

How to Handle Problems With Employees

Heather Roebuck remembers all too well the time she terminated an appointment secretary back in 1998. The employee had been promoted from a front-desk position after just eight months on the job. However, she began making careless errors and rude comments to patients. After being counseled for many months, she was suspended for one day.

Never assume that employees understand your expectations, policies or procedures. No matter how well you inform or prepare them via written documents and reprimands, some staff members will still be in denial or total shock or act clueless as to the problem they've created or aggravated.

“She said that she was totally unaware of her behavior,” says Ms. Roebuck, operations manager at Physicians East in Greenville, N.C. “We gave her 30 more days and decided we were going to let her go.”

Like most businesses, the practice typically fired employees at the end of the business day. So at

5:15 one afternoon, Ms. Roebuck called the employee into her office along with the reception supervisor, who served as a witness. She believed the dismissal would be routine, since the employee had been repeatedly counseled, reprimanded in writing and advised of the practice’s termination steps.

Nothing could have prepared Ms. Roebuck for what happened next. After hearing that she was fired, the employee began crying uncontrollably. After 30 minutes, Ms. Roebuck ended the conversation. The reception supervisor went home, leaving Ms. Roebuck alone with the employee.

The employee went into the bathroom. Another 20 minutes passed. She did not come out. So Ms. Roebuck knocked on the bathroom door. No answer. The door was locked and the lights

were off. Five minutes later she stated that she would return with the bathroom key if the employee didn't open the door at that moment. The employee opened the door, then returned to the corner where she had been sitting in the dark and announced that she was going to kill herself.

After performing some crisis intervention, Ms. Roebuck finally convinced the employee to return to her office. Then she scheduled an appointment for the employee with the practice's marriage and family therapist at 7:30

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the next morning, before any staff came into the office. At that point, the employee gained enough control of her emotions to leave the office. By then, it was 7:30 p.m. Ms. Roebuck asked the employee to call her when she got home.

"She felt that I was concerned about her," says Ms. Roebuck. "It was more of a befriending because she was sharing [personal] information with me."

This story offers a valuable tip: never assume that employees understand your expectations, policies or procedures. No matter how well you inform or prepare them via written documents and reprimands, some will still be in denial or total shock or act clueless as to the problem they've created or aggravated.

While medical practices are confronted with all sorts of challenges regarding employees, practice management experts encourage physicians to divert all behavioral problems to their office managers, who are typically better equipped or trained to resolve employee problems. Doing so also cushions physicians from dealing with potentially angry or upset employees and worrying about how they will react. For example, if you reprimand your appointment scheduler, who believes you're being unfair, you may wonder if she'll divert all of your patients to other physicians or intentionally create scheduling errors. You would be better off focusing on top-level business issues where your skills are more needed.

Here's another problem physicians can easily avoid: employ-

ees who consistently seek free medical advice for either real or fictitious health problems. Ms. Roebuck points to one employee who would float between six physicians at the practice and five mid-level healthcare providers like physician assistants.

This employee would complain of a sore throat to one doctor, who would write her a prescription, then talk to another about abdominal pain the same day. Once, she was experiencing pelvic pain, suspecting a serious illness or disease. After performing an ultrasound, the physician didn't spot any problems, then told the employee that if something were really wrong, she would have pain in different areas of her body. After waiting several days, the employee moved along to another doctor at the practice and complained of pain in the exact spots the previous doctor had identified.

Since nothing was documented, it took roughly two years before the physicians and other providers at the practice caught on to her constant need for medical attention. So they implemented a very simple rule to avoid the scenario—and others like it—from escalating: no more hallway medicine. Employees must schedule appointments and choose one physician as their primary-care doctor. Everything is documented. Employees can see another doctor only if their physician is on vacation or not available.

“[This employee] is doing much better,” says Ms. Roebuck, adding that some members of the employee's family were also abusing prescription drugs. “She just needed some structure and realized that the system wasn't wide open to be abused.”

To Catch a Thief

Unfortunately, employee theft at medical practices is a common occurrence. Physicians often share horror stories about how a new or trusted employee was caught red-handed stealing thousands of dollars. Others complain about staff member phoning in unauthorized prescriptions for narcotics or other drugs.

After two months on the job, one part-time employee began doing just that. While she worked in the department of occupational medicine at a hospital in Belle Vernon, Pa., the department was physically located in a separate building and run by Dr. Kevin Vrablik. He says that she began calling in prescriptions to a local pharmacy, using his name for a controlled substance. The only reason he became aware of it was that the pharmacist grew

suspicious and contacted him.

When confronted, the employee denied it, actually blaming another staff member, he recalls. “Once I discovered this and found the facts to be true, she was terminated,” he says, adding that it was the hospital’s human resources manager, not he, who fired her. “She made no contact with me but did call the office to speak to other medical assistants on one or two occasions [asking], ‘How could this be? I didn’t do anything wrong.’”

Employee theft is another major problem in many medical practices. One reason is that co-payments collected from patients are often paid in cash, says Dr. Dennis Agliano at Tampa Bay ENT and Cosmetic Surgery in Tampa, Fla.

“Doctors are very vulnerable,” says Dr. Agliano, whose practice was the victim of an employee theft years ago. “People are handing money to hourly employees. Doctors are busy seeing

Helping Hand

Problems with employees at your practice can extend to partners. Approximately 10 percent of physicians develop a drug or alcohol addiction during their medical career, says Dr. Gary D. Carr, medical director at the Mississippi Professionals Health Program in Hattiesburg, Miss.

Symptoms can include changes in personal hygiene, reports of missing drugs, mood swings, inappropriate anger, depression, alcohol on the breath at inappropriate times, tardiness, restlessness or irritability. If you suspect that one of your colleagues needs help, Dr. Carr suggests contacting your local medical association or licensure board because most offer some type of physician health program. But whatever you do, don’t try handling the situation on your own.

“That route is ripe with potholes,” says Dr. Carr, explaining that most addicts are badly in denial, end up convincing colleagues that they don’t have a problem or have overcome it, which rarely happens, or will seek help from a counselor friend, which never works. “It’s such a serious problem that it requires a more intensive level of intervention.”

Dr. Carr says that the success rate for physicians who voluntarily enter treatment without any outside monitoring and follow-up is roughly 40 percent compared with 90 percent for those who participate in programs with structured monitoring and follow-up.

patients and don't keep track of it."

If one employee manages your cash drawer and it doesn't balance at the end of the day, verify the facts, then discuss the situation without accusing the person. Since that individual is responsible for collecting co-payments and making change, Dr. Agliano says, the employee can still be reprimanded for irresponsible or sloppy work. Explain this to the employee, specifying that you're not accusing him or her of stealing, then make changes in procedures and closely monitor the employee's performance.

Honest mistakes do happen. However, if shortages are consistent, there's a good chance the employee is stealing. Still, if you have no hard evidence of theft but funds are missing, you have grounds to fire the employee for incompetence, if not stealing, he says.

According to Judy Bee, employee theft may be taking place in as many as one in every three medical practices. Ms. Bee and her partner run Practice Performance Group, a management consulting firm in La Jolla, Calif., that also offers continuing education for physicians.

Sometimes the most trusted staff member can be the culprit. Ms. Bee remembers one large group practice whose office manager had worked there for many years and was treated like one of the family. "She was self-taught, came up through the ranks and was really very good," Ms. Bee says.

As the medical practice grew larger, the physicians opted to use their American Express cards to purchase office and medical supplies so they could earn airline points or mileage. Every month, the office manager would charge supplies on a different doctor's credit card. The physicians grew accustomed to signing checks for large amounts without question.

This process continued for 18 months until the office manager went on vacation. An employee at another practice called, requesting information about how much the practice paid for a specific item. In the office manager's absence, another employee fielded the call, began sifting through the invoices and realized there were records of payments made without attached invoices. So she approached the physicians for help.

That's when the office manager's scheme began to unravel. The physicians learned that she also had an American Express card, made large purchases for herself on the card, then included her

own bill among the doctors' invoices. Since they never reviewed the bills, they paid her monthly invoice like clockwork. By then, she had stolen close to \$200,000.

"When they finally confronted her, she admitted it and told them how long she had been doing it," says Ms. Bee. "She said that she did not feel that they were paying her fairly, and she was

One way to avoid the problem of employee theft is to establish footprints, checks and balances or audit trails for all employees—no matter how trustworthy they appear—working in billing, accounts payable or collection departments. Then tell them they will never get in trouble for bringing you bad news, but they will if they try to cover it up.

not taking any more than she felt she was entitled to. What was so sad about this was that, if she had come to those doctors, saying 'I'm in a jam,' every single one would have helped her."

The physicians pressed charges. The office manager was quickly arrested and jailed for her crime. The scandal made headlines. Though such publicity may be unwelcome, doctors must prosecute employees who steal. Other-

wise, Ms. Bee explains, other employees who may have known about the crime all along may also try stealing from the medical practice because they know they can get away with it.

One way to avoid the problem is to establish footprints, checks and balances or audit trails for all employees—no matter how trustworthy they appear—working in billing, accounts payable or collection departments. Then tell them they will never get in trouble for bringing you bad news, but they will if they try to cover it up, she says.

Other times, physicians can jump to the wrong conclusion. For example, what would you do if the amount of cash your practice typically collects each day were steadily decreasing? At the same time, a front-desk employee brags about the expensive luxury items she recently purchased. Is it coincidence? Or is she stealing? Although the latter may be a natural assumption, it could be completely wrong. Maybe her spouse received a bonus or an inheritance, for instance.

Ms. Bee points to one effective technique that physicians can use to minimize an employee's defensive behavior and help uncover the truth. It's called an "I" message and has one key rule:

whenever you criticize an employee, start the sentence with “I.” Here’s an example:

“I have a problem. Our collection over the counter has dropped significantly and, as a result, we’re sending out statements for \$5, \$10. Our expenses for billing and postage are up. My purpose for this discussion is to see how we can get this changed.”

Make your statement objective. Avoid pointing fingers. Then ask the person for help in resolving it. This same strategy also works in reverse—employees can use it to make complaints. After they state the problem, they should also explain how it damages the patient, practice or work environment.

Meanwhile, Ms. Bee says, doctors should intervene in employee problems only at the Supreme Court level and avoid those better suited for small claims court. If employees approach physicians with an in-house problem, doctors should encourage them to resolve it with the department or employee first. If that doesn’t work, then try the office manager. If they’re still not satisfied, the physician needs to be willing to listen to both sides and make a determination.

Breaking Bad Habits

In 2000, Dr. Vrablik hired a nurse practitioner who was responsible for seeing patients in his absence. As a salaried employee, she was expected to start work around 7 a.m. and stay at least until 4 p.m.

But problems started emerging early. Although she arrived at 6:30 a.m., she often performed personal tasks like paying bills and sometimes left as early as 2:30 in the afternoon. To aggravate the situation, she developed the habit of walking barefoot in the office, although she was repeatedly warned not to do so.

Dr. Vrablik recalls discussing her work schedule on three separate occasions. Each time, she would admit her mistakes, change her behavior for a period of time, then return to her old ways.

One Wednesday, the hospital’s vice president called her at 2:45 in the afternoon, but she had already left for the day. So he contacted Dr. Vrablik, who then returned to the office to document her absence. The following day, he gave her a written reprimand warning her that if she left early again, it would jeopardize her position.

The next day, she left early. So the following week, Dr. Vrab-

lik gathered his documentation and fired her on Friday.

“I called her into my office and told her this isn’t working out, you’re being insubordinate, you’ve been verbally warned many times,” he says. “I gave her the choice of resigning with me right now or being terminated.”

Strangely enough, she seemed rather surprised and called her husband twice in front of Dr. Vrablik, asking for his advice. While she offered her resignation, Dr. Vrablik says, he still had to call security to escort her out of the building. Apparently, when she returned to her office to gather her belongings, she began deleting computer files and e-mails. But she didn’t have enough time to delete the files from the computer’s recycle bin. Dr. Vrablik learned that she had been job hunting and was e-mailing prospective employers multiple times throughout the day. To make matters worse, she later filed a gender discrimination claim

Avoid Costly Hiring Mistakes

Does your medical practice have a clear human resource function? Is your office manager trained in how to interview and select the best candidate for a position?

If your medical practice is like most, chances are that your answer to both questions is no. In fact, you probably can remember several employees who weren’t a good fit right from the start. Worse yet, they may have exhibited the same unacceptable behavior during the interview process or even on their first day of work. For example, one office manager recalled how a new hire showed up late to her employee orientation. Everyone at the medical practice ignored her behavior until several months later, when she was fired because of chronic tardiness.

Bad hires usually turn out to be difficult employees and negatively impact the work environment—everything from productivity to customer service. They are also expensive.

“For an idea of how costly a bad hire can be, take an employee’s hourly wage and multiply it by 400,” says Gail Houck, president at Select, Assess & Train, a business and management consulting firm in Alexandria, Va. She explains that the formula is based on a 40-hour work week times 10 weeks, which is slightly more than the standard probationary period established by many medical practices. “Also keep in mind that this dollar figure does not include employee training time, lost productivity of their supervisor and other staff and potential results

with the Equal Employee Opportunity Commission against the hospital. He says the hospital awarded her a small amount of money because it was cheaper than fighting her in court.

Dr. Vrablik says that his employees now receive only one written warning stating that if the unacceptable behavior is repeated, they will be terminated. Still, he says, physicians need to determine the root cause behind employees' inappropriate behavior and work with them to avoid repeating it. "Help that person not make that error again, [but] if they do make the error again, they're just blatantly insubordinate."

Insubordination was far from the problem facing a plastic surgeon, a client of Susyn Reeve, who is an organizational development consultant in San Francisco who specializes in health-care. In less than three years, he had three different office managers. Bills were not being mailed to patients. No one was

from poor work habits and bad customer service."

To avoid bad hires, Ms. Houck recommends the following:

- Clarify, then document the responsibilities of the position. The person conducting interviews must clearly understand what skills and experience are required for the job.
- Consider the interviewer's background. Is he or she qualified to conduct employment interviews? If not, you have several options: train the interviewer on effective interviewing techniques, hire a consulting firm or purchase pre-employment testing tools that can assist you in the process.
- Develop an interview guide with a list of targeted questions to ask each candidate. Create one for each staff position. Consistently follow this guide for each interview.
- Paint a very clear picture of the job and all related responsibilities. Explain in detail what the person's tasks would be during a typical day and work week.
- Take a buying, not a selling, approach to each interview.
- Listen carefully to the candidate's responses. Probe any answers that are unclear or questionable. Take notes that you can review later.
- Pay close attention to the candidate's attitude, actions and body language. Was he or she punctual or late? Is the candidate avoiding eye contact with you? Does he or she become defensive or evade your questions?

coordinating the delivery of medical devices to the operating room. For example, he would show up at the hospital to perform breast implant surgery, but the implants wouldn't be there.

He believed his staff was slacking off. But that wasn't the case. Since there were no written procedures—the physician was constantly changing his mind about how he wanted things done—nobody was really clear about job roles or expectations, says Ms. Reeve.

Ask yourself the following questions the next time an employee isn't performing up to your standards: What might be getting in the way of this not happening? Do employees possess the skills to perform the job or have enough time to complete specific tasks? Are they angry because somebody else was promoted instead of them?

“He was really not being a leader,” she says. “The first thing he and I did was to create a procedures manual. So when he hired someone, he would be very clear about the job [he or she] was going to do.”

It didn't take long for things to improve dramatically. Bills were going out, money was coming in, and employees were consistent when performing office tasks.

Another time, Ms. Reeve was asked to resolve problems that a

large medical center was experiencing with its registrar. The employee became rude to patients and developed a bad attitude with other staff. Since she had worked at the center for a very long time, no one wanted to fire her.

After listening to all sides of the story, Ms. Reeve says that the problem once again could be traced back to unclear job expectations. As the practice grew, many procedural changes were introduced, but they weren't communicated well by the physicians or office manager to staff. So when the inevitable honest mistakes occurred, the registrar felt that she was being picked on and displaced her frustration and anger onto the patients.

Ms. Reeve met with the employee five times, brought everyone together—the employee, office manager and physicians—to clarify the expectations for the registrar's job. She met with the employee two more times afterwards. The registrar was now very clear about her responsibilities; this improved her productivity and the way she related to patients.

The root of many staff problems often involves lack of written

procedure, communication and follow-up. As a result, Ms. Reeve suggests asking yourself the following questions the next time an employee isn't performing up to your standards:

What would be different if the problem were solved? For example, the bills would be mailed the 15th of every month, or staff would be ready to work—not just arrive—by 9 a.m. Maybe your problem relates to office procedure or unclear standards of performance.

What might be getting in the way of effective operations? Do employees possess the skills to perform the job or have enough time to complete specific tasks? Are they angry because somebody else was promoted instead of them? Look at the big picture and don't assume it's always the employee's attitude.

Ask your employees how the problem can be fixed. During your conversation:

■ **Be very specific about your goals.** For example: "All bills will be mailed by the 15th of every month." Then explain the consequence or impact of the employee's current behavior. For instance, "When you don't send out bills by the 15th of every month, we develop cash flow problems."

■ **Introduce your standard of performance** and identify consequences of not meeting those standards, which must have meaning for employees. For instance, if the bills aren't mailed by the 15th of every month, your job will be in jeopardy or you will receive a written reprimand with a one-day suspension.

■ **Reach some sort of agreement.** "By the 10th of every month you'll let the office manager know if you can't get all the bills out by the 15th. If this happens, we'll work out some sort of arrangement for you to accomplish this task."

■ **Follow-up on the discussion.** Let employees know you'll check back with them in a week or so to see how they're doing.

The key is asking employees to take an active role in developing strategies that solve the problem, adds Ruth McNamara, R.N., director of clinical safety and quality and nurse manager for interventional procedures at the Midwest Spine Institute in Stillwater, Minn. Because the employees buy into the process, she says, they're more apt to follow through and resolve the issues.

She remembers one employee with clinical responsibilities who rarely made it to work on time. After several months on the

job, she began arriving anywhere from 10 to 30 minutes late. Ms. McNamara sat down with the employee and reviewed her job responsibilities along with the practice's expectations of her. Everything was documented.

The employee offered several reasons why she was chronically late, such as sleeping past her alarm and developing health issues that prevented her from sleeping through the night. At that point,

Spell Out Rules in Personnel Policy Manual

Every medical practice should have a personnel policy manual spelling out the practice's rules and regulations for employees, according to the Health Care Group, a practice management consulting firm in Plymouth Meeting, Pa.

Policies should be clearly defined and uniformly applied. The manual should be reviewed periodically and updated, if necessary, to keep pace with the changing needs of the practice. Consult an attorney or practice management consultant to make sure your policy manual is properly drafted and adequately protects your practice and your employees.

The Health Care Group (www.healthcaregroup.com) lists the following provisions that should be included in your practice's personnel policy manual:

- **“At-will” employment.** Your policy manual should clearly state that all employees are employees “at will,” and that the practice can end their employment at any time, for any reason. Your policy manual should also clearly state that it is neither a contract of employment nor an employment agreement, and that the manual may be changed at any time, without notice, by the practice. These two clauses are needed to mitigate a claim of wrongful termination.

- **Confidentiality.** Every medical practice policy manual should specifically state that employees are expected to maintain strict confidentiality of patient and practice information. Also, the manual should require that employees must secure all confidential patient and practice information each night before the office is closed. Employees should recognize that failure to do so may result in their immediate dismissal.

- **Permitted leaves of absence.** Your policy manual should clearly specify the employees' entitlement to leaves of absence, such as time off for vacations, bereavement, military service, holidays and sick leave. Your practice may also need to include a family and medical leave-of-absence policy, depending on your practice's size and applicable state and federal laws. Under the federal Family and Medical

Ms. McNamara handed her a piece of paper, then asked her to come up with realistic strategies within the next several days as to how she could meet those expectations by her next performance review, which was three months away. She quickly offered one solution—ask her roommates to check on her each morning to ensure she was awake.

Within six weeks of that conversation, the employee was arriv-

Leave Act, practices with 25 or more employees must grant qualified employees up to 12 weeks of family and medical leave in each 12-month period. Make sure your policy manual clearly defines whether this family and medical leave is paid or unpaid.

■ **Sexual harassment.** Your manual should have an explicit statement that sexual harassment in any form is unacceptable conduct and will not be tolerated. Your policy should describe what constitutes sexual harassment and establish how an employee should report incidents of sexual harassment.

Your employees should be aware that the practice will promptly investigate all claims of sexual harassment and will, where appropriate, take remedial measures. These remedial measures may include the termination of an employee who has sexually harassed a fellow employee.

■ **Probationary status and performance reviews.** Your personnel manual should inform your employees that their initial few months of employment are probationary in nature and state whether they are entitled to receive any benefits during this initial period. The manual should state that every employee is subject to performance reviews and should specify when such reviews will be conducted. You may wish to consider adding, as an exhibit to your policy manual, a copy of the form that will be used to evaluate every employee.

■ **Computer policies.** Your policy manual should include a statement regarding the use of work computers. Specifically, the manual should inform employees that computer software is subject to copyright laws. Let your employees know that they are not allowed to make copies of any computer software or patient information.

If your practice has Internet access or e-mail capabilities, you should clearly state the rules and regulations for the use of this technology. Clearly inform employees that the Internet and e-mail are to be used for business purposes only. Make sure your policy manual informs employees that the practice will be monitoring their computer use and that there is no expectation of privacy in e-mail messages.

ing at work on time every day, says Ms. McNamara, who encourages other office managers to ask employees to identify barriers that prevent them from successfully performing their job.

Other times, employees have difficulty accepting constructive feedback and can shut down or become angry or defensive. One such employee—a scheduling coordinator fresh out of school—was abrupt with patients. Yet she felt as if she was being yelled at every time Ms. McNamara suggested that she soften her approach.

So Ms. McNamara set out to reframe the experience for her. She met with the employee to discuss the feedback process and how her past supervisors delivered feedback to her, then asked her to choose which way she preferred to receive constructive criticism—e-mail, memo or face-to-face. She explained that although she did a good job with scheduling, there was still room for growth in the areas of communication and customer service.

“It gave her the opportunity to understand that feedback wasn’t something that was intended to be punitive or to make someone feel bad, but that it was used as a springboard for learning and improving,” she says.

The employee was also asked to identify several strategies on how she could improve. Since she couldn’t provide any, Ms. McNamara suggested that she watch other employees who demonstrated effective communication techniques and apply them during her workday.

“She became more comfortable with me in knowing that my motive was not to give her feedback as a power play,” says Ms. McNamara. “She learned to understand that my motive was helping her grow and become better in her job.”

Several months later, after the employee developed some communication skills, was more receptive to learning and began applying those skills on the job, Ms. McNamara requested that she complete a seminar on customer service and effective communication. Although she attended, the employee believed it would be a waste of time because effective communication was really common sense. But by lunchtime, she called Ms. McNamara and said that the seminar was indeed a great learning opportunity and thanked her for sending her.

Whether problem employees are new on the job or have worked in the same position for years, Ms. McNamara says, the

starting point in resolving any issue is clarifying job expectations. Once you know that they fully understand what's expected of them, then you can offer them the chance to fulfill your expectations. Otherwise, she says, you can't move forward.

Money Talks

The one fact that employees need to be reminded about is that office problems ranging from billing mistakes to rude behavior frequently translate into lost income for the practice.

Whenever she works with medical practices, Andrea Nierenberg, principal at the Nierenberg Group, a management and business consulting firm in New York, tells employees that whether they realize it or not, they're also in the business of sales and customer service. If patients don't receive quality service, they'll take their business elsewhere.

Employees need to be reminded that office problems ranging from billing mistakes to rude behavior frequently translate into lost income for the practice. If patients don't receive quality service, they'll take their business elsewhere. And they may cause other patients to choose another practice over yours.

This hit home with one plastic surgeon who was losing patients he never met because of how they were being treated by his front-office staff. The employees were either rude to patients on the phone or didn't listen to what patients requested or needed.

Once, a wealthy woman was interested in having several surgical procedures. For the most part, the receptionist ignored her, but when she did pay attention to her, didn't treat her in a professional manner. Worse yet, the woman and everyone else in the waiting room could overhear the office staff bickering among themselves.

The surgeon had no idea that this was happening. He found out only because the woman phoned him directly, explaining why she was taking her business elsewhere. Although he apologized, her mind was made up. Besides canceling her tentative surgeries, she mentioned that she would never refer any of her friends to his practice. After doing the math, the physician realized that because of this one patient encounter, he lost well over \$100,000.

When the physician turned to Ms. Nierenberg for help, she suggested a half-day team-building meeting for all staff.

During the session everything was laid out on the table, she says, pointing to the dos and don'ts of how to treat patients. Staff also role-played different scenarios and griped about patients being snobby or arrogant.

“Then we stepped in, saying, ‘Whether you realize it or not, ladies, you’re in the service business,’” says Ms. Nierenberg. “‘In the service business, the customer, the patient, comes first. If patients don’t come in, there’s no reason to have you here.’”

Sometimes physicians are the ones who must change, says Andrea Nierenberg, a management consultant in New York. Doctors must learn to listen to employees without making judgments and understand that not everyone communicates in the same way. That way, she says, employees don't feel as if you're ganging up on them and are treating them with respect.

The surgeon also addressed the power of referral by sharing the comments of the woman who cancelled her surgeries and how much money the practice lost. Afterwards, Ms. Nierenberg privately met with each staff member, profiling each one's personality and teaching the employees how to adjust their communication style based on each patient's or coworker's style.

Two out of the practice's ten employees refused to change their behavior or admit their mistakes. So the physician presented them with an option: either change or leave. One wanted to quit.

“I said to the physician in private, ‘You’ve got [nine] people who want to work together, they love their job, they love being here, they realize they need to change a few things to work more effectively,’” says Ms. Nierenberg. “‘Then you’ve got this person who thinks she’s right—she could be a big, bad apple in the whole pile. Let her go.’”

The physician replaced her with another person who was very open to learning and happy to work in a reputable office. Ms. Nierenberg says that when employees threaten to quit, they often don't realize that the solution isn't changing jobs, because people will be the same wherever they go, but to learn how to work with people's different communication styles.

At a different medical practice, patients complained about one employee who rarely smiled. Ms. Nierenberg explained to her that

patients and sometimes co-workers were intimidated by the scowl on her face. She completely denied it, so Ms. Nierenberg did the next best thing: she gave the employee two mirrors and asked her to place one in front of her desk and the other near the phone.

Ms. Nierenberg asked her to practice smiling every time she picked up the phone and when patients walked through the door, then monitor how many times she smiled throughout the workday. If, at the end of the day, she smiled 20 times, she should reward herself.

While the employee initially thought the request was corny,

How to Handle Friction Between Employees

Two employees at your practice—Mary and Kathy—are constantly at each other's throat. The situation has grown so bad that even patients overhear their bickering. The worst thing you can do is avoid it—it will only grow worse. Instead, consider these tips by David Javitch, president of Javitch Associates in Newton, Mass.

1. Meet with each employee separately and explain the problem. Are they aware of it? Ask for their perspective.

2. Offer examples of their disruptive behavior and describe the impact it has on patients and co-workers. For example, "Last Tuesday, Mary, I was in the hallway and could hear you arguing with Kathy. If I heard you, so did our patients."

3. Ask Mary what changes she can make in order to relate better to Kathy and what changes she would like Kathy to make. Ask Kathy the same questions.

4. Review their wish lists and identify realistic suggestions for change. Changes won't occur unless there's a mutual willingness to improve the situation.

5. Document their agreement. Write down how each person plans to change. Be sure to include a time frame and ask them to sign the agreement. Make sure they understand what's expected of them.

6. Give them a verbal reprimand. Monitor their progress. If Mary violates the agreement, for instance, briefly review the agreement with her once more.

7. Hold each accountable for her actions. If changes don't occur, then you need to decide how valuable Mary and Kathy are to your practice. Either give them a written warning—if their attitude doesn't change within two weeks, they will be fired—or consider investing more time and money in training, such as conflict resolution.

she did follow through and has since changed 100 percent, Ms. Nierenberg says.

Sometimes physicians are the ones who must change. She says they must learn to listen to employees without making judgments and understand that not everyone communicates in the same way. That way, she says, employees don't feel as if you're ganging up on them and are treating them with respect.

"It's still a team effort," she says. "No matter how terrific you are or what your specialty is, or how good you are in your field, you need staff support," she says. Staff needs you, so it's got to be a win-win. If you address your [employees] derogatorily, they may turn around and do that with your patients. It's going to come back and kick you."

The same holds true with other physicians. Ms. Bee at Performance Practice Group was once called in by a physician to do a little investigative work. He hired her to find out if his three junior partners were stealing his patients and driving down his income. He was right on the edge of accusing the doctors of unethical behavior.

But the problem turned out to be his own doing. He encouraged many of his patients to return for repeat visits after surgery, which wasn't necessary. Those visits crammed his schedule and left little room for new patients and additional income.

"The senior doctor was jumping to the wrong conclusion and was ready to do something punitive to the young doctors," Ms. Bee says, adding that physicians typically abandon the scientific method when solving problems. "They're their worst enemy."

Social Butterflies

Many medical practices have them: employees who float from person to person or department to department, spreading personal news or gossip. Their chatter inhibits productivity and can drain energy from other employees.

At one large physician practice, there was one woman who enjoyed sharing in-depth personal stories about her family's activities. She also took long breaks, purchasing coffee for everyone. Although it was appreciated, the other employees still disapproved because her breaks were twice as long as their own.

"No one was getting the job done because she was so busy talk-

ing,” says David Javitch at Javitch Associates, a consulting firm in Newton, Mass. “The other staff felt she was being overly friendly. Nobody had the guts to say to her, ‘Would you please be quiet and get back to your work.’”

But the woman, who was responsible for medical records and quality control, was a very good worker and worth keeping as an employee. So the medical director of the practice asked Mr. Javitch to help change her behavior.

Not surprisingly, her awareness of the problem was “absolutely zero,” he says. In fact, she really thought she was leading the charge in creating a sense of community at the office. Since no one complained directly to her, she believed that everyone enjoyed hearing her stories as much as she enjoyed telling them.

Employees who take long breaks and distract other workers with chatter and gossip inhibit productivity and can drain energy from other employees. Often they don't realize the extent of the problems they create. David Javitch, a consultant in Newton, Mass., says such employees can be trained to change their behavior.

During their conversation, Mr. Javitch shared general employee complaints that were received by the office manager. But she denied some of them, believing no one would ever say those things about her. So he began attaching employee names to specific complaints—he received permission from the staff beforehand—to make the complaints more real for her.

He then taught her how to change. She first needed to ask people, “Do you have a minute?” or “Do you want to hear this story?” He also suggested that she observe their body language while she’s talking to them. Are they paying attention, turning away or looking at their watches?

Mr. Javitch gave her a verbal warning, explaining that she had two weeks to change or he would return for additional coaching. In addition, he helped the remaining staff become assertive, suggesting they offer hints to their coworker when she was talking too long. For instance, they could say, “Mary, thanks for sharing. Now I’ve got to get back to work.”

He also presented the office manager with a solid tip. The next time the woman was chatting away, the office manager could ask

her, “Are you fulfilling your job description right now?”

Within several weeks, the woman’s behavior began to change. Now she was introducing her own solution, which was a combination of the old and new. She began saying, “I think I may be telling a long story, but I’ll try to cut it short.”

Still, the other employees recognized she was trying. While the situation may never be perfect, “both sides were tolerating each other far more,” says Mr. Javitch.

Flood Control

Stress or anger can sour any good employee and results in a phenomenon called flooding, which is an adrenaline overload that hits the brain, says Andra Medea, a specialist in conflict management and author of *Conflict Unraveled: Fixing Problems at Work and in Families* (PivotPoint Press, 2004).

Just about anything can cause flooding, from a failing marriage to rude patients. Employees may have trouble sleeping at night, concentrating on their work, following directions or steps in sequence, remembering important details, or tolerating rude patients or staff. When employees experience flooding, it is hard for them to step back and examine their own behavior.

When situations like this occur, an office manager usually ends up talking with the employee about his or her declining performance. But that tactic can actually produce the opposite effect from the one the office manager is trying to achieve. Instead of eliminating the employee’s stress or anger, such a discussion can enhance it since the employee is now worried about personally failing on the job.

Instead, Ms. Medea suggests another approach: Talk about their stress or anger in terms of pain control and how they can manage it. Start by encouraging them to talk about specific instances. “I noticed that when Mrs. Smith came in and started barking at you over something that clearly wasn’t your fault...” Then say, “I’ve noticed sometimes when someone barks at me like that, I feel...” Plug in your own words about the symptoms you experience.

Then offer them a way out. Consider saying something like this: “I know this can be very upsetting. But what if we changed that? What if we made it so that when Mrs. Smith walked into the room, you simply didn’t care? Wouldn’t that feel tremendous?”

“People who are flooding seem to be very responsive to this approach,” Ms. Medea says. “Because anger isn’t rational, they think it can’t be controlled. Because it’s such an uncomfortable emotion, people are surprisingly willing to get past it, not because they wish to do anybody any favors, but because it feels so bad.”

Show them how to erase the stress or anger and gain control of their emotions. Here’s one way: Sit down in a quiet room outside of the office and conjure up a stressful image—maybe it’s an offensive patient or coworker. Bring yourself into a full flooding state. Next, write down the symptoms you experience, such as a headache, sweaty palms or dry mouth. Then deliberately get out of that state through a variety of physical activities.

“Any large muscle action will control flooding,” she says, explaining that employees can do

things like jogging in place. But when they’re in the office, they can try other things like deep breathing exercises or placing their hands underneath their chair, desk or conference table, and then lifting straight up. Anything will work so long as they’re working their muscles.

“The first thing they learn is that they can pull out of this because intellectually, they may never believe you,” she says. “The response is immediate—between 10 and 30 seconds. This isn’t like therapy where you’re getting someone to revisit their childhood.”

If employees don’t have a quick default setting, they can easily do or say something they regret. She says that this very positive and powerful method helps clear their mind.

“People are not very sensible about anger, which is why this approach is so much more effective,” says Ms. Medea. “Flooding is a physical problem that can be fixed in a straightforward, practical way. Once flooding is under control, all the other knotty issues will be easier to sort out.”

Stress or anger can sour any good employee and results in a phenomenon called flooding, which is an adrenaline overload that hits the brain, says author Andra Medea. Just about anything can cause flooding, from a failing marriage to rude patients. When employees experience flooding, it is hard for them to step back and examine their own behavior.