A Word of Advice

By Eric Postal, MD [4]

When asking a radiologist for advice on how to better run a practice, listen to what they say.

We physicians are professional givers of advice. We tell people what we think is wrong, what might go wrong in the future, and how to make things right again (or at least move in that direction). Consultants, such as those of us in radiology, give advice not just to patients, but to other physicians as well—how best to diagnose or track disease, for instance.

One of the issues with giving advice, rather than a command, is that it can be imperfectly heeded or entirely ignored. In our overly-legalized health care world, we have been given disproportionate liability for the consequences of our advice not being taken, and we, therefore, now document our efforts at every turn. For instance, peppering the written record with verbiage like “noncompliant” lest patient X’s failure to take meds, show for follow-up, etc. be laid at our feet.

A less legalistic and more human element is that people don’t much like it when they give advice and it is not followed. An advisor might regard this as a demonstration of disrespect for the advice, the time and effort taken to impart it, and by extension the advisor himself. This phenomenon covers a broad spectrum of circumstances. One extreme: Two individuals, neither with more expertise than the other, are going about their business when one tells the other, uninvited, how he should be conducting his affairs. The would-be advisee might understandably respond with “Who asked you?” Not having exerted himself much by this brief exchange, the advisor (unless an egomaniac) might not be particularly offended by the brushoff.

Another extreme: an organization (let’s make it a hospital, since we’re in medicine after all) approaches a subsection of its staff for advice (let’s make it the radiology department, asked about a better system for ordering studies). The advisors-by-invitation have unquestioned expertise in the area of interest. They proceed to put in considerable time and effort, and the advice they produce is the best of which they are capable. If their contribution is then ignored, or filed away unused (same difference, from their perspective), they might be a bit more put off by the experience. Of course, even highest-quality advice routinely falls on ears of tin. Generally, the higher-quality stuff demands more effort and better credentials, experience, etc. of the advisors, who understandably tend not to offer themselves freely. What they want in return varies. For instance, there’s no shortage of pricey consulting firms out there to illustrate that financial compensation is one incentive.

Alternatively, advice can be sought from those standing to benefit if it gets enacted and produces results. In the example above, perhaps the radiologists hoped to have a more productive and satisfying work experience with a better study-ordering system. In addition to being cheaper than retaining an outside consultant, this approach ensures that your advisors intend to live with the proposals they’re making, rather than the consulting firm which will collect their fee and move on. If not recruiting outsiders for their two cents (would that it cost so little!), a would-be advisee might give some thought as to the small pool of in-house advisors that is generally in play. Getting back to
the hospital/radiology scenario above, not all of the rads are going to be interested in participating in the advising process—sitting in committee meetings, researching ideas, etc. Some might have interest, but already be overtaxed with other things. Being optimistic, maybe 10%-20% of the rads will be up for the project.

Now, fast-forward to the part where the hospital receives the recommendation of these rads, and chooses not to use it. Perhaps it does so with superb diplomacy, and manages not to offend in the process. There’s still going to be some disappointment and frustration amongst the professionals who gave of themselves. Maybe, the next time the hospital reaches out to the rads for a similar matter, there will be fewer willing participants. It might not take too many such projects before those stepping forward do so with greatly diminished enthusiasm, or indeed none volunteer at all.

There are, of course, ways to counteract such attrition. Rewarding the advisors with something beyond the theoretical notion that their ideas are being heard never hurts: A couple of free meals, perhaps, or protected time off from routine daily responsibilities to focus on the project. Maybe even a financial stipend (albeit well below what an outside consulting firm might have cost).

The would-be advisee might also consider, even before putting out a call for advisors, just how likely it is that it will act on anything they have to say. If the eventual course of action is more or less known at the outset, or if the advisors’ recommendations can be predicted and they will not be feasible, it might be best to forego the exercise. For instance, instead of recruiting advisors 10 times and using their suggestions once or twice (a “success” rate of 10%-20%), call them up perhaps five times with the same 1-2 instances of accepted input (success now in the 20%-40% range). Such restraint could visibly increase the frequency with which advisors see their input put into action…and more eagerness to participate might result in the future.

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