



## *Improving Inter-Professional Communication: Working Effectively in Medical Teams*

Attendee name:

Class Dates:

Date report released:

All seminar participants (and referral organizations as appropriate) are provided feedback regarding level of participation, perceived ability to understand and grasp the concepts presented, and recommendations for additional work from which they might benefit.

Please rate each category according to the scale provided:	Fell Below Expectations	Met Expectations	Exceeded Expectations
<b>Preparation Factors included but not limited to:</b>			
• Completed all pre-seminar written assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Appeared prepared to discuss reading assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Participation Factors included but not limited to:</b>			
• Attended all sessions in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Presented as interested in learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Was actively engaged and attentive during sessions (i.e. not on other devices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Contributed constructively to discussions, asked good questions, and engaged other class members as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Performance Factors included but not limited to:</b>			
• Demonstrated self-awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrated openness to feedback and other perspectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrated an understanding of the concepts covered in the seminar and the ability to apply concepts and suggestions to their own situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Initiated creation and sharing of an Action Plan with goals related to reasons for referral and/or new learnings or awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Completed Action Plan and turned it in by the requested due date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Faculty Comments:**

**Faculty Recommendations:**

