For the sake of "The Practice."

When I was about 14, my Grandfather tried to explain to me the difference between practice and **practise**. Much later, when I became interested in Webster, this little spelling difference between US and "other versions" of the English language peaked my interest.

American English spells the noun and the verb the same. You *practice* a profession and you also have a professional *practice* – completely interchangeable. In those "other" English speaking parts of the world, however, you **practise** a profession but have a professional *practice.*

-   For example, Doctors **practise** medicine but run a *practice*.

If you engage the old debate: "*does language shape thought or thought shape language*" then perhaps it's easy to argue that a lack of distinction between noun and verb might conveniently justify an institution independent of its responsibilities. That is to say, can people build institutions to excuse themselves from the criticism?

By way of analogy, let's turn to that other profession to see how things are practised.

A Doctor who **practises** Medicine on a patient without acknowledging their *best-interests* is playing with an ethical interpretation of the Hippocratic Oath. While Doctors, like programmers, are not actually required to swear an oath, it is nonetheless interesting to see malpractice suits where Doctors were driven to pursue technology at the expense of the patient – all in the name of The Practice.

Doctors influenced by pharmaceutical and/or insurance companies are pursuing self-interest – mistakenly confusing their own best-interests with that of the patients; they hide behind the institution (The Practice) with: "we know best."

Can psychologically blurring the definition between practice and **practise** (by spelling them the same) be a convenient attempt to justify substitution of *best-practices* for **best-interests**?

Do you really want a Doctor "practising" on you in the name of his Practice?

Φ Doctors who have a Practice, **practise** it on patients.

Φ Doctors who do NOT **practise** on patients are called researchers.

In IT, (with our traditional eye-rolling aversion to our audience,) it often seems that we would prefer to talk about the practice rather than the **Practise.** That's to say that we would rather talk about the procedure as if the patient weren't there – we'd rather talk about what we're practising rather than who we're practising it upon.

Should a Practice ever be devoid of how, or upon whom it's **practised**?

Best Practices: Current Proven Industry Methods

Best-practices have been used in medical history to explain any manner of [horrible offenses](): frontal lobotomies, electric shock therapy, mercury, blood letting and more recently the perpetual late night litigious TV ads replacing older TV ads for the same experimental drugs that have killed people.

After a while, a belief that an institution is legitimately above censure from its audience can become a self-propagating justification for its existence. The belief that "*we know best*" can be a convenient opt-out of the communication process.

Understand that the institution of best-practices can be conveniently devoid of empathy when viewed as an academic pursuit (research.) When you move any technology concept into an academic environment, you are absolving yourself from the responsibility of the human factor. When this type of research is re-injected back into a practice it's essential to reintegrate that human dynamic – because that's who you're **practising** upon.

Best bed-side manner: Communication

A practising Doctor then, assumes an expectation of bedside manner. Since Doctors practise on patients, interaction and communication is an inescapable part of the practice. To practise without bedside manner is to dismiss the patient as an inconvenient part of practising - treating them as some obligatory cattle to drive a pursuit of *best-practices*.

A Practice cannot exist without the patient or the client.

I often hear programmers bemoaning that "*Technology would be a great industry were it not for the end user…*" I even think I've said it half-jokingly myself in years gone by when referencing a particularly difficult user. A Doctor who truly felt that would probably move over to research.

Bedside manner is a method for delivering information – it's what separates good Doctors from disagreeable ones and is an important factor in building trust. A combination of tone, clarity, language choice, patience and appropriate empathy - all integrate to define the professional who is focused on the *best-interests* of the client above the self and the Practice. Condescension and silent closed door work dismantle trust quickly.

Doctors who communicate poorly by regarding it as a chore, often attempt to substitute *best-interests* with *best-practices* – justifying it in the name of the Practice.

Delivering information without appropriate communication skills, having another do it for you or failing to deliver it, also constitute practicing poor bedside manner. Ambiguity, aloofness or absence in a time of need only causes the patient to fret and worry about their condition.

An empathic ability to view business needs from a clients' perspective is essential to the role of the consultant; anything less is a practitioner whose audience is other practioners – not clients.

Best-Information: Education

Nor is delivering information itself sufficient. A nurse could do that (or you could ask the patient to read their own bed chart). Along with information a Doctor must bring options and solutions to the table. He is expected to educate the patient with *best-information* available wanting the best possible outcome for the patient.

Staying constantly informed of the latest happenings in your industry gives you options. You don't have to choose those options – you have to match them.

Best-Judgement/Best-Fit: Common sense

What is the right fit for this particular client? Is a one-size-fits-all approach appropriate? Stock solutions are only in the best-interests of the Practice – they are usually rushed efforts to define a solution before understanding the problem or symptoms. A doctor who dismisses a patient with the latest industry drug might not be acting in the best-interests of the patient. A doctor who derives a *best-fit* does so by taking the time to delve deeper into symptoms, correct problem definition and unique needs.

Best-Interests: Customer Care

Best-interests should never be substituted with *best-practices*.

> **You practise best-practices with Technology but best-interests with people.**

Best interests are:

- Education (*best-information*)
- Current, proven industry methods (*best-practices*)
- Communication (*best-bed-side-manner*)
- Common sense (*best-judgment/best-fit*)

Mathematically then,

> *Best-Interests = Best-Information + Best-practices + Best-bed-side-manner + Best-judgment*

To make my point with a little simple algebra:

> *Best-practices = Best-Interests – Best-Information – Best-bed-side-manner – Best-judgment*

A programmer who practises without bedside manner is practising for the sake of the Practice (Institution.) A programmer who practises great bed-side manner without *best-information* and *best-practices* is potentially a dangerous and glorified help-desk.

Mind your own Business…

When a programmer says he knows what's best, he means that he knows what's potentially best as a programming unit solution – not necessarily a systems solution. That does not immediately infer that it is automatically in the *best-interests* of the client. Technology is NOT a replacement for business; it is a tool. It should be used as such and business owners should NOT absolve their business responsibilities and strategic initiatives to programmers who don't speak business as a first language. Do you really want a programmer working ON your business?

Programmers should work IN your business not ON your business. By contrast, Consultants are able to help you work ON your business because they are able to speak that language, add value and save you money.

Increasingly, I see programmers who practice and swear allegiance to their profession – the Technology God - Client comes second. All of that is fine, but you can't become a professional by saying Doctor knows best. Programmers don't know the business – they know the business of programming – not the business of business.

IT should not exempt itself from the definitions as practised by other professions. *Best-practices* in other professions ultimately have the client in mind. The collaboration at that table leads to open dialogue about possibilities and pitfalls – introduced within an educational rather than dictated framework.

I believe that *Best-practices* are only one part of a complete picture. I would call on our industry to start dialogue on couching *best-practices* within a framework of *best-interests*.

Brett Gibson – Vice President of Business Development.