my posts on what an administrator does [here](#), and a day in the life of an administrator [here](#)

- Performs all human resource functions for the practice
- Has ultimate responsibility for all money flowing in and out of the practice – makes deposits, pays bills, etc.
- Contact person for all computer system, equipment and phone system issues
- Responsible for day-to-day operations, advises supervisors on issues and problems
- Resolves escalated patient complaints
- Meets with vendors and researches possible practice purchases
- Negotiates all practice contracts
- Meets with staff and providers on a regular basis

These descriptions will not perfectly fit most practices, this is just a generalization. Each practice divides duties based on the number and skills of the staff in their office, and their specialty. These descriptions should help to define

what the basic tasks are in most practices.

Dear Mary Pat: How Do I Go From Being a Co-worker to Being the New Office Manager?

Dear Mary Pat,

I have recently been promoted to the Office Manager position. I'm nervous and excited all at one time. I'm worried about how the staff is going to react since I'm their friend and we have great times together at the office and out of the office. What is your recommendation on my future change in title and my relationship with the staff?

T.

Dear T.,

Congratulations on your promotion to Office Manager!

It can be very hard to successfully move from being a co-worker to being the office manager, but it can definitely be done. It took me a long time to be able to separate my relationships with the staff from my responsibilities as a manager. I tell people who work for me that if we have a personal friendship, it will in no way change any decision I make as a manager and I stick to that.

This is my recommendation:

Meet with each of the staff one on one and talk to them about your concerns. Tell them you value their friendship and the relationship you've had, but in your new role you might be called upon to fulfill some duties that they would classify as

“unfriendly.” Let them know that you are taking your new responsibilities seriously and that you will need to protect the organization first and foremost. Tell them that the best outcome for everyone is a win-win situation where the employee and the organization are both winners, but if it comes down to a hard decision, you will need to act in the best interest of the practice.

As far as how you act:

Read my article on eating lunch with the staff. Do not get drawn into discussions about work with the staff when at social events. Try never to drink with co-workers so you don't say something you'll regret in the morning! No matter what, keep things confidential. Be careful what you share, even with the physicians, as they sometimes are unable to keep confidences. Make sure to tell the same thing to all staff, for instance, put policy changes or protocol changes in writing so everyone hears the same thing. Be very careful to not be seen as having favorites.

I hope this helps and please write back with more questions!

Best wishes,
Mary Pat