### **Employee Counseling Session Checklist in General Practice.**

* Preparation:
	+ Review the employee's performance or behaviour that requires counselling.
	+ Gather relevant documentation (e.g., performance reviews, attendance records, policy documents).
	+ Set a clear objective for the counselling session.
	+ Offer the employee the option to attend the counselling session with a support person.
* Conducting the Session:
	+ Begin the session by explaining the purpose and ensuring the employee feels comfortable.
	+ Focus on specific performance or behaviour issues, avoiding personal criticism.
	+ Provide examples to illustrate the concerns.
	+ Show empathy and listen actively to the employee's perspective.
	+ Discuss the impact of the behaviour on the team and the clinic.
	+ Outline the expected standards and compare them with the employee's current performance.
	+ Agree on a plan for improvement, including specific actions and timelines.
	+ Set a date for a follow-up review.
	+ Conclude the session on a positive note, emphasising support for the employee's development.
* Documentation:
	+ Complete the Employee Counseling Form.
	+ Ensure both the manager and the employee sign the form.
	+ Store the form securely, maintaining confidentiality.
* Follow-up:
	+ Monitor the employee's progress according to the agreed plan.
	+ Provide ongoing support and feedback.
	+ Conduct the follow-up review on the scheduled date to assess improvement and decide on further actions if necessary.

### **Employee Counseling Form**

| **FROM:** | **TO:** |
| --- | --- |
| Practice Manager: [Name] | Employee: [Employee Name] |
| Date: [Date] | Job Title: [Job Title] |
|  |  |

AREA(S) OF CONCERN: (Tick the appropriate category)

* Unsatisfactory Performance
* Absenteeism
* Misuse of Time/Resources
* Insubordination
* Workplace Conduct
* Attire
* Tardiness
* Violation of Policy
* Grievance

REASON FOR THE COUNSELLING:
(Describe the specific issue, including date, time, and place for one-time events or the beginning date for ongoing issues. Attach additional sheets if necessary.)

CORRECTIVE ACTION REQUIRED:
(State the corrective and/or disciplinary action to be taken. If it is a grievance, additional discussions with other staff members may be necessary. Ensure confidentiality is maintained.)

Employee's Response:
(Provide space for the employee to give their perspective on the issue and the proposed corrective action.)

Plan for Improvement:
(Outline the agreed-upon actions and timelines for addressing the concerns.)

Follow-up Review Date:
(Set a date for reviewing the employee's progress.)

Signatures:

Practice Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_
Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_