



Take your practice to the next level.



**BY KRISTINE A. MORRILL, BS; JULIEN BURATTO;
AND BENEDICTE LAMPE**

HELPING YOUR TEAM COPE WITH THE BURDEN OF COVID-19

Anchor yourself in the present.

Welcome to *CRST Europe's* new practice management column! Having been involved in the launch of the publication in 2006, it is exciting to be invited back to lead this new endeavor in practice management content. Our goal is to provide European cataract and refractive surgeons with ideas, tools, and different perspectives on managing a clinical practice—from staff management to financial management to marketing, of course!

For our first Strategic Practice Management column, I spoke with Julien Buratto, general manager of Centro Ambrosiano Oftalmico (CAMO) in Milan, about his experience with the logistical challenges associated with COVID-19. I also caught up with Benedicte Lampe, founder of Bright Horizons Europe in Strasbourg, France, and a specialist in team and personal coaching, to discuss coping techniques.

KRISTINE A. MORRILL, BS | SECTION EDITOR

WE'RE IN THIS TOGETHER

Kristine A. Morrill, BS: COVID-19 dominated our lives for most of 2020, and it will continue to do so for at least the first half of 2021. After the initial lockdowns caused many practices to close their doors or significantly reduce their volume of patient care, most resumed routine patient care and surgery while relying on routine coronavirus testing and the use of personal protective equipment (PPE), physical barriers, and social distancing to reduce the risk of catching and inadvertently spreading the virus. Mr. Buratto, can you walk us through some of the measures you put into place at the start of the pandemic and the response from patients?

Julien Buratto: We installed plexiglass barriers in February 2020, starting with the reception desk and then eventually shields created by a local company at the slit lamps. I remember our staff wondered what

was happening to cause this change in our clinic environment. Although it was the right thing to do, we were concerned that patients might be worried by our new protocol. Everyone—patients, doctors, and staff—couldn't believe what we were doing. We had masks, we had glasses, we had protections, and they were asking why.

A few weeks later, when the virus began to spread more aggressively in Italy, our team and patients thanked us for taking these early precautions. Because of our preparations, we did not have a single case of COVID-19 within our team during this phase.

Ms. Morrill: Ms. Lampe, how can practice leaders help their teams work within these constraints?

Benedicte Lampe: It is crucial to emphasize to your team that you are coping with this new normal of

caring for patients together. Emphasize that we don't know how long we will have to function under the current conditions. The goal is to anchor your staff in the present and move away from the desire to go back in the past to how things were done before COVID-19.

It is also crucial to communicate this message regularly and to remind the team about the benefits of these new protocols for themselves and for the patients—that we're here to protect them, that we care about them and our patients.

Ms. Morrill: Mr. Buratto, CAMO, founded by your father, Lucio Buratto, MD, shut down in April 2020 due to a lack of patients who were keeping their appointments and then reopened a month later as the number of new cases of COVID-19 began to decline. When you reopened, how did your staff

respond? Were they too casual about the risk of COVID-19? Frightened? I've heard some would wear two or three face masks when they were interacting with patients.

Mr. Buratto: When we announced to the team that we were reopening, we left it up to each person to decide if they wanted to return to work because we did not want to place additional stress on them.

But, we also decided to put psychological support in place for all our teams. This involved each team member completing a questionnaire followed by a 20-minute assessment with a psychologist. It was interesting to review the results. Generally speaking, the reception staff said, "We are most exposed because we see all the patients coming in." The orthoptists said, "We are the most exposed because we spend a lot of time with the patients." The doctors said, "We are the most exposed because we work with them in close conditions." It was clear that the team needed to have the support of a psychologist to cope with this change in patient care.

Ms. Morrill: Ms. Lampe, in your experience, what is the best way to reassure staff members?

Ms. Lampe: Simply stating that you understand what they are going through. Saying things like, "I understand it's hard, but we're doing this together, and we need to show mutual care to get through this," is comforting for them to hear.

In a sense, communicating these sentiments shows your team that you care about them, that you understand what they're going through, and that you're there for them in terms of giving guidance.

BARRIERS TO PATIENT CARE

Ms. Morrill: Ophthalmology involves close contact with patients, but COVID-19 has changed that. From plexiglass shields to PPE, there's a loss of the human connection

to patients. How do you both suggest balancing meaningful patient interaction with following adequate safety measures?

Mr. Buratto: Before COVID, we were headed in the direction of working in even closer proximity to patients by removing all the barriers, including desks, but we had to quickly and completely reverse this mindset in order to maintain proper distance from the patient.

We cannot shake hands. We cannot hug. We cannot kiss hello and goodbye. We have found alternative ways to greet patients. Our doctors shake their own hands together while saying, "I'm shaking my own hand in order to tell you, 'Good morning.'"

It's quite hard to establish a personal connection with patients now. This affects the doctors more than the staff; everyone has lost the personal connection due to PPE and other social-distancing guidelines, but patients tend to ask a lot more questions of the doctor. It's been interesting to see how doctors feel the impact of the pandemic differently than staff members because they have to address what patients have heard in the news and the media.

Ms. Lampe: All these physical barriers reduce the intimacy of the doctor-patient relationship, but a number of strategies can be used to overcome this. First, communicate a lot with your eyes and with your voice. The tone and rhythm of your voice—the way you speak, in a sense—can help to establish a personal connection. Put more attention and care than usual on the way you deliver your words.

Don't be afraid to ask your patients how they feel and how they are doing and take the time to talk to them. Keep in mind that your physical presence itself is a connection for patients, especially those who may not be used to isolating themselves from others. Just being in proximity with other human beings can help provide them with comfort.

Also, remember that body language is still readable, even when wearing PPE. In addition to the tone of your voice and the language itself, the position of your body can go a long way in terms of reassuring the person in front of you. Yes, they can't see your mouth. Yes, there is a barrier or plexiglass between you. But nothing prevents the receptionist, for example, from moving behind the plexiglass and greeting the patient. There may be some fun signs—like a thumbs up or applauding—to put people at ease. These simple tactics certainly help and compensate for our newly lost sense of human touch.

FROM NEW NORMAL TO NORMAL

Ms. Morrill: It is crucial for the well-being of your team to create an environment where they feel safe and cared for. In turn, they will feel enabled to focus on providing the same level of patient care that they did before COVID-19, and they will continue to do so in the months and years ahead. ■

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Would you like to share how your practice has transitioned to the new normal?

Send an email to: kris@medevis-consulting.com to be considered for an upcoming issue.