



# 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