Improving practice performance

Amanda Atkin discusses how to turn around poor performance

Previously, I wrote about poor performance or, more accurately, poor performance concerns. I discussed what they may relate to, what your considerations should be and highlighted some of the guidance from the GDC. Here, I’ll suggest action you should take to improve the performance of a member of staff.

I’ll start with the most serious cases of poor performance that require immediate and decisive action. These are anything that could potentially put at risk patient safety or the safety of practice colleagues. Examples could be a member of staff with a serious health condition that could be passed on to patients (or colleagues) or which could impair their ability to perform effectively. This might include deafness, poor eyesight or intention tremor. They may well devise ways of working to get around the problem and under the provisions of the Equality Act 2010 ‘an employer must make reasonable adjustments for disabled people’.

The recently published NHS Staff Survey revealed that nearly one in four of NHS dentists had suffered from work-related stress in the last year. This, and associated behaviour such as tiredness, heavy drinking and headaches, is something to look out for among your staff.

In terms of action, patient safety is paramount so the team member concerned should be immediately excluded from all contact with patients. They should be advised to seek professional medical help and then as a practice, you should help them recover from the illness. Where a lengthy period of absence is necessary, don’t let them feel excluded. Instead, keep them in touch with developments at the practice.

With stress, you will want to discuss options for removing the factors causing it – maybe a change in procedures or in working hours.

Poor performance

Another thing to look at is how a team member’s attitude can lead to poor performance. In truth, it’s rare that we all like our jobs all of the time. At some point in our working lives we’ll feel demotivated and this can lead to us adopting a bad attitude. In some occupations, having “off days” or being generally in a bad mood may have little impact: that’s not the case in dentistry.

Staff must be friendly, polite and helpful to patients at all times. They must also get on well with colleagues and be a team player. A bad attitude may manifest itself as persistent lateness, frequent unauthorised absences, carelessness and even rudeness to patients and colleagues. It must be “nipped in the bud” straight away.

As you wouldn’t recruit somebody with a bad attitude, something must have happened to affect the person concerned. You need to find out what this is as soon as possible by interviewing them and asking appropriate questions. Make sure you adopt a positive tone – you wish to uncover the problem, resolve it and help the person to return to their previous polite and helpful self. Once aired, the cause of the problem may appear quite trivial. Don’t simply dismiss it though – the effect on the team member was obviously profound. Of course, you will have to make a judgement on whether it is reasonable to solve the problem in favour of the disgruntled staff member. For example, if someone has got upset merely by the appointment of a new member of staff you can’t turn round and sack them.

Having agreed a solution...
that both you and the team member are happy with, do monitor and re-visit the situation. You want to make sure they are now content and not merely burying some resentment that could erupt into rudeness to a patient.

Sub-standard achievement
Continuing with my broad-brush approach to solving poor performance concerns, I’ll briefly discuss sub-standard achievement. This arises when a team member appears to be simply “not up to” a particular task or tasks. Try to identify this as an early stage, as it is very demoralising for someone to be repeatedly told they’ve done something wrong. If it’s a task that’s relatively new to the person, this suggests inadequate training or insufficient understanding (or both). Some or all of the training will need to be carried out again – possibly in a different way and/or by a different person. We all learn in different ways (remember the Index of Learning Styles model by Richard Felder) so the way chosen originally may not have suited the person concerned. If it was group training, maybe they were reluctant to confess they didn’t understand.

If the task is not new, you’ll need to speak to the person concerned to understand why they appear no longer capable of it. There could be a whole host of reasons – including some of those mentioned above. It may also be that the task has become familiar and repetitive and the person finds it hard to concentrate on. Maybe there are concerns in their private life that are affecting their concentration. Under these circumstances, swapping tasks around between staff members may do the trick. It’s invariably useful for people to try different things and, quite often, a fresh pair of hands/eyes will lead to improvements in the way tasks are done. This cannot be done in isolation and will involve other members of the team, which brings me nicely to what I’ll discuss next time – improving team performance.

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About the author
Amanda Atkin runs Atkinspire Ltd and offers practices support, training and consultancy on information governance, CQC compliance, National Minimum Standards and HTM 01-05. Her bespoke service supports practices as they embed the required standards within their daily routines – to ensure a high quality service and patient safety at all times.

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