

| Skill Priority | | Competency Rating Scoring Indicators | | | | |
|----------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------|------------------------------|--|--|
| Indicators | | | | | | |
| H=high priority M=moderate or | SCR Observation and Feedback | | Rating Scale: | | | |
| significant | | 1= Not at all, 2=Infrequent, 3= Adequate, 4= Good, 5= Very Good | | | | |
| L=low or minor | | | | | | |
| | | Mentor | | | | |
| Priority | | wentor | Mentor/Coach Written or Verbal | Attendee | | |
| Rating | Category | Competency Rating | Feedback | Competency Rating of Self | | |
| | Situation and Introduction: | | | | | |
| | Introduces self, number and type of cases | | | | | |
| Н | prsenting | | | | | |
| | At beginning of each case states values of PHQ | | | | | |
| Н | and optional GAD at enrollment and trends to current date | | | | | |
| M | States situation (most pressing issues) | | | | | |
| | Background (behavioral, medical, social) | | | | | |
| | Highlights pertinent psychological history | | | | | |
| М | (diagnosis, timeline of treatment, response to treatment) | | | | | |
| | Review of psychotrophic medications, to | | | | | |
| Н | include history, response to treatment (if stopped why) | | | | | |
| | Highlighting pertinent medical history with | | | | | |
| М | diagnosis (always include: seizure disorder, | | | | | |
| IVI | thyroid, hypertension), timeline of treatment, status of condition(s), pertinent labs/values | | | | | |
| | Review of medications currently taking for | | | | | |
| н | medical conditions (taking as directed?, | | | | | |
| | challenges, doses, etc) | | | | | |
| м | Review of social barriers (support sytstem, financial, past trauma, etc) | | | | | |
| Н | The patient's desire and choice to participate in CoCM | | | | | |
| | For follow-up visits: Provider's response to | | | | | |
| Н | recommendations and adjustments made in | | | | | |
| | the treatment plan | | | | | |
| | Assessment | | | | | |
| | CM'ers assessment of the patient's response to | | | | | |
| N A | treatment plan (medications, counseling, trend with values ie review dosage information | | | | | |
| М | related to side effects, response to counseling, | | | | | |
| | etc) | | | | | |
| М | Response to brief interactions (motivational interviewing, PST, BA) | | | | | |
| М | Provides information or advice that is sensitive | | | | | |
| | to the patient concerns and understanding. | | | | | |
| М | Patient's response to goal setting, insight to condition and stutus changes | | | | | |
| | Assessment of the patient's confidence and/or | | | | | |
| М | readiness were shared, thoughts on | | | | | |
| | preparation for relapse prevention | | | | | |



| Priority Rating | Category | Mentor Competency Rating | Mentor/Coach Written or Verbal Feedback | Attendee Competency Rating of Self | |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------|------------------------------------------|--|
| | Reccomendations | | | | |
| м | Based on the patient's response - provides own thoughts on next steps (ie continue with current treatment, consider intensification (medication adjustments, counseling, increased contacts with CM) | | | | |
| L | Limited multitasking; communicator present and attentive | | | | |
| М | Empathy: The attendee expressed compassion and empathy indicating good listening and understanding the patient's feelings & perspective | | | | |
| м | Recommendations reflected emphasis of the patients values and considers freedom of choice | | | | |
| | Planning | Close of SCR Reporting | | | |
| н | A summary of the psychiatrist recommendations is repeated back to confirm accuracy | | | | |
| н | The attendee relayed and confirmed the next step with the patient – when and frequency of patient contacts and when to review at SCR | | | | |
| | Duration: | Timeliness | | | |
| Н | Reviews were timely and within set goals | | | | |
| Totals | Priority Area: | Other Comments | Action Plan | | |
| High Mod Low | | | | | |