

In the last Fortnightly Newsnotes (Ides of March), I attached an article about I.Q. vs E.I. - and that got me thinking, which is usually dangerous for someone.

While most vets have a high I.Q., or at least a very high academic history, E.I. is NOT a given. When I was doing a seminar for the CSU Veterinary School students, one approached me after the seminar and said, "*By what you said, we have to deal with people as veterinarians, I may be in the wrong profession, I am in veterinary medicine so I only have to deal with animals!*" I nodded and said she was correct, and no animals carry wallets or credit cards, so she had to deal with people if she went into practice. Her follow-up was equally interesting, "*So, it looks like I have to go into research.*" I explained to her about boards, supervisors, and even in academia, colleagues. Her response was as expected, "*So what am I supposed to do? I have spent 7 years of University pursuing veterinary medicine and I am about to graduate in a year, and I do not want to deal with people!*" My answer was simple, I told her to join Toastmasters, or take a Dale Carnegie course, or maybe get some personal counseling, since people will always be in her future once she leaves the hallowed halls of academia. That got me an unexpected response, "*Oh, that's right, I could get an internship and residency and stay within academia!*" My response was, "*Students are people!*" and she responded, "*But no one cares if a professor does not relate well with students, and the reciprocal is true, no one cares if students cannot relate well to the world.*"

On the 2000+ veterinary practices I have visited, as well as the 19+ week-long leadership courses I have staffed, the major variable is E.I. (Emotional Intelligence). In fact, in most cases, the core issues lie with the practice owner, Medical Director (often the same person), or practice manager (who has usually been trained by the practice owner, who has not had management or leadership development experiences except at the school of hard knocks). Practices have the staff members they deserve (they have been hired, trained, and retained) and the clients they deserve (they have been courted, oriented, and retained). Then they invite me in and want me to change everything they have built, without changing themselves. My consulting engagement letter now says, "**If you do not plan to change, do not invite me into your practice.**"

When we build a veterinary healthcare delivery team (the 500 page book is in the VIN Library for FREE download, [www.vin.com](http://www.vin.com)), we first train the staff to a level of being trusted, then build a mutual respect by using small 'outcome oriented' tasking, with accolades by the practice leadership for the journey as well as achieving the milestones and approximating the expected success measures. After that, we empower the staff member(s) to develop a program within their interest area, and give them the resources (time, money, Internet sources, etc.) to develop and implement a client-centered, patient advocacy, program plan. Again, we do this with accolades by the practice leadership for the journey as well as achieving the milestones and approximating the expected success measures. It is only after these sequential steps that true team harmony starts to surface, and that then lends itself to inter-team synergy and an enhanced practice culture, which lends itself to the improvements in productivity and performance.

What do we usually see when a practice is embarking on this journey without a mentor?

- 1) Practice owners cherry picking the 500-page reference, and skipping steps, and then wondering why no one is moving forward as desired.
- 2) Medical Directors or managers tasking process, rather than outcomes, and then wondering why there is no initiative for continuous quality improvement (CQI).
- 3) Staff members who have been "burnt" before, so they lay back and internally think, "And this too shall pass." With tenured staff, this is often the discussion outside the practice setting.

So the attached article is about mentoring; the good, the bad, and the ugly. And yes, I am available to sign-on as a practice mentor (consultant, see my web site, shown below, for the current time-based fee details), so the journey does not have to be an exercise of frustration. If you have never been there, and have never developed a true team-based veterinary healthcare delivery team system, step-by-baby-step, please do not embark on the journey in the dark. Please, get help (the *VCI Seminars at Sea 2014* would be a great synergy time, information below).

I am available on both sides of the Pacific pond. :-)

*Tom Cat >\*-\*<*

Thomas E. Catanzaro, DVM, MHA, LFACHE  
Diplomate, American College of Healthcare Executives  
CEO, Veterinary Consulting International  
8 SeanStreet  
Boondall, QLD 4034  
cell: +61 (0)4 1628 5975

Fax: +61 (0)7 3865 2368  
Web: [www.drtomcat.com](http://www.drtomcat.com)  
E-mail: [DrTomCat@aol.com](mailto:DrTomCat@aol.com)

# **ALASKA - Adventure CE - AUGUST 2014**

## **THE BEST FAMILY & TEAM REWARD TRIP EVER!**