

**Staff Communication Focus**

1. List 3 things that have happened to you in the past six months (or year).

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2. List 3 good things that have happened to the practice in the past six months (or year).

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3. Pretend you are a patient of ours. Rate the aura, the ambience, the atmosphere you feel when you come in for an appointment.

Excellent	_____	Fair	_____
Good	_____	Poor	_____

4. If the rating is less than excellent, list three things you can do or would like to see happen to help improve the practice ambience.

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5. How do you rate the team spirit and sense of friendly cooperation in our practice?

Excellent	_____	Fair	_____
Good	_____	Poor	_____

6. If the rating is less than excellent, list three things you can do or would like to see happen to improve the group camaraderie.

7. Do you feel appreciated?

By co-workers?

Frequently \_\_\_\_\_

Seldom \_\_\_\_\_

Occasionally \_\_\_\_\_

Never \_\_\_\_\_

By the dentist(s)?

Frequently \_\_\_\_\_

Seldom \_\_\_\_\_

Occasionally \_\_\_\_\_

Never \_\_\_\_\_

8. Do you give appreciation?

To co-workers?

Frequently \_\_\_\_\_

Seldom \_\_\_\_\_

Occasionally \_\_\_\_\_

Never \_\_\_\_\_

To the dentist(s)?

Frequently \_\_\_\_\_

Seldom \_\_\_\_\_

Occasionally \_\_\_\_\_

Never \_\_\_\_\_

9. Do you receive help in difficult situations that occur during the working day without having to ask?

10. Do you give help to others?... without having to be asked?

11. Rate communication among the staff.

Excellent \_\_\_\_\_

Fair \_\_\_\_\_

Good \_\_\_\_\_

Poor \_\_\_\_\_

12. Rate communication between the dentist and the staff.

Excellent \_\_\_\_\_

Fair \_\_\_\_\_

Good \_\_\_\_\_

Poor \_\_\_\_\_

13. Are all staff members fully informed about matters concerning the practice? \_\_\_\_\_ If not, how many are informed? \_\_\_\_\_

14. Do you have opportunities for frequent one on one discussions with other staff members? \_\_\_\_\_; with the dentist? \_\_\_\_\_

15. Do you receive performance evaluation and growth appraisals from your dentist(s)? \_\_\_\_\_ If not, would you like to receive such feedback? \_\_\_\_\_ How often? \_\_\_\_\_

16. List each staff member's name; the most important contribution they make to the practice professionally; the most important contribution they make personally.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Please list other ideas to improve communication in the office: