

Q One of my physicians is returning to work after the death of a family member. I want to be supportive, but I also need to manage patient care demands and call coverage. How do I approach this without coming across as too focused on productivity?

A Start with a private conversation and just acknowledge what happened. Something as simple as, "I'm sorry for your loss. It's good to see you back," goes a long way before you get anywhere near a schedule. Let the conversation go where it goes, and let your physician set the pace on how much they want to say about it. When you do turn to workload, ask what would help them ease back in rather than just handing them the same patient load and call rotation as before. In a lot of Hawaii hospitals and clinics, colleagues cover for each other more readily than people expect, so it's worth checking what coverage is actually available before assuming there's none. Be clear about what needs attention right away, what can wait, and who else they can lean on. Set a check-in a few days out so you're not leaving them to sort it out alone. Grief doesn't move on a schedule, and it can affect focus, energy, and patience in ways that show up unevenly, especially with extended family and community obligations around a death that can run longer here than people from other places might expect. Stay supportive, keep your expectations clear, and check in more than you'd normally think to. And remind them that their EAP or PAP is there if they need it.

Q I assign patient care duties and projects, but some of my staff and physicians give me no updates unless I ask. The work eventually gets done, but I lose time chasing people down to find out where things stand. How can I change this without micromanaging, which everybody hates?

A This one really comes down to communication, which is behind most performance issues you'll run into as a supervisor, in a clinical setting just as much as anywhere else. Fix that and you'll head off a lot of other headaches before they start. Build updates into the assignment from the start rather than leaving it open-ended. When you hand off a project or a case, be clear on three things: what "done" looks like, when you need it, and what depends on its progress. Then agree on a simple check-in rhythm, something like, "send me a quick note after clinic on Fridays, even if it's just 'all on track.'" For longer initiatives, like a quality improvement project or a credentialing process that stretches out over months, set milestones instead of letting it drift or relying on hallway "how's it going" comments. At each milestone, ask to cover what's done, what's left, and whether they need a decision or help from you. Do this consistently and you'll get faster work, less stress on your end, and fewer surprises.

Q I'm hiring for a position with a steep learning curve, so no applicant will be able to jump right in. I've found that eagerness to learn can matter as much as, or more than, prior experience. How can I spot that quality in a candidate and evaluate whether they're willing to put in the effort to learn this job?

A Think about the last time you had to learn something unfamiliar in a clinical setting. You probably asked questions, tried things, made a few mistakes, and adjusted. That's the story you want to hear from a candidate. Ask them about a skill or procedure they had to pick up quickly: how did they get started, what did they do when they got stuck, did they actually use the feedback they got. Plenty of candidates will tell you they're fast learners; fewer can back it up with a real example. You might also walk every candidate through the same realistic scenario from the role and see how they would approach... *(Continued)*



(Continued) ...learning it. You're looking for a workable process, not a perfect answer. Even someone genuinely eager to learn can get frustrated or feel overwhelmed once they're actually in the seat, especially in a new specialty or unfamiliar system, and they can be hard on themselves about it. Once you've hired them, notice their progress along the way, and remind them their EAP or PAP is available if stress or personal concerns start getting in the way.

Frontline Supervisor



One of my physicians regularly challenges the team's clinical decisions. Some colleagues call him difficult, to say the least, but his input is often useful. Could the EAP or PAP help me manage this situation?

You've got a physician who's a genuinely valuable part of the team, but whose delivery is alienating the people around him. And yes, your EAP or PAP can help here, either by meeting with him directly or by coaching you on how to manage or refer him if your own efforts don't move the needle. The key is separating his clinical judgment from his style: you don't want him thinking he's being criticized for being right, when it's really about how he's delivering it. Start by validating his contributions. Then get specific about the impact you've actually observed. Saying "people think you're too abrasive" won't land. Point to real behaviors: rolling his eyes, sighing, cutting colleagues off mid-sentence. And point to what it's doing to the room: people going quiet, disengaging, holding back concerns they'd otherwise raise, which in a clinical setting is its own patient safety issue worth naming directly. In a place like Hawaii's medical community, where the same colleagues tend to cross paths across departments, hospitals, and even islands over a career, that reputation follows him further than it might elsewhere, so it's worth taking seriously now. If your direct coaching doesn't improve things, loop in your EAP or PAP to set up a more formal referral.



I believe supervisors would praise their staff and physicians for good work more often if they understood the real benefits of doing it. What are they?

When someone makes a meaningful contribution and you recognize it in front of the team or a larger group, it does more than make that person feel good. It ripples through the whole department and lifts morale more broadly, even though a lot of supervisors don't realize it. To get the full effect, don't just say "great job." Be specific: "Everyone, Dr. X noticed we kept missing a step in our discharge process, brought it to the team, and we haven't had the same issue since. Great job." That gives everyone else something concrete to learn from, and signals that effort actually gets noticed here. One thing worth checking first, especially in Hawaii's healthcare workforce: not everyone wants that kind of public spotlight. Plenty of people would rather hear it quietly, one-on-one, so if you're not sure, just ask ahead of time how they'd prefer it. Bottom line: praising your team well helps the individual, the department, and the organization, and it costs you nothing.

Continued EAP/PAP Challenge for the top Supervisors, Managers, and HR Professionals:

Your organization has received new EAP/PAP brochures with a Company Passcode to access **My Stress Tools** – a new suite of helpful tools on our website to manage stress. **Your homework:**

- (1) Go to the EAP website either by scanning the QR code on the new brochure or going to <https://eapacific.com/employees/my-stress-tools.html>;
- (2) Register for My Stress Tools (Call us if you need your organization's Passcode. It's also on the new brochure);
- (3) Take the Stress Profiler and discover what small thing(s) you could do to reduce your stress this year;
- (4) Start doing that; and (5) Promote this so your team reduces their stress and burnout and has a better year!

Your stressed employees probably won't do much if you don't believe it will help. Using **one small free tool** to reduce YOUR stress will make them much more likely to take advantage of your experience and recommendations!



Employee Assistance of the Pacific
1600 Kapiolani Blvd., Suite 1610 Honolulu, HI 96814

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