COVID-19: A Catalyst for Consulting Basics
By Daniel Goldsmith*, DBA

As is common knowledge these days, COVID-19 continues to drive extensive changes in the way we live, the way we work, and the way we do business. From locally mandated curfews to temporary shutdown of businesses, we are compelled to rethink our priorities and our practices.

Recently in the Washington Post, it was reported that Social Distancing is critical to stemming the spread of the COVID-19 virus. (Stobbe, 2020) This means that while businesses and organizations (not to mention buildings) are limiting their public availability over the current and upcoming days, social distancing (by way of virtual workplaces) can allow us consultants to highlight some of the realities that are crucial to delivering value to our customers and elevating our brand. These realities are Perception, Expectations, and Engagement.

**Perception:** Perception is a very subjective thing. Often manifest by intuition, hunch, or insight, people have the unique and innate ability to “see” and “feel” things that allow them to reach certain conclusions. While I am not suggesting that perception inherently delivers the final verdict, but it is very instrumental in conclusions that are reached. I say this because while people are generally affected by perception, we – as consultants – are subject to the conditions of perception. In other words, we consultants are subject to the same bias and idiosyncrasies we use to form a perception. Consequently, this comes down to how we are perceived – which stems from our communication, our communication style, our language, our problem solving ability, and the solutions we advance. As importantly, the values by which we work influence how our stakeholders perceive us. This can be timeliness of responses, relevance, and appropriateness of solutions. As consultants, we must understand that our actions influence how we are likely to be perceived. This is not to suggest that we should be prisoners to the perception reality of others, but it does suggest that we need to think through our actions (in terms of forethought) and how they are likely to be perceived.

**Expectations:** Expectation have a tendency to resonate on a personal level. As consultants, we need to be clear on what the client perceives and what the client expects. This clarity requires us to take an unassuming approach toward what is perceived, how it is perceived, and what was perceived. This level of consideration allows us to understand not only a client’s point of view (not to mention lens by how that point of view was framed), but it gives us an understanding, insight, and sensitivity to the interaction that allows us to appropriately and smartly present and advance discussion that is mutually beneficial.

Expectations tend to be steeped in personal opinion of state or outcome. This applies to the client as well as the consultant. We cannot assume that our understanding of expectation aligns with the clients understanding of expectation. As consultants we must exercise great care to ensure that expectations are understood by the client. It is very easy to presume understanding and clarity of expectations – particularly as expectations drive our conversations with respect to client engagement, performance, and contractual deliverables. To ensure clarity on client expectations, it is necessary to fully unpack (detail) the expectation in terms of what it is on the surface and its associated underpinnings and characteristics. For example, Facility Managers
encounter COVID-19 exposure, which consists of two scenarios: A suspected COVID-19 exposure incident and an actual COVID-19 exposure incident. While very similar, these scenarios carry very different implications but they are likely to be perceived very similarly. We can certainly and reasonably conclude that the actual COVID-19 exposure incident will be addressed promptly and resolved medically by the appropriate medical personnel. The facility will be disinfected by the appropriate cleaning personnel. The outcome is that those associated with actual incident (directly or indirectly) will feel comfortable and reasonably confident that this facility space has been cleaned. In addition, communication and messaging about the cleaning and the process will occur, thereby adding credibility to the message and the process.

On the other hand, there is the suspected case of COVID-19 exposure. There is no proof that the COVID-19 subject actually tested positive and there is no proof that the COVID-19 subject actually tested negative. So what happens now? Do you dismiss this situation stating that devoid of evidence that there is no basis to take any further action? In the tenant’s mind, the space is contaminated and warrants a Centers for Disease Control (CDC) prescribed cleaning. So is it worth the cost to remediate the space? Is it worth the risk to ignore the space and ultimately save the money that would otherwise be spent on a remediation? Is it worth the risk to ignore the perception and thereby receive a contract termination notice?

I submit to you that this is the delicate balance between perception and expectation. In the mind of the tenant, the COVID-19 germs exist in the space – although this is not a fact. The expectation is that the space will be cleaned and disinfected to ensure that the space is not only useful and occupiable but that it promotes the comfort and peace of mind of the occupant. This is precisely how engagement becomes critical to identifying and creating a solution that generates a win-win scenario between the facility manager and the tenant.

Engagement: We mentioned earlier that because there was a positive presence of COVID-19 germs in the space, the space would be cleaned and disinfected with the expectation that the person testing positive would receive medical attention. But how do we go about resolving this issue when there is only a suspicion of viral exposure? This is very critical to assess and to determine. It is imperative that the Facility Manager engage the end-user, the vendor, and any other stakeholder that has a stake in the outcome.

As it relates to the issue of perception, we clearly have a very sensitive issue – potentially life threatening – as we have no evidence to prove the presence of COVID-19 in the tenant’s space. On the other hand, we clearly have a perception that indicates that the space could very well be contaminated. Where is the common ground? How do we find the solution that generates a win-win? I’d like to suggest that the Facility Manager meet directly with the end-user of the space and have a very candid conversation. This conversation is not about a confrontation but it is about achieving a mutual understanding – based on facts, perception, resources, and budget. While it is imperative that the Facility Manager understand the concerns of the tenant, it is equally imperative for the tenant to understand the Facility Manager’s concerns and the associated constraints. This type of conversation establishes the framework of the solution in
terms of identifying the possibilities, the constraints, and the mutually agreeable commonalities. This is important because it allows both parties to identify what will work and what is prohibitive.

Conversation is a critical element of engagement. With critical conversation, the issue of perception becomes unpacked as both parties have clarity of facts. With the facts, the issue now stands a good chance of becoming less emotional – all because we are dealing with facts, context, and clarity. As the context and details become clearer, the foundation for expectations becomes very sound and very solid. There is clarity on what can be done or not be done – what can be allowed or disallowed. This provides a very good possibility of establishing a set of expectations that are based on clarity of facts, context, and condition. It is through this process that a solution is not only possible, but a win-win solution is quite probable.

**Conclusion:** As consultants, we must not lose sight of engagement. I say this because we, the consultants, have the leadership role in listening to the client, understanding the client, and helping the client lead the discussion on problem identification. Because the consultant is proactively involved with the client, the reality of perception can be addressed early in the collaboration. Communication – verbal as well as non-verbal -- is key. By paying attention to what is communicated but not expressly verbalized can translate to significant dividends regarding the client’s trust, confidence in the consultant, and access to various resources.

With respect to the expectations, the consultant is able to mentally frame the various scenarios by listening and learning with the client. The information and insight that is gleaned is critical to not only being receptive to what the client needs and expects, but it provides the consultant the unique ability and capacity to recommend solutions and value that improve the client’s well-being. And that is what consultants do.

Source:
Mike Stobbe is an Associated Press medical journalist.

* Author **Daniel Goldsmith**, DBA, is Principal of Daniel M. Goldsmith Consultancy, LLC, in Washington DC, USA, : [https://www.linkedin.com/in/daniel-goldsmith-657b80a2/](https://www.linkedin.com/in/daniel-goldsmith-657b80a2/) Daniel is the current FMCC treasurer.