



RECEPTIONIST PHASED TRAINING PROGRAM

Employee (Trainee) Name _____ Hire Date _____

Purpose: *The purpose of this program is to introduce the Receptionist to the practice and bring them into the hospital's philosophy of care and service. Through this program, the new Technician will become familiar with the day-to-day operations, management, and standards of care within our hospital*

The first column of the table below is the Skill/Knowledge and the Trainer that is assigned to the task for training the employee. The second column are the tasks that need to be trained and the third column is where the trainer initials that the training is complete and the date of completion.

Although a probable duration is stated for each phase of training, these are meant only as a guide and neither the trainer nor the trainee should sign off on a phase until they feel that they fully understand and are comfortable performing all the job tasks listed.

Phase I - Welcome to Our Practice!

Probable Duration: One Day - Two Days (Due Date _____)

New Employee Orientation Checklist Trainer:	<input type="checkbox"/> The Employee has signed and completed the New Employee Orientation Checklist	Initials/Date
OSHA Training Trainer:	<input type="checkbox"/> Conduct OSHA training. Explain OSHA standards, MSDS sheets, etc. <input type="checkbox"/> Give employee handout regarding safety and complete OSHA test. <input type="checkbox"/> Inform team member what they are to do if an OSHA officer shows up and ask for a tour of the practice. <input type="checkbox"/> Make sure they know the practice OSHA safety officer's/coordinator's name	Initials/Date
Observation Trainer:	<input type="checkbox"/> Trainee to observe (senior) receptionist. (1 hour)	Initials/Date
Telephone Procedures Trainer:	Show proper way to: <ul style="list-style-type: none"> <input type="checkbox"/> Answer phone, <input type="checkbox"/> Take messages <input type="checkbox"/> Place callers on hold <input type="checkbox"/> Route messages to doctors and other team members 	Initials/Date
Basic Animal Handling Trainer:	<input type="checkbox"/> Learn basic animal handling principles. Before signing off, trainee must demonstrate proper animal handling with at least two patients.	Initials/Date
Conclusion of Phase 1	Review of Phase I of training program. Trainee is asked if he/she has any questions or needs further training on any part of Phase I.	Initials/Date

Phase I of Training Complete

My signature below signifies that I have completed Phase I of the Receptionist Phased Training Program and that I fully understand all concepts covered and I am comfortable in my knowledge and ability to perform the procedures introduced in Phase I of this program. Supervisor signature below signifies that employee has successfully completed Phase I and has answered all pertinent questions.

Employee (Trainee)

Date

Supervisor

Date

Phase II

Phase II Duration: One Week - Two Weeks (Due Date _____)

Reference Materials Trainer:	Present trainee with materials to review. <ul style="list-style-type: none"> <input type="checkbox"/> Present Trainee with the Common Medical Terminology handout. <input type="checkbox"/> Other client education materials <input type="checkbox"/> Other _____ Review: <ul style="list-style-type: none"> <input type="checkbox"/> Review above presented materials with trainee <input type="checkbox"/> Other _____ 	Initials/Date
Scheduling Trainer:	Explain: <ul style="list-style-type: none"> <input type="checkbox"/> Basic appointment scheduling procedures. <input type="checkbox"/> Scheduling guidelines and special circumstances (heartworm season, etc.). <input type="checkbox"/> Fecal test 	Initials/Date
Logging On/Off Trainer:	Demonstrate how to log on and off the computer properly. <ul style="list-style-type: none"> <input type="checkbox"/> Review company policy regarding computer use and password maintenance/usage. 	Initials/Date
Software Trainer:	<ul style="list-style-type: none"> <input type="checkbox"/> Complete veterinary software training module 	Initials/Date
Greeting Clients Trainer:	<ul style="list-style-type: none"> <input type="checkbox"/> Explain the proper way clients and their pets are to be greeted and treated when they come to the practice. 	Initials/Date
Obtain client information Trainer:	<ul style="list-style-type: none"> <input type="checkbox"/> Review obtaining all necessary data from clients to prepare forms i.e. new clients, consent forms, medical care plans (ie, estimates). 	Initials/Date
Obtaining a weight Trainer:	<ul style="list-style-type: none"> <input type="checkbox"/> Demonstrate how to obtain a weight on a pet. 	Initials/Date
Wait Time Trainer:	<ul style="list-style-type: none"> <input type="checkbox"/> Demonstrate how to handle situations where there is an extended wait 	Initials/Date
Alert Assistant About Visit Trainer:	<ul style="list-style-type: none"> <input type="checkbox"/> Explain outpatient protocol -- the assistant is to be alerted that the client and patient are ready. 	Initials/Date
Controlling Odors Trainer:	<ul style="list-style-type: none"> <input type="checkbox"/> Explain procedure for controlling odors and maintaining a neat and tidy front desk. Discuss danger in using bleach and that bleach should NEVER be mixed with ammonia. 	Initials/Date
Noise Pollution Trainer:	<ul style="list-style-type: none"> <input type="checkbox"/> Explain procedure for minimizing noise pollution. (e.g. barking dogs are escorted to a private area or an exam room) Explain proper use of ear plugs. 	Initials/Date
Pulling Forms Trainer:	<ul style="list-style-type: none"> <input type="checkbox"/> Show how to retrieve forms & the filing/computer system. Before signing off, trainee must demonstrate the ability to properly handle. 	Initials/Date
Checklist Trainer:	<ul style="list-style-type: none"> <input type="checkbox"/> Demonstrate how to use and/or create a checklist. 	Initials/Date
Messages Trainer:	<ul style="list-style-type: none"> <input type="checkbox"/> Review the proper way to answer the phone and take messages. 	Initials/Date

Confirmation Calls Trainer:	<input type="checkbox"/> Explain procedure of calling clients the day before their appointments to confirm their appointment.	Initials/Date
Surgery Quotes Trainer:	<input type="checkbox"/> Explain the proper procedure for quoting surgery prices	Initials/Date
Medical Care Plan Book Trainer:	<input type="checkbox"/> Demonstrate how to use the Medical Care Plan Book and the appropriate way to go over a medical care plan.	Initials/Date
Fax, Copier, Phone System Trainer:	<input type="checkbox"/> Demonstrate the use of necessary office equipment.	Initials/Date
Mail Trainer:	<input type="checkbox"/> Explain how to take out and pick up the mail.	Initials/Date
Vaccination Due Dates Trainer:	<input type="checkbox"/> Explain how to check vaccination due dates. Before signing off, trainee must demonstrate the ability to handle this task properly.	Initials/Date
Conclusion of Phase II	<input type="checkbox"/> Review of Phase II of training program. Trainee is asked if he or she has any questions or needs further training on any part of Phase II. Trainee signs off on Phase II.	Initials/Date

Trainee Comments - Phase II

Use this area for any comments you have concerning this phase of your training. This will help us to improve our training systems and ensure that adequate training is provided to you. Your comments will be read by the management of the practice and kept in your confidential employee file.

Phase II of Training Complete

My signature below signifies that I have completed Phase II of the Receptionist Phased Training Program and that I fully understand all concepts covered and I am comfortable in my knowledge and ability to perform the procedures introduced in Phase II of this program. Supervisor signature below signifies that employee has successfully completed Phase II and has answered all pertinent questions.

Employee (Trainee)

Supervisor

Date

Date

Phase III

Probable Duration: One Week (Due Date _____)

Adding New Client Trainer:	<input type="checkbox"/> Demonstrate how to add a new client.	Initials/Date
Entering Charges Trainer:	<input type="checkbox"/> Demonstrate the correct procedure for entering charges into the computer. Before signing off, trainee must demonstrate the ability to correctly enter charges.	Initials/Date
Payments from Clients Trainer:	Explain the process of accepting payment from clients <input type="checkbox"/> Credit cards <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Care Credit	Initials/Date
Fee schedule Trainer:	<input type="checkbox"/> Demonstrate how to print a list of charges.	Initials/Date
Team Meeting Trainer:	<input type="checkbox"/> Review recent team meeting minutes and the protocol for reviewing minutes if employee is unable to attend a meeting.	Initials/Date
Hospital Tours Trainer:	<input type="checkbox"/> Explain protocol for client tours or when clients are allowed to visit patients in boarding or the hospital.	Initials/Date
Treatment Board Trainer:	<input type="checkbox"/> Demonstrate how to properly use the treatment board.	Initials/Date
Contagious Soak Trainer:	<input type="checkbox"/> Demonstrate the procedures followed for a contagious soak.	Initials/Date
Vaccine Protocol Trainer:	<input type="checkbox"/> Demonstrate a working knowledge of vaccine protocol.	Initials/Date
Appointment Scheduling Trainer:	<input type="checkbox"/> Demonstrate basic appointment scheduling.	Initials/Date
Surgery Appointment Scheduling Trainer:	<input type="checkbox"/> Demonstrate the ability to schedule surgery appointments.	Initials/Date
Hospital Organization Trainer:	<input type="checkbox"/> Explain the organization of the hospital and workflow.	Initials/Date
Surgery Forms Trainer:	<input type="checkbox"/> Demonstrate how to correctly fill out surgery forms.	Initials/Date
Collect Laboratory Specimen Trainer:	Collect laboratory specimens from pet owners: <input type="checkbox"/> Match patient record to the sample <input type="checkbox"/> Submit the samples to veterinary technician or nurse <input type="checkbox"/> Present clients with medications and routine instructions	Initials/Date
Assign Bloodwork (In-Hospital) Trainer:	<input type="checkbox"/> Demonstrate the proper way to assign bloodwork within the practice. Before signing off, trainee must demonstrate the ability to handle this task properly.	Initials/Date
Outside Labs Trainer	<input type="checkbox"/> Explain the procedure for calling outside laboratories. <input type="checkbox"/> Explain the procedure for outside laboratories results	Initials/Date

Communication with Clients Trainer:	<input type="checkbox"/> Learn hospital guidelines for communicating with clients in different types of situations such as general queries, scheduling appointments, routine and non-routine medical questions, patient emergencies, prescription refills	Initials/Date
Medical Recalls Trainer:	<input type="checkbox"/> Demonstrate the procedure to follow when recalling clients. Before signing off, trainee must demonstrate the ability to handle this task properly.	Initials/Date
Cleaning Exam Rooms Trainer:	<input type="checkbox"/> Explain how to properly clean and disinfect an examination room.	Initials/Date
Boarding Forms Trainer	<input type="checkbox"/> Explain how to complete boarding forms	Initials/Date
Boarding Reservations Trainer	<input type="checkbox"/> Explain how to make a boarding reservation.	Initials/Date
Cancel Boarding Reservation Trainer:	<input type="checkbox"/> Demonstrate the ability to properly cancel a boarding reservation.	Initials/Date
Admitting Boarders Trainer:	<input type="checkbox"/> Demonstrate the correct procedure to follow when admitting boarders. Before signing off, trainee must demonstrate the ability to handle this task properly.	Initials/Date
End of Life Appointments Trainer:	<input type="checkbox"/> Explain how end of life appointments are scheduled and how greeter should anticipate and prepare for these types of appointments.	Initials/Date
Checking out the Client Trainer:	Demonstrate how to check-out a client <ul style="list-style-type: none"> <input type="checkbox"/> Review charts for completeness <input type="checkbox"/> Make new appointments <input type="checkbox"/> Note changes in patient status <input type="checkbox"/> Enter future reminders 	Initials/Date
Marketing Trainer:	Discuss marketing to clients <ul style="list-style-type: none"> <input type="checkbox"/> Discuss how to promote the practices products, programs and services. <input type="checkbox"/> Explain the use of passive marketing <input type="checkbox"/> Ensure that employee gains a technical knowledge of products sold 	Initials/Date
Conclusion of Phase III	<input type="checkbox"/> Review of Phase III of training program. Trainee is asked if he or she has any questions or needs further training on any part of Phase III. Trainee signs off on Phase III.	Initials/Date

Trainee Comments - Phase III

Use this area for any comments you have concerning this phase of your training. This will help us to improve our training systems and ensure that adequate training is provided to you. Your comments will be read by the management of the practice and kept in your confidential employee file.

Phase III of Training Complete

My signature below signifies that I have completed Phase III of the Receptionist Phased Training Program and that I fully understand all concepts covered and I am comfortable in my knowledge and ability to perform the procedures introduced in Phase III of this program. Supervisor signature below signifies that employee has successfully completed Phase III and has answered all pertinent questions.

Employee (Trainee)

Date

Supervisor

Date

Phase IV:

Phase IV Duration: One - Two Weeks (Due Date _____)

Opening and Closing Trainer:	<input type="checkbox"/> Demonstrate the procedure for opening the hospital <input type="checkbox"/> Demonstrate the procedure for closing the hospital	Initials/Date
Surgical Charges Trainer:	<input type="checkbox"/> Demonstrate how to check surgical charges. Review the travel sheet. All services rendered should be highlighted.	Initials/Date
Price Quotes Trainer:	<input type="checkbox"/> Explain how and when the Trainee is to quote prices.	Initials/Date
Client Transaction Reports Trainer:	<input type="checkbox"/> Demonstrate how to prepare a Client Transaction Report.	Initials/Date
Vaccination Protocol Handout Trainer:	<input type="checkbox"/> Present trainee with vaccination protocol handout and explain how to use.	Initials/Date
Correspondence Trainer:	<input type="checkbox"/> Demonstrate how to communicate with clients regarding medical status, medical instruction, itemize and review the client statement, inform clients about hospital policies, payment and credit policies <input type="checkbox"/> Demonstrate how to print client correspondence i.e. reminders, thank you notes, new client letters	Initials/Date
Bank Deposits Trainer:	<input type="checkbox"/> Explain how to prepare the bank deposit and complete the deposit slip.	Initials/Date
Credit Cards Trainer:	<input type="checkbox"/> Explain the correct procedure to follow when batching credit cards.	Initials/Date
End of Day Trainer:	<input type="checkbox"/> Explain the End of Day procedures. Before signing off, trainee must demonstrate the understanding of this task.	Initials/Date
Returning Products Trainer:	<input type="checkbox"/> Explain which products can be returned <input type="checkbox"/> Demonstrate the correct procedure to handle returns.	Initials/Date
Coupons Trainer:	<input type="checkbox"/> Explain how to handle coupons.	Initials/Date
Bounced Checks Trainer:	<input type="checkbox"/> Explain the procedure to follow when a check bounces.	Initials/Date
Accounts Receivable Trainer:	<input type="checkbox"/> Explain the procedure for handling accounts receivable issues.	Initials/Date
After Hours ER Fee Trainer:	<input type="checkbox"/> Explain the after hour's emergency fees.	Initials/Date
Prescription Filing Trainer:	<input type="checkbox"/> Demonstrate how to correctly fill a prescription and the expectation that all prescriptions should be proofed.	Initials/Date
Controlled Substances Trainer:	<input type="checkbox"/> Demonstrate the correct procedure used when dispensing controlled substances.	Initials/Date
Recognizing an Emergency Trainer:	<input type="checkbox"/> Discuss referring clients for immediate treatment of their pets when the requests are accompanied by complaints of acute symptoms	Initials/Date

Heartworm Testing & Prevention Trainer:	<input type="checkbox"/> Explain the practice's philosophy and established protocol for heartworm testing and prevention.	Initials/Date
Flea Prevention 101 Trainer:	<input type="checkbox"/> Explain basic flea prevention protocol.	Initials/Date
Client Complaints Trainer:	<input type="checkbox"/> Explain the procedure for handling client complaints.	Initials/Date
Displays and Retail Trainer:	<input type="checkbox"/> Explain how to restock and arrange the retail and point of purchase display areas	Initials/Date
Refreshment Area Trainer:	<input type="checkbox"/> Demonstrate how to restock and maintain the refreshment area	Initials/Date
Office Supplies Trainer:	<input type="checkbox"/> Explain the protocol for ordering inventory and office supplies	Initials/Date
Clean Front Area Trainer:	<input type="checkbox"/> Demonstrate how the front desk and printer should be cleaned.	Initials/Date
When in Doubt	<input type="checkbox"/> Assure the employee that whenever he or she is in doubt or needs help, they are expected to seek assistance and guidance.	Initials/Date
Conclusion of Phase IV Trainer:	<input type="checkbox"/> Review of Phase IV of training program. Trainee is asked if he or she has any questions or needs further training on any part of Phase IV. Trainee signs off on Phase IV.	Initials/Date

Trainee Comments - Phase IV

Use this area for any comments you have concerning this phase of your training. This will help us to improve our training systems and ensure that adequate training is provided to you. Your comments will be read by the management of the practice and kept in your confidential employee file.

Phase IV of Training Complete

My signature below signifies that I have completed Phase IV of the Receptionist Training Program. I believe that I fully understand the concepts covered and I am comfortable in my knowledge and ability to perform the procedures introduced in Phase IV. Supervisor signature below signifies that employee has successfully completed Phase IV and has answered all pertinent questions.

Employee (Trainee)

Date

Supervisor

Date