

Name: _____

Date: _____

Practice: _____

Please answer questions 1-10 on a separate sheet of paper.

Background:

1. How many hours a week do you devote to practice management?
2. How long have you been a Practice Manager?
3. What do you hope to get out of this group?
4. What do you plan on contributing to the group?
5. Do you have the authority to assign and delegate work?
6. Do you have regularly scheduled staff meetings?
7. Do you have regularly scheduled management meetings?
8. Do your co-workers understand your position as Practice Manager?
9. How were you appointed as Practice Manager? I.e: hired as manager, promoted to management
10. Describe one area of your hospital where you currently have no responsibility or authority, but where you think you could make a positive contribution if you were given the opportunity.

Please check the appropriate column regarding your practice management duties

	Sole Responsibility/Authority	Significant Input but not final authority	No responsibility/ Authority
Job Task			
Hiring			
Firing			
Performance Reviews			
Training			
Inventory			
Scheduling			
Salary Reviews			
Payroll			
Pricing/Fees			
Policy/Procedure			
A/R			
Facilitate Meetings			
Short Term Planning			
Long Term Planning			
Job Description Maintenance			
OSHA			
Employee Manual Maintenance			