

Audiology Students' Guide to Success



All the Things You Didn't Learn
in Graduate School

Second Edition, February 2024

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Acknowledgments

We thank the authors and the behind-the-scenes teams of designers and quality assurance individuals, including Jeff Green, Rachael Strauch and Vanessa Hoang, whose diligence and hard work created this guide. Special thanks go to Brian Taylor, who inspired and co-edited the first edition of this guide.

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Introduction

**“Education is the most powerful weapon
which you can use to change the world.”**

—Nelson Mandela

For Students

For medical professionals in audiology, continued and new learning is imperative. Of course, graduate school is the ideal environment for learning everything you need to know to become an expert clinician. If you're like most audiologists, you've invested a lot of time and money into your education. And, when you have five to 10 years of clinical experience, you'll most likely be promoted to a management position. Given your background and success, you will undoubtedly have earned this promotion.

Will the clinical skills that earned you this promotion translate into your success as a manager or clinic director? The short answer is probably not! Most audiology graduates have little exposure to critical aspects of managing the day-to-day operations of an audiology or ENT practice and learning how to lead people.

Fortunately, it's not too late. You can learn to become an effective leader. This Guide introduces you to some key elements of leadership, and with preparation, you can learn to become a leader who inspires their team to get better results for the clinical practice, its employees and its patients. This Guide focuses on clinic leadership and clinic business savvy, but the lessons presented here can apply to any organization throughout your career.

**We focus on clinic leadership and business savvy, but the
lessons presented here can apply to any organization
throughout your career.**

We cover several aspects necessary to be effective in leadership and business but may not have been taught in graduate school, including:

1. **An Overview of Business Essentials:** Getting started in the non-clinical side of hearing healthcare
2. **Business Discipline and Audiology:** A history of the journey from free service to doctorpreneurship
3. **Managing and Leading:** Understanding your responsibilities as the clinic director
4. **Employees Matter:** Employees determine the clinic's capabilities
5. **Creating and Executing Your Clinic's Strategic Plan:** Leading or managing a clinic without planning is like driving in the dark without lights or GPS
6. **Creating an Engaging Patient Experience:** The clinic must be enjoyable and transformative
7. **Understanding the Complexities of Patient Care:** Outstanding patient care requires attention to the whole patient
8. **Implementing Insurance and Third-Party Payer Protocols:** Third-party payers are a growing part of the business of audiology
9. **Key Performance Indicators (KPIs):** KPIs are like the instrument panel in your car; you're going nowhere trouble-free without them
10. **Facilitating Change in the Clinical Setting:** Why mastering change is important and how to facilitate it

Each section covers an essential element of professional management or business that you may have yet to be taught in graduate school. The references following each unit provide a deeper dive into the topic and are essential for a graduate level of understanding.

Use this Guide for self-study to increase your knowledge and skills. Mastering this Guide and studying the recommended references will increase your value to the clinic and your patients and facilitate growth along your professional pathway. Make it a fun team sport and create a student self-study group that assigns members different references for a topic and has regular pizza and beer discussion sessions for each topic.

“It is time for a new generation of leadership
to cope with new problems and new opportunities.
For there is a new world to be won.”

—John F. Kennedy

For Faculty

We know that time and other resources for additional courses take a lot of work. We hope you find topics in this Guide you would like to cover. If so, give your third-year, externship or even graduating students copies to encourage their inquiries into leadership, management and good business practices.

Some of your students have professional goals, including becoming a clinic director and other leadership positions. They may be interested in participating in a professional organization. Ask these students if they are interested in a noncredit course in Doctorpreneurship based on the Guide. Add your topics to the list.

Consider establishing an advanced studies (AS) certificate or credential, which you can award to successful participants upon completion. To do this with minimum disruption, make it a voluntary class that the students teach; each student or team of students could be responsible for leading a section periodically, once a week or once a month, whatever works.

This self-learning and self-teaching model gives the students more responsibility and experience in teaching, presenting and teamwork. Some may enjoy teaching and find their way into academia. All will have a head start establishing continuing education and self-motivated learning habits that will underlie their future successes and strengthen their ability to change the world.

If you need more copies of the Guide or links to Fuel’s on-demand courses, request them at ProfDev@FuelMedical.com.

Students and faculty, we welcome your feedback to improve the Guide and focus on your needs continuously.

Thank you,

—Editors

Donald W. Nielsen, Ph.D., FAAA & Jennifer Benaggoun, MS, DET

1

An Overview of Business Essentials

Getting Started in the Nonclinical Side of Hearing Health Care

—Rose DuLude, Ph.D., CCC-A

Why is it important? As stated in the introduction, students spend four years in their Au.D. education learning how to be excellent audiologists but devote little time learning health care’s business side. Audiologists choosing to open their own practice or ascend to the leadership of a department clearly need a deep understanding of the “nonclinical” side of the fence. It is less obvious but equally necessary that all audiologists have enough of a foundation in business management to understand the choices and policies created by their employers and recognize the monetary value they bring to a practice.

Do you need an MBA? Sure, you can continue your education and enroll in an MBA program as a Doctor of Audiology to dive deeper into the curriculum that serves to create business geniuses. Or you can invest in alternative options like books, podcasts and seminars that clarify big-picture concepts and provide just enough detail so that you know whether you need to learn more on the subject or if the high-level overview was enough.

Exemplary patient care and profitability can be synonymous. Most audiologists are driven to help those with hearing loss and are natural caregivers. For many, ensuring that audiology is profitable is a foreign concept and can even be considered distasteful. But it shouldn’t be. Without the financial health of the business you own or work in, there can be no quality patient care and no job for you. Audiologists at every level must pay attention to the bottom line and always bring more revenue into the practice than they cost the practice!

Value your expertise and your time. Patients deserve the best care and should pay for everything they get. Make sure you value what you give your patients, including accessories, equipment, time spent with them and knowledge. When we don’t charge for these, especially

expertise and time, we devalue the audiology profession, which no one should do.

Don't let vocabulary stand in your way. Understanding the unfamiliar words used in the financial world is a significant first step in becoming comfortable when discussing business. You probably won't be the person doing the bookkeeping, running P&Ls or filing taxes—and you shouldn't be—but knowing the common words used can help conversations between clinicians and businesspeople become more precise and less daunting and help initiate and guide data-driven decisions.

Listen to experts in other fields who know more than you do. You don't need to become an expert in everything to run a department or private practice, but you need to know enough to ask the right questions. By asking a team of knowledgeable individuals the right questions, you get help with finances, marketing, human resources, etc. No one should try to do it all.

One of the primary lessons of higher education is the importance of being aware of what you don't know and actively acquiring it. We planned this guide to assist you on that journey. So, in the next section, we present the evolution of audiology as a business enterprise.

References and Resources for Further Study

“The Ten-Day MBA: A Step-by-Step Guide to Mastering the Skills Taught in America’s Top Business Schools” (4th Ed.)

By Steven Silbiger (2012) Harper Business

This excellent read will help you gain an understanding of business essentials. It is also a handy desk reference for busy clinic owners and leaders. Each chapter outlines the topics to be covered and ends with key takeaways. The author says you only need to read and learn the wisdom in one chapter daily to gain knowledge of business basics.

2

Business Discipline and Audiology

A History of the Journey from Free Service to Doctorpreneurship

By Don Nielsen, Ph.D., FAAA

The pandemic taught audiology—and many other professions—the need to be entrepreneurs in an unknowable future: Visionary audiologists imagine, adapt and act nimbly to address new business challenges. However, the clinical practice of audiology has a heritage at odds with these business-oriented entrepreneurial goals. Like an anchor holding us back, audiology’s early history of primarily focusing on patient care and not profits influences how we operate our clinics today.



Let’s take some time to examine the evolution of audiology as a business enterprise so we can understand how to cut that anchor and how to move forward to accomplish your personal and clinical goals.

Why is it important? We have found that broadly trained audiologists lead the most high-performance departments and audiology clinics we have worked with. Their broad-based

leadership is the best single predictor of a high-performance clinic or department. These leaders were not just expert clinicians; they also had other qualities that made them outstandingly effective. In addition to patient care expertise and compassion, these experts had two additional attributes: business savvy and an understanding of professional management. We call these individuals “Doctorpreneurs of Audiology.” We recommend that you become a doctorpreneur and gain this additional business discipline expertise before you are promoted to lead an audiology clinic. This Guide will help you!

History shapes who we are today. We must examine our history to understand why we haven't emphasized business discipline in audiology.

The 1940s—1960s: The Template is Cast

WWII created many veterans with hearing issues. Audiology was created in response to the growing unmet need for hearing health services produced by the war. The first audiology clinics were in VA medical facilities, which did not charge for their services, and at university training sites, where their services were also free. As we trained more audiologists, medical centers hired them to work with ENTs. Audiology's role became defined as specialized support for ENTs. Only in medical centers did they begin to charge for audiological services.

University clinics' *raison d'être* was training; their services were free, and most clinics were only open when training students. Universities financially supported free clinics as part of their education mission. Often, their directors were Ph.D.s trained to be scientists, not business managers. The university clinic was not a business, and the profit motive did not exist except to be avoided. This mindset fixed the operating philosophy for university graduates and, thus, the profession.

This antibusiness, free service heritage from audiology's first three decades cast the template defining the limited knowledge and use of business discipline in audiology.

The 1970s—1990s: Hearing Aid Sales and Laissez-Faire Audiology

Until the 1970s, ASHA, with the academic community's support, forbade audiologists from selling hearing aids by the threat of credential loss and possible legal action. However, a court ruling early in the 1970s redefined the situation, and ASHA decided it was not unethical to dispense hearing aids. This change ushered in the dispensing of hearing aids by audiologists.

Audiologists began to open private practices in an era of laissez-faire audiology that started the independent delivery of audiological services separate from their unique provision in ENT practices and medical centers. It also created a spark of appreciation for making profits.

The demand for audiological services was high, and competition was scarce. The prevailing attitude for private practices was “Build it, and they will come!” and they did. Demand and profits were high, and costs were low, so savvy business practices were not needed to increase market penetration. When opening practices to sell hearing aids, audiologists failed to differentiate themselves from Hearing Instrument Specialists (HIS).

During this period, the entry of private audiology practices into hearing healthcare did not usher in the establishment of good business practices. In this time of *laissez-faire* audiology, even poorly managed clinical practices stay in business.

The 1990s—2010: The Managerial ERA

Even with the dawning of the Au.D. requirement for audiology certification in the 1990s, audiologists still needed to be better differentiated from HIS competition.

Adding to audiologists’ competition, hearing aid manufacturers began purchasing audiology dispensing practices on a massive scale and improving their business practices. Larger private audiology practices hired business managers to compete, creating a separation between clinicians and business operations. Manufacturers helped smaller practices with their marketing.

The result? Doctor-level audiologists often gave up control of their practices to nonclinical professionals with business or accounting backgrounds. Audiologists focused on patient care, and the nonclinical professionals managed the business.

2010—Present: The Awakening of the Entrepreneurial Era

In times of rapid disruptive changes, we are forced to abandon the old and traditional ways in favor of innovation. We are in an era of rapid disruption, experiencing innovation-driven transformations that are disruptive, even destructive, of best practices and current health care and business models. To lead a clinic today and into the future, we must understand these transformations and their effect on providing hearing health care. Fortunately, today’s Au.D. students are up to the challenge—they are more intelligent, entrepreneurial and better trained than ever.

This epoch in audiology’s history commenced with a focus on increasing the accessibility and affordability of hearing health services and the

increased demand from aging baby boomers, creating new opportunities and inspiring robust competition from big-box stores and large pharmacy chains. Simultaneously, the hearing aid industry increased its strong vertical integration. It bought thriving private practices from the retiring audiologists who first independently dispensed hearing aids, thus creating more business-savvy competition.

This epoch is also a time of innovation and changing technologies: hearables, PSAPs, OTC hearing aids, an expanding internet, artificial intelligence (AI) and a new emphasis on home health care. These advances are more intelligent, cheaper, faster and more accessible, providing more options for patients.

These changes also broaden diagnostic and treatment options to include new opportunities that extend audiological services beyond the narrower confines of the medical model that cemented it to ENTs.

For audiology to keep pace with the rapid transformation in hearing health care, we need to educate audiologists to be knowledgeable and comfortable with business discipline. Audiology needs Doctorpreneurs of Audiology. This Guide will start you on that journey, but first, let's understand Doctorpreneurship.

“Drastic change creates an estrangement from the self, and generates a need for a new birth of a new identity.”

—Eric Hoffer, “The Temper of Our Time”

Competencies Required for Doctorpreneurshipⁱ

The following competencies of doctorpreneurship are necessary for clinical success in our present epoch of hearing health care.

- **Clinical excellence:** This skill is essential to providing the best care to patients. It involves a commitment to continuous improvement, a dedication to the highest standards of practice and a willingness to go above and beyond to meet patients' needs.

ⁱ Govindarajan, V. and Ramamurti, R. (2018) “Why the World Needs Doctors With These 3 Qualities,” Harvard Business Review.

- **Compassion:** What makes doctorpreneurs of audiology compassionate is that they are professionals who believe they have the responsibility to use their training and expertise to serve as many people as possible. This responsibility motivates them to be concerned about access and affordability. They view hearing health care as a human right, and if a solution is not affordable or accessible, it is not a solution.
- **Business savvy:** Clinic directors must have a solid business foundation and insights into the business's operations, challenges and strategies. They are guided in this responsibility by data-driven good business practices.
- **Professional management:** Clinic directors must be capable of administering the clinic in a well-reasoned way. They must be expert leaders and managers who can transform clinics to meet the new world of audiology.

Doctorpreneurs consider what range of benefits patients will value in tomorrow's services and products and how they might, through innovation, preempt competitors in delivering those benefits to the marketplace.

As Figure 1. Doctorpreneur of Audiology (see page 14) shows, Doctorpreneurs of Audiology occupy a new place central to the profession, with one leg in business management and the other in clinical audiology.

Doctorpreneurs are crucial to fixing the growing contemporary problems in hearing health care. They go beyond viewing business strategy as positioning audiology clinics and hearing health care services and products within today's competitive environment. While providing outstanding patient care, they compete for the future by reconfiguring audiology and hearing health care to their advantage.

They also consider what range of benefits patients will value in tomorrow's services and products and how they might, through innovation, preempt competitors in delivering those benefits to the

Doctorpreneur of Audiology

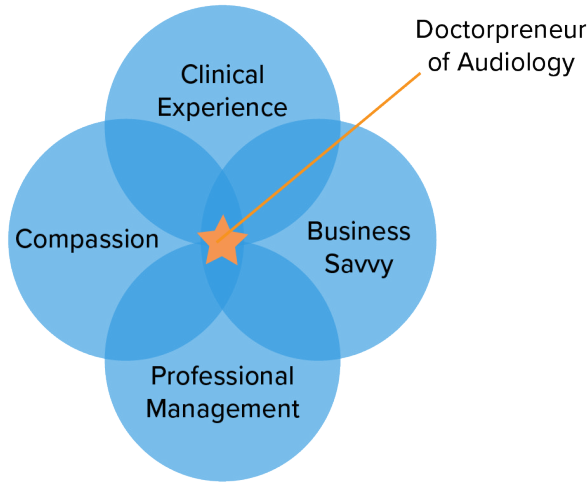


Figure 1. Doctorpreneur of Audiology

marketplace. In essence, they are entrepreneurs who see the future in the intersection of technological change, lifestyles, regulations and demographics, are curious about everything and look to other industries for new ideas to adapt. Doctorpreneurs do more than satisfy patients; they continually amaze them by giving them something that does not yet exist.

The profession needs many more doctorpreneurs to flourish in the new, fast-changing world. We must formally and informally educate doctorpreneurs to be strategic thinkers who lead audiology in this new era. We hope this Guide starts you on the road to doctorpreneurship. The initial step in that journey is to understand the responsibilities of the clinic director.

References and Resources for Further Study

“Audiology Practice Management”

By Brian Taylor (2019) Thieme Publishers

This highly recommended textbook offers expert approaches to starting and maintaining an audiology practice. Chapter 11, “Entrepreneurial Audiology,” by Taylor and Nielsen, is especially relevant to this booklet and presents more details about entrepreneurship in audiology.

“Should AuD Programs Increase Business Education Opportunities?”

By Donald Nielsen (July/August 2022) “Audiology Today”

This article answers objections to increasing business education during Au.D. education and suggests how universities can include business-discipline learning opportunities with minimal disruption to their current program.

“Why the World Needs Doctors With These 3 Qualities”

By Vijay Govindarajan & Ravi Ramamurti (2018) Harvard Business Review

This short article was the first to introduce the concept of doctorpreneurship and the qualities doctorpreneurs must possess.

3

Managing and Leading

Understanding Your Responsibilities as the Clinic Director

—Don Nielsen, Ph.D., FAAA

Why is it important? As a future or new Doctor of Audiology, you are preparing to enter a rapidly changing profession. For you to succeed requires skilled managers and talented leaders. Happily, you can learn both management and leadership. No matter what your position is, understanding these concepts and executing them will benefit you, your clinic and the profession.

Managers deal with the current situation and aim to keep things between the lines. The daily tasks of getting results and effecting positive change in a clinic only happen because of the yeoman work of an effective practice manager.

We typically promote someone proficiently managing the clinic's time, resources, systems and processes.

Like Horstman et al. (2023), we have found **five core behaviors** associated with managers that get the most consistent results, defined in terms of financial and patient-related outcomes.ⁱⁱ

- 1. Know your people:** Deeply understand your team's strengths, weaknesses and goals. Build trust through frequent, high-quality communications.
- 2. Understand your key performance indicators (KPIs) and the workflow driving them:** KPIs are necessary to know how the clinic is doing, areas in which it is doing well or poorly and where changes must be made to improve. They also provide a comparison with normative data.
- 3. Talk about performance and be transparent:** Discuss positive and negative performance often. Don't limit feedback to when something goes wrong.

ii Horstman, M., Braun, K. and Sentes, S. (2023). "The Effective Manager," (2 ed.) John Wiley & Sons

4. **Ask for more:** Motivate your people to improve continuously. Please work with your team to enhance each member's performance by collaborating on goals and plans to achieve them.
5. **Push work down (delegate):** Spread the work around. Let others stretch their skills and gain exposure to higher-level challenges while freeing up your time.

These skills are necessary to become a successful manager; however, to become an effective leader, you must execute all the skills of a manager, plus inspire and motivate others while contributing to the organization's overall development. And that is challenging.

Leaders envision the future and are the ones who create new lines. As John Kotter tells us, "What leaders really do is prepare organizations for change and help them cope as they struggle through it."

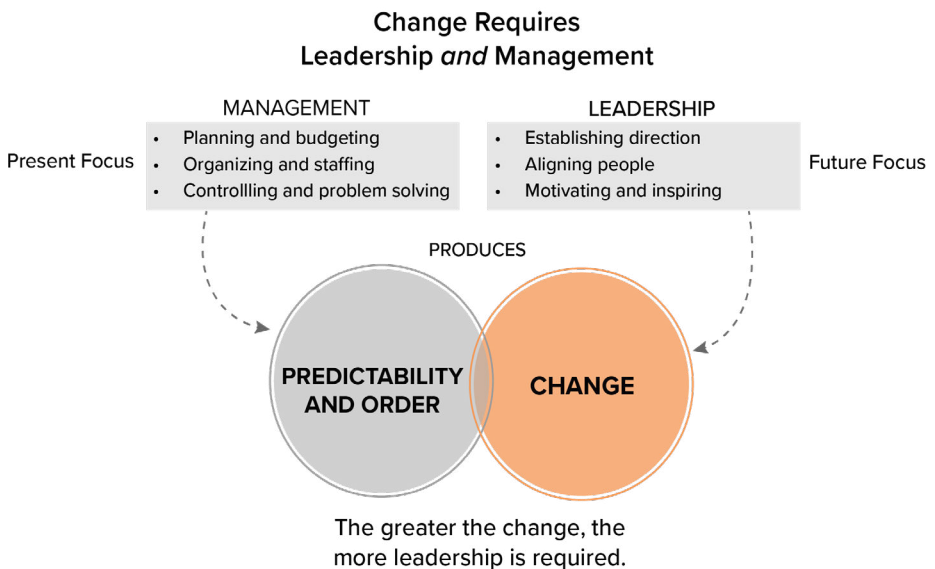


Figure2: Change Requires Leadership and Management

We always lead in cooperation with others (see Figure 2: Change Requires Leadership and Management). The fundamental task of leadership is to make people capable of joint performance through common goals, shared values, the proper structure and the training and development they need to perform and respond to change.

The breadth of audiologists' leadership tasks has grown since Au.D. education converted audiology from a support function for ENTs to a highly educated, knowledgeable workforce with specialized diagnostic and treatment skills for hearing and balance disorders, many of which can be undertaken independently of an ENT.

Remember this management/leadership distinction to understand your responsibilities as your employer asks you to accept new roles. When you win the clinic director position, you must clarify if the position is a managerial or a leadership position. We hope it will be a leadership position and that your authority matches your responsibilities.

Most audiologists are excellent at patient care but have yet to gain graduate-level skills to be good managers and leaders. Those who do become leaders frequently improvise their way through the role—often for their entire careers. Unfortunately, improvising leads to frustration, negativity and poor results. Luckily, there is another way.

You can learn to become a modern leader, adept at leading others using a variety of leadership styles that work for individual employees. Even if it is a little early in your career to become a clinic director, you should become an agent of change and assist leaders in the change process. We need leaders at every level. We need you to become a leader. Leaders are not superheroes born to lead. Leadership is a choice. Becoming a leader is a three-step process:

1. We choose to become a leader.
2. Then, we learn how to become a leader by using the resources like those listed next.
3. Finally, we perfect our leadership skills through real-world practice.

Outcome measures notwithstanding, in this new age of audiology, success as a clinic director will be judged by the clinic's preparation for change and how well you lead them through it.

When promoted to a clinic director position, you will be eager to use your managerial and leadership skills, but your first thought must be to employ the right people and create a thriving culture. It's an accepted truth that

great people will always outdo extraordinary processes or automated technology. Hiring the right people and developing the people on your staff is always an excellent investment.

References and Resources for Further Study

“Stepping Into Modern Leadership, Course 1” & “Mastering Modern Leadership, Course 2”

Fuel Medical Group

Today’s workforce expects a different kind of leader, one who plays a critical role in helping employees grow and develop and sets the tone for defining the organization’s culture. As a modern leader, you must be ready for challenges with employee retention, technological innovations in the audiology industry and the shift to patient consumerism.

Contact Fuel Medical’s Professional Development team at ProfDev@FuelMedical.com for more information.

“HBR’s 10 Must Reads on Leadership”

Harvard Business Review Press

Whether the leadership opportunity is a large organization or a small private clinic, this collection of Harvard Business Review’s 10 best articles on leadership, including John Kotter’s and Jim Collins’, is the complete source of wisdom and guidance for those interested in leadership. This collection is required reading for doctorpreneurs!

“The Heart of Business”

Hubert Joly (2021) Harvard Business Review Press

The author is a former Best Buy CEO and orchestrated its spectacular turnaround. Here, he shares his leadership philosophy, which requires radically rethinking how we view work, motivate and lead. This book is your go-to reference source if you are ready to abandon old leadership paradigms and lead with purpose and humanity.

“The Effective Manager” (second edition)

Mark Horstman, Kate Braun & Sarah Sentes (2023) John Wiley & Sons

This book is a hands-on, practical guide to excellent management. You’ll learn what effective management is and a behavioral framework for effective management that you can tailor to your clinic’s needs.

4

Employees Matter

Employees Determine the Clinic's Capabilities

—Jim Fedio, Jennifer Benaggoun, MS, DET & Don Nielsen, Ph.D., FAAA

Job #1: Get the Right People on the Bus.

When winning a clinical, managerial position promotion, you likely will inherit a bus full of people already headed in some direction. Your task is first to identify if you have the right people on the bus. Then, see if you are headed in the right direction. If the clinic runs perfectly, you have the right people in the correct seats and headed in the proper direction. Too often, you will discover that some people should get off the bus or are in the wrong seats. What follows is information you need to identify the correct folks to invite on the bus.



Why Is This Important?

None of the decisions you will make is as important as those about people because they determine your clinic's path with people rather than where you want to adapt to the rapidly changing world of hearing and balance health care.

Having the right people on the bus makes it easier to change directions, and often, the problem of managing people disappears. If people are on the bus because of who else is on the bus, they will gel as a team, and their strengths will help determine the best direction for the clinic.

Who Are the Right People?

Surprisingly, Patrick Lencioni (2016) warns us that they are not the people with the most competencies or technical skills.ⁱⁱⁱ

According to Lencioni (2016) and Jim Collins (2001), the right people are those who:^{iv,v}

ⁱⁱⁱ Lencioni, P. (2016). "The Ideal Team Player," Jossey-Bass.

^{iv} Lencioni, P. (2016). "The Ideal Team Player," Jossey-Bass.

^v Collins, J. (2001) "Good to Great," Harper Business.

- Have a predisposition to your core values, such as patient care and accessibility.
- Are diligent, self-motivated and self-disciplined and constantly think about the next step or opportunity. They wake up every morning compulsively driven to do their best.
- Accept their clinical tasks as serious personal responsibilities. They require little management.
- Do what they say. They consistently fulfill their commitments.
- Are incredibly passionate about the clinic and its work.
- Give credit to others when things go well and take responsibility when they don't.
- Are humble team players who don't have excessive egos or concerns about status.
- Can be interpersonally appropriate and aware (i.e., emotionally intelligent). They stay engaged in conversations by listening to what others are saying and asking crucial questions.

As more clinical staff with these eight qualities jump on the bus, they shift the culture to a team-centered clinic and often nicely drive the wrong people off the bus.

Two personnel strategies to remember, include the following:

1. **Be slow to hire**; when in doubt, don't hire—keep looking.
2. **Be quick to fire**; act when you know you must make a personnel change. However, be sure you don't just have a worthy person in the wrong seat.

Build a Thriving Culture

Why is having a thriving culture important? As we populate the clinic with ideal employees, we must also actively create a thriving culture in which these employees will flourish and remain for the long term. Employees deliver the patient experience and are often the differentiators that set our practice above the competition.

For years, almost everyone in hearing health care focused only on patient care. As priorities have shifted, many health care organizations

have adopted a new mindset where the patient comes second. Yes, second, that's not a misprint. Who comes first? The employees!^{vi}

Too often, employees get treated like second-class citizens. So, how can we expect them to treat patients well? It's easy to overlook what is at the core of patient loyalty and satisfaction: our employees. They deliver the patient experience and set our practice apart.

Employees react to the organization's workplace culture. The workplace culture is likely positive if employees are satisfied with their roles and work as a unified team. If you notice internal conflicts between employees or have a problem with employee retention, the workplace culture is likely toxic. By intentionally developing a positive and enriching workplace culture, you and your employees can create an environment people want to experience.

Today's health care leaders understand that they get the best results when engaging their employees in the organization's mission, vision and values.

The best workplaces don't happen by accident. Employees at these organizations have a shared purpose and values and uphold expectations because they feel valued at work. Organizations that prioritize their employees reap the rewards of better performance outcomes, increased employee retention and improved patient engagement.

There are several elements necessary to establish a thriving workplace culture, including the following:

- **Purpose:** Include your employees in establishing the practice's purpose and values so that they'll be more likely to implement them into their daily routines.
- **Opportunity:** Provide opportunities for employees to make decisions, share ideas and develop their skills and relationships.

vi Spiegelman, P. and Berrett, B. (2013). "Patients Come Second: Leading Change by Changing the Way You Lead," ING, New York, New York.

- **Appreciation:** Employees must know you appreciate them, especially if they go above and beyond.
- **Success:** Employees need to find success at the individual and organizational levels. Celebrate wins when they happen.
- **Leadership:** Great leaders model the desired culture and know when employees need direction, a coach or a partner.
- **Have Fun:** Laughter in the workplace is critical to an enjoyable culture, even in a medical clinic. It enriches the lives of patients and employees.
- **Obey the Golden Rule:** Treat employees and patients how you would like to be treated.
- **Value Diversity:** You have probably noticed that your social groups are more diverse than your parents and vastly more multicultural than your grandparents. Today's workforce is more varied than ever.

Chances are, when you're promoted to a leadership role, you'll supervise employees from multiple generations of different ethnicities, genders, religions and backgrounds. Even though there is diversity among employees, they're all seeking a culture with leaders who coach and mentor rather than dictate. Today's employees want autonomy, so modern leaders should empower them and partner in their success.

A diverse workforce also helps make your clinic exceptional. Your clinic will become exceptional when employees trust one another, have diverse viewpoints, debate vigorously for the best answers, unify behind decisions regardless of personal interests and hold each other accountable while focusing on achieving collective results.

If employees are happy, you will get an increase in patient volume and satisfaction that will allow you to decrease costs and increase profits. Treating more patients and growing profits is an unbeatable combination resulting from a flourishing workplace culture.

With your diverse group of the "right" employees and a prosperous culture, you need to be sure everyone knows where the clinic is going and their responsibility in getting it there. That requires strategic planning.

References and Resources for Further Study

“Good to Great”

Jim Collins (2001) Harper Business

This classic research-based business book has a chapter explaining why to get the right people on the bus. It also has a wealth of other business and leadership essentials to make your clinic beyond good.

“The Ideal Team Player”

Patrick Lencioni (2016) Jossey-Bass

This how-to book presents a robust framework and easy-to-use tools for identifying, hiring and developing clinic employees who will be ideal team players.

“Patients Come Second: Leading Change by Changing the Way You Lead”

Paul Spiegelman & Britt Berrett, (2013), ING, New York, New York

Patients often leave a medical office feeling angry, confused or neglected. To retain patients, you must connect employees with their purpose and give them opportunities to grow. In turn, employee performance and patient experience will improve.

“Audiology Practice Management”

Brian Taylor (2019) Thieme Publishers, New York, New York

This highly recommended textbook offers expert approaches to starting and maintaining an audiology practice. “Chapter 3: Human Resources,” by Sarah Laughlin, is especially relevant to this section of the “Audiology Students’ Guide to Success” and presents more details about recruitment, retention and clinic culture.

5

Create and Execute Your Clinic's Strategic Plan

Leading or Managing a Clinic Without Planning is Like Driving in the Dark Without Lights or GPS.

—Don Nielsen, Ph.D., FAAA

Why is strategic planning important? When you assume the responsibilities of running a clinic, people want to know where you intend to take the clinic, why you want to take it there and the role they will play. Strategic planning accomplishes that and more, such as adapting to a fast-changing environment (see Figure 3: Example Strategic Planning Outline).

EXAMPLE STRATEGIC PLANNING OUTLINE

- SWOT Analysis
- Values
- Mission
- Vision
- Goals
- Strategic Initiatives, such as:
 - Enhancing Patient Care
 - Augmenting Front Office Operations
 - Revisiting Pricing
 - Expanding Marketing
 - Increasing Profit
 - KPI Tracking and Improvement
 - Reinventing Our Culture
 - Incorporating AI
- Timelines
- Accountability
- Buy-In
- Short-Term Wins
- Maintain Focus and Momentum
- Widely Distribute the Plan
- Incorporate Plan Into Culture
- Set Date for Revision

Figure 3: Example Strategic Planning Outline

We can use strategic planning for large-scale planning for organizational growth over several years or for helping a sizable nonprofit reach its stated mission. Fortunately, we can also use it on a smaller scale, such as crafting a marketing plan or developing a strategy for our clinic.

The first step in strategic planning is identifying the clinic's strengths, weaknesses, opportunities and threats. This process is called a SWOT analysis and focuses on the clinic's current position, capabilities and limitations. It provides information critical to the planning process.

Once the SWOT analysis is complete, clinics can develop effective strategies that drive growth and success by planning to build on their strengths, avoid or improve their weaknesses, take advantage of opportunities and avoid or overcome threats. The role of the SWOT analysis in the planning process is to define where the clinic is now, how it operates, what drives patient care and profitability and how it compares with competitors.

By working out our vision, mission, values and goals, planning will define where we want to take the clinic. The vision statement articulates a view of a realistic, credible and attractive future for the clinic that is better than what exists now. It is the clinic's bridge from the present to the future.

The mission statement should answer the following:

- What is your clinic's reason for being?
- Who do you serve?
- Why do you do what you do?
- For what do you want to be remembered?

The mission directs your planning and helps unite the effort across all employees. Your answer to why you do what you do will evolve from the opportunities and strengths derived from your SWOT analysis, combined with the passion and commitment of the clinicians (see Figure 4: Your "Why?").

The clinic's values are its core beliefs, principles or standards of behavior that represent its highest priorities and deeply held beliefs and are a fundamental driving force of clinic operations. They rarely change, but the clinic benefits from their constant presence and awareness. With the mission, they form the clinic's north star and provide the ultimate criteria for making tough decisions.

Your “Why?”



Figure 4: Your “Why?”

When the intention of the clinic’s mission statement, strategic plans and action steps are grounded in the clinic’s uniqueness, they will differentiate the clinic from competitors and define success.

By clarifying the changes you must make, the best way to make them, a timeline to accomplish them and who will do them, strategic planning tells everyone what must be done, who will do it and when. Using a Gantt Chart will help you identify responsibilities, timelines and milestones as this type of chart illustrates project schedules, highlighting relationships between due dates and specific activities.

Summarize the plan and distribute it to everyone in the clinic. Once a month at clinic meetings, review the action plans and timelines to monitor progress. This distribution and monthly review will maintain a strategic focus and momentum toward strategic goals.

Planning requires stepping back from day-to-day clinic operations. It takes dedicated hard work to create a plan. In our experience, you must set aside time for planning, preparation, creation, communication, execution and revision.

If you have yet to lead strategic planning, hire an experienced planner to guide the process. Learn from them and save all the planning materials

to help guide you when you feel ready to lead the process. It is helpful to record or have good notes to document the process.

Planning is not a one-time process; it is ongoing. Every 18 to 24 months, the clinic should evaluate and refine its approach to ensure it drives the desired results. By doing so, your clinic can remain agile and adaptable in a rapidly changing market.

An essential part of clinic planning is assuring patients participate in a pleasant and engaging clinical experience. That is what we consider in the following section.

References and Resources for Further Study

“The Ultimate Guide to Business Strategy: Leveraging SWOT Analysis for Optimal Success”

Berthine Crèvecoeur West (2023) ISBN Services

This book covers everything you need to know about business strategy, from crafting your mission and vision statements to setting your prices for maximum impact. And don't worry; it won't bore you with endless theories and jargon—this book is about practical tips and real-world examples.

“Strategic Planning Should be a Strategic Exercise”

Graham Kenny (2022) HBR Digital

Strategic planning is very different from an operational action plan in that it constantly evolves as strategy makers acquire more insights into how their system of stakeholders can create value.

“Three Stumbling Blocks That Get in the Way of Strategic Planning”

Graham Kenny (2022) HBR Digital

Strategic planning benefits your toolkit, provided you can avoid the stumbling blocks. The key is to recognize that a strategic plan is not a to-do list but a set of ideas you will undoubtedly change. Given that, it's vital to build change into the process. Finally, don't tie your strategic plan too closely to your budget.

“Making Great Strategy: Arguing for Organizational Advantage”

Jesper B. Sorensen & Glenn R. Carroll (2021) Columbia University Press

Sorensen and Carroll show us that while great strategic thinking is hard, it is not a mystery. Strategic success demands we step back, think critically and see the big picture. One factor underlies all successful strategies: a logical argument that connects resources, capabilities and environmental conditions to desired outcomes. They celebrate the value of disciplined reasoning and place constructive argumentation at the center of the strategic process. They tell you how your clinic can gain a competitive advantage through planning based on such an argumentation. You will love this approach if your clinic thrives on transparency, trust and vigorous debate.

“Execution: The Discipline of Getting Things Done”

Larry Bossidy, Ram Charan & Charles Burk (2002) Crown Business

As a clinic director or manager, you know that making things happen is your most important job. This book will inspire and guide you in that process. The authors will tell you how to link the clinic’s people, strategy and operations to create a successful, competitive clinic.

6

Creating an Engaging Patient Experience

The Clinical Experience Must be Enjoyable and Transformative

—Jim Fedio & Jennifer Benaggoun, MS, DET

Why is it important? Regardless of your business strategy, you can differentiate your practice by providing a memorable patient experience. When patients connect emotionally with people in your practice, they are more likely to be engaged in the clinic experience, follow recommendations and become satisfied patients and sources of referrals.

Because audiology is a profession with many undifferentiated goods and services, the most significant value-creation opportunity is through customized patient experiences and transformations. There are 10 areas during a patient's journey through your practice where you can make an impact (see Figure 5: The Patient Experience).

Each step in this process is an opportunity to connect with a patient. Answer the questions below to understand each experience better.

1. **Telephone:** How did the front office employee make the patient feel during the call (comfortable, anxious, annoyed, confident in their choice, etc.)?
2. **Website:** How did the practice's website portray the clinic (professional, trustworthy, user-friendly, etc.)?
3. **Check-In:** How did your front office employees interact with the patient (friendly, patient-focused, irritated, overworked, etc.)?
4. **Waiting Room:** How did the patient feel in the waiting room (impressed, comfortable, confused, upset, etc.)?
5. **Rooming Intake:** How did the patient feel during rooming (impressed, comfortable, confused, upset, etc.)?
6. **Testing:** What was the diagnostic testing experience like for your patient (informative, accessible, scary, harmful, etc.)? Did speech-in-noise testing make the patient better understand that you are interested in their real-life hearing issues?

7. **Fitting:** Did the patient feel special during the fitting process because you used real-ear measurements to customize the hearing aid to their ear? Do patients experience an aha moment of transformation into a more normal hearing person?
8. **Check-Out:** How did the patient feel as they checked out of the practice (happy, relieved, annoyed, etc.)?
9. **Billing:** How was the patient treated when bringing up financial issues with your billing employees (respectfully, kindly, abruptly, etc.)?
10. **Follow-Up:** Is the patient transformed and enjoying an improved life experience because they hear better? Does the patient understand your long-term concern for their hearing health, and do they increase their desire to maintain their relationship with you as they deal with this chronic disorder?

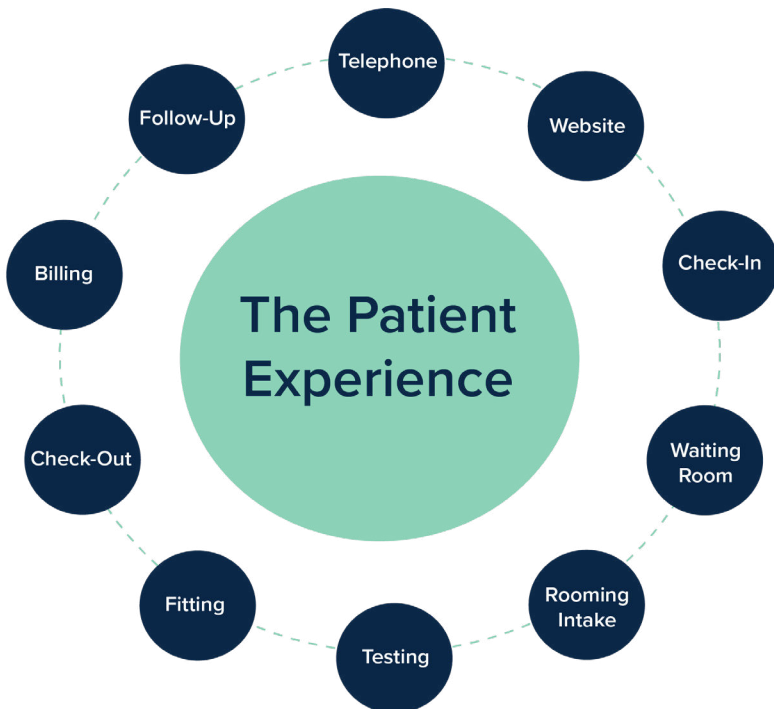


Figure 5: The Patient Experience

The traditional focus is on what tasks to do at each of these 10 interaction points. Instead, the emphasis of the experience is patient-centric and focuses on how to provide services. The clinic director must work with the clinic team to map out the components (test conducted, manner of communication, etc.) that will yield positive answers to these questions and an emotionally compelling experience for the patient. Focusing on how to do these tasks to create that experience is the secret. Patient experience management aims to make patient interactions friendlier, simpler, more convenient and ultimately transformative.

With patient interactions optimized, the next challenge is understanding the complexities of patient care.

Fuel Medical can help you map your patients' journeys. Contact our Professional Development team for more information at ProfDev@FuelMedical.com.

References and Resources for Further Study

“The Experience Economy”

Joseph Pine II & James H. Gilmore (2019) Harvard Business Review Press

Why aren't goods and services enough for success? The authors explain why experiences and transformations are necessary to create value and differentiation. “The Experience Economy” helps businesses, including clinics, start personal, dramatic and even transformative experiences, offering the script from which clinic directors can generate value in ways aligned with a robust patient-centric strategy.

“Quality in Audiology: Design and Implementation of the Patient Experience”

Brian Taylor (2013) Plural Publishing, San Diego, California

A how-to book that explains how audiology clinic directors and managers can improve the patient experience and use KPIs and other tools to differentiate their practice based on quality.

7

Understanding the Complexities of Patient Care

Outstanding Patient Care Requires Attention to the Whole Patient

—Brian Taylor, Ph.D., FAAA

Audiologists must be experts at more than clinical diagnostics and treatment to succeed. They must also focus on the patients' and their communication partners' emotions, attitudes and maladaptive behaviors. Assessing these non-audiological care components requires face-to-face triaging, resulting in increased treatment compliance, outcomes and revenue.

About 14 years ago, two European research audiologists, Stephens and Kramer (2009),^{vii} created a patient classification system that de-emphasized the audiological assessment results and focused on the emotions, attitudes and maladaptive behaviors of the patient and their communication partners. It is a system based on categorizing four types of adult patients into one of four categories, with 80% to 90% of patients fitting into either the Type 1 or Type 2 categories. Here are their four patient categories:

Type 1: Positively motivated without complicating factors

Type 2: Positively motivated with complicating factors

Type 3: Wants help but rejects a key component of your recommendation

Type 4: Denies any problems with hearing or communication

The traditional, time-tested audiological test battery works well for identifying ear disease but requires adding non-audiological influences. For example, most conventional audiometric test results will not differentiate between Type 1 and Type 2 hearing loss. Those using the traditional system must fine-tune their adjustment counseling skills to better address patients' non-audiological barriers, listed below, to increase patient acceptance of treatment recommendations.

vii Stephens, D. and Kramer, S.E. (2009) "Living With Hearing Difficulties," Wiley.

Our clinical experience demonstrates at least six dimensions of patient care that traditional audiological assessment cannot address. Let's call them non-audiological or downstream components of care.

Our ability to assess each component—formally with a self-report or a more objective screening procedure or through informal observation—is essential to patient care, requiring face-to-face interaction with a licensed professional.

Additionally, these six dimensions have sufficient evidence that they influence treatment outcomes. Here are the six downstream dimensions, along with a brief explanation of each:

1. **Cognition:** Cognition is a patient's ability to gain knowledge through experience and perception and includes the individual's executive function (memory, language comprehension, etc.). It also reflects their ability to master the technology associated with the hearing device.
2. **Physical Ability:** Can the patient perform the fine motor and haptic skills needed to adjust their hearing device?
3. **Attitude/Motivation:** This is their general thinking or feeling about something. A patient with a stubborn or pessimistic attitude may react differently to treatment than a compliant and optimistic patient.
4. **Family Support:** A patient with family support has contact with a family member or close friend (communication partner). In contrast, patients without family support may be isolated and left alone to deal with health care issues.
5. **Self-Confidence:** One's trust in one's abilities and judgments to complete a task or modify a behavior.
6. **Self-Perception of Hearing Loss:** This refers to the patient's perception of whether they have a hearing loss. Self-perceived hearing loss is sometimes at odds with a traditional audiological exam. It requires evaluation with the Hearing Handicap Inventory for the Elderly (HHIE-S), a short, 10-question exam that is quickly answered and scored.

Sorting patients into the routine (Type 1) and complex (Types 2, 3 & 4) types is likely to improve outcomes and uncover opportunities to provide (and charge for) advanced counseling services to unravel many of these negative attitudes and maladaptive behaviors associated with long-standing hearing loss.

Many experts believe the future of audiology involves unbundling services from the fee charged for the sale of a device. The above triaging approach is essential to the unbundling process and how you charge patients for your time and expertise.

After assessing and treating your patient, you will have to deal with billing, insurance and other financial issues. Those are the topics of the next section.

References and Resources for Further Study

“Living With Hearing Difficulties”

D. Stephens & S.E. Kramer (2009) Wiley

This sourcebook for audiologists approaches the problems associated with hearing changes from the standpoint of what the patient is seeking. Enablement requires a team approach in an ever-changing environment, including audiologists, patients and their families.

8

Implementing Insurance and Third-Party Payer Protocols

Third-Party Payers Are a Growing Part of the Business Audiology

—Dan Quall, MS, CCC-A

Third-party payers are a growing part of the audiologist business; you must have a process to deal with patients' insurance information. This process is fundamental when working with patients purchasing hearing devices because many care contracts only pay a portion of the total sum. If balance billing is allowed by the agreement, patients are expected to pay the balance (see inset "An Alternative to Third-Party Insurance and Big Box Store Competition").

First, ensure that each patient's current third-party payer information is gathered and verified before their appointment with an audiologist. Then, communicate with the patient in writing their estimated out-of-pocket portion of the expense before the hearing aid purchase agreement or any service agreement is signed.

An Alternative to Third-Party Insurance and Big Box Store Competition

When you become a clinic director, you don't want to enter into agreements that cause your clinic to lose money. If third-party reimbursement is below your break-even point, you will lose money. If you don't want to lose money but want to retain the patient and offer them more product choices at discounted rates comparable with third-party insurers and big box stores, Fuel Medical has a program for members. It is called Access Hearing.

Using Access Hearing, Fuel members can offer patients advanced and premium hearing aids at comparable discount rates from five different leading manufacturers, helping you retain the patient and make a profit.

For details on the Access Hearing program or Fuel membership contact: info@fuelmedical.com.

Taking the following six simple but critical steps when dealing with third-party payers can make dealing with third-party payers less stressful for the patient and you.

- Calculate the break-even hourly rate for your practice. This rate will help you determine how much revenue per hour each of your full-time equivalent providers needs to produce to break even. Most businesses can't afford to accept reimbursement levels below their break-even rate, except on a limited basis.
- Read the entire agreement from the third-party payer. The contract should include covered services, product descriptions and a current fee schedule. Ideally, the fee schedule should have procedure codes for all your practice's services and products. It must also include the expected reimbursement for those covered services and products. Understand what services are required under the contract and only provide those services for the contracted fee. If a needed service does not fall within the "covered services," the patient is responsible for paying for non-covered services. DO NOT provide non-covered services at no charge!
- If the payer does not include a fee schedule, request it before you sign the contract. Don't sign a contract without a fee schedule. It is too risky. Also, check the agreement for paragraphs that can restrict how you practice or can end your ability to collect reimbursements after a brief period.
- Verify all contract terms and that your practice can meet them. In addition to the fee schedule, consider infection control, licensing, quality assurance, site visits and any other requirements stated in the contract. Violating the provisions might mean lost reimbursement or contract termination.
- Understand the type of contract you're signing. Clarify covered and non-covered services and products and whether the payer allows for upgrades beyond covered services.
- Utilize an attorney and an accountant specializing in health care issues when legal compliance or financial questions arise. Legal counsel is an important asset when negotiating a third-party payer

agreement. It can also help protect you and your practice from potential audits, financial risks and pitfalls. Finally, they can help your practice comply with state and federal regulations. Retain the services of an independent consultant when necessary.

As you establish a satisfied patient base, it is necessary to evaluate how the clinic business is doing and what needs to be improved. The following section will help you with that task.

References and Resources for Further Study

“Private Practice: Seminars in Hearing”

Edited by Gyl Kasewurm (2016) 37(4)

This issue of “Seminars in Hearing” has several articles about navigating the challenges associated with billing, coding and reimbursement.

9

Key Performance Indicators (KPIs)

Think About KPIs as the Instrument Panel in your Car; You're Going Nowhere Trouble-Free Without Them.

—Nick Candeaux

Two crucial responsibilities of leaders, including clinic directors, are evaluating and improving financial and operational performance. We must collect and analyze specific clinic data to grasp and enhance the clinic's financial and operational performance. These metrics are called key performance indicators (KPIs). Think about KPIs as you think about the instrument panel in your car: They alert you to potential pitfalls related to efficiency and performance, then point you in the right direction to address and improve the areas of greatest need. In our experience with over 1,000 clinics, we have found that clinics that routinely calculate their KPIs and use data to make decisions outperform clinics that don't calculate or use KPI data. Let's examine these data points (see Figure 6: 18 Critical Data Points and Their Performance Metrics).

KPIs should be collected at least quarterly. We can use these data points to compare year-to-year progress with planning goals set at the beginning of the year to identify trends. Monthly KPI calculations help illustrate short-term trends.

For real clinic KPIs from 75 clinics divided into three groups: low performers, median performers and high performers see Figure 7: KPIs From 75 Clinics. Fuel Medical can help you determine where your practice fits in. This chart of group data makes it obvious how important it is to share anonymous KPI data to establish normative or average data to evaluate how any clinic performs. Our experience is that most clinics want to know how they are doing relative to other clinics. So, we encourage our member clinics to share anonymous KPI data to benefit all members.

Members want to know: Is our clinic way ahead of others, or are we not doing as well on some critical performance measures? These anonymous data allow us to compare clinic performance by sales, profit, practice or provider.

With enough data from different types of clinics, we can establish normative data for private practices, ENT practices, hospital medical centers or university Au.D. clinics. Each operates in a unique environment with different values, so they desire comparisons with equivalent clinics to evaluate their performance.

We often use KPIs to specify goals in strategic planning, such as increasing the number of patients seen by 50%, increasing the number of hearing aids sold by 20% or reducing hearing aid returns to 5%. We also use KPIs to measure providers' performance and suggest improvement areas. For instance, the provider who sells the most hearing aids might also have twice the return rate compared to the other providers. It tells us which providers must work on reducing their return rate or other issues, and we can help them by identifying why the return rates are high and working to reduce them.

KPI Data Tracing Monthly Performance Against Goals

KPIs have an additional attribute. They allow us to demonstrate the clinic's success to those who provide its resources. For instance, if you are in a hospital setting and want to hire an additional audiologist, you can demonstrate to the department head or hospital administration how well the clinic is doing, that you are meeting your goals and how your providers serve more patients than the average clinic.



Table 1: 18 Critical Data Points and Their Performance Metrics

Data Point Collected	Related Metric
1. Gross Revenue	1. Gross HA Rev % of Gross Rev
2. Gross HA Revenue	2. Gross Average Selling Price
3. HA Discounts Given	3. Discount %
	4. Average \$ Discounted
4. HA \$ Refunded	5. \$ Refund Rate %
5. Net HA Revenue	6. Net Average Selling Price
6. HA Cost of Goods	7. Gross Margin % of Net HA Revenue
7. Gross Profit	
8. Marketing Spend	8. Marketing Spend %
	9. Marketing Cost per Unit Sold
9. Payroll & Related Expenses	10. Payroll & Related % of Net Revenue
10. Other Operating Expenses	(Part of Net Profit Calculation)
11. Net Profit	11. Net Profit % of Net HA Revenue
12. # of 92557	12. % of Tests Converted to HAE
13. # of HA Opportunities	13. Opportunity Conversion Rate %
14. # of Patients that Purchased	14. Binaural Rate %
15. # of HAs Sold	15. Average Patient Net Revenue
16. # of HAs Refunded	16. Unit Refund Rate %
17. # of Audiologists	17. Net Revenue Per Audiologist
18. # of Physicians	18. Revenue Per Physician

The KPIs provide a solid, evidence-based argument that convinces administrators and accountants who may have resisted adding an employee. You will also earn their respect because the KPI discussion demonstrates that your grasp of finances is above that of the average clinic director.

Clinics transparent with KPI data reap the benefits of having a staff that better understands clinic operations and can respond to clinic needs as a team. If we want our clinic employees to know why we make our decisions, we must encourage them to understand the KPIs driving them.

Table 2: KPIs From 75 Clinics

Key Performance Indicators	Low Performers (Bottom 20%)	Median	High Performers (Top 20%)
Average Sale Price	\$1,718	\$2,224	\$2,641
Revenue per Patient (80% Bin Rate)	\$3,092	\$4,003	\$4,754
Cost/Unit	\$501	\$784	\$1,120
Margin/Unit	\$1,217	\$1,385	\$1,521
Margin/Patient (80% Bin Rate)	\$2,191	\$2,493	\$2,738
COG %	42%	39%	29%
Gross Profit %	58%	61%	71%
Binaural Rate	61%	81%	90%
Conversion Rate	26%	64%	84%
Unit Return %	15%	6%	1%
Audiologist to Physician Ratio	0.41	0.80	1.25
Net Hearing Aid Units By Provider			
Monthly	5	10	22
Annually	60	119	264
Net Hearing Aid Units By Practice			
Monthly	8	28	79
Annually	96	338	948
Net Hearing Aid Revenue By Provider			
Monthly	\$11,319	\$25,392	\$56,585
Annually	\$135,829	\$304,701	\$679,015
Net Hearing Aid Gross Margin By Provider			
Monthly	\$6,170	\$15,393	\$30,609
Annually	\$74,035	\$184,721	\$367,303
Net Hearing Aid Gross Margin By Practice			
Monthly	\$13,087	\$40,443	\$121,854
Annually	\$157,048	\$485,315	\$1,462,245

In academia, we encourage sharing clinic KPI data and KPI normative data with students so they begin to grasp their importance in clinic leadership and develop realistic expectations of clinic and provider performance.

KPIs identify areas that need change, and we live in a rapidly changing world. The following section will explore why change is essential and how to facilitate it.

References and Resources for Further Study

“Data Management & Tracking Module”

Fuel Medical Group

This highly recommended Fuel handbook explains KPIs and the KPI examples used in the “Audiology Students’ Guide to Success” in more detail. It also provides the reader with the definition of each of the 18 KPIs, the industry average for that KPI, why we measure it and what actions to take if that metric is too high or low. Every audiologist should own and understand this module. Contact your Fuel Medical regional team or visit our website at www.FuelMedical.com for more information.

10

Facilitating Change in the Clinical Setting

Why Mastering Change is Important and How to Facilitate It

—Don Nielsen, Ph.D., FAAA

The advent of artificial intelligence (AI) has emphasized that change is rampant throughout society, including in our professional lives. It is having a profound effect on every profession, and change will dominate your career as an audiologist (see Figure 6: Why Clinic Change is Important). Those who master audiology's transformations will be the most successful and the happiest.

Why Clinic Change is Important

Healthcare changes are inevitable, and clinics with leaders competent in change leadership will prosper the most.

The rate of change across most industries and sectors is exponential, not linear.

With all this change, windows of opportunity are opening much more frequently. If we can master change, we'll be able to jump through those windows before they close.

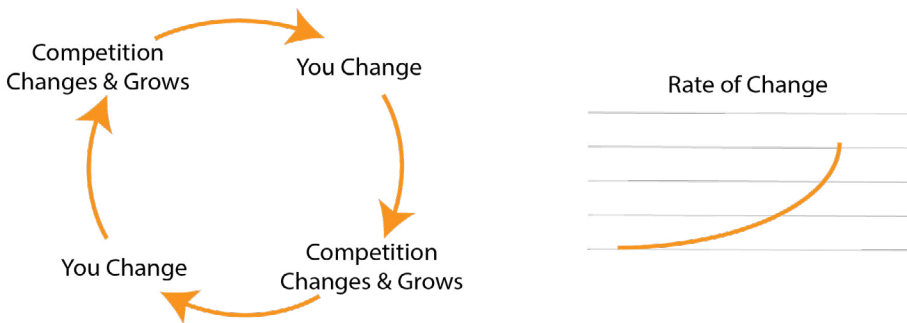


Figure 6: Why Clinic Change is Important

The possible causes or drivers of clinical change are numerous, including the following:

Growth Strategies	Business Downturns	Opening/Closing of Clinics
Mergers & Acquisitions	Creating Satellite Clinics	Reinvention Strategies
Technological Advances	Cost Reductions	More Aggressive Goals
Crises	New Leadership	New Competition

There are so many drivers of change that anyone who holds a leadership position, or hopes to hold one, must learn how to get people to change. But change is difficult. Overall, 70% of business change efforts fail. Auspiciously, how to transform organizations is a well-studied topic.

When the winds of change blow, some people build walls;
others build windmills.

The biggest obstacle to change is fear—fear of the unknown, failure, becoming obsolete, losing power, losing your job, losing workplace friends or losing control. Fear will always be present during change, so we must address employees’ fears. Fortunately, we know the steps to reduce fear and successfully introduce a transformation.

The Phases of a Successful Transformation^{viii}

Phase I: Create a climate for change. There must be more than logical and financial arguments to drive a successful change effort.

- **Establish a sense of urgency:** Be clear about the need for change. Be sure everyone understands the opportunities presented by the proposed change and that bad things will happen if we don’t change. Emphasize the opportunities! Fear alone is not a desirable or successful driver of change.

- **Create a steering committee:** Because change is difficult to accomplish, a powerful force is required to guide and sustain the process. No one individual has the information needed to make all significant decisions or the necessary time and credibility to convince people to implement the decisions. Steer the process with a powerful coalition that acts as a team and leads the transformation. The committee must include those with the power to allocate the resources needed to effect the change. They must be people with position power, expertise, credibility and leadership. For a small private clinic, the committee may include everyone. A large clinic in a medical center will consist of clinic team representatives and department and hospital administrators or their representatives who finalize decisions and commit resources.
- **Develop a vision:** The vision is a clear, compelling statement of where this is leading and plays a crucial role in producing change by helping to direct, align and inspire actions on the part of every clinic member.

Phase II: Enable the whole organization. Everyone must know that their effort is meaningful and leads to success.

- **Communicate the vision for buy-in:** Major change is impossible unless most employees are willing to help to the point of making short-term sacrifices. Unless clinic members think the benefits of change are attractive and believe the transformation is possible, they will not make sacrifices. So, we must communicate a compelling vision in both words and deeds.
- **Empower broad-based action:** Foster understanding and conviction; don't assume that why we are changing is clear. Align structures and processes to support change. Establish clear ownership and accountability for planned actions. Be sure that rewards are only associated with the desired performance.
- **Generate short-term wins:** We can celebrate even small wins if they are visible, unambiguous and relevant. These wins shrink the change process and make it feel more doable. Success breeds

success. Wins justify short-term sacrifices. They make it difficult for people to block change, and they turn neutral or reluctant supporters into active, enthusiastic participants.

Phase III: Implement and sustain the change. In our experience, this is where most transformations have their downfall. Don't declare victory too early! Clinic or department transformation is not a one-time event. The changes must become routine. They must continue well into the future.

- **Never let up:** With short-term wins comes increased credibility to the steering committee and the change effort; use that credibility to change structures, systems and policies that don't fit the vision. Hire, promote and develop employees who can implement the vision. Reinvigorate the process with new projects, themes and change agents.
- **Incorporate the change into the culture:** Knowledge alone does not change behavior. We must develop strong relationships that give people hope that change is possible. We need to constantly prioritize transformation as the top priority and maintain a long-term mindset. We must repeatedly learn, practice and master activities and actions that allow and facilitate the changes we are trying to make. We must also reframe the desired transformation with new ways of thinking about and understanding our situation and the importance of change.

**“I think the fundamental role of a leader
is to look for ways to shape the decades ahead,
not just react to the present, and to help others accept
the discomfort of disruptions to the status quo.”**

—Indra Nooyi, Chairperson & CEO of PepsiCo

Be a Successful Change Leader

Successful change leaders question the status quo and are courageous, effective, trustworthy, hands-on, focused, energized, skilled, persistent and passionate about improving things. They convey a sense of urgency and speed and create an inclusive culture of growth and curiosity as mindsets for change.

These leaders make solutions and successes the focus of change. They take time to know and understand what everyone is up against and determine how well their skills and the team's skill sets add up against the challenge. They are involved in providing feedback, coaching and rewards to shape and reinforce the actions and behaviors that drive change. They create successes and celebrate them. Successful change leaders become permanent accelerators, creating and maintaining a culture of agility and speed within the clinic.

References and Resources for Further Study

"Leading Change"

John P. Kotter (2012) Harvard Business Review

This book is Kotter's seminal work in which he presents his legendary three-phase, eight-step process for successfully managing change. It is a required resource for those leading or participating in change.

"Change: How Organizations Achieve Hard-to-Imagine Results in Uncertain and Volatile Times"

John P. Kotter, Vanessa Akhtar & Gaurav Gupta (2021) John Wiley & Sons

In the decade since John Kotter's first book on change, we have experienced the COVID pandemic and unimagined change. In this book, the authors clarify the science of change emerging from this decade and the three major systems driving it. The systems are based on human nature, resistance and capacity to change. The wisdom in this book will teach you how to create a clinic that has the agility and adaptability to stay successful.

“Becoming a Changemaker: An Actionable, Inclusive Guide to Leading Change at Any Level”

Alex Budak (2022) Hachette Book Group

Professor and entrepreneur Alex Budak presents a radically inclusive playbook for leading positive change at any level based on his popular UC Berkeley course. This is an inspiring, research-backed guide to developing the mindsets and leadership skills needed to navigate, shape and lead change and build a thriving clinic.

“Lead From the Future: How to Turn Visionary Thinking Into Breakthrough Growth”

Mark W. Johnson & Josh Suskewicz (2020) Harvard Business Review Press

Have a vision for your established change-resistant clinic but need help implementing it? This is your book! The authors explain how any manager can become a visionary, explain the barriers to change in established clinics that make them resistant to change and how to overcome them.

Your Next Steps

Your Success Depends on YOU

When you wanted to become an audiologist, you went to school and studied audiology to secure a position that requires knowledge and skills. To become an influential clinic director and leader, you need to learn about business, management and leadership skills.

Devote a few hours a week to learn how to manage a practice. Attend leadership courses offered by Fuel Medical. Read business books and journals, such as the ones recommended in the “Audiology Students’ Guide to Success.” Journals, like the “Harvard Business Review,” are best for keeping up with trends and best practices.

Your success as a leader is in your hands, and Fuel Medical is here to help you along the way. For more information on building a successful audiology career and becoming an efficient leader, **contact us today at info@fuelmedical.com or visit our website at FuelMedical.com.**



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