A life-saving chore

It can get in the way of daily tasks, but taking time out to give a new member of staff an induction can save you a lot of wasted time in the long run. Sharon Holmes shows you how it’s done.

Imagine the scene: today is the beginning of a really busy day. It’s month-end and all the financial reports are due. Staff need to be paid, and to add to the chaos, Emily the new nurse is due to start work. Emily arrives at 8.45am as arranged and is shown to her surgery and is told where to change. Mean-while, before you can so much as talk to Emily, the receptionist calls to tell you there’s a patient in the waiting room who wants an emergency appointment. From this point onwards, you never look back… the day moves forward at a fast pace.

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At 2.30pm, the fire alarm goes off. You all charge for the meeting point in the chaos that follows. The fire brigade arrives as you are doing a head-count, when suddenly you realise your new nurse is not there. The fireman asks you for confirmation of members of staff. At this point, you don’t know where Emily is as you were all just returning from lunch when the fire broke out. The fireman reminds you he won’t risk the life of one of his men if there’s a chance the building is empty and it’s absolutely necessary. These words have stuck in my head.

Not time wasted
To avoid such a situation, I have learned to put aside enough time to go through a full induction with all new members of staff. This may sound like a waste of time and effort, but it’s not. Yes, it takes a whole two hours, but it is vitally important that each member of staff knows exactly how the practice functions on a whole. Is an induction worth two hours or is it worth a life? That is what it could cost you.

I have seen various templates you can use as a guide-line for carrying out an induction but I haven’t seen one that covers all aspects each member of staff should be aware of. It is a lot to take in on your first day as a new member of staff, and it is time-consuming to constantly reiterate to members of staff what they need to remember – this is obviously why you have yearly training session on CPR, Infection Control and Radiation.

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An induction to any practice is more than just explaining the future plan of the practice and its goals, handing the new member their contract and copy of the staff handbook, and making sure you have a copy of their work papers and certificates. With the changing face of dentistry, especially for nurses, the paperwork is now becoming endless. Some PCTs are requesting CRBs on all staff – not just the dentists. This should also become part and parcel of your induction package as it’s part of the initial stage of employing a new member of staff and settling them into your practice environment. Starting off with a good foundation is important to the development of the practice. You can use a sample template and build on this to suit your own needs. I have found some useful templates on the BDJPA or Code ADP websites.

Take a day out
It would be ideal if you could arrange for the new member of staff to come in the day before they are due to start, so you can spend the time allocated to them without any interruptions. It is also a good time where you can go through all your practice procedures and policies as it also allows the member of staff to ask any questions which you can answer for them. My new staff are handed a copy of our practice procedures and policies to keep as it is a lot to remember and you know that they have a hard copy to refer back to should they forget something.

Toolbox talks
During staff meetings, it is a good time to refresh staff members’ memories with what I call a ‘toolbox talk’ just to keep reminding them of the importance of knowing the layout of the practice. Try to carry out regular fire drills and make sure that all your staff are aware of where the emergency drug kits are kept, as well as the oxygen cylinders.

At the Dental Arts Studio, we carry out weekly audits on infection control, as well as health and safety, with regards to drugs and oxygen cylinders. To do this, I have created teams consisting of a dentist and nurse. Each team takes it in turns to check both the drug kit and oxygen to-gether, so in the event of an emergency, they are familiar with the equipment they are working with, because under stress it is easy to panic and to fumble let alone administer the emergency drugs.

I have learned that it is best to leave no stone uncovered. This may sound over-cautious, but I believe that being forewarned is forewarned. After all, we are working in a medical environment.

I no longer work as a practice manager, but as an operations director. As a result, I have had to create an audit checklist for myself, as I now have to ensure that the practice managers carry out all relevant procedures with regards to these most important aspects of managing a practice.

As Winston Churchill once said, ‘It is no use saying, “We are doing our best.” You have got to succeed in doing what is necessary’.

About the author
Originally from South Africa, Sharon Holmes moved to the UK in 2002. She thoroughly enjoys her position as business development manager at the Dental Arts Studio and her role in the dental industry, which has moulded her into a winner in her field. She believes that her position is based on common sense.