



Care Coordinator Orientation			
New-Hire Name:	Site:		
Coach:	<b>VTFM, GV, NR, PV, VTPEDS, LE, TGC</b>		
Topic Item for Orientation	Trainer Initials	Trainee Initials	Date
<b>Module 1- Clinic Manager</b>			
Attendance Policy			
Clocking In and Out			
Vacation/Sick Request			
Pay dates on web/where to pick up checks			
Staff Meetings			
Which computers to use/logging in and out of computer			
Introduction to staff - PSR, MA & Leads			
Bulletin Board			
Flashlights			
Fire Extinguisher Locations			
Fire Escape/Evacuation Route			
Reporting Broken or Damaged Equipment			
Red Phones in Department (landline)			
<b>Shadow PSRs</b> to learn about Scheduling types/ Recalls			
<b>Module 2 - EPM and EHR Training</b>			
Creating Recall Plan (for appt to be set when schedule open)			
Nutrition, Podiatry, Optometry, CEC*, Dental (CC) - appointments scheduling			
VCC Care Coordination Documentation Template			
Informed Consent for Care Coordination			
Problem Lists - Entering Complex Care needs			
Entering Care Coordinator name in VCC Patient template			
Workflow for Documentation			
Link in Policy Tech:			
Medical Record Release Authorization Process - Form			
<b>Module 3 - Care Coordinator Peer</b>			
Communication with Patient - Motivational Interviewing/Coaching			
Evidence-based counseling/education			
Transitions of Care/Hospital Follow-up			
Referral template - follow-up workflow			



Accessing Referral Status Information			
Advanced Care Planning			
Self Management goals - Goal sheets			
Patient education materials			
Prescription Patient Assistance Program			
Glucometer use			
Blood pressure monitoring use and home BP log			
K drive - Care Coordination folder			
Next Gen: Images/Doc Library/Pt education			
Community resources - Social Determinants of Health			
Translation/Interpretation Services English/Spanish* - Phone numbers			
Language Line			
Deaf Community Services			
Transportation			
Child care			
Financial Hardship			
Homelessness			
Employment			
Insurance			
Teen Physical -HEADSS exam			
AHA- Annual health Assessments			
ADHD Physical Forms			
School Forms			
i2i: Obtain login info			
i2i: How to run huddle report			
i2i: How to create/run VCC reports			
i2i: Creating tracking types for patients in the panel			
<b>Module 4 - Manager - Population health Management</b>			
Panel Population Assignment for Hypertension, Diabetes, Asthma, ADHD, Depression			
Patient Follow-up - 3 Day Care Touch for DM, HTN, ADHD ASTHMA and Depression			
Patient Portal			
Unusual Occurrence Procedure			
<b>Module 5 - Online Training - Self Study</b>			
<b>Electronic Curricula</b>			
Overview of US Healthcare			
What is Care Coordination			



Care Coordination Roles and responsibilities			
Practicing Patient centered care			
Motivation Interviewing			
Stages of Change			
Customer Service			
Health Literacy			
Health Coach			
Coordinator Communication			
Diabetes			
Hypertension			
Asthma			
Depression			
ADHD			
Guidelines			
Employee center - VCC news/ Policy Tech			
<b>Module 6 - Review with RN - Identify Patient in Need of Urgent Attention</b>			
Retinal Scans			
Chest Pain			
Respiratory Distress			
Acute Abdominal Pain			
Change in Consciousness			
Seizure			
Unresponsive			
Hypoglycemia/Hyperglycemia - Signs & Symptoms			
High Blood Pressure			
Mental Health Emergency			
<b>Emergency/Disaster Procedures - Review with RN</b>			
Codes: Blue/ Red/ Yellow/ White/ Orange/ Brown/ Pink/ Etc			
<b>Trainer Comments/Notes (please include areas that need improvement/training, deficiencies, etc.):</b>			



**Training Acknowledgement:**

I, \_\_\_\_\_(trainee), have been trained on the above listed items and will continue to approach my coach or supervisor with any questions I may have about my job. Initials = \_\_\_\_\_

I, \_\_\_\_\_(trainer(s)), have trained the above named Care Coordinator on the items listed above. If I have concerns with any part of this training I agree to notify the manager as soon as possible. Initials = \_\_\_\_\_

Initials \_\_\_\_\_ = \_\_\_\_\_, Initials \_\_\_\_\_ = \_\_\_\_\_ (use if needed for additional trainers)

Reviewed by Clinic Manager \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Population Health Manager \_\_\_\_\_ Date: \_\_\_\_\_

Clinic Manager -- please submit training checklist to Population Health Manager when complete.  
Population Health Manager -- please review and file.

\* - Certified Enrollment Counselor