

Self Assessment on Clinical Productivity:

Rate Yourself as The Productive Therapist - Now and Where You Plan to Be.

Score yourself on each of the following characteristics.

Put a **O** (circle) indicating where you are now and an **X** where you want to be.

Example

| | | | | | |
|---|------------------|---|-------------------|--|---------|
| I am as productive as I can be without lowering the quality of my patient care. | Never 1 _____ | Sometimes 2 <input checked="" type="radio"/> _____ | Always 3 _____ | 4 <input checked="" type="radio"/> _____ | 5 _____ |
|---|------------------|---|-------------------|--|---------|

Handling Interruptions Throughout My Day

| | | | | | |
|--|------------------|----------------------|-------------------|---------|---------|
| I have systems to limit interruptions throughout my day | Never 1 _____ | Sometimes 2 _____ | Always 3 _____ | 4 _____ | 5 _____ |
| I notify the office which situations or calls warrant interruptions | Never 1 _____ | Sometimes 2 _____ | Always 3 _____ | 4 _____ | 5 _____ |
| I schedule specific times to return calls | Never 1 _____ | Sometimes 2 _____ | Always 3 _____ | 4 _____ | 5 _____ |
| I schedule specific times to receive calls | Never 1 _____ | Sometimes 2 _____ | Always 3 _____ | 4 _____ | 5 _____ |
| I share clinical techniques only for professional reasons - never for social reasons | Never 1 _____ | Sometimes 2 _____ | Always 3 _____ | 4 _____ | 5 _____ |
| I am able to focus on my clinical care. I am not easily distracted in the clinic | Never 1 _____ | Sometimes 2 _____ | Always 3 _____ | 4 _____ | 5 _____ |

Scheduling and Organizing My Day

| | | | | | |
|--|------------------|----------------------|-------------------|---------|---------|
| I schedule my patients in regular time slots when possible | Never 1 _____ | Sometimes 2 _____ | Always 3 _____ | 4 _____ | 5 _____ |
| I am aware of my schedule for the day | Never 1 _____ | Sometimes 2 _____ | Always 3 _____ | 4 _____ | 5 _____ |
| I anticipate discharges and plan accordingly | Never 1 _____ | Sometimes 2 _____ | Always 3 _____ | 4 _____ | 5 _____ |
| I have a system to prioritize my tasks, such as a daily planner | Never 1 _____ | Sometimes 2 _____ | Always 3 _____ | 4 _____ | 5 _____ |
| I prepare at the end of each day for the next days activities | Never 1 _____ | Sometimes 2 _____ | Always 3 _____ | 4 _____ | 5 _____ |
| I prepare at the end of each morning for my afternoon activities | Never 1 _____ | Sometimes 2 _____ | Always 3 _____ | 4 _____ | 5 _____ |

Structuring My Initial Patient Interactions

| | | | |
|--|--|-----------|---------------------|
| I explain the importance of attendance to each patient at the time of the initial evaluation | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |
| I do not give patients "permission" to cancel appointments or fail to show | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |
| I help my patients develop a mental picture of what success in therapy will be for them | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |
| I work with my patients as a partner to them to develop mutual goals | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |
| I negotiate agreement and commitment to our mutual goals with my patients | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |
| I emphasize patient responsibility and the need for a team effort for optimal recovery | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |

Meetings

| | | | |
|---|--|-----------|---------------------|
| I attend meetings on time | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |
| I request timed agendas for meetings that I attend | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |
| I participate in meeting effectiveness critiques to improve our meeting processes | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |

My Documentation

| | | | |
|---|--|-----------|---------------------|
| I complete my notes while I am with the patients | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |
| I use documentation technology to my benefit, not to my detriment | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |
| I keep up with my notes, I rarely fall significantly behind | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |

Structuring My Ongoing Patient Interactions

| | | | |
|---|--|-----------|---------------------|
| I am committed to patient education | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |
| I use educational handouts, demonstrations, and audiovisuals to make my patient teaching more effective | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |
| I personalize handouts for each patient by highlighting those areas most important for that patient | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |
| I back up verbal instruction with written materials | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |
| I determine my patient's commitment to completion of home programs and to following recommendations | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |
| I ask my patients about their actual success in performing home programs and following recommendations | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |
| I use simple language and avoid jargon and multi syllable words in my explanations to my patients | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |
| I remind myself to listen more and talk less with my patients | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |
| I work to improve my listening skills, including maintaining good eye contact with my patients | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |

My Delegation Style

| | | | |
|---|--|-----------|---------------------|
| I delegate routine or repetitive care | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |
| I communicate with support staff to receive feedback on the patient's response to treatment | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |
| I use a decision process to decide what, when and to whom to delegate | Never 1 _____ 2 _____ 3 _____ 4 _____ 5 | Sometimes | Always 4 _____ 5 |

My Treatment Philosophy

| | |
|---|---|
| I emphasize what works rather than any specific set of clinical techniques | Never Sometimes Always 1 _____ 2 _____ 3 _____ 4 _____ 5 |
| I emphasize the patient's role in their recovery | Never Sometimes Always 1 _____ 2 _____ 3 _____ 4 _____ 5 |
| I define quality from the patient's perspective, not mine | Never Sometimes Always 1 _____ 2 _____ 3 _____ 4 _____ 5 |
| I define good therapy as what produces the best and quickest results | Never Sometimes Always 1 _____ 2 _____ 3 _____ 4 _____ 5 |
| I use a tiered approach to patient care, starting with the least costly, least risky treatments when I am unsure of a single, best course of action | Never Sometimes Always 1 _____ 2 _____ 3 _____ 4 _____ 5 |

Developing a Plan:

Bridge the gap in where you are and where you want to be.

If there is a difference between where you think you are now and where you want to be, you need to change some of your activities and/or attitudes to reach what you have identified as where you want to be. These are your targets, no one else's.

**What actions will you take to change your behaviors and skills as a productive clinician?
List them in the table below.**

When do you want to accomplish this? Be specific.

Who will help and support you as you make these changes?

| Section | Who Will Help | Actions Needed to Improve | Time Frame |
|------------------------------|---------------|---------------------------|------------|
| Handling Interruptions | | | |
| Scheduling and Organizing | | | |
| Initial Patient Interactions | | | |
| Ongoing Patient Interactions | | | |
| Treatment Philosophy | | | |
| Meetings | | | |
| Documentation | | | |
| Delegation Style | | | |

Good Luck as you become The Productive Therapist.

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