



Date: _____
 Group: _____
 CM Name: _____

Care Coordinator Simulation Feedback

SP Feedback Category	SP Feedback	Self-Evaluation	Feedback Response CM Strengths and Opportunities
Introduction: (Check all actions met)			Include comments and suggestions for continued skill development
Name			
Role			
Relationship to Provider			
Assessing: (Check all actions met)			
The patient's desire and choice to participate in self-management			
Patient understanding on the referral reason to care coordinator			
Setting a goal based on the patient's ideas			
The patient's confidence and readiness were evaluated			
Engagement: (Circle all actions met)			
Treated with respect and without judgment			
Viewed you as the expert on yourself and ability to follow the plan			
Was present – you felt listened to and viewed as a relevant team member			
The care coordinator expressed compassion and empathy			
Planning: (Check all actions met)			
A summary of the encounter was provided, and the plan reviewed			
Care coordinator was able to validate the patient's understanding of their perspective of the encounter			
The care coordinator relayed next steps – as a patient you understood your actions and the actions of the care coordinator prior to the next meeting			
Feedback: (Check all actions met)			
The care coordinator was interested in your feedback			
The care coordinator was engaged in the simulation activity			