Qualities of the Documentation: Accuracy, Behavioral, Consistent, Complete, Documentation Should Be:

**Accuracy:** Record objective facts and observations concerning work performance as the behavior occurs (or as the results become apparent). Do not rely on memory.

**Behavioral:** Record direct behavioral observations rather than making interpretive statements or describing an individual’s personality.

**Consistent:** Use the same format and level of detail in documentation for each employee. Maintain documentation on all employees in your work group. Periodically review all documentation to be sure that quantity, quality and consistency are maintained. Record both positive and negative behaviors rather than emphasizing one or the other.

**Evidence of Poor Work Performance (specific to the job description or office policies and procedures)**

**Rude or Inappropriate Behavior Around Patients or Staff**

**Conflict with Other Staff**

**Anger or Explosive Behavior**

**Harassment or Discrimination**

**Violations of Policy/Procedure**

**Mistakes or Errors with Date & Time and a Description of the Behavior**

**Frequent Tardiness or Absenteeism**

**Examples of What NOT to Document:**

- Hearsay or Rumors
- Someone Else’s Feelings or Opinion
- Your Feelings or Opinion
- Activities or Issues Other than the Work Performance Problem
- Subjective Rather Than Objective Comments

**Practice Management Strategies - Documenting Performance Problems & Corrective Action**

Most doctors have trouble finding time to write prescriptions (much less employee work performance appraisals) or to document work performance problems. Some physicians rely on a Clinic Manager (or other designee) to provide the guidance and corrective action needed when dealing with employee work performance problems.

Whether you depend upon a key administrative employee or provide direct supervision yourself, it is important that documentation and confrontation be done appropriately and accurately to avoid reactive (and potentially costly) litigation.

The basis for initiating corrective action on a work performance problem (and the best protection in a wrongful termination suit) is documentation. Properly documenting a work performance problem is crucial every time supervision or employee discipline occurs. This is true for addressing minor work performance problems as well as for serious violations of policy and procedure that could lead to administrative hearings, arbitration or legal action.

Practice owners have the burden of proof in implementing disciplinary action in response to work performance problems or policy/procedure violations — this means gather the facts and record them. The following examples of documentation and supportive supervision records (or corrective action) are standard and worth considering.

**You Need To Keep Business Records:**

- Employment Applications
- Attendance Records
- Previous Disciplinary Action
- Job Descriptions
- Past Performance Appraisals
- Copies of Earlier Oral or Written Warnings
- Policies & Procedures

**What To Document:**

- Complaints From Patients (request a written complaint from the client, and attach your notes about the incident)

**In this Issue:**

- Practice Management Strategies
- Getting Lost Online
- Tools for Helping

**Contact Us:**

To request an appointment, ask a question, consult about an issue of concern or find out more about the resources & services available through the PAP:

- Call us at 800-777-1323 (or via TDD at 800-777-4969)
- Visit us on the Internet at: www.1stchoicedoc.com

The First Choice Health Physician Assistance Program is dedicated to excellence in client care and customer service. We look forward to the opportunity to serve you anytime a need arises.

**Quality, Convenience, & Reliability**

This publication is designed to provide accurate and authoritative information in regard to the subject matter covered. If specific health or medical advice or assistance is desired, the services of a licensed healthcare professional should be sought. The information in the First Choice Health PAP Quarterly Newsletter is not meant to replace the advice or expertise of your physician or healthcare provider. If you are experiencing health problems or contemplating lifestyle changes such as diet or exercise, consult your healthcare provider ahead of time to ensure your well-being.

The PAP Quarterly Newsletter is published by First Choice Health Physician Assistance Program

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Amanda Engel, Desktop Publisher
CORRECTIVE ACTION:
After completing your documentation it may be appropriate to initiate a Corrective Action Plan. Most employers follow a five-step progressive discipline process: Informal Urait Warning, Formal Urait Warning (written), Formal Written Warning, Suspension and (if the behavior or work performance problem has not been adequately resolved) Termination.

When taking corrective action, be sure to inform the underperforming staff member about:
• The specific work performance problem
• What is expected and how to improve their behavior
• The specific timeframe in which change is required
• The progress you see the employee making

An important benefit of the First Choice Physician Assistance Program (provided by the hospital’s Medical Staff Office) is access to consultation with our staff. Our program managers have years of Human Resources experience and training. Our expertise is available to you or your Clinic Manager when a question arises about documentation, responding to a work performance problem or developing appropriate workplace policies and procedures. Please call us at 1-800-777-1323 whenever you’d like to discuss a workplace performance problem.

First Choice Health Physician Assistance Program
1-800-777-1323
www.1stChoiceDoc.com

RUMOR HAS IT THAT
• One memorable character in the classic tale Alice in Wonderland was a symbolic representation of the craftsmen found in towns and villages of the late 1800s. The large felt hats of the period had supports made with lead and other toxic chemicals. Exposure to the toxins is believed to have contributed to a form of organic psychosis – inducing altered states of perception, bizarre behavior and atypical mental functioning. It is fair to say that an occupational hazard led to the common (behavioral) description of someone being “mad as a hatter” – inspiring the creation of the infamous Mad Hatter character of tea party fame.

First Choice Health PAP makes wide-ranging resources and services available to you (as well as to your spouse and dependent children). There is no cost to use PAP services. Your privacy and confidentiality are assured. PAP services are made available through your hospital’s medical staff office so that you and your family members can engage productively and harmoniously in the tasks and activities of daily living.

The PAP helps people clarify problems and distractions, establish goals, identify solutions, and cope more effectively with the demands of modern life. The program makes it possible to meet with a professional counselor in a location that is convenient. After taking time to understand your concerns or questions, the First Choice Health PAP staff member serving you will be guided by your preferences when identifying an effective provider and making a referral on your behalf.

Contact the PAP 24-hours a day, 7 days a week at (800) 777-1323. No matter the time of night or day, you’ll speak with a skilled PAP staff member – a person who is ready and able to help.

The PAP also offers the convenience of Online Conference and Consultation. From the comfort of home or work -- using any Internet-ready computer -- you can interact with a behavioral healthcare consultant to ask questions or discuss issues of importance. Online Conference and Consultation is private, confidential and secure. Clients tell us this tool is user friendly and convenient (eliminating the need to juggle your patient schedule or inch your way through traffic). Learn more at the PAP Internet site at www.1stchoicedoc.com

The Physician Assistance Program will be responsive to your needs, while delivering timely, discreet and helpful resources. You are invited to contact us whenever a need arises, or to learn more about our world-class menu of services.

Getting Lost Online
Medical and behavioral health care professionals are increasingly being asked about Internet Addiction. Adults may be concerned about the amount of time an adolescent spends online, about the sites visited by a spouse, or even about how frequently they find themselves caught in the undertow of online surfing.

Experts and consumers are concerned about the negative social and behavioral effects of Internet Addiction – best described as a pattern of self-destructive or self-defeating compulsive behavior spurred by access to the Web. The perpetual availability of “chat rooms,” pornography, shopping, and gambling sites makes it easy to get terribly lost while traveling the information superhighway.

You may have a peer, colleague or employee who is exhausted at work as a result of being online until two or three each morning. You’ve heard about spouses and partners exiting relationships in response to “connecting” with someone met in a chat room. Compulsive behaviors once attributed to the hypomanic phase of unrecognized or untreated bipolar disorder have become more common in the general population.

Until recently there has been little research completed to determine if addiction to the Internet is a real phenomenon. David Greenfield, Ph.D., founder of the Center for Internet Studies www.virtual-addiction.com, completed one of the largest investigations to date and found that about 6% of 18,000 participants met the criteria for symptoms of compulsive Internet use. Other studies and surveys indicate 6 to 14% of Internet users fell into this category. Vulnerability exists.

Loss of control is considered one determining criterion for Internet Addiction. Time distortion, accelerated intimacy, decreased behavioral or emotional inhibitions (self-control) and a loss of realistic boundaries are additional factors. Internet addiction is equally common in women as in men according to Kimberly Young, Ph.D. Ease of access and the anonymity of the Internet are thought to make it more difficult to resist online temptations and/or disengage from the search for immediate gratification.

First Choice Physician Assistance Program also provides Employee Assistance Program services for private business and industry. Employer concerns about the amount of time employees spend online at work (and the business-unrelated sites visited) are increasing sharply.

Physicians with an interest in learning more about disruptive, compulsive behaviors, including Internet Addiction, can find more information through the American Psychological Association Web site at www.apa.org. Key Word Internet Addiction

TAKING OUR LUMPS
The link between dietary sugar consumption and skyrocketing rates of diabetes and weight-related health problems is worth considering:
• The consumption of sugar by Americans increased 32% between 1966 and 2002 when each man woman and child’s annual sugar intake went from 115 pounds to 152 pounds.
• The traditional Grande Caramel Mocha coffee has the equivalent of almost 12 teaspoons of sugar.
• Many brands of popular soft drinks contain 15 or more teaspoons of sugar per 12 ounce can.

Adapted from Lick the Sugar Habit, N. Appleton, MA, Market