

## Peer Feedback Form - Clinical Care Coordinator

**NOTE: DO NOT attempt to fill form in the website. Download (save) it to your computer, flash drive or H drive first. Close the website. Fill saved form only in Adobe Acrobat.**

Include nurse's unqiename in file name - [Example](#)

Peer: Type nurse information at right. Referring to [Clinical Care Coordinator Behaviors](#), select ratings for the domain(s) you were requested to evaluate. You are encouraged to provide concrete examples in the text areas. **Please complete form within 7 days.**

[Tip Sheet](#) | [Video](#) Save your work - form does not auto-save. [Using a Mac?](#)

RN Name:	
Uniqname:	
Unit/Area:	
RSAM Level:	
Evaluation Period:	

### Clinical Thinking and Judgment *(peer must be an RN)*

Assessment	<input type="text"/>
Nursing Diagnosis	<input type="text"/>
Planning/Implementation/Evaluation	<input type="text"/>
Patient/Family Education	<input type="text"/>
Experiential Knowledge	<input type="text"/>

### Systems Thinking

### Advocacy

### Therapeutic Relationships/Engagement

### Collaboration/Communication, and Professional Relationships

### Facilitator of Learning and Professional Development

### Response to Diversity

### Advancing Evidence Based Practice Through Innovation and Research

### Coordination

**Scale (NOTE: Mastery+ is for Master's prepared RNs)**

**Competent** = Competent Level behaviors best describe the nurse

**Expert** = Expert Level behaviors best describe the nurse

**Mastery** = Mastery Level behaviors best describe the nurse

**Mastery+** = Mastery+ Level behaviors best describe the nurse

For description of levels/behaviors, refer to: [Clinical Care Coordinator Behaviors](#)

Please describe a time when you saw me at my very best. What qualities did I display in these domains?

Please provide your input regarding opportunities for my personal and/or professional growth.

**Peer submit instructions:**

Enter your name/uniqname/role at right. Digitally sign below. Save for your records.

Email the signed form to BOTH: 1) the nurse  
2) nurse's Clinical Nursing Director/Supervisor

Peer Name:	<input type="text"/>
Uniqname:	<input type="text"/>
Role:	<input type="text"/>

**STAFF MEMBER INFORMATION**

RN Name:  
Uniqname:  
Unit/Area:  
RSAM Level:  
Evaluation Period:

Peer Signature:  
[Tip Sheet](#) | [Video](#)