

## **Module 1**

### **Practice Facilitation as a Resource for Practice Improvement**

#### ***Practice Facilitator Professional Development and Training Plan***

# Practice Facilitator Professional Development and Training Plan

## \* 1. Professional Development and Training Plan for:

## \* 2. How much previous experience have you had working in healthcare environments?

	No experience	Some experience	Substantial experience
Primary care (non-safety net)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary care (safety net)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialty care setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ancillary service environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Briefly describe your experience:

## \* 3. How much previous experience have you had supporting Quality Improvement in any environment?

- No experience
- Some experience
- Substantial experience

Briefly describe any experience:

## \* 4. How much previous experience have you had in collecting and analyzing data?

- No experience
- Some experience
- Substantial experience

Briefly describe any experience:

# Practice Facilitator Professional Development and Training Plan

## \* 5. (General theories of change) Please rate how confident you are with your knowledge of the following topics:

	Not at all confident	Somewhat confident	Confident	Very confident
Complexity theory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solberg Practice improvement model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diffusion of innovation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empowerment theory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asset based development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult learning theory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify your learning goals for this area:

## \* 6. (Practice facilitation) Please rate how confident you are with your knowledge in the following areas:

	Not at all confident	Somewhat confident	Confident	Very confident
General background on practice facilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research evidence about practice facilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Typical stages in the facilitation process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Core competencies of practice facilitators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Common approaches to practice facilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-line resources for practice facilitators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify your learning goals for this area:

## Practice Facilitator Professional Development and Training Plan

**\*7. (Practice facilitation) Please rate how confident you are with your skills in the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
Assessing a practice's readiness for engaging in improvement work with a facilitator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparing a practice to work with a facilitator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaging patients as part of an improvement team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting a kick-off or first meeting with a practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building a relationship with a practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying ineffective facilitator-practice partnerships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitating meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Project management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify your learning goals for this area:

# Practice Facilitator Professional Development and Training Plan

**\*8. (Knowledge of the safety net) Please rate how confident you are with your knowledge of the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
General knowledge of the health system and how it operates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federally Qualified Health Centers (FQHCs) and their structure, mandates and financial drivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Health Centers and their structure and financial drivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private practices and their structure and financial drivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make-up and needs of their patient populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The local healthcare system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The local healthcare environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Payer community and their priority concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IPAs and other organizations supporting the primary care safety net in your area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify your learning goals for this area:

## Practice Facilitator Professional Development and Training Plan

**\*9. (Health Service Models and Meaningful Use) Please rate how confident you are in your knowledge of the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
Chronic Care Model or Expanded Care Model (CM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Centered Medical Home (PCMH)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Centered Medical Home recognition requirements (National Committee for Quality Assurance (NCQA), other)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Aligned Care Teams (PACT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meaningful Use requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify your learning goals for this area:

# Practice Facilitator Professional Development and Training Plan

**\* 10. (Quality Improvement Approaches & Tools-General) Please rate your confidence in your knowledge and skills in the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
Model for Improvement (MFI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using Plan Do Study Act (PDSA) Cycles with practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic concepts of LEAN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic concepts of Six Sigma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic detailing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benchmarking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workflow mapping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision support tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Site visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning collaboratives and local learning collaboratives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying "exemplar" processes/practices and documenting them for spread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify your learning goals for this area:

# Practice Facilitator Professional Development and Training Plan

**\* 11. (Workflow Mapping) Please rate your confidence in helping a practice map the following key processes:**

	Not at all confident	Somewhat confident	Confident	Very confident
Answering phones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making appointments and triage process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Messaging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scheduling procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reporting diagnostic test results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription renewals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre-authorization for services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Billing/coding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assignment of patients to practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orientation of patient to practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New patient work-ups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education for patients/families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention assessment/activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic disease management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify your learning goals for this area:

# Practice Facilitator Professional Development and Training Plan

**\* 12. (Data Collection-General) Please rate your confidence in:**

	Not at all confident	Somewhat confident	Confident	Very confident
Measuring organizational systems (capacity for improvement, functionality of key systems, leadership)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Measuring clinician and staff experience (satisfaction, burn-out, clinician-staff interaction (team work), practice climate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Measuring patient experience (how treated by practice, clinician-patient interactions in understanding, shared-decision making, relationship building)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Measuring team-patient interaction (transferring trust in clinician to trust in team)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Measuring implementation of the Care Model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Measuring implementation of the Patient Centered Medical Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessing payment mechanisms (what works, what is dysfunctional, what will incentivize improvements needed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify your learning goals for this area

# Practice Facilitator Professional Development and Training Plan

## \*13. (Data Collection-Clinical Performance) Please rate your confidence in your knowledge and skills in the following areas:

	Not at all confident	Somewhat confident	Confident	Very confident
Use of HEDIS quality indicators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of HRSA's Uniform Data System (UDS) reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting paper chart audits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating reports through I2I or other patient registry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating reports through E Clinical Works	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating reports through Next Gen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating reports through Epic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify your learning goals for this area

## Practice Facilitator Professional Development and Training Plan

**\* 14. (Data Collection-Management and Display) Please rate your confidence in your knowledge and/or skills in the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
Creating a database for survey and performance data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing and cleaning databases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to determine denominators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analyzing data for frequencies and central tendencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generating visual displays of data such as run charts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIPAA rules and regulations for protecting personal health information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify your learning goals for this area

**\* 15. (Creating QI Infrastructure and Capacity in a Practice) Please rate your confidence in your knowledge and skills in the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
Creating priority for change in practice/organizational leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forming a QI committee or improvement team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating an improvement plan or QI charter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimizing team functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using data to drive improvement (identify needs, monitor progress)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating systems for routing performance monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify your learning goals for this area

# Practice Facilitator Professional Development and Training Plan

**\* 16. (Managing Relationships) Please rate your confidence in your knowledge and skills in the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
Building relationships with clinicians and staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing and resolving interpersonal conflict	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivating staff and clinicians to engage in improvement activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with diverse individuals (MAs, RNs, MDs/DOs, patients, administrative staff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining healthy communication (avoiding triangulation, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining healthy boundaries with staff/clinicians (building capacity vs. doing for)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify your learning goals for this area

## Practice Facilitator Professional Development and Training Plan

**\* 17. (Implementing Care Teams\_General) Please rate your confidence in your knowledge and skills in the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
Knowledge of best practices and exemplars in team based care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training practices in concepts of team based care and associated culture change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Redefining clinical roles and responsibilities to support team based approaches to care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Licensing limitations for roles/clinicians (what each can and cannot do)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Redesigning workflow to support team based care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify your learning goals for this area

# Practice Facilitator Professional Development and Training Plan

**\* 18. (Implementing Care Teams\_ Workflow for Specific Patient Groups) Please rate your confidence in your knowledge and skills in helping practices stratify patients and redesign workflow for team based care for:**

	Not at all confident	Somewhat confident	Confident	Very confident
Healthy/preventive care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acute problems (major/minor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic conditions (diabetes, hypertension, CHF)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complex care needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy/well child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palliative/end of life care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify your learning goals for this area

## Practice Facilitator Professional Development and Training Plan

### \*19. (Implementing Care Teams Workflow for Key Visit Related Administrative Activities)

Please rate your confidence in your knowledge and skills in helping practices map and redesign workflow related to care team functioning in key visit related administrative activities:

	Not at all confident	Somewhat confident	Confident	Very confident
Registration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MA role (pre-visit, vitals, agenda setting, checking chronic and preventive care needs and ordering them)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receipt of test results- Clinician (lab, x-ray, other results)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receipt of test results - Patient (normal, slightly abnormal, very abnormal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal messaging (which emails go to whom, action required)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription refills (chronic meds, acute meds, secure script meds)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Billing workflow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Filling out forms (clinician role, other team member role)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify your learning goals for this area

## Practice Facilitator Professional Development and Training Plan

**\*20. (Panel management) Please rate your confidence in your knowledge and/or skills in the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
General knowledge of principles and processes of panel management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of best practices and exemplars in implementing panel management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training practices in concepts of panel management and creating culture change to support it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training panel manager and creating protected time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping practice define what decisions panel managers can make (ordering labs, x-rays, titrating meds via protocol, referring patients to classes, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimizing EHRs and creating patient registries and reporting systems to support panel management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify your learning goals for this area

# Practice Facilitator Professional Development and Training Plan

## \*21. (Creating Panels) Please rate your confidence in your knowledge and skills in the following areas:

	Not at all confident	Somewhat confident	Confident	Very confident
Knowledge of best practices in creating patient panels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training practices in key elements of assigning patients to panels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimizing HIT systems to support assigning patients to panels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assisting practices in assigning patients to panels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluating the implementation of panels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implementing policies/procedures that support continuous empanelment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify your learning goals for this area

## \*22. (Assessing & Improving Self-Management Support for Patients) Please rate your confidence in your knowledge and skills in the following areas:

	Not at all confident	Somewhat confident	Confident	Very confident
Knowledge of best practices in self-management support including the use of health coaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessing a practice's self-management support resources and processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping practices enhance their self-management support services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify your learning goals for this area

## Practice Facilitator Professional Development and Training Plan

**\* 23. (Care Coordination) Please rate your confidence in your knowledge and skills in the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
Knowledge of methods of care coordination (specialists, ED, hospitalists (admission, during stay, discharge), pharmacy, lab/imaging, home care, hospice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training practices in general concepts of care coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assisting practices to implement care coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Payment and care coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify your learning goals for this area

## Practice Facilitator Professional Development and Training Plan

**\*24. (Meaningful Use) Please rate your confidence in assisting practices in redesigning the following workflows to achieve Meaningful Use:**

	Not at all confident	Somewhat confident	Confident	Very confident
Recording patient demographics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recording vital signs electronically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining up to date problem list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining active medication list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining active allergy list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recording smoking status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing patients with clinical summaries for each office visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-prescribing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug-drug and drug-allergy interaction checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exchanging electronic information with other sites of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implementing a decision support rule and track compliance with the rule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Systems to protect privacy and security of patient data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Report clinical quality measures to CMS or states	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generate lists of patients for QI or outreach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic health education resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication reconciliation between care settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summary of care record for referrals and transitions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunization data to regional registries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surveillance data to public health agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient reminders for prevention/chronic care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient access to lab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Practice Facilitator Professional Development and Training Plan

results, problem  
medication lists, allergies

Drug formulary check

Lab results into EHR

Please identify your learning goals for this area

# Practice Facilitator Professional Development and Training Plan

**\* 25. (Professionalism) Please rate your confidence in your knowledge and skills in the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
Documenting your encounters with your practice in a PF "practice registry" or encounter form	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating your challenges/needs and successes to your supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating your challenges/needs and successes to other PFs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing your time during practice encounters and administrative time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please identify your learning goals for this area

**26. Please describe any other skills/knowledge you have that are relevant to PF that may be resources for your program and other PFs in your program:**

**27. Please describe any other areas in which you believe you need training/support in order to feel confident as a PF:**

