



BY JOSEPH S. EASTERN, M.D.

MANAGING YOUR DERMATOLOGY PRACTICE Your Hardest Task

Firing an employee may be the most difficult task most employers face, and it is particularly tough on physicians. We hate doing it so much that many of us prefer to tolerate poor and marginal employees rather than replace them with good ones.

That exacts a heavy toll on the efficiency of many practices. And the longer you procrastinate, the tougher it becomes as the mediocre employee forms relationships with other employees, and with you.

So it is important to recognize poor performance early on, and, if it cannot be improved, to replace that employee with one who can perform up to your expectations.

First, make sure your reasons for termination are legal. Federal law prohibits most employers from firing an employee because of race, gender, national origin, disability, religion, or age (if the person is over age 40). It also prohibits firing someone because that person is pregnant or has recently given birth, or because of any related medical conditions. It is also illegal to fire employees for asserting their rights under state and federal antidiscrimination laws, for refusing to take a lie detector test, or for complaining about possible OSHA violations or other illegal conduct.

And you can't terminate someone for refusing to commit an illegal act (such as falsifying insurance claims), or for exercising a legal right (such as voting, public demonstration, or other political activity).

You cannot fire someone for alcohol abuse unless he or she is caught drinking on the job, but many forms of illegal drug use are legitimate cause for termination.

Other laws may apply, depending on your state. To find out more about your applicable state laws, contact your state labor department or fair employment office.

Next, make sure you have all the documentation you need. When you give verbal warnings, be sure to document them. In today's litigious society, without proper documentation you may very well find yourself in a wrongful termination lawsuit, with the former employee claiming he or she was fired for one of the illegal reasons listed above.

After you have all your legal ducks in a row, don't put it off. Monday morning is better than the traditional Friday end-of-the-day termination. This will spare you from worrying about the dreaded task all week long, and keep the fired employee from stewing about it all weekend.

Explain to the employee the performance you have expected, the steps you have taken to help him or her meet that level of performance, and the fact that it has not been met. I try to limit the conversation to less than 5 minutes, and I make it very clear that the decision has already been made, so begging, pleading, or crying will not change anything. Avoid a shouting match at all costs.

My "speech" goes something like this: "I have called you in to discuss a difficult mat-

ter. You know that we have not been happy with your performance. (This is where specific examples are inserted). We are still not happy with it, despite all the discussions we have had, and we feel you can do better elsewhere. So today we will part company, and I wish you the best of luck in your future endeavors. Here is your severance check, along with any other monies owed you. I hope there are no hard feelings."

Be sure to get all your keys back (or

change the locks if you can't), back up any important computer files, and change all of your passwords. (Most employees know more of them than you think.)

Afterward, call the staff together and explain what happened. They should hear it from you, not through the rumor mill. You don't have to give all the specifics, but you should explain how it will affect them, the responsibilities that will be shifted, and when you plan to hire a replacement.

If you are asked in the future to give a phone reference or letter of recommendation, make sure everything you say is truthful and well documented. Anything else could trigger a libel suit. ■

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SORIATANE is indicated for the treatment of severe psoriasis in adults. In females of reproductive potential, SORIATANE should be reserved for nonpregnant patients with severe psoriasis who are unresponsive to other therapies or whose clinical condition contraindicates the use of other treatments.

CAUSES BIRTH DEFECTS



DO NOT GET PREGNANT

CONTRAINDICATIONS AND WARNINGS: SORIATANE® (acitretin) must not be used by females who are pregnant or who may become pregnant during therapy or at any time for at least 3 years after discontinuation of treatment. SORIATANE also must not be used by females of reproductive potential who may not use 2 effective forms of contraception (birth control) simultaneously for at least 1 month before, during and for at least 3 years after treatment. Two effective forms of contraception (birth control) are to be used simultaneously, even when 1 form is a hormonal contraceptive. Patients should not self-medicate with St. John's Wort because of a possible interaction with hormonal contraceptives. Prescribers must obtain negative results for 2 pregnancy tests before initiating treatment with SORIATANE. The first test is a screening test; the second is a confirmation test done during the first 5 days of the menstrual period immediately preceding SORIATANE therapy. For patients with amenorrhea, the second test should be done at least 11 days after the last act of unprotected sexual intercourse. Timing of pregnancy testing throughout the treatment course should be monthly or individualized based on the prescriber's clinical judgment. Females must sign a Patient Information/Consent about the risks of birth defects. Acitretin is a metabolite of etretinate and major fetal abnormalities have been reported with both drugs. Acitretin can interact with ethanol to form etretinate. Therefore, females of reproductive potential must not ingest ethanol during treatment and for 2 months after cessation of treatment. Before prescribing, please see complete pregnancy warning in the accompanying complete product information. Females who have undergone treatment with Tegison® (etretinate) must continue to follow the contraception requirements for Tegison.

Less frequent, but potentially serious, adverse events include hepatotoxicity, pancreatitis, and pseudotumor cerebri (please see Warnings in complete product information), as well as hyperostosis, alteration in lipids and possible cardiovascular effects, and ophthalmologic effects.

Please see brief summary of full prescribing information, including CONTRAINDICATIONS AND WARNINGS, on the adjacent pages.



Photographs do not represent actual patients.

References: 1. Data on file, Connetics Corporation. 2. SORIATANE prescribing information, Connetics Corporation; March 2004. 3. Lebwohl M, Drake L, Menter A, et al. Consensus conference: acitretin in combination with UVB or PUVA in the treatment of psoriasis. *J Am Acad Dermatol*. 2001;45(4):544-553. 4. Spuls PI, Hadi S, Rivera L, Lebwohl M. Retrospective analysis of the treatment of psoriasis of the palms and soles. *J Dermatol Treat*. 2003;14(suppl 2):21-25. 5. Magis NL, Blumel JJ, Kerckhoff PC, Gerstman RM. The treatment of psoriasis with etretinate and acitretin: a follow up of actual use. *Eur J Dermatol*. 2000;10(7):517-521. 6. Feldman SR, Garton R, Swerett W, Bakrishnan R, Vallee J. Strategy to manage the treatment of severe psoriasis: considerations of efficacy, safety and cost. *Expert Opin Pharmacother*. 2003;4(8):1525-1533.

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