MEDICAL PRACTICE SELF-CHECK · MMM TRAINING

The Front Desk Nobody Documented

90 SECONDS

For practice managers and physician owners. Tick what's written down.

Your front desk is your first clinical impression and usually your least documented process.

TICK ONLY WHAT IS TRUE TODAY — NOT WHAT YOU INTEND TO FIX

- ☐ **Check-in follows a written process, not each person's habit.**
  If not: patient experience varies by who's at the desk, and reviews reflect it.
- ☐ **Scheduling rules are documented — overbooking, gaps, no-shows.**
  If not: every schedule is a judgement call and provider utilisation swings without cause.
- ☐ **There's a written path for a patient complaint at the desk.**
  If not: the hardest conversations in the practice are improvised at the front of the room.
- ☐ **Front desk cross-coverage is trained, not improvised.**
  If not: one absence disrupts the whole clinic day and everyone feels it.
- ☐ **New front-desk staff have a documented first two weeks.**
  If not: they learn from whoever is least busy, which is not who you'd choose.
- ☐ **Handoffs between desk and clinical staff follow a standard.**
  If not: information is transferred by memory, and things fall between the two.

Now count the boxes you left empty.

The front desk sets the tone for the entire visit and is almost always the least documented part of the practice.

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0–1 blank
Well documented
You've done the work most owners keep postponing.

2–3 blanks
Ordinary exposure
Nothing alarming. But each blank is a question you can't answer quickly under pressure.

4–6 blanks
Concentrated risk
Too much depends on memory and goodwill. Both are fine until the day they aren't.

WHAT THIS USUALLY COSTS

Front desk variation shows up in your reviews.

Patients rarely rate clinical skill. They rate how they were treated on arrival. The SOP Buildout documents the desk so the experience stops depending on staffing.

SOP + Training Buildout
From $2,500
Book at mmmtraining.org

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