### **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: \_\_\_\_\_\_\_\_\_\_\_