



Return this survey to:

Staff Skill Needs

In preparation to administer this survey:

- Designate a staff member to collect all surveys; Place the team member's name above
- Distribute the Staff Skills Assessment to ALL practice staff.
- Instruct staff to follow the instructions below to complete the survey

To complete this survey:

- Rate your personal ability to complete each of the tasks below by putting an "X" in the corresponding box.
- Return the completed survey to your team member listed above.

Staff Skills Assessment						
Name: (Optional) _____						
Role/ _____				Date: _____		
Position: _____						
Computer Skills:						
<i>I am able to:</i>						Want to Learn
Save and delete a file	<input type="checkbox"/> Yes	<input type="checkbox"/> No				<input type="checkbox"/>
Use the task and tool bars	<input type="checkbox"/> Yes	<input type="checkbox"/> No				<input type="checkbox"/>
Right click the mouse to bring up special menus	<input type="checkbox"/> Yes	<input type="checkbox"/> No				<input type="checkbox"/>
Reboot using the "shutdown" function on the start button	<input type="checkbox"/> Yes	<input type="checkbox"/> No				<input type="checkbox"/>
Minimize, restore, and/or resize a program's window	<input type="checkbox"/> Yes	<input type="checkbox"/> No				<input type="checkbox"/>
Check e-mail, compose e-mail and send a new message	<input type="checkbox"/> Yes	<input type="checkbox"/> No				<input type="checkbox"/>
Launch and navigate an internet web browser	<input type="checkbox"/> Yes	<input type="checkbox"/> No				<input type="checkbox"/>
Clinical Information Systems (CIS):						
<i>Rate your skill level for using the following systems</i>	<i>Poor</i>		<i>Good</i>		<i>Excellent</i>	
Practice Management System (Billing, scheduling)	1	2	3	4	5	<input type="checkbox"/>
Electronic Health Record (EHR)	1	2	3	4	5	<input type="checkbox"/>
Meeting & Interpersonal Skills:						
<i>Rate your skill level for the following activities</i>						
Effective Meeting Skills (brainstorm/multi-vote)	1	2	3	4	5	<input type="checkbox"/>
Open and Effective Communication	1	2	3	4	5	<input type="checkbox"/>
Managing Conflict/Negotiation	1	2	3	4	5	<input type="checkbox"/>
Improvement Skills and Knowledge:						
<i>Rate your skill level for the following activities</i>						
Flowcharts/Process Mapping	1	2	3	4	5	<input type="checkbox"/>
Plan/Do/Study/Act (PDSA) Improvement Model	1	2	3	4	5	<input type="checkbox"/>