

# ORIENTATION PLAN: AMBULATORY CASE MANAGEMENT

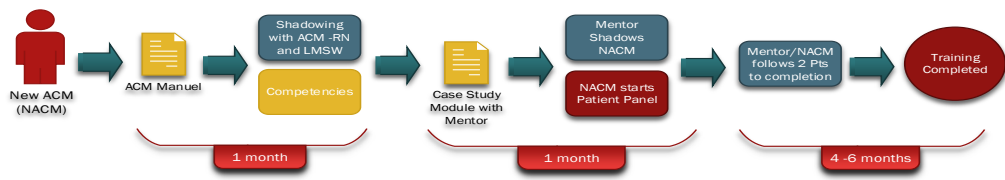
Employee Name:

Employee ID #:

Mentor Name:

Date Hired:

CCM Exam to be completed- 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

**TOTAL HOURS MENTEE HAS OBSERVED A ACM:**

\*\*\*This observation must include 2 different ACM. It may continue past the minimum requirement according to the discretion of the mentor/mentee/department manager.

- 3. After completing competencies and shadowing with a current ACM, the mentee will complete the case study module with the mentor.

Date Module completed:

- 4. The mentor will spend a minimum of 10 hours observing the mentee (NACM) in the ACM program.

NAME OF ACM	DATE	TIME SCHEDULED	HOURS WORKED

**TOTAL HOURS MENTOR HAS OBSERVED A NEW ACM:**

\*\*\*This observation must include at least 2 different ACM. It may continue past the minimum requirement according to the discretion of the mentor/mentee/department manager.

- 5. The NACM will spend a minimum of 4 hours observing practice staff.

PRACTICE STAFF	DATE	TIME SCHEDULED	HOURS WORKED

**TOTAL HOURS MENTEE HAS OBSERVED IN :**

\*\*\*This observation must include 2 different practice staff. It may continue past the minimum requirement according to the discretion of the mentor/mentee/department manager.

- 6. All ACM notes will be carbon copied to the designated mentor for review for the first two months.

Date to begin sending the notes:

Date to end sending the notes:

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

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	

<b>Areas to Improve</b>
<b>Remediation Plan/Timeline</b>

\_\_\_\_\_  
Evaluators Signature

\_\_\_\_\_  
Evaluators Printed Name/Title

\_\_\_\_\_  
Date

This competency verification has been discussed with me:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Printed Name/Title

\_\_\_\_\_  
Date

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.

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Employee Signature

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Employee Printed Name/Title

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Date

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Mentor Signature

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Mentor Printed Name/Title

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Date

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Manager Signature

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Manager Printed Name/Title

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Date