



Group Reflection Tool

Name of Module: _____ Date of Session: _____
Day / Month / Year

Facilitator's Initials (no names): _____ University and Site: _____

1. Summary of new learning. What have we learned today? (consider asking each person to list one thing)

2. Considering Patient Management

What are we planning to do differently now?	What barriers do we envision?	What would help facilitate these changes?
A.		
B.		
C.		

3. Group Function: Reflect on how the group participated today.
What could be done to improve group function? Any suggestions to help your facilitator do a better job?

4. Unresolved questions

Question	Who will find the answer?
A.	
B.	

We wish to review this sheet in:

- Never
 1 month
 3 months
 6 months