

MOC EVALUATION GUIDE

This guide was made to help you complete your evaluations for your Care Coordinators. Thank you for taking the time to be a dedicated Lead Care Coordinator and go above and beyond for not just our program but our patients!

Evaluations are now based on “Below Average”, “Average”, and “Above Average” and you will be required to write a short explanation. You will find in this guide the categories as well as descriptions and criteria to help you in your evaluation process. These descriptions can be used as guides for your explanations- keep in mind if the Care Coordinator is utilizing the Social Determinants of Health and our program’s mission.

Do:

- **Be thorough.** We expect you to take at least 10 minutes on each evaluation you create. There should be additional comments for each section; provide reasoning for each score you give.
- **Average and Below Average!** Personally, seeing these types of scores motivated me to really focus on improving that specific area at clinic/cc. Thinking long term, these scores come in handy when considering things like letters of rec, awards, scheduling etc.
- **Think tangibly.** What can a CC put into action at clinic? What are they NOT doing? What are they doing too much of?
- **Use the scoring guidelines to your advantage.** If a CC is less than average, there must be a reason. You must be able to specify why you give each score.
- **Be attentive.** Pay attention to each CC at clinic or care coordination. Listen to CCs make phone calls: Are they asking the right questions? Are they attempting to establish a trusting relationship with the patient? Are they providing resources? Make note of where a CC could use improvement or when they do something right. In that way, it is easier to think of specifics come eval time.
- **Maintain professionalism.** While of course you can be friends with CCs, you are technically their supervisor at clinic or CC. Write like it!
- **Give praise where it's due.** People are more receptive to criticism when it is coupled to compliments. Use this technique. Compliments and criticism can achieve more together than alone.
- **End each evaluation with the opportunity for a conversation.** In the comments section, communicate to the CC that you are willing to elaborate or discuss anything further if they would like you to. Here is a tidbit I once got with an eval: "I encourage you to ask questions, and even challenge the ratings I've given you. You will be evaluated constantly in life, and there are times where you may be rated lower than you believe you should be, so it is important to learn to communicate your accomplishments and worth respectfully to your supervisor. This is a great time to learn those skills. So, please let me know if you would like to talk".

Don't:

- **Sugarcoat.** Be honest and deliberate. CCs should recognize that you are their supervisor, so they should have the professional capacity to accept feedback without getting their feelings hurt. Evals are not personal!
- **Give Above Average!** We don't expect that any CC is perfect; there is always room to improve with every CC! *****Be especially cognizant when rating new CCs; they should not be getting any 4s*****
- **Be afraid to be critical; but don't be harsh.** Evals are not used to discipline or berate, but rather to constructively criticize. Craft your critiques in a way that is encouraging to the CC.
- **Comment on personality.** Any comments on personality are subjective. Of course, it is welcome to compliment CCs for how great of a person they are, but the place for this is the virtual CC recognition box – NOT evals. (ie.... Billy Bob is funny and is always smiling. I'm gonna miss him ----- should NOT be in an eval)

Summary Comments (Please include at least one area where student needs improvement, with specific examples):

██████████ is doing great so far! No critiques currently.

Two sentences in the comment section is not acceptable. Read the directions of the prompt: You must provide *at least* one area of improvement. This section allows you to elaborate more on why

you gave each score. If you don't have critiques, you are not paying close enough attention at clinic or the office.

Here is a great evaluation that you can use as a guideline when constructing your comments:

Summary Comments (Please include at least one area where student needs improvement, with specific examples):

I want to note that I am choosing the numbers based on what is written. I know ██████████ is new, and do not expect her to know as much as the returning volunteers.

*This is a good way to preface, especially if the eval has lower scores.
It will help the CC be more receptive and be less scared when they see their scores!*

Strengths: She follows directions; seems very comfortable with herself and it shows with her interactions with patients, fellow CCs, and medical providers (MPs); and she is willing to do what is needed to help with clinic.

Start with strengths/praise before transitioning to critiques.

Areas of Improved Based on the Eval Headers:

*<— Each section should have feedback. Given reason for the scoring of each section.
Be specific, give suggestions.*

1) Sharepoint comfortability and navigation skills - again she is new, but I've seen her grow tremendously over the past few weeks with navigating SharePoint (SP). I gave her a 2 because there were some things pointed out to me by the MPs when she was doing intake. I will go over them with her and I am sure by the final evals she will improve :)

Critique followed by compliment !! <3 :)

2) Presentation - After we lost the bus, it's been hard for me to hear the CC presenting to providers with the varied location for the exam rooms. I don't think it would be fair to rate ██████████ on this. I suggest power posing for 30 seconds before presenting to all my CCs (Ted Talk by Amy Cuddy: https://www.youtube.com/watch?v=Ks-_Mh1QhMc)

Obvs it not required to give outside sources of advice, but if you already have something in mind/something you use for advice or tips, share them!

3) The biggest improvement I would like to see with ██████████ is for her to ask for feedback and ask questions. Afterall, you'll only get as much out of this experience if you seek information and knowledge. If she is afraid to approach the medical providers (MPs) about something, bring it up to me as her SO, and maybe it is something I can ask the MPs to address/teach everyone including me. If she could ask questions and solicit feedback, then I think she would greatly improve on her initiative.

Discuss weaknesses and what they can do specifically to address them. Be open to providing yourself as a source of help.

Other than that, I am so thankful that she understands my humor; shows respect; and is willing to drive to get equipment we need at clinic. I will never forget how she went to get the big portable charger that first week we lost the bus.

Very specific examples :). This is a great way to show CCs you really care about their success at clinic/CC.

"There are naive questions, tedious questions, ill-phrased questions, questions put after inadequate self-criticism. But every question is a cry to understand the world. There is no such thing as a dumb question." - Carl Sagan

*Wrap up with some nice compliments; comment on their character but only in ways that it pertains to clinic/CC.
Leave personality comments to the CC recognition box.*

Overall, I think ██████████ is honestly doing great. She is always willing to help, and never says no to a request. I can't wait to see her growth by the end of this summer.

██████████ 0 - 100

HOPE KNOWLEDGE

Below Average

- Poor knowledge of HOPE, not comfortable navigating the site, no basic skills shown
- Frequently needs assistance with basic skills, not very comfortable in HOPE

Average

- Understands basic knowledge but often needs help navigating HOPE, has basic skills
- Able to navigate most of the time with little assistance
- Able to access the Resource Guide

Above Average

- Very efficient in HOPE
- Very knowledgeable/comfortable navigating HOPE
- Able to teach HOPE to others
- Able to access the Resource Guide and utilize proficiently

CLINIC PROTOCOL

Presentation:

Below Average

- Very poor presentation skills
- Does not provide relevant information to provider
- Does not provide any information regarding Social Determinants of Health
- Provides poor information.

Average

- Includes basic information, somewhat clearly stated
- Sometimes includes information about Social Determinants of Health.

Above Average

- Presentation includes relevant information and spoken well
- Provides all relevant information and is concise, above and beyond presentation
- Includes appropriate and thorough information regarding Social Determinants of Health.

Clinic Protocol:

Below Average

- Does not know who to present to
- No to little knowledge of resources
- No to little patient education
- Does not close doors.

Average

- Mostly knows who to present to with little direction
- Somewhat knowledgeable of resources, provides some patient education
- Knows most of patient resources, mostly provides patient education
- Close doors most of the time.

Above Average

- Always knows who to present to
- Very knowledgeable of resources
- Knows almost all patient education
- Always closes doors.

CARE COORDINATION PROTOCOL

Phone Etiquette:

Below Average

- Uncomfortable on phone, unable to get pertinent information to/from patient
- frequently has uncomfortable phone calls, unsure of phone protocol

Average

- Able to speak with patients but has some uncomfortable moments, usually get most information to/from patient
- Comfortable with patients, able to get all information from/to patient, good phone social skills

Above Average

- Very good patient rapport
- Extremely comfortable answering phone and navigating patients to proper resources
- Ensures that all information to patient

CC Note:

Below Average

- No information on notes, usually just writes "Follow up"
- Poorly written notes with very few instructions
- No information about Social Determinants of Health

Average

- Notes have some detail and future direction
- Detailed notes with good follow up notes, good plans for future follow up
- Notes mention Social Determinants of Health- see some work being done to improve patient's status

Above Average

- Detailed notes with good follow up instructions that are easy to follow and organized
- Notes have strong evidence that Care Coordinator is actively working to utilize patient's HSSQ and address Social Determinants of Health (ex. connecting/contacting resources)
- All if not most of the items are filled in (Insurance Status, HPI, etc.)

CC Tasks:

Below Average

- Does not follow up with all patients
- No initiative to work on other projects

Average

- Follows up with most patients
- Little initiative to work on other projects

Above Average

- Follows up with all patients
- Works on other projects
- Always asks/offers to help and work on other projects
- Shares and helps to find new resources for patients

PATIENT INTERACTION

Communicates Effectively with Patients:

Below Average

- Does not interact effectively with patients
- Asks inappropriate questions, makes inappropriate comments
- Poor social skills and uncomfortable interactions

Average

- Engages patients and has successful interactions, sometimes has uncomfortable moments
- Asks appropriate questions and comments
- Makes patient feel comfortable

Above Average

- Good patient interactions and social skills
- Asks appropriate questions and comments
- Makes patient feel comfortable in person and over the phone
- Role models effective communication in challenging situations

PROFESSIONALISM

Learns and Improves via Feedback:

Below Average

- Never solicits feedback
- Rarely seeks, or sometimes responds to feedback in a defensive fashion

Average

- Solicits feedback only from supervisors, usually incorporates feedback

Above Average

- Solicits feedback from all members of the team and patients
- Performance continuously reflects incorporation of solicited and unsolicited feedback

Listening Skills/Following Directions:

Below Average

- Never listens/applies instruction, always repeating instruction, never follows direction
- Rarely listens/applies instruction and always repeating instruction, rarely follows direction

Average

- Usually listens/applies instruction but needs more guidance/repetition, follows direction most of the time
- Applies instruction and listens well, needs little repetition, follows direction well

Above Average

- Listens/applies all instruction, needs very little repetition, role model for others, always follows direction

Advanced Notices of Absences/Tardiness:

Below Average

- Never provides proper notice; always last minute requests
- Does not give proper notice most of the time

Average

- Gives proper notice but sometimes does not find coverage
- Gives proper notice and finds people to cover

Above Average

- Always provides proper notice well more than 2 weeks in advance and schedules make up (for Care Coordination)

On time for Clinic/ Care Coordination:

Below Average

- Always or usually late, never on time, always wants to leave early

Average

- Some times is late but usually on time
- Arrives on time, leaves on time, sometimes stays late/ comes early

Above Average

- Always early and stays late

Initiative:

Below Average

- Always needing prompting to do work; no initiative displayed; never does tasks on own
- Needs prompting most of the time to do tasks

Average

- Will need occasional prompting to do tasks

Above Average

- Never needs prompting
- Always successfully completes tasks on own
- Always goes above and beyond for Clinic/CC tasks