

# You Didn't Build a Practice to Babysit It

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A Smarter Accountability Framework  
for Audiology Practice Owners



# ABOUT US



**Both facilitators bring firsthand experience as clinicians, clinical educators, & leaders – they've been in your shoes.**

## Amy Badstubner, AuD, CPC

Co-Founder, dB Coaching Group

- ✓ Certified leadership coach, audiologist, and 20+ years in healthcare, business & coaching
- ✓ Entrepreneur who has started multiple businesses, successfully selling one built from the ground up
- ✓ Led teams large and small, and founded a non-profit organization

## Kari Dermer, AuD, CPC

Co-Founder, dB Coaching Group

- ✓ Certified professional coach with 15+ years in leadership, program development & teaching
- ✓ Bench coach with NextUp – supporting executive women in business
- ✓ Previous program director at a large university; built a large multidisciplinary program from the bottom up while being a clinical preceptor

Sound familiar?

You told someone what to do.  
They nodded. Three weeks later —  
nothing had changed.

So you handled it yourself.  
Again.

82%

of managers are promoted  
without formal  
leadership training

*Chartered Management Institute*

# What We'll Cover Today

1

## **Why This Keeps Happening**

Five reasons accountability breaks down

2

## **The Framework**

The Positive Accountability Wheel — Steps 1–4 deep-dived

3

## **Your Practice, Right Now**

Four audiology scenarios — diagnose yours

4

## **The 30-Day Practice**

One question. One action. Start today.

5

## **What's Next**

Q&A + next steps

# Five Reasons Accountability Breaks Down

## Fear of the conversation

69% of managers say they're uncomfortable giving feedback. (Harvard Business Review) Avoiding short-term discomfort creates the long-term patterns you're living with.

## Unclear expectations

50% of employees don't know what's expected of them. (Gallup)

**50%** of employees don't know what's expected of them

## No transfer of ownership

Gallup research shows managers account for 70% of the variance in team engagement. When the leader becomes the accountability system for everyone, engagement collapses — and so does the leader.

## Missing follow-up

Zenger/Folkman's research across hundreds of thousands of leader evaluations shows follow-through is among the top predictors of whether a team trusts their manager — more than charisma, more than expertise.

## No time made for it

Accountability conversations keep getting bumped for clinical work. There's always something more urgent — until the pattern costs you a patient or a staff member.

# How You Show Up Determines What You Get

*Your team reads your operating state before you say a word.  
Accountability conversations work or fail before they start.*

## REACTIVE STATE

*Frustrated before the conversation begins*

- Leads to punitive tone — team gets defensive
- Skips steps to get it over with
- Vague on expectations, big on emotion
- Result: nothing changes, resentment builds

## INTENTIONAL STATE

*Curious and solution-focused*

- Leads with questions, not conclusions
- Follows the framework consistently
- Specific on expectations and consequences
- Result: team takes ownership

# The Positive Accountability Wheel™

A systematic 9-step approach — not intuition, not instinct. A repeatable system.



1	Right People, Right Place
2	Clear Expectations
3	Mutual Consequences
4	Follow-Up Plan
5	Course Correct
6	Be Consistent
7	Assume Nothing
8	Recognize Performance
9	Return to Step 1 if Unsuccessful

★ Steps 2, 3 & 4 are the most commonly skipped — and the most consequential.

# Right Person, Right Place

This step could fill an entire day.

The three questions every owner needs to answer:

- Skill or will?
- Right role?
- Right fit?

**We're not going deep on Step 1 today.**

But it's the first question you should ask every time before any accountability conversation begins.

*Getting people right is a whole workshop.*

# It feels like babysitting.

*You're right. At first, it does!*

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Most owners get it backwards:

**You have to be more involved now to be less involved later.**

WHERE MOST OWNERS ARE STUCK

**Skipping the system**

THE SHORT TERM

**Using the framework**

THE PAYOFF

**Six months later**

# Clear Expectations

*"Done right" means something different to everyone.*

## The Training Formula

- 1 Set the Expectation
- 2 Test for Understanding
- 3 What's In It For Them
- 4 Show Me / Role Play
- 5 Cement the Commitment

## AUDIOLOGY EXAMPLE

### Patient pushes back on cost

- Set:** Define what a confident, honest response to a price concern sounds like in your voice, not a script.
- Test:** "Walk me through what you'd say if a patient says that's too expensive."
- Buy-in:** "Why does handling this well matter to you and to our patients?"
- Show Me:** Role-play it now. Most staff have never actually said the words out loud.
- Commit:** "From this week, every cost conversation follows this approach. Agreed?"

## STEP 2 · What 'Clear' Actually Looks Like

*Most expectations sound clear to the person giving them. They rarely are.*

### VAGUE

**No-show  
follow-up**

*"Make sure you follow up with patients who cancel."*

**Patient  
greetings**

*"Be friendly when patients come in."*

**End-of-day  
close**

*"Clean up and make sure everything is ready for tomorrow."*

### SPECIFIC

"Same-day cancellations get a reschedule call before 5 PM. Document in the system. If no answer, leave a voicemail and flag for me."

"Every patient gets greeted by name within 30 seconds of walking in whether you're on a call or not. If you're busy, eye contact and a nod counts. Ignoring does not."

"The close checklist is on the wall. All 8 items completed and initialed before you leave. If something can't be done, you tell me before you go — not the next morning."

**Ambiguity is where excuses live.**

# Mutual Consequences

## Example 1: Appointment confirmations

*You have talked about no-shows twice. Nothing has changed.*

### ✗ Without consequences:

You say: I really need you to focus on this. They say: OK. No consequence defined. No agreement made.

### ✓ With consequences:

You: If we see more than 2 no-shows in a week and confirmation calls weren't made, I want us to sit down and figure out what's getting in the way. Does that sound fair? Them: Yes, that sounds fair.

## Example 2: Patient callback turnaround

*Post-fitting calls are being missed or delayed.*

### ✗ Without consequences:

You: Patients need to be called back faster. Them: I will try to be better about that. No shared definition of what faster means.

### ✓ With consequences:

You: Same-day callbacks are non-negotiable. If that cannot happen, tell me by 4 PM so I can cover it. If this keeps slipping without notice, we need to revisit workload together. Agreed? Them: Agreed.

# Follow-Up Plan

## If it's not in the calendar, it doesn't exist.

Research on behavior change shows that an intention paired with a specific when and where is 2–3x more likely to happen. (Gollwitzer, 1999) A mental note is not a follow-up plan.

### Example 1: After a performance conversation

#### ✗ The mental note:

*I will check in next week and see how it is going.*

#### ✓ The real plan:

Calendar block: Thursday 3 PM — 15-min check-in with [name] on appointment confirmation protocol. Bring the last 5 days of data. If improved, recognize it specifically. If not, plan next step.

*67% of managers say they don't follow up consistently after feedback conversations. (Zenger/Folkman)*

### Example 2: After setting a new expectation

#### ✗ The mental note:

*They know what is expected now. I will know if something goes wrong.*

#### ✓ The real plan:

Day 3: quick 5-min check-in. Day 7: review the call log together. Day 14: assess if it has become habit or still needs reinforcement.

*New behaviors take an average of 66 days to become automatic. (Lally et al., UCL) One conversation doesn't create a habit.*

# Your Practice, Right Now

- 2 Clear Expectations
- 3 Mutual Consequences
- 4 Follow-Up Plan

*Which step broke down first?*

01

## Front Desk & No-Shows

Appointment confirmations have been inconsistent. Four no-shows in three weeks. You've mentioned it twice.

*Likely gap: Step 2 — what does 'confirmed' actually mean in your practice? + Step 4 — no follow-up was scheduled.*

02

## The Patient Who Never Got Called Back

A patient called back — frustrated — because no one had returned their post-fitting voicemail. Three days had passed. Your staff member said they meant to call.

*Likely gap: Step 2 — 'return patient calls same day' was never defined as a specific expectation + Step 3 — no agreed consequence existed.*

03

## The Same Conversation, Six Weeks Later

You had the conversation. They agreed to change. Six weeks later — same behavior. You're exhausted and out of ideas.

*Likely gap: Step 4 — no follow-up was ever scheduled. The conversation happened. Without a calendar entry, it was just words.*

# The 30-Day Practice

Talking about accountability changes nothing.  
Practicing it — daily — builds the culture.

## Which step do you usually skip?

*That's your starting point. Here's the question that goes with it:*

### Step 1

#### Right Person?

*Is the gap I'm dealing with a training issue — or is this person in the wrong role?*

### Step 2

#### Clear Expectations?

*If I asked this person to explain exactly what 'done right' looks like, could they?*

### Step 3

#### Mutual Consequences?

*Have we actually agreed — together — on what happens if this expectation isn't met?*

### Step 4

#### Follow-Up Plan?

*Is there a specific date and time in my calendar for the next check-in? Or is it just a mental note?*

**Pick the one that stings most. Start there. Today.**

If today was beneficial, here are ways to get more of it.



*Most practice owners leave webinars inspired.  
The ones who change something go somewhere to do the work.*

## The Leadership Accelerator Cohort

A structured program for audiology practice owners who want to build positive accountability into how they lead — not just think about it.

**10 months**

Monthly live group coaching sessions on Zoom + self-paced modules

**Small cohort**

10–25 participants — real conversation, not a lecture

**Apply as you go**

Start-Stop-Continue framework after every session

**Built for owners**

Not generic leadership content — audiology practice context

**Ready to go deeper? →**

# The Leadership Accelerator Cohort



Month 1

## Positive Leadership & The Ripple Effect

How your operating state creates a ripple effect across your entire team.

Month 2

## Activating Positive Emotions & Building High-Performing Teams

How to set the emotional tone that drives performance and team trust.

Month 3

## Intentional Connection & Communication

Shift from communicating at your team to genuinely connecting with them.

Months 4–5

## Positive Accountability & Clear Expectations

The Accountability Wheel in full practice: expectations, consequences, and follow-up.

Month 6

## Time Management, Coaching & Leading Through Change

Prioritize, delegate, and lead your team through growth and challenge.

Months 7–10

## The Messy Middle, Reflection & Final Integration

Stay consistent. Celebrate growth. Leave with a 90-Day Leadership Plan.

# Questions?

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Thank you for your time today.



Leadership Accelerator Info  
**20% off code: ADALEADER**

**dB Coaching Group**

dbcoachinggroup.com

info@dbcoachinggroup.com

Text or call: 954-399-2244