

Care Manager Simulation Feedback

CM Name: Joan T

SP Feedback Category	SP Feedback	SP Feedback Response CM Strengths and Opportunities	Self Feedback	Self Feedback Response CM Strengths and Opportunities
Introduction (check all actions met)		Excellent description of the care coordinator role and relationship to provider. Also confirmed my consent to participate	☐	
Name	☒		☐	
Role	☒		☐	
Relationship to Provider	☒		☐	
	☐		☐	
Assessing (check all actions met)		Confirmed my readiness to participate and my understanding of the reasons. Asked me what I felt I needed to work on and what I wanted to do. Confirmed my readiness	☐	
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 on a scale 0-10	☒		☐	
Engagement (check all actions met)		respectful and concerned. Supportive	☐	
Treated with respect and without judgement	☒		☐	
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 manager expressed compassion and empathy	☒		☐	
Planning (check all actions met)		good summary with follow up times	☐	
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 manager prior to the next meeting	☒		☐	
Feedback. (check all actions met)		interested in feedback. Highly involved in simulation	☐	
The care coordinator was interested in your feedback	☒		☐	
The care coordinator was engaged in the simulation activity	☒		☐	
	☐		☐	
	☐		☐	
	☐		☐	