

CLERICAL AND TECHNICAL PERFORMANCE FEEDBACK

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|--|--|---|------------------------------------|
| Employee Name Sarah Grant | Department, Job Title & Grade Internal Medicine, Account Asst, D | Evaluation Period July 2013 – June 2014 | Time in Position 2 years |
| Supervisor Name & Title Jerry Santos | | Dual Report Supervisor Name & Title | |

Instructions: The employee and supervisor should set work goals/objectives for the year and enter into section A. This section should be reviewed during interim discussions and annual review at the end of the year.

SECTION A: CURRENT WORK GOALS/OBJECTIVES

- 1) Enhance clinical operations by improving accuracy of appointment time slots and appointment types entered into the scheduling system. Reduce error rate from 10% to 5% monthly. Begin tracking in October 2013 after attending refresher training for scheduling entry.
- 2) Improve customer satisfaction score by at least 3% in Q2, 2013 by notifying ALL patients whose appointments could be delayed more than 1 hr through phone or text message.
- 3) By January 1, 2014, begin accurately entering referrals and level 2 complex appointments into the scheduling system. Prepare by cross-training with Department X to learn referral and Level 2 scheduling processes.

NEXT CHECK-IN DATE: August 10, 2013

SECTION B: If your job requires a specific skill set or business knowledge due to governmental/institutional certification, please attach any additional documentation.

| Too Soon to Rate or N/A | Performance Dimensions | Evaluator | Does Not Meet Job Expectations: Unsatisfactory performance | Partially Meets Job Expectations: Performance is inconsistent and needs improvement | Meets Job Expectations: Successful performance | Exceeds Job Expectations: Performance is consistently outstanding |
|--------------------------------|--|------------------|--|---|--|---|
| <input type="checkbox"/> | Communication: Listens effectively and demonstrates the ability to express ideas orally and in writing as required | Employee | <input type="checkbox"/> | <input type="checkbox"/> | X | <input type="checkbox"/> |
| | | Supervisor | <input type="checkbox"/> | X | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Customer Service: Courteous, helpful; understands and responds to the needs of customers and colleagues | Employee | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| | | Supervisor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| <input type="checkbox"/> | Dependability: Reliable; understands assignments and meets deadlines | Employee | <input type="checkbox"/> | <input type="checkbox"/> | X | <input type="checkbox"/> |
| | | Supervisory | <input type="checkbox"/> | <input type="checkbox"/> | X | <input type="checkbox"/> |
| <input type="checkbox"/> | Initiative: Self-starter, resourceful; develops ideas and methods to enhance the work unit. Identifies and participates in training opportunities. | Employee | <input type="checkbox"/> | <input type="checkbox"/> | X | <input type="checkbox"/> |
| | | Supervisor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | X |
| <input type="checkbox"/> | Job Knowledge: Demonstrates understanding of responsibilities and expectations required to do the job | Employee | <input type="checkbox"/> | <input type="checkbox"/> | X | <input type="checkbox"/> |
| | | Supervisor | <input type="checkbox"/> | <input type="checkbox"/> | X | <input type="checkbox"/> |
| <input type="checkbox"/> | Teamwork: Works cooperatively with others and offers assistance and support when needed; adaptable and open to change | Employee | <input type="checkbox"/> | <input type="checkbox"/> | X | <input type="checkbox"/> |
| | | Supervisor | <input type="checkbox"/> | <input type="checkbox"/> | X | <input type="checkbox"/> |
| <input type="checkbox"/> | Technical Skills: Demonstrates proficient use of work related equipment, tools and/or technology | Employee | <input type="checkbox"/> | <input type="checkbox"/> | X | <input type="checkbox"/> |
| | | Supervisor | <input type="checkbox"/> | <input type="checkbox"/> | X | <input type="checkbox"/> |
| <input type="checkbox"/> | Work Quality: Demonstrates accuracy, thoroughness and attention to detail in a timely manner | Employee | <input type="checkbox"/> | <input type="checkbox"/> | X | <input type="checkbox"/> |
| | | Supervisor | <input type="checkbox"/> | <input type="checkbox"/> | X | <input type="checkbox"/> |

SECTION C: EMPLOYEE INTERESTS/GOALS

I would like to cross-train to learn other department tasks such as referrals and scheduling of complex appointments. I would also like to explore any additional courses available related to customer service such as dealing with a difficult customer which can be a challenge at times.

SECTION D: SUPERVISOR - OVERALL PERFORMANCE AND COMMENTS

Sandy does a very good job overall. She exceeds expectations in Customer Service and Initiative. Sandy has achieved a 5% improved accuracy for scheduling patient appointments, and continues to contact patients in a timely manner regarding changes to their appointments, which has helped us hit our target for increased customer satisfaction scores. Sandy stands out in her ability to handle each patient encounter with courtesy and professionalism. She will benefit from sharpening her written communication skills, and I will encourage her to look for training opportunities. Her cross-training activity with others has enhanced her contribution to the department. I am happy to continue to support this interest.

EMPLOYEE COMMENTS

I am very pleased with my accomplishments this year. I have mastered scheduling complex appointments and understand the referral process. I look forward to continuing to learn, increasing my skills, and providing the best possible service to our patients. I am committed to improving my written communications over the next several months by attending a Learning Center course and will explore other learning opportunities to improve this skill.

SECTION E: SIGNATURES

Supervisor(s) Signature: The contents of this form have been discussed with the staff member.

1. Supervisor: Jerry Santos Date: 08/31/14

2. Supervisor's supervisor: _____ Date: _____

Employee's Signature: My signature indicates I have completed these discussions with my supervisor, but does not necessarily imply my agreement.

3. Employee: Sarah Grant Date: 08/31/14

SECTION F: Check here to indicate whether you would like your Feedback Form shared with hiring managers as part of the reference checking process.

YES NO INITIALS: S.G.