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To Our Readers: There are no foolish questions. Chances are that if you have a question or concern in your practice, others are experiencing a similar situation. We're here to help. PM [doctor and staff] readers are encouraged to submit questions to lynn@soshms.com which will be printed and answered in this column anonymously.

Re: Three Management Case Studies

Dear Lynn,

We are a large office, with a large staff. We have three situations needing immediate attention, and management seems unwilling to correct them. As a staff team searching for answers, we thought if you addressed these issues in your column, we could leave it on our Manager's desk, motivating him to take action.

1) Our cell phone rule is: phones are for emergency use only, yet Kristen (our co-worker) was caught more than once escaping into the bathroom with her phone when she hears it buzz. She has been warned by the manager about this and has not denied it, saying it's the only place she

could get privacy. Don't warnings mean anything anymore?

- 2) Susan appeared at work this morning with a shockingly visible new tattoo of a colorful dragon on her arm. Our dress code clearly states that tattoos are unacceptable as patients may find them distasteful; yet, here she is.
 - 3) Victoria is one of our best per-

If the details you write about are accurate, the manager seems to be the one falling short in each case. Since part of his responsibility is to recognize and address concerns to prevent repeat offenses, these simple steps should be followed: 1) investigate the facts, 2) take action, 3) review policy and consequences, and 4) follow through with the appropriate discipline.

In addition to having written policies in your employee manual for each of these situations (cell phone policy, dress code and gossipers), there should also be one regarding discipline.

formers. Lately, though, as co-workers, we feel her unfavorable gossip concerning another team member is mean and hurtful. No one wants to be around her and it is causing friction among staff. We approached the manager about this and were told to "just turn the other cheek." Cheeks were turned, gossip still is happening. Now what?

In addition to having written policies in your employee manual for each of these situations (cell phone policy, dress code and gossipers), there should also be one regarding discipline. Remember, though, that a written policy without discussion, training, and enforcement has little value, so it is critical that the rules Continued on page 66

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are reviewed and followed. It is there, in your rule book, that disciplinary policy will clearly outline the sequence of events for any violation of office policy. If you don't have a manual, get one! Here is a sample disciplinary policy and the consequences for an infraction:

1st Infraction: Oral Warning— Employee is counseled or reprimanded by the Office Manager/physician following a minor offense in an effort to eliminate possible misunderstandings and explain proper conduct. All oral warnings are documented in the employee record and signed by the employee.

2nd Infraction: Written Warning—Employee will receive written notice following another violation. This is offered to make certain that he/she is fully aware of the misconduct and to avoid a repeat incident. Again, this is documented and signed as an acknowledgement of receipt; not as an admission of guilt.

3rd Infraction: Three Days Off without Pay—for reflection on the problem and if they wish to continue their employment in this practice with the understanding that another infraction is discharge. Also documented and signed.

4th Infraction: Discharge—Violations of rules or regulations, or performance or attendance below standard, may result in permanent discharge. This of course is the ultimate consequence for minor offenses when other measures have not solved the problem.

This disciplinary policy is just an example and can be easily modified to work in your office. Some offices offer only three chances for correction. You might want to remove a letter from an employee's folder after one year. Lesson learned, start over.

One final comment on policy violations and conduct. Some behavior: violence, vandalism, drug or alcohol use, violating safety policies, theft, etc. is cause for immediate termination.

For the next staff meeting, the manager should intermittently review office policies with the team so they remain up-front and clear. For example, when and where are personal phones off limits for talk or text? Also, when is the appropriate time and place they are acceptable? The reason for such a policy is simple. Anyone using a personal device during office hours is obviously unavailable to work. Their mental and physical absence means patients are likely being neglected, their care compromised, and co-workers are unfairly picking up the slack of her duties until the employee's return to

tive reflection on the practice. There should also be regular "brush-up" reviews of your dress code as a preventative measure against untidy scrubs, too much perfume, makeup or jewelry, personal hygiene, etc. Compliance is not just for the patients!

Finally, gossip, in general, has a negative impact on co-workers' morale, performance, and job satisfaction. It is an unproductive distraction and should not be tolerated. By having a conversation with Victoria, the manager can offer help exploring reasons for

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active work mode. None of these outcomes are acceptable.

Regarding tattoos, management's role is not to take a personal stand one way or the other about tattoos. However, they cannot ignore it either, so again a private discussion is in order. Studies show that in too many cases, patient perception towards tattoos or facial piercings is negative. Susan needs to understand that some patients will unfairly judge her not on what her skills are or who she is as a person, but just by what they see. To make matters worse, their prejudices also cast a nega-

her behavior. For example, is it due to unresolved conflict, or differences in beliefs, values, or attitudes? Jealousy? He might even suggest that the individual who is the target of the gossip come in so the two of them can address it openly. Barring that, Victoria should be advised that continued behavior may result in consequences—

and depending on the level of real or perceived threat, termination. Perhaps she will find the acronym "THINK" helpful in reining in the gossip. Before she speaks, she should ask herself (T)—Is it true? (H)—Is it helpful? (I)—Is it inspiring? (N)—Is it necessary? (K)—Is it kind? If none of those things, take the high road and just let it go.

Re: Why Can't I Retain Employees?

Dear Lynn,

I just don't understand why employees leave our practice. I've fol-Continued on page 67

THE CONSULTANT IS IN

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lowed successful hiring techniques, spent time training them, gave them fair pay and benefits, yet can't seem realities, and identify the reasons why your staff thought that leaving was their only answer. Realize that not every employee will be willing to discuss exactly why they chose

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to keep them longer than six months. What am I doing wrong?

Since neither of us can get in the head of your employees to know what they were thinking or why they left, it's impossible to say. Consider this simple solution moving forward. Conduct exit interviews. If the employee is honest, these interviews can be extremely beneficial as they point out certain to leave, especially if they anticipate and fear that you will overreact to their comments. So first ask yourself, can you handle the truth? If they reveal that their reason for leaving had to do with you, thank them for their candor and chalk it up to a learning experience. If it is some other reason, document it, then for the good of the practice, think about what you can do differently.

In addition to the exit interview, consider a stay interview. Conducted annually during an employee's annual review, this quality time together provides insight on what you are doing right! Understanding why employees leave is only half the battle. Make the changes and you can keep a revolving door of staff from spinning out of control. **PM**



Ms. Lynn Homisak, President of SOS Healthcare Management Solutions, carries a Certificate in Human Resource Studies from Cornell University School of Industry and Labor Relations. She is the 2010 recipient of

Podiatry Management's Lifetime Achievement Award and was inducted into the PM Hall of Fame. She is also an Editorial Advisor for Podiatry Management Magazine and recognized nationwide as a speaker, writer, and expert in staff and human resource management.