WHAT THE MILITARY TAUGHT ME ABOUT
Practice Management

These nine characteristics of military life have a place in medical practices.

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I joined the U.S. Army as a medical student and was first assigned to active duty as a family medicine intern. After seven years, I transitioned to civilian practice, where today I often find myself longing for the organizational structure of a military I was once so anxious to leave. Many of the concepts that define the military serve as a solid foundation for a well-run medical practice. Nine characteristics in particular should be adopted by civilian practices:

1. Standard operating procedure (SOP). I grew tired of SOPs in my first few years in the military and often found them to be overly rigid and exacting. However, now that I am in a civilian practice, I recognize the wisdom and the necessity of clearly documented procedures. Being able to point to a written procedure and say "This is the way it is supposed to be done" eliminates confusion, waste and error. Similarly, there is tremendous value in doing certain things the same way every time in our practices. As we are discovering in chronic disease management, standard, consistent care is best.

2. Top-down structure. "Top-down" refers to the way decisions are made and information is shared in the military – from the commander down the chain of command. In many collegial, established family medicine practices, information flows around the clinic haphazardly. It is not always clear that the decision makers have all the information or that the staff members know about the decisions. In the military, this would spell certain disaster, and it can be costly in family medicine practices as well.

3. Responsibilities belong to positions not people. In the military, people can be called to duty quickly. Having a list of responsibilities that belong to a position rather than to "Jane" or "Joe" enables work to be redistributed efficiently and helps the next person filling that position to clearly identify his or her duties. In your practice, "Jane" may always order the vaccines, but if she resigns suddenly or takes an extended leave of absence, your practice must be able to list the duties of her position and reassign them quickly.

4. Positional authority. Never did the concept of positional authority serve me better than when I was a young, junior officer with some supervisory responsibility over older, more experienced officers. I was able to assume the authority of my position rather than having to demand respect based on who I was personally. In medical practices, positional authority is important when a younger physician holds a high position and must provide instruction and direction to nurses or other physicians who are older or more established in the clinic.

5. Clear chain of command. In the military, I always knew to whom I was reporting and who reported to me. The chain of command was used for evaluating performance, addressing concerns, giving feedback and providing information. It is integral to the success of a medical practice that each person knows who his or her supervisor is and who he or she supervises. ➤

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Family medicine practices may be well served by incorporating some aspects of military life in their daily operations.

Information sharing, staff management and leadership strategies commonly used in the military can be translated to civilian practice.

Fostering a spirit of cooperation and concern for one another can help practices to achieve their mission.

6. Teamwork. In any military operation, a team approach is used, whether the team is a four-man Ranger unit or an entire division. It is understood that no one person can serve as the medic, communications specialist, sharpshooter and commander simultaneously. Often in medical practices, highly motivated and organized physicians seek to do everything themselves, leaving little room for others' contributions or micromanaging them. Yet a team approach is the only successful way to tackle the challenges family medicine practices must face, such as implementing electronic health records, managing diabetes care or restructuring patient flow.

7. Briefings and debriefings. Through briefings and debriefings, military personnel provide or extract information about what someone will experience or has experienced during an assignment. These conversations may be formal or informal and are standard parts of starting or ending a military assignment. This exchange of information is crucial when one unit is handing off control of a base in Iraq to another unit and can also be invaluable when making moves and job changes that are common in the military. Advice about what to expect at your new base, what to bring on a deployment, who to get to know right away and who to work around is not spelled out in any manual, orientation guide or SOP. Rather, it is passed along by someone who has done the job you are walking into. This sharing of experience is no less crucial when a resident class is transitioning, when a new medical director is taking over or when a nursing supervisor is leaving.

8. Mission. Every military exercise has a mission. It may be to secure the weapons in the armory or to topple the dictator of a hostile nation. All activity, personnel and equipment are organized around completing the mission. In too many medical practices, the mission is not widely known or doesn't exist. In others, activity, personnel and equipment are organized in spite of the mission or without regard to the mission, which can promote failure.

9. Camaraderie. The military assigns personnel to some truly awful locations and assignments, and since the job is 24/7, they get to know their colleagues much better than if they were together only from 9 to 5. These circumstances create a unique cohesion that feels exceedingly intimate at times but also promotes cooperation and working toward common goals. If something doesn't go right, you don't just let down the Army – you let down your friends. Medical practices cannot demand this level of commitment from their employees. However, practices can create a culture that fosters unity and genuine concern for one another. After all, loyalty to people is often stronger than loyalty to an organization.

Since leaving the military, I have been surprised at how well the military principles I learned and experienced apply to the successful management of a family medicine clinic. As medical practices increasingly look to the corporate world for lessons on change management, quality improvement and leadership, it is important to remember another highly structured and successful organization that can teach physicians how to be successful leaders – the U.S. military. FPM

About the Author

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COULD YOUR PRACTICE COMPLETE A MILITARY OPERATION?

The following self-assessment will help you identify which components of military structure may exist in your practice.

Standard operating procedures	**Yes**	**No**
Does your practice have policies and procedures that describe "how things are done"?		
Are policies and procedures consistent with those of your parent organization (if applicable)?		
Are policies and procedures up-to-date?		
Is there a process in place to ensure that policies and procedures are regularly updated?		
Do staff know that policies and procedures exist, how to find them and how to recommend changes?		
Is someone in charge of drafting, updating and approving policies and procedures?		
Do policies and procedures meet the test of 4 Es: evidence-based, effective, efficient and entirely clear?		
Can staff follow the same procedures for each doctor they assist (versus having to follow a different procedure for each doctor)?		
Decision-making structure	**Yes**	**No**
Is there a clear decision-making process in the practice (e.g., certain decisions are made by consensus, others are made only by physicians, and still others are reserved for "the boss")?		
If a process does exist for making decisions, is it followed each time?		
Do staff know how decisions are made?		
Are decisions communicated from the practice's leadership to all staff?		
If a staff member has an idea about an improvement or change to the practice, is there a clear process for presenting and considering the idea?		
Organizational structure	**Yes**	**No**
Does your practice have an organizational chart?		
Does each staff member have a list of job responsibilities that everyone knows about?		
Is it easily and logically apparent who is responsible for certain duties and responsibilities?		
Is your practice prepared to cover for a staff member who leaves unexpectedly?		
Do staff know who their supervisor is and who is responsible for evaluating them?		
Authority and chain of command	**Yes**	**No**
Does everyone know who the leaders are in your practice?		
Do members of the leadership team have authority as well as responsibility?		
Do they make, communicate and stand by their decisions?		
Are staff members' complaints and concerns addressed to the correct person?		
Are leaders supported by staff?		
Teamwork	**Yes**	**No**
Do staff function like a team with each person having a stake in the success of the practice?		
Are staff members clear about their individual roles on the team?		
Does the team leader allow the members of the team to perform their jobs without excessive interference?		
Communication	**Yes**	**No**
Does your orientation process include communication of the "unwritten rules"?		
Are experienced staff members asked for their ideas and opinions on how things may be improved or whether a "new" idea has already been tried and failed?		
Are staff members comfortable communicating both successes and failures?		
Is there an organized way in which feedback is obtained from staff members?		
Mission	**Yes**	**No**
Does your practice have a specific mission?		
Do staff members know what the mission is, their role in achieving it and the status of progress?		
Is your practice organized around the mission?		
Camaraderie	**Yes**	**No**
Do you know your staff and what information is important to them?		
Is the practice set up to promote good relationships between staff members?		
Is there a sense of loyalty among staff and an assumption of good will?		

 Frank JE. What the military taught me about practice management. *Fam Pract Manag*. May 2008:23-25; http://www.aafp.org/fpm/20080500/23what.html.