



Why You Think Your Associate Is an Idiot

By Paul S. Inselman, DC

It is interesting that I field about three calls per week from senior doctors ranting and raving about how his or her associate is an idiot. It also amazes me that I get about six calls per week from young, extremely talented associates who think their employer is an idiot. So who is correct? The answer is nobody!

Great senior doctor–associate relationships are made, not born. This article will distill the major problems and offer you simple fixes. One of the greatest experiences for both junior and senior doctors is having a terrific, loving, and profitable relationship. There is no reason why that can't be achieved.

Mistake #1: Poor expectation management on both sides. Senior doctor is typically hiring someone so he or she can take time off, or because the practice is so busy that they need more hands on deck to help.

Junior doctor is typically associating because he or she lacks the funds, business skills, or clinical confidence to open his or her own office. Therein lies the problem.

Senior doctor's expectation is to take time off and therefore does not have the time or the desire to take the time to teach the junior associate the skills that the he or she is seeking. So

now junior doctor's expectations of being taught are not met, so he or she gets angry. Senior doctor's expectations about being able to leave the keys and go on vacation are not met because junior doctor does not know how to run the practice, so senior doctor gets angry.

The fix is for both doctors to state their respective expectations, and that each doctor finds time in their schedules to make sure that each person's expectations are being met. Other common mismatched expectations include the number of new patients that are expected to be brought into the clinic by the associate; formal training schedules; timelines for skill mastery; raise in pay criteria; bonus criteria; and ownership opportunities.

Mistake #2: Different communication styles. Each generation has its own language and ideals. A perfect example is the miscommunication between Archie Bunker and his son-in-law Michael "Meathead" Stivic on the television show *All in the Family*. If you are too young to remember that show, do yourself a favor and YouTube an episode or two. Here is a breakdown of the most typical and popular generations:

1. Born between 1901 and 1924 having lived through the Great Depression is appropriately named the Greatest Generation. They fought in World War II and are tough,

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resilient, love God and country, and get the job done. Their communication style is direct and to the point. They say what they mean and do what they say. They are always punctual, respectful, and demanding of both themselves and others.

2. Born between 1946 and 1964 immediately following World War II as the soldiers were returning home are the Baby Boomers. Baby Boomers are optimists, workaholics, fighters for equals, and increasingly questioning authority. They have been the wealthiest generation to inhabit the planet. They are successful, and they stop at nothing to get the job done.
3. Born between 1965 and the early 1980s, Generation X is known to be highly educated, socially active, balanced, and family oriented. They are not interested in taking time away from their family on a Saturday to do a screening. This is where the problem comes between a Baby Boomer and a Generation Xer. The Baby Boomer looks at the Generation Xer as a “slacker.” The Generation Xer looks at the Baby Boomer as being “crazy—why would you want to work on a Saturday when you can be hiking with your kids?”
4. Born between 1981 and 2000 are the Millennials, also known as Generation Y. This generation is known for being optimistic, confident, sociable, tech savvy, connected 24/7, and socially and environmentally minded. While being social, they lack the social skills that are common in Baby Boomers, which leads to a disconnect. The Millennial has no desire to do a “lay lecture,” as the Baby Boomer does, because they would rather launch a social media campaign and communicate their message through that “modern” media.

Mistake #3: Poor or nonexistent training. While it was mentioned briefly in mistake #1, this mistake needs further clarification. To the senior doctors reading this, you must realize that your associates know very little to nothing about new patient acquisition and general business skills. They will need, at the minimum, weekly ongoing training sessions. Please be advised that more training is better. Be sure to concentrate on the following areas:

- a. Answering the telephone – There are times that they will need to field calls.
- b. New patient acquisition – Teach them how to set up strategic-based campaigns and why they are doing a particular strategy. Teach them how to set goals and follow up with prospects.
- c. Consultation – Teach them how to do a consultation that creates value for their patients.
- d. Report of findings – The report of findings must address



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the emotional needs of the patient. It also must elicit a commitment to treatment and establish policies.

- Staff management – Remember your associate is a doctor not an hourly wage receptionist. The doctor must be taught how to communicate with the staff so that mutual respect is achieved. This is a great place to teach leadership skills.
- Rapport skills – If you are not in rapport (the unspoken connection), the patient will never take your recommendations. Remember your associates were not taught these skills in school.
- Basic communication skills – Remember most associates will be Generation Y. Members of Generation Y lack basic communication skills, such as eye contact, firm handshake, speaking with confidence, etc. This is not a slam against Generation Y doctors. This is a generational social phenomenon, much like the radical changes between Baby Boomers and their parents in the sixties. While teaching Generation Y doctors communication skills, let them teach you about social media. They are quite expert at social media, and it is the media of today and of the future.
- Note taking – Does ICD-10 ring a bell? If you are just learning it, how do you expect your associates to master it? Take the time and train together.
- Justification of services – If you are going to accept insurances, then you will need to justify your services, and your associate will too.
- Narrative writing
- Communicating with medical doctors
 - How to ask for referrals
 - How to manage their debt – If associates mismanage their debt, guess who they are going to come to for a raise? Associates graduate from school with \$250,000 to \$350,000 in debt. Please read that last line again. How will they ever be able to buy a house, get married, or open their own practice? Help them and teach them business and debt management 101. They need it, they want it, and it will help both of you.

Now that the major problems are on the table, it should be quite evident where mistakes were made on both sides of the associate fence. With a little effort, a lot of training, and a meeting of the minds, an associateship should be a rich, rewarding, and profitable experience for both parties.



Dr. Paul S. Inselman, president of InselmanCoaching, is an expert at teaching chiropractors how to build honest, ethical, integrity-based practices based on sound business principles. From 2008 to 2015, his clients' practices grew an average rate of 150%. His 30 years of clinical experience coupled with 11 years of professional business coaching has allowed him to help hundreds of chiropractors throughout the world. He can be reached at 888-201-0567. To schedule a free, no-obligation 11-page practice analysis and executable plan, go to <https://www.timetrade.com/book/JGX5J>. His website is www.inselmancoaching.com.