

Anatomy of a Patient-Centered Practice

# Review Rubric





# Review Process

## Review Rubric

A 5-point system. 3 is good; no complaints. 5 is reserved for absolute superstars. It is very difficult to accomplish a 5.

**0.0-1.9 = NP: Non-Performer:** Performance fails to meet expectations.

**2.0-2.9 = DP: Developing Performer:** Team member is expected to build consistency in performing their role in order to become a solid performer. Development requires continued coaching, experience, and training. This rating may be appropriate for someone new to their role.

**3.0-3.9 = SP: Solid Performer:**

Overall job performance meets and satisfies all expectations. The team member has demonstrated the ability to make contributions, be prompt and efficient, and meet service requirements and other expectations of the practice.

**4.0-4.9 = LP: Leading Performer**

This team member frequently exceeds the expectations of their primary responsibilities. The team member frequently demonstrates performance above and beyond what is expected for their position. The team member frequently demonstrates willingness to assume additional tasks and responsibilities and to seek greater volume of work to help meet their department's or the practice's needs.

**5.0 = TP: Top Performer**

This team member's performance consistently exceeds the expectations of their role. He or she is viewed as a role model, mentor, or go-to person by their teammates. He or she can be counted on to regularly perform all tasks beyond the bounds of what is normally expected of their position. This team member makes meaningful contributions through their initiative, critical thinking, adaptability, and grasp of the Patient Experience Design.



# Review Process

## The Review Meeting

### **The Review Process**

The process of review should be short and painless. We are creating a culture that sees reviews as constructive. While the post-review interval is a natural time to discuss changes, the review meetings themselves are not the time for discipline.

The manager will make their assessment of each Team Member. Any questions that prevent the manager from making a confident assessment are noted. These will be answered in a <60min meeting with each department's mentor to fill in these blanks.

Any rating 3.0 or higher gets no comment besides the label, e.g., "Presence: Three. You are solid here." Below a three, give short, neutral descriptions of the issues that led to a sub-Solid rating and say that they'll be able to talk it out with you or their mentor, and bring that number up for the next review.

Note that there is no "3, but". If you are torn between 2.9 and 3, make up your mind based on whether or not it is significant enough to reflect on the review.

### **The Meeting Itself**

The review meeting is short. 10 minutes max. First, ask The 4 Questions and note the answers in a separate sheet (actual or digital) where you will keep these answers for later. Then proceed to quickly run down their role review. After this, proceed to the 5th criterion.

### **The 4 Questions**

- In your own words, what does the Patient Experience Design mean to you?
- Tell me what insight you got from your last review.
- What are your Top Four?
- What is your understanding of the purpose of the review process?

### **The Team Roles Review**

Rate for each of their Big Four. These will be short, as described in more detail above.

### **The Fifth Criterion**

This is where you quantify in a single score your overall impression of the Team Member's value to the Team and investment in the company culture. Now, ask them if they have any questions. Based on their answers to those initial four questions and the questions they ask, write down your subjective score for the 5th Criterion.

### **Owner Evaluation**

A summary of the whole staff's numbers and bonuses will then be prepared and posted or sent in an email so the owners can see the Team's status.