

Case Study #1 – Walking a Fine Line

It's been a long, crazy 2 years of COVID. The pandemic has affected your staff differently. You have some on your team who seem unphased, but there were others who were afraid to be in the workplace. It seemed to get better for a while, but now the Omicron variant is bringing out some of those same fears and concerns in your staff member Julie. COVID has hit Julie's family hard; she lost her grandmother and her uncle to the virus. Her husband was so sick when he contracted it a few months ago that he was in the hospital for several weeks and Julie was out on leave to care for him. Her husband is now back home and Julie is back to work, but she's not been the same since.

Julie is distracted, frequently zoning out during team meetings and asking for you to repeat yourself. When you give her direction, she is sometimes able to follow through and other times forgets what was asked. She's still doing the basic functions of her job, but not to the level she was performing them previously. Her coworkers have rallied around her in the past and tried to step in and help as best they can, but they have recently been met with resentment from Julie. She's been overheard telling people, 'I'm not an idiot. I don't need you telling me how to do my job!' Then, the next day, she'll act like nothing happened and be very pleasant. It's becoming stressful in her department because of this – no one knows which version of Julie they are going to get that day.

While her performance hasn't slipped enough for you to step in before now, you are concerned about her recent behavior and what could happen if things don't turn around. You had planned to talk with her at the end of this week, but she just asked for that time off to go see her counselor. You don't want to pry, but now you're concerned that she may be battling mental health issues.

How should you proceed?

Case Study #2 – Because That’s the Way We’ve Always Done it

Your employee, Alisha, has been with the practice for almost 30 years! There isn’t a job she doesn’t know how to do. Your patients love talking with her and appreciate her knowledge. In fact, they often ask for her by name. Alisha’s current role is a combination of finance manager/billing specialist, something that only she knows how to do. She takes a lot of pride in the institutional knowledge she has gained and likes to be the ‘go to’ person in the practice. However, Alisha can be very territorial over the work she is responsible for. Several office managers prior to you have tried to get Alisha to delegate some of her tasks in an effort to cross-train and build in redundancy. However, she never seems to be able to ‘get around to’ training others. She’s ‘too busy’. When pushed to do so, her instructions are haphazard and lacking in detail – which leads to mistakes on the part of employees who are training under her. Alisha then uses this as proof for why it is just easier to have her continue to do the work.

Up until now, Alisha’s contributions have far outweighed any idiosyncrasies in her personality. However, she’s becoming less and less tolerant of younger staff and the normal mistakes new employees make. She is gruff when asked to explain why something is the way it is and can be heard mumbling under her breath when you ask her to change the way she does a part of her job. You’ve been willing to put up with it and not rock the boat, but your newer staff don’t share your tolerance. In fact, in the last 12 months, you’ve had three new hires quit as a direct result of their interactions with Alisha. The labor market is tight and hiring has been slow.

Your staff are becoming stressed with the extra workload and while you want to have a conversation with Alisha, you’re afraid of how she’ll respond. If Alisha were to get upset and walk, you’d be in real trouble since no one else knows how to do what she does. However, if you continue to turn a blind eye you may lose more staff and your reputation as a leader. What should you do?

Case Study #3 – It's not Me, It's You

Kacey was brought in as an experienced hire to work at the front desk and manage scheduling. She was eager to learn your systems and made a great first impression. Over the course of the next three years, Kacey demonstrated great organizational skills and solid performance. When a position opened up for a dental assistant, Kacey was ready for a new challenge and threw her hat in the ring. Although she had never worked on the clinical side of the practice before, you decided to offer her the position and felt confident that you could train her. After all, it's been almost impossible to recruit new talent and this way, you could train Kacey the way you want her to without having to worry about 'bad habits'. At first things were progressing well, but then you started to notice a change in Kacey's demeanor. Now when you correct her, she rolls her eyes or lets out a big sigh before making the adjustment. She is still in the training phase, so you don't expect that her assisting skills are fully developed, however, you are starting to see a pattern to the kinds of mistakes that Kacey makes. You have tried writing things down for her. You have had her shadow your other dental assistant. However, it doesn't seem to be helping. Kacey is growing resentful of your 'micromanagement' and you don't feel confident with your choice to move her into this role. You've lost her administrative skills and gained very little on the clinical side. If this keeps up, you may lose Kacey altogether. You decide it's time to talk with her.

CASE STUDY #1 – M.I.A.

Tom, your employee of 18 years, has racked up a large bank of time off during his tenure. Recently he's begun to call in sick for a variety of reasons – back spasms, migraines, etc. He always follows the call-in procedure and has the time in his bank to use. You believe he is actually sick, however, these absences are never scheduled and are starting to disrupt his ability to get the work done. In the last 6 months, he's called in late or absent 3-4 times/month. His coworkers are starting to grumble that he's never there...

CASE STUDY #2 – THE DIVA

Ann, your hygienist of 5 years, is a superstar when it comes to her technical skills and customer service. Patients love her and she is more dependable than anyone else on the team. Ann knows this and uses it as leverage in other areas. She has poor communication with other team members and walks all over the other hygienists. She can be abrupt, abrasive and flat-out rude when she doesn't like someone or disagrees with their decisions. Last week one of the new hygienists was running behind and rather than pitch in to help out, Ann told her that she wasn't going to give up her break just because her coworker couldn't manage her time well.

You think that Ann's contribution to your team outweighs her short-comings, but your office manager (who the rest of the staff complain to) is becoming very upset and asks you to address the problem.

CASE STUDY #3 – THE BULLY

Maggie has been in your practice in a leadership role for the last 5 years. She is knowledgeable and your patients like her. While Maggie has always exhibited professional behavior in front of you, you've heard from several other staff members that she is prone to anger and verbal outbursts when things don't go her way. According to various team members, Maggie has used physical intimidation, name calling, threats of retaliation and yelling to get what she wants. In fact, you've lost 2 new team members in the last 6 months and Maggie's behavior was specifically mentioned as a contributing factor in their exit interviews. You have decided to address these concerns with Maggie before another team member heads for the door.

Framework for Success: Difficult Conversations

PREPARATION:

1. Get your Head Right – separate the facts from your ‘story’
2. Prepare your Message

EXECUTION:

1. Deliver your Message – Mutual Purpose and Mutual Respect
 - a. **Start with the ‘why’ – the FACTS**
 - b. Share your thoughts/feelings about this and perhaps your goals for the conversation
2. **Stop Talking and Start Listening**
 - a. Transition from you to them...”Help me understand”, “What might be causing this?”, “Were you aware of this?”
3. Respond not Defend – Focus on keeping Mutual Purpose and Mutual Respect
4. State/Restate goal or plan for moving forward
5. Review documentation (corrective action plan) if applicable
6. Thank person for their time/thoughts/efforts and end meeting

FOLLOW THROUGH AND FOLLOW-UP:

7. Using the timelines and agreed upon goals/expectations, check in and evaluate progress
 - a. If employee is improving, be sure to let them know and document accordingly
 - b. If employee is not improving or getting worse, address the issue and move to more severe disciplinary action and/or termination

Handling the Face to Face Disciplinary Meeting

1. Prepare a solid disciplinary document.
 - Describe the incident(s) using specific language and examples
 - Describe any past history of performance or behavior problems
 - Include the policy or expectations of performance or behavior
 - Describe the consequences for failure to improve
2. Schedule the meeting.
 - Assure a private location
 - Assure no interruptions
3. Determine if you need a witness present.
4. Bring two copies of the document, both signed and dated by you.
5. Begin with 'why' – tell the employee why you have asked them to meet with you; don't beat around the bush.
6. Review the other main points of the document with the employee.
7. Allow the employee to respond, allowing for any emotion (within reason).
8. Do not defend your decision or your action. Remember, you are responding to the employee's behavior and/or performance. Respond to the employee with comments such as:
 - *I appreciate your concerns,*
 - *I understand what you are saying, or*
 - *I can see you are clearly upset/frustrated/confused and I'm sorry. What can we do to get back on track?*
9. Be aware of "distraction techniques."
 - Blaming others, including you
 - "You just pick on me"
 - Pointing out problems of other employees or you
 - Crying
 - Silence
 - Anger
10. Try to get the person to accept responsibility for the issue being addressed. Allow him/her to vent, but bring him/her back to the issue at hand and the consequences for failing to improve.
11. Provide a copy of the document to the employee and ask the employee to read the document and sign it.
12. If s/he refuses, ask employee to write that they refuse to sign. You can also allow them to write their disagreement to the document. Then have him/her sign it. If the employee wants to write up a response, let them. You have nothing to lose and everything to gain. You may even want to encourage it.

Corrective Action Form

Employee's Name: _____

Date: _____

Corrective Action Taken:

Letter of Concern

Verbal Warning

Written Warning # _____

Disciplinary Probation

Suspension – Paid or Unpaid (*circle one*)

Number of Days: _____

Expected Return Date: _____

Final Warning

1. **Description of Incident(s):** *Brief description of current problem(s) including: dates, who was involved, and what specifically occurred (facts)* _____

2. **History:** *Describe any previous incidents (if any)* _____

Describe any previous action (conversations, warnings, write-ups, etc.) taken regarding this employee regarding these issues _____

3. **Policy:** *Site relevant company policies, procedures, or directives related to the above* _____

4. **Expectations:** *Describe your expectations for this employee going forward* _____

(Use back or secondary page if more room is needed.)

Indicate the time frame for improvement: Immediately 30 days 60 days Other _____

5. **Consequences:** Failure to make and sustain improvement in the period of time allotted will result in further disciplinary action up to and including the termination of employment.

I hereby acknowledge receipt of this document.

Employee's Signature

Date

Supervisor's Signature

Date