ORIENTATION PLAN: AMBULATORY CASE MANAGMENT

Employee Name:		
Employee ID #:		
Mentor Name:		
Date Hired:		
CCM Exam to be comple	eted- estimate:	



1. One hour weekly meetings will be set up with the mentor/mentee for the first 1 -2 months.

DATE	MEETING TIME	Comments on Progress/Next Steps

^{***}These meetings may continue past this date and are up to the discretion of the mentor/ mentee/ department manager.

2. The mentee (NACM) will spend a minimum of 20 hours observing a current CM in the ACM program.

NAME OF ACM	DATE	TIME SCHEDULED	HOURS WORKED

	*This observation must include 2 cretion of the mentor/mentee/c		continue past the minimu	m requirement according	g to the
	ter completing competencies odule with the mentor.	and shadowing with	a current ACM, the mer	ntee will complete the o	case stu
D	ate Module completed:				
Th	ne mentor will spend a minim	um of 10 hours obser	ving the mentee (NACN	1) in the ACM program.	
	NAME OF ACM	DATE	TIME SCHEDULED	HOURS WORKED	
					-
					_
-	TOTAL HOURS MENTOR HAS OB	FRSFRVFD A NEW ACN	 1:		
***	*This observation must include a e discretion of the mentor/mentor e NACM will spend a minin	nt least 2 different ACM ee/department manage	. It may continue past the er.	minimum requirement a	accordin
111	e NACIVI WIII Speriu a IIIIIIIII	ium of 4 hours obs	erving practice stair.		
	PRACTICE STAFF	DATE	TIME SCHEDULED	HOURS WORKED	
-	TOTAL HOURS MENTEE HAS (OBERSERVED IN :			
	*This observation must include 2 e discretion of the mentor/mente	· · · · · · · · · · · · · · · · · · ·	-	e minimum requirement a	accordin
	ACM notes will be carbon co		d mentor for review for	the first two months.	
[Date to begin sending the not	es:			

TOTAL HOURS MENTEE HAS OBERSERVED A ACM:

***This time may be extended based on the discretion of the mentor and/or department manager.

Date to end sending the notes:

7.	The mentee will designate 2 patients for the mentor to follow in the program from start to finish.	All notes will
	be carbon copied to the mentor for the entire 6 month program	

	MRN	DATE STARTED	DATE COMPLETED
Medical Record #1			
Medical Record #2			

8. The mentee must complete these items:

<u>ITEM</u>	DATE COMPLETED	<u>ITEM</u>	DATE COMPLETED
Copy of ACM manual with understanding of overall process.		Scorecard, Dashboard Reports Review	
ACM Chronic Conditions Competency		Database	
ACP competency		EPIC – Navigator	
SIM – Lansing training		Case study module	
Basic Skills in Patient Self- Management		Charge Capture Review	
PMNF		Shared Drive	

	Areas to Improve	
	Remediation Plan/Timeline	
Evaluator Signature	Evaluator Printed Name/Title	Date
his competency verification h	as been discussed with me:	
Employee Signature	Employee Printed Name/Title	

I have been given the training as listed above. At this time, I feel competent to assume the role of Ambulatory Case Management following the prescribed policies and procedures. I understand that it is my responsibility to continue my education/learning to incorporate any new policies and updates as an ongoing process. I understand that I am working under designated authority and must communicate with the patient's provider.

Employee Signature	Employee Printed Name/Title	Date
Mentor Signature	Mentor Printed Name/Title	Date
Manager Signature	 Manager Printed Name/Title	Date