

## Peer Feedback Form - RN Case Manager

**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 [RN Case Manager 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)*

Clinical Assessment and Analysis	
Development of Discharge Plan	
Facilitation/Implementation/Evaluation of Discharge Plan	
Utilization Review and Management	
Discharge Planning	
Care Coordination	

### Advocacy

Patient/Family Involvement in Decision-making	
Goal Setting	
Advocacy with Payers	

### Therapeutic Relationships/Engagement

Therapeutic Communication	
Caring Practice and Engagement	
Empowerment	

### Collaboration/Communication, and Professional Relationships

Valuing Teams/Teamwork	
Negotiation/Conflict Resolution	

### Facilitator of Learning and Professional Development

Patient/Family	
Nurse/Inter-professional Team	
Self	

### Response to Diversity

Patient/Family	
Professional Relationships	

### Advancing Evidence Based Practice Through Innovation and Research

Evidence Based Practice Research	
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**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:

[RN Case Manager 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/unqiename/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:	
Uniqname:	
Role:	

### STAFF MEMBER INFORMATION

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

Peer Signature:

[Tip Sheet](#) | [Video](#)