

The Productivity Quiz

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

Score yourself on each of the following characteristics.

Put a circle indicating where you are now and an X where you want to be.

| Example | Never | Sometimes | Always |
|---|-------------------------------------|-----------|--------|
| I am as productive as I can be without lowering the quality of my patient care. | I _____ 2 _____ ③ _____ X 4 _____ 5 | | |

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

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

Structuring My Initial Patient Interactions

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

Structuring My Ongoing Patient Interactions

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

My Treatment Philosophy

| | Never | Sometimes | Always |
|---|-----------------------------------|-----------|--------|
| I emphasize what works rather than any specific set of clinical techniques | I _____ 2 _____ 3 _____ 4 _____ 5 | | |
| I emphasize the patient's role in their recovery | I _____ 2 _____ 3 _____ 4 _____ 5 | | |
| I define quality from the patient's perspective, not mine | I _____ 2 _____ 3 _____ 4 _____ 5 | | |
| I define good therapy as what produces the best and quickest results | I _____ 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 | I _____ 2 _____ 3 _____ 4 _____ 5 | | |

Meetings

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

My Documentation

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

My Delegation Style

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

The Productivity Quiz

Planning Sheet

| 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 | | | |

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.

Developing a plan to bridge the gap in where you are and where you want to be.

What actions will you take to change your behaviors and skills as a productive clinician? List them here.

When do you want to accomplish this? Be specific.

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

Good Luck as you become The Productive Therapist.

KovacekManagementServices, Inc.

20225 Danbury Lane
Harper Woods, MI 48225
(800) 540-0774

Productivity@PTManager.com

www.PTManager.com