

YOUR PRACTICE

XXX3001

_____ **GROUP NAME** _____

Associate Name: _____

Counselor Name: _____

Counseling Packet

For Year End, _____

INSTRUCTIONS:

Complete only those sections in this packet that apply to you. If one does not apply to you, write “NA” in the space. As you complete the worksheets in this packet, review your success in meeting your goals for this year. Did you achieve your stated goals? If not, what were the major contributors denying you the opportunity to meet them? Were your goals SMART –Specific, Measurable, Attainable, Realistic, Tangible? If not, how can we make your goals for next year and beyond fit the criteria of SMART goals? Consider your answers to these questions for each of your identified goals when you complete the *Counseling Packet* through the *Action Plan Worksheets*. **Give your completed packet (including Action Plan drafts) to your counselor for review at least three days before your counseling session.**

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Physician's Name: _____

By answering the questions below that apply to you, describe what you want your professional duties and responsibilities to be in three years. When you know what you are trying to accomplish in the long term, you will have an idea of what you need to accomplish in the coming year.

1. What will your position in the practice be in 200_?
2. What will your compensation be in three years?
3. What new knowledge and skills will you have in 200_?
 - a. What will your specialties be?
 - b. List in detail the specialized technical skills you will possess?
 - c. List the familiarity you will have with special technology and radiology processes and procedures and equipment.
 - d. List any certifications, degrees or licenses that you will hold or be pursuing in 200_.
 - e. What journals, newsletters, books etc. will you be reading?
4. What percent of time will you be spending in each of these areas and how will you spend the time?
 - a. **Practice of Medicine** _____ %
 1. Hospital Based _____ %
 2. Outpatient Center Based _____ %
 3. List your duties and responsibilities you will have in this area:
 - b. **Practice Administration / Management** _____ %
 1. List your duties and responsibilities you will have in this area:
 2. What skills will you have developed in this area?
 3. How will you develop these skills?
 4. Describe your Corporate Compliance Commitment
 5. Describe your HIPAA Compliance Commitment
 - c. **Practice Development** _____ %
 1. List your duties and responsibilities in this area:
 2. What skills will you have developed in this area?
 3. How will you develop these skills?
5. What other goals do you want to achieve by 200_?

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Physician's Name: _____

Counseling Packet : Year End 200_

If a category doesn't apply to you, write NA. An action plan worksheet must be completed for any rating of "Needs Improvement".

I. Production	Budgeted 200_	Actual 200_	Variance
RVU's	_____	_____	_____
Charges	_____	_____	_____
Collections	_____	_____	_____

Explain reasons for variances between budget and actual, and any anticipated reasons for not meeting annual budgets.

II. Quality of Work

Commitment to quality in every aspect of your position, including technical competence, medical skills and other professional attributes is essential to the practice.

Self Rating:

Superior Above Average Satisfactory Needs Improvement

Explain reasons for rating:

III. Practice Development

Developing additional sources of business is necessary to grow the practice and provide for the future for all of us. List new business initiatives developed and implemented in the review period.

Self Rating:

Superior Above Average Satisfactory Needs Improvement

Explain reasons for rating:

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IV. Physician Relations

Continuing contact and feedback to and from our referring physicians is important to the practice and your standing in the medical community.

Self Rating:

Superior Above Average Satisfactory Needs Improvement

Explain reasons for rating:

V. Professional Development

Attach a listing of Corporate Compliance, HIPAA Compliance Activities, medical educational activities and programs you have attended in the current year. Also attach a listing of programs and educational activities you are committed to completing in 200_.

Self Rating:

Superior Above Average Satisfactory Needs Improvement

Explain Reasons for Rating :

VI. Management and Development of Others

The ability to manage others by communicating expectations, holding associates accountable for their responsibilities, coaching/motivating associates, recommending training, discussing associate's performance strengths and areas for improvement, providing timely feedback and meeting with others to encourage cooperation.

Self Rating:

Superior Above Average Satisfactory Needs Improvement

Explain Reasons for Rating :

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VII Patient Satisfaction

Describe your strengths and areas for improvement in servicing patients. Some areas to consider are awareness of patient needs/problems, clarity of communication to patients, follow through with patients and making suggestions to the patient service team.

Self Rating

Superior Above Average Satisfactory Needs Improvement

Explain Reasons for Rating :

VIII. Overall Self Rating

Self Rating:

Superior Above Average Satisfactory Needs Improvement

Explain Reasons for Rating :

IX. Attach Action Plan Worksheets from last counseling session. Be sure to list progress made on goals.

X. Create new Action Plan Worksheets for your 200_ goals.

XI. Assistance You Need from Others for Success

Describe assistance you need from others. Be specific describing the assistance you need and who you believe can assist you to continue your professional development.

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