



*Prevention & Medical Care
To Help You Live Better, Longer.*

VMG New Practitioner Evaluation <6months

Name: _____ **Date:** _____

1. What is going well?
2. What are your current challenges?
3. Do you know who to go to for questions? Internal resources that are available?
4. Where would you like more training?
5. Do you feel supported in your work? If not, what can we improve?
6. Are you able to access preceptors in a timely fashion? Supervising physician?
7. What SMART goal would you like to work on in the next 3 months?
8. Are you getting useful feedback on your notes?
9. Provider Checklist-Any questions?

Review with Team Leader:

Medical Decision Making:

ABI/EKG/Procedural approval:

Patient Feedback:

VMG Compact:

Financials (FTE/Fill Rate/coding/billing/RAF):

Quality Measures:

Utilization:

Notes/plan:

Provider Signature:

Date:

TL Signature:

Date: