



# GROUP REFLECTIONS - IMPACT ON PRACTICE

(to be completed as part of the PBSG session)

Facilitator's Name: \_\_\_\_\_ Date of Session: \_\_\_\_\_  
day / month / year

Name of Module: \_\_\_\_\_

The most useful information discussed was:

This session highlighted the following gap(s) in our current practice:

Please fill in all of the practice change options that were discussed:

<b>A. We <u>will change</u> our current practice in the following way:</b>  -	<b>The barrier(s) that we are anticipating include the following:</b>
<b>B. We are <u>considering</u> making the following changes to our current practice:</b>  -	<b>What would enable us to change our current practice?</b>
<b>C. These current practice(s) were confirmed:</b>  -	<b>What supports my current practice?</b>
<b>D. We are <u>not convinced</u> there is a need to change our current practice because:</b>	

We will review this statement of impact on our practice in:

1 month     3 months     6 months     n/a

Please keep this sheet to use when you review this statement of practice change in several months. Immediately following your session, either (1) fax to (905) 540-4988 or (2) return a copy to The FMPE office in the envelope provided.

The information from this practice reflection tool will be handled in a confidential manner and used only in summarized form for research purposes and to improve the Practice Based Learning Programs. For more details on the privacy policy, please visit: [www.fmpe.org](http://www.fmpe.org)

**IMPORTANT:** Please see Follow Up Review Session Form on the reverse side



## GROUP REFLECTIONS - Follow-up Review Session

(to be completed as a group several months after the PBSG session)

Facilitator's Name: \_\_\_\_\_ Date: \_\_\_\_\_

day / month / year

Name of Module: \_\_\_\_\_

Please fill in all of the practice change options that we discussed:

<p>A. We <u>made</u> the following planned change(s) in our practice:</p> <p>_____</p>	<p>What assisted us in making these practice changes:</p>
<p>B. We were <u>unable</u> to make the following planned changes:</p> <p>_____</p>	<p>What were the barrier(s) that prevented us from making these changes:</p>
<p>C. We <u>made</u> the following practice change(s) that we did <u>not anticipate</u> initially:</p>	
<p>D. We now plan to make the following changes to our practice:</p>	

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