VALLEY MEDICAL GROUP

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

VMG Practitioner Evaluation >6months

Name: _____ Date: _____

1.What are you most proud of at the end of your day?

2.What are your current opportunities for improvement in your daily practice of medicine?

3.What is most challenging about your daily work?

4.Do you feel that your practice style fits with the VMG culture?

5.Do you feel supported in your work? If not, what can we improve?

6.What SMART goal would you like to work on in the next 6 months?

7.Do you have any areas where you feel you need more training?

Review with Team Leader:
Medical Decision Making:
Patient Feedback:
VMG Compact:
Financials (FTE/Fill Rate/coding/billing/RAF):
Quality Measures:
Utilization:
Notes/plan:

Provider Signature: Date:

TL Signature: Date: