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meaning at what time of the day? For a small office of one physician and a small staff (doctor, front desk receptionist, a nurse, an aide, and a billing person), the solution is very easy—simply set aside some time for all to meet after work, before hours, or even at lunchtime. It is easier to adjust to meet the schedules of only 5 people than a staff of 25. But regardless of the size, if you decide to have periodic meetings during lunchtime, it still will involve preplanning: you will need to shut down the office or lock the doors to prevent interruptions (don't forget to post signs informing patients who come in during lunchtime that they will need to return at whenever hour the meeting is scheduled to end); arrange for phone calls to be answered—or at least have a message informing callers of the reason they won't get a person on the line; arrange for food—yes, you should feed everyone; and prepare an agenda. The latter is important to direct the meeting, and that part falls on the leader's shoulder. But in essence, it is easier to plan for and implement an office staff meeting with fewer employees.

This brings me to another critical point: Who runs the meeting? Most of the time, and logically so, the pediatrician owner should be the one who sets the agenda and brings up the topics for discussion. But in a large office, or even a smaller one with several differentiated duties, you may consider the office manager/administrator as the leader of the discussions. However, even if you have a strong and capable manager, the physician owners will still need to have input on developing the agenda. There is no need to bring in professional meeting planners or interactive experts—we're not talking about huge corporations with 20 vice presidents on a retreat. We're talking about staff members who work side by side every day—people who have an idea about what to expect from their next-chair colleague. And, we are talking about people who actually care about the success of the practice. That's an important point to remember: Your staff members, despite not being owners or shareholders, still want to see the practice succeed almost as much as you do. They want to be efficient, they want the patient care to be the best possible with the best possible outcome, and they want everyone to be happy. They may very well have good ideas for the betterment of the entire operation. Listen well to all suggestions, as they benefit the practice.

If you are a large office, you may share quarterly meeting leadership responsibilities between physician owners and office administrator. Perhaps one session deals more with clinical needs and issues. That might be the time a pediatrician runs the show. What about the issues surrounding patient flow and business dealings? That would be when the office manager/administrator takes charge. When the manager is spearheading the discussions, pediatricians should stay in the back and minimally add to the commentary. Let the office manager do what he or she is trained to do. Bottom line—do not undercut the efforts of your management leader, especially in front of staff. He or she needs to have the respect of all. Be certain to plan for who runs the show. Whoever that person is should develop an organized agenda with a logical sequence of flow—and that means a written agenda. Try to circulate the agenda before the meeting, as it is difficult to have even a "brainstorming" session without some direction. In particular, when you let staff know in advance about topics involving potential improvements, they can be ready with their own reactions and contributions.

Next month we will explore more of the details of personnel issues and clinical topics that can benefit from regular communication. ■

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