



Smile Potential Dental Practice Coaching

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TEAM QUESTIONNAIRE

Your Information

Name

Practice Name

Position

Office Address 1

Office Address 2

City

State

Zip Code

Office Phone

Office Email

About You

Tell us about your experience.

How long have you worked in this Practice?

Was this your first job in the field of dentistry?

How long have you been in the field of dentistry?

What are the 3 things you like most about working in this practice?

If there were 3 things that you could change in your practice, what would they be and why?

1.

1.

2.

2.

3.

3.

Other Concerns:

Are *you* aware of the goals for the practice and do you understand them?

Are *all team members* aware of the goals for the practice and do they understand them?

What are the things that are preventing your team from attaining those goals?

Are you monitoring the important practice vital signs monthly?

Are they discussed at regular team meetings?

What are the strengths you feel you bring to the practice?

What areas do you think you could improve upon?

Did you receive adequate training when you began this job?

How would you have liked your training to be different?

Please answer the following questions:

	Yes	No
Do you clearly know what is expected of you in every aspect of your job?		
Do the doctor and your coworkers know what you expect of them?		
Would clarification of these expectations help to avoid conflicts?		

Has conflict between team members caused turmoil in the office?

If yes, please explain:

What are the nature of typical conflicts that may occur in your practice?

Does gossiping ever contribute to conflicts in your practice?

How are conflicts handled in your practice?

Has this method of handling conflicts been successful?

Production

Are you satisfied with how the administrative team is scheduling?

If no, what's not working?

Does the administrative team schedule for a production goal each day for each producer (Doctor & Hygiene)?

Are you attaining these goals?

Please answer the following questions:

	Yes	No
Does the administrative team have an effective system for tracking treatment that has been diagnosed, but not completed?		
Are you happy with the management of new patients (Initial telephone contact, comprehensive exam and treatment acceptance)?		
Are you happy with how the hygiene department operates?		
Is 33% of hygiene production resulting from periodontal procedures?		
Is the hygiene department generating large amounts of cosmetic and quadrant restorative procedures for the doctor?		

If you answered no to any of the previous questions, what would you like to improve?

Are you satisfied with the professionalism of your team members?

If not, what would you like to change?

Collections and Accounts Receivable

For administrative team members.

Please answer the following questions:

	Yes	No	N/A
Are financial arrangements properly offered, set up and followed through?			
Are your over the counter collections at least 50% of production?			
Do you promote 3rd party financing (i.e. Care Credit) to your patients?			
Are you happy with your billing system?			
Are you happy with the insurance processing in your office?			
Would you like to become less dependent on insurance companies and managed care plans?			

Customer Service and Marketing

Please answer the following questions:

	Yes	No
Do you feel that your administrative and clinical team members have effective communication skills with the patients (Handling dissatisfied patients, explaining dentistry and answering clinical questions, marketing your services and building up the image of the practice)?		
Does your team create a “Wow” experience that patients talk about to others, such as friends, neighbors and coworkers?		
Do you have a budgeted and scheduled marketing program throughout the entire year?		

What do you personally do to help generate new patients for your practice?

Is there anything that makes you hesitant to refer patients to your practice?

Business Plan

Please answer the following questions:

	Yes	No	N/A
Does the team that orders dental and office supplies have a monthly budget to follow?			
Do you have an annual budget (assigned percentage and dollar amounts) for the different expense areas in your overhead costs?			
Is this monitored to maintain expenses?			

Leadership

Do you hold morning meetings every day?

Are they effective?

If not, why?

How often are team meetings held?

Do you feel that they are as effective as they could be?

If not, why?

Do you receive performance reviews?

If not, do you think they would be helpful?

What is the hardest part of having your performance reviewed, for you?

Do you feel that an incentive bonus system would help to motivate you and the other members of your team to achieve the goals of the practice?

The Team

Please answer the following questions:

	High	Moderate	Low
Rate the morale of the team:			
Rate YOUR level of enthusiasm in the office:			
Rate YOUR level of satisfaction with your job:			
What is your expectation that changes can occur to raise your level of satisfaction and enjoyment in your job?			

List the top 5 things that you would like Smile Potential Dental Practice Coaching help you and your practice accomplish in the coming months.

Number 1

Number 2

Number 3

Number 4

Number 5

Please feel free to attach any additional comments/thoughts that you would like to share. All information submitted will be held in the strictest confidence.

Doctor Signature: _____

Date