



# RESIDENCY PBSG GROUP SESSION LOG SHEET



Module Topic:  
\_\_\_\_\_

University: \_\_\_\_\_

Site: \_\_\_\_\_

Facilitator(s): \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
          dd       mm       yy

Duration of Session: \_\_\_\_\_ hrs

Overall rating of this PBSG module poor 0—1—2—3—4—5 excellent

Key issues identified/discussed:

What about the module was most surprising to us?

What about the module was most puzzling or confusing?

Unresolved questions to be followed up by group members: WHO? (NAME/INITIALS): \_\_\_\_\_ WHEN? \_\_\_\_\_

Other comments about the module?

Please indicate below how this module will change or confirm your current practice. **Choose all responses that apply.** Please give key examples related to specific examples (e.g., approaches, investigations, medications) under each applicable section.

G Yes, ... <i>specify change(s) below:</i> →	<i>Are there any barriers or problems that we anticipate?</i> G No    G Yes--please describe:
G Considering changing, ... <i>specify below:</i> →	<i>What would enable us to change our approach?</i>
G No, confirmed current practice (no need to change) →	<i>Please comment:</i>
G No, not yet convinced of need to change →	<i>Please comment:</i>

OTHER COMMENTS: (e.g, educational or group issues, suggestions for future modules, ideas for updaters, etc.)

Please keep a copy of this sheet to use as a guide when you re-visit this topic. Then, **immediately following your session**, *either* (1) return the original copy to the Foundation office in the envelope provided *or* (2) fax to **(905) 540-4988** to the attention of the Practice Based Small Group Learning Program.