

CHAMP: Curriculum for the Hospitalized Aging Medical Patient  
Reynolds Scholars Program 2004  
Commitment to Change

Name:

Date:

 /  / 

Email:

Phone:

Best way to contact me:

Month on service:

At the end of the CHAMP Faculty Development Program, you indicated 2-3 areas in which you hoped to make changes in your clinical practice and teaching on service within the year. Please answer the questions below about the value of the overall program in helping you make those changes. Then go to next page and rate your progress in making your changes.

1. Do you feel that the CHAMP Faculty Development Program was helpful in enabling you to make these changes in your clinical practice and teaching?

Yes  No

2. If yes, please describe how the program was helpful.

3. If no, what improvements would you suggest to this program?

Your changes are listed below. Please review each one, and indicate how successful you feel you have been in making these changes.

Change	Rate of Progress					Change	Rate of Progress				
	Not at all Successful		Completely Successful				Not at all Successful		Completely Successful		
The first change you planned was to:	①	②	③	④	⑤	The second change you planned was to:	①	②	③	④	⑤
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Please describe any obstacles to making this change:

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Change	Rate of Progress					Change	Rate of Progress				
	Not at all Successful		Completely Successful				Not at all Successful		Completely Successful		
The third change you planned was to:	①	②	③	④	⑤	The fourth change you planned was to:	①	②	③	④	⑤
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