Longs Peak Family Practice

EMPLOYEE CHECK-IN

Name: _____ **Date:** _____

How are things going with your position here?

_____

_____

What are your wins or accomplishments this last quarter?

_____

_____

What do you hope to accomplish over the coming week, month, quarter, year?

_____

_____

Are there any skills you would like to develop further, or anything you would like to learn?

_____

_____

What do you love the most about LPFP and your position here?

_____

_____

Do you have any pain points or bottlenecks you are facing in your position?

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_____

Do you have everything you need to perform your job? If not, what is needed?

_____

_____

What skills do you have that you believe we could use more effectively?

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_____

What are the biggest time wasters for you each week?

_____

_____

What is the most repetitive part of your job, and do you have any suggestions for streamlining it?

_____

_____

What Ideas do you have for the practice? Such as process improvement, cost savings, growth, patient satisfaction, patient flow, new services – it can be anything.

_____

_____

Who inspires you in the team? Why?

_____

_____

Do you feel that the team is working well collaboratively?

_____

_____

Do you have any suggestions for improvement in the way we work together?

_____

_____

Do you feel overworked, underworked, or just right? _____

Is there an aspect of your job where you would like more help or coaching?

_____

_____

If you could change one aspect of your current role, what would it be and how would you implement it?

_____

_____

Manager Relationship Building - How can Laura/Stef/providers better support you in your job?

_____

_____

Do you find our communication clear and easy to understand, or is there something we can do to improve?

_____

_____

How do you prefer to receive feedback and/or recognition for your work?

_____

_____

Any Questions/Concerns?

_____

_____