

Name: _____

Date: _____

OPERATOR'S DAY

R M R Y S N O I S N E T X E N D A B Q H C T F M
E T U O E M E R G E N C Y Z E W F I F A R S T P
U D S T N E I T A P Z Z A S L L A C L A D Y E H
N P S A K E M E J M E M U F Y B B M N W T F L I
V K K Z U B P C O U R T E S Y R X S D I T H E Q
J B X M J T H J F F Z Q C S S X F I L Q S N P R
Y U C G D J H I P A A X G E R E R I N H C H H K
H F L E M L F U F H J C U G R O B A O W A I O R
D I X U F Q E K I C T L Y C T A T J I P D Y N A
F X J C T U O A A M A G Q I T Y B I S P U L E Q
H N O B X A H L S V Q S N N D C S K S J B V A R
V M W A C L I D T V H O U G G J S B A I B A O V
F D D G N I L F P H M O Y E O W B J P S V J R U
Y R A L J T Q E P A C H T K A T E D M X P V C A
P T X V O Y T B L C G T O E I O Q L O X W G F C
R N I F X H X E A E E I N H M Q A Y C I R Z U D
G N M R O E W G S U D P N S E D O C P C B G C H
G N E Q G D X K Q D C Z V G B N L S T T V O C A
X T I K H E P I S N A C O M M U N I C A T I O N
B H Y T J J T A D W H E C L V J B P W H E L P P
V H V Z E E U N G P E C H L T O R X H F R W R B
B N J J F E H L I Y F Q U I E T T I M E B U Y P
G G S R U G R Q J Q B N S R E W S N A O M R F V
A J P U I C D G S D F R H X D X K R O W M A E T

ACCOUNTABILITY
EXTENSIONS
TELEPHONE
VISITORS
QUALITY
ANSWER
HELP

COMMUNICATION
ETIQUETTE
TEAMWORK
GREETING
HEADSET
CODES
CALM

COMPASSION
INTEGRITY
COURTESY
TRANSFER
VALUES
HIPAA
HOLD

QUIET TIME
EMERGENCY
PATIENTS
MONITOR
PAGING
CALLS