

## COE-PCE Panel Management Session Evaluation Form

Panel Management Topic: \_\_\_\_\_

Date of session: \_\_\_\_\_

Your Discipline: ☐ NP ☐ MD ☐ Pharmacy ☐ Other: \_\_\_\_\_

Your Affiliation: ☐ CoE ☐ Non-CoE ☐ Other: \_\_\_\_\_

Presenters: ☐ MD ☐ NP ☐ Pharmacist ☐ Other(s): \_\_\_\_\_

Names of Presenters: \_\_\_\_\_

### Please rate the content of today's session:

	Not at All					Very Much
Useful to your practice?	0	1	2	3	4	5
Increase your knowledge about managing your patient panel?	0	1	2	3	4	5
How likely are you to use the content?	0	1	2	3	4	5

### After today's session:

	Not at All					Very Much
I can identify patients from my panel who would benefit from working with another care team member.	0	1	2	3	4	5
I can identify patients from my panel who would benefit from coordinated care by the care team.	0	1	2	3	4	5
I feel like I have accomplished something worthwhile.	0	1	2	3	4	5
I feel I'm positively influencing care of patients on my panel.	0	1	2	3	4	5

Please rate how much your confidence increased regarding using the tools or skills from the session today with a slash mark on the line:

0 5  
|-----|  
Not at all Very Much

What are the major take-home lessons for you today?

What questions remain?

Please provide specific comments about this session:

What would you suggest for improvement?

Other comments and recommendations?