Medication Management Post Session Self Assessment

1. Net ID

Thank you for participating in the Connecticut Older Adult Collaborative for Health (COACH) program. By submitting the answers to these questions you imply consent for your participation in the educational study of the impact of training on healthcare providers. There are no risks to your participation and outcomes will be reported in aggregate. No individual identifiers will be reported. Your honest participation is critical to the success of the program and the overall goal of improving healthcare for geriatrics patients (patients over 65 years of age).

2. Please rate each of the statements below by selecting the number that best represents your knowledge and skill level before and after today's session:											
		-	Prior to Today - Somewhat Disagree	-	Prior to Today- Somewhat Agree	Prior to Today - Completely Agree	After Session - Disagree	After Session - Somewhat Disagree		After Session - Somewhat Agree	After Session - Completely Agree
	I had an understanding of evidence based principles in primary care of geriatric patients.										
	I felt comfortable discussing risks and benefits of medications with patients.									\bigcirc	
	I felt comfortable discontinuing medications when appropriate.									0	
	I could identify components of the geriatric review of systems.										