



**RoMoNOH**  
ROCKY MOUNTAIN  
NETWORK OF ORAL HEALTH

## **Learning Network Field Note**

### Activities

This summarizes all group activities (of the learning network) that occurred this quarter with the participating RoMoNOH CHCs.

Select the number of meetings held with your learning network this quarter.

Virtual

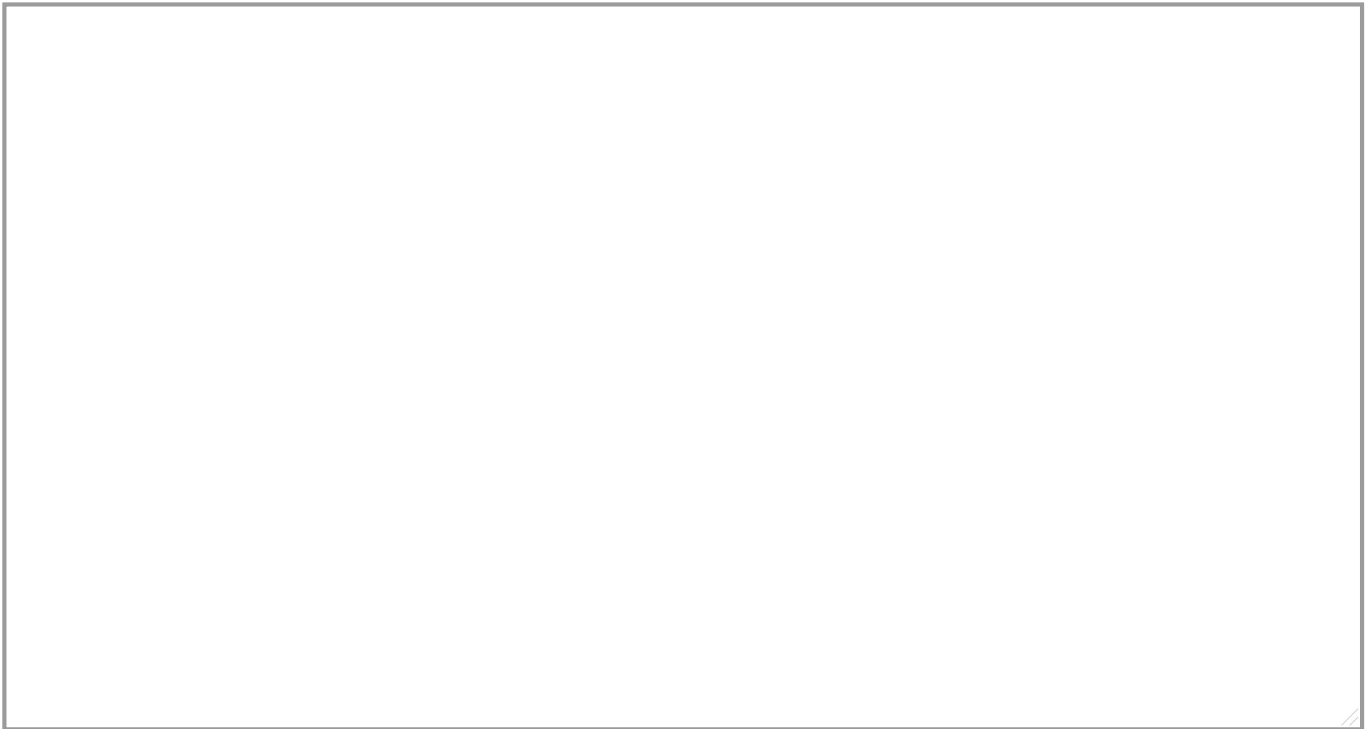
In-Person

**Virtual:** Activity Date #1

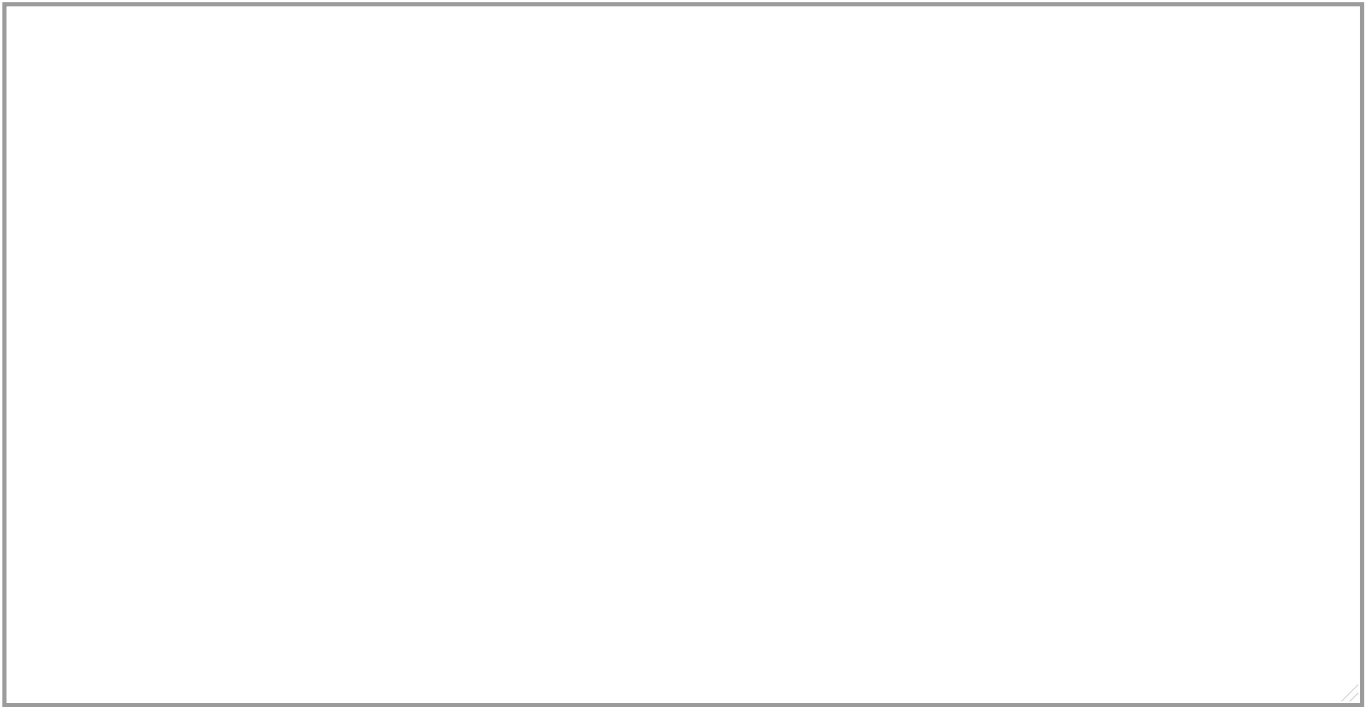
**Virtual:** Name of Activity

Upload activity minutes

**Virtual:** List of Attendees. Indicate who attended (name, clinic name, role)

A large, empty rectangular box with a thin grey border, intended for listing attendees. The box is currently blank.

**Virtual:** Share what went well, what could have been better, and ideas you have for improving this event next time.

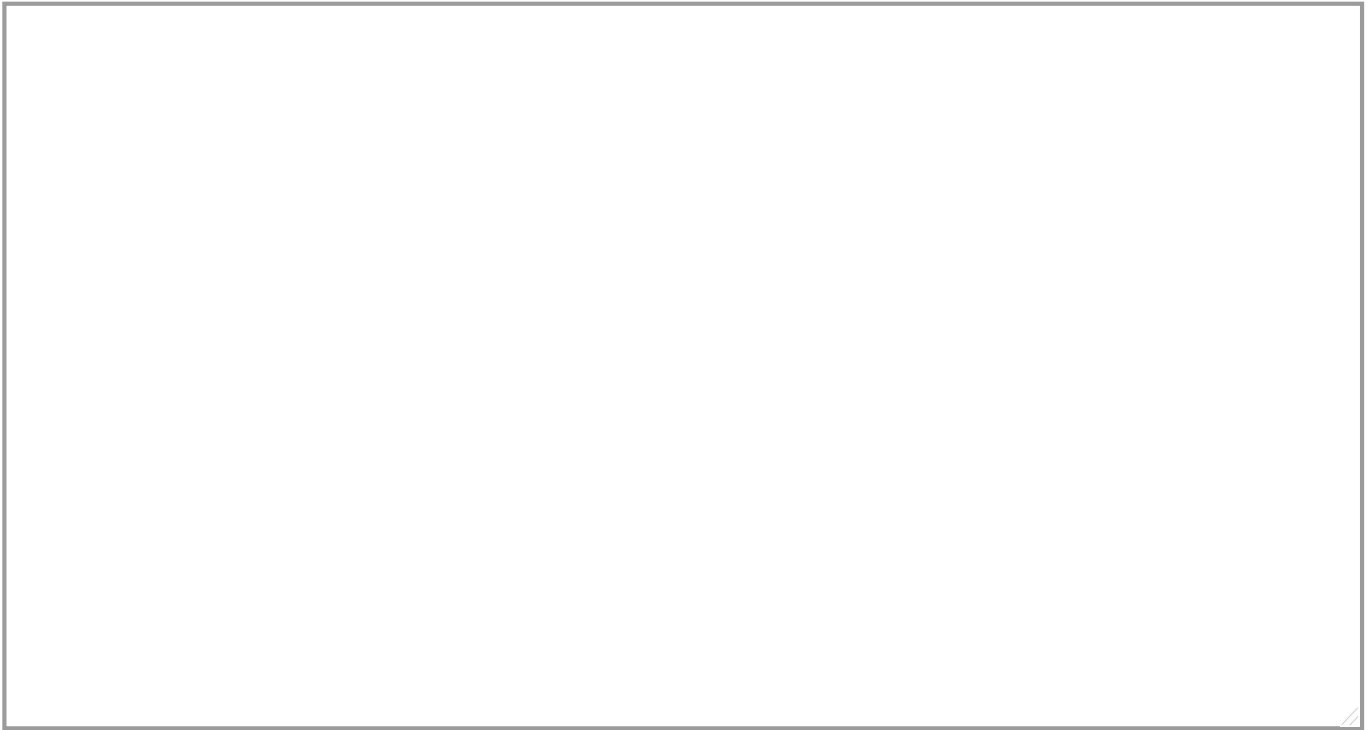


**Virtual:** Activity Date #2

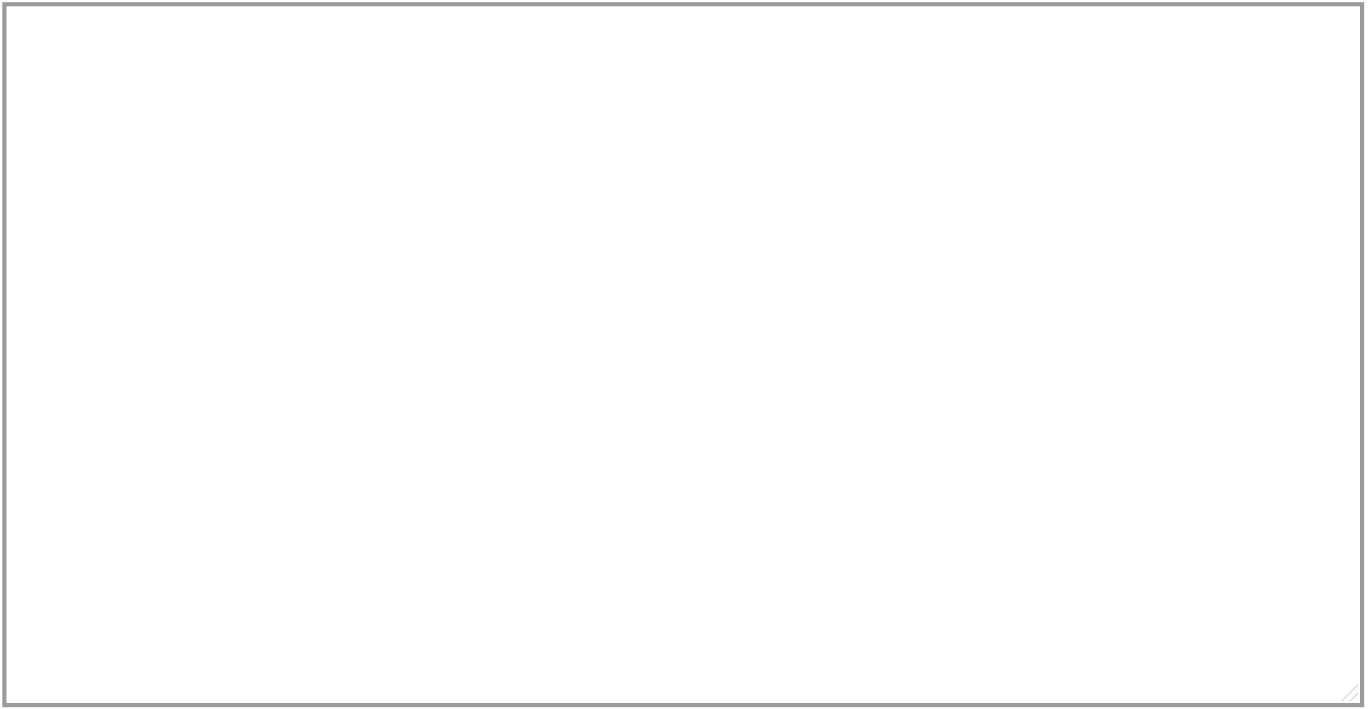
**Virtual:** Name of Activity

Upload activity minutes

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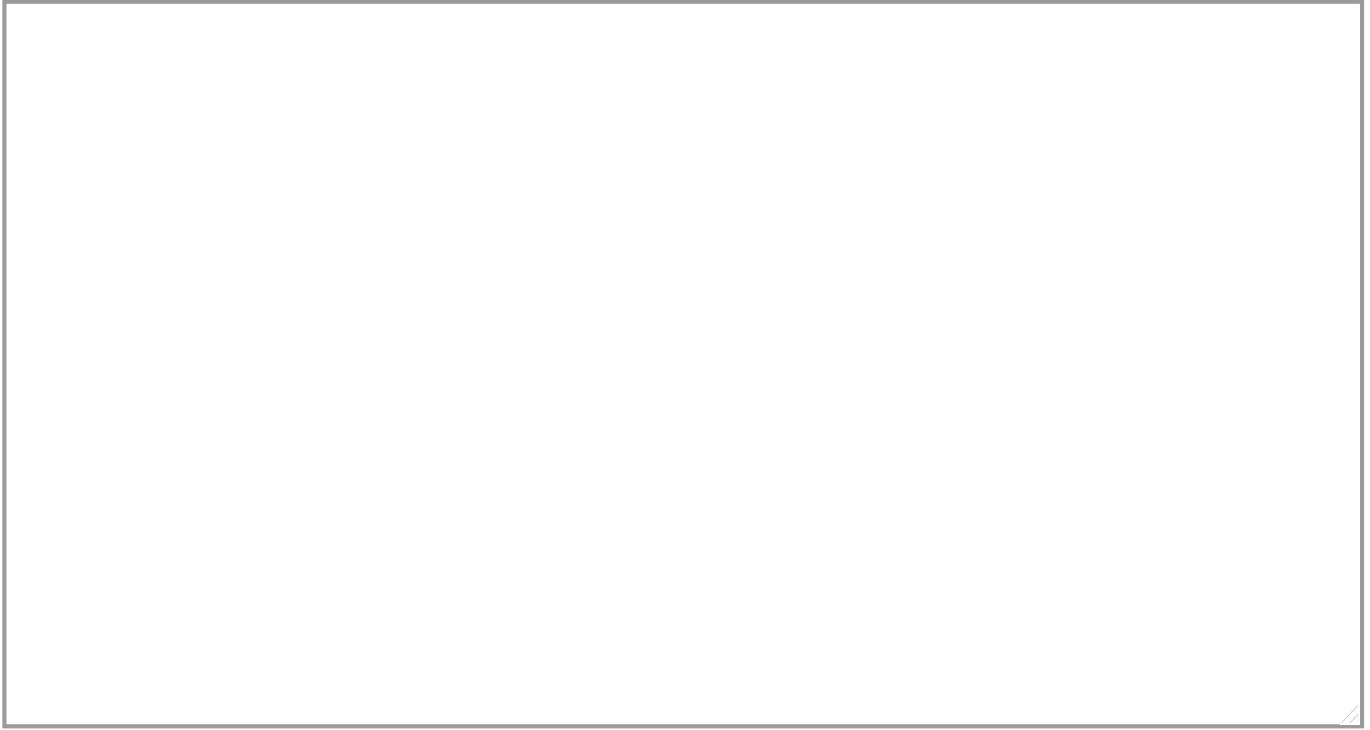


**Virtual:** Activity Date #3

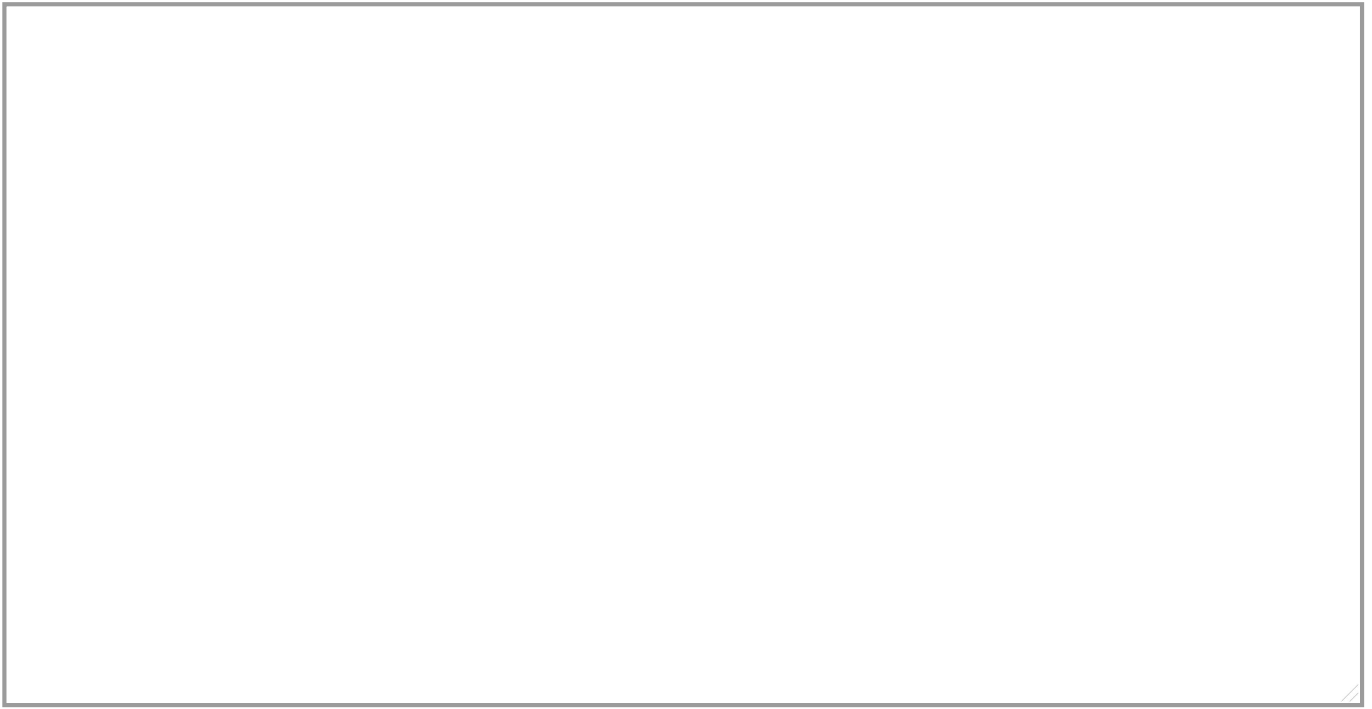
**Virtual:** Name of Activity

Upload activity minutes

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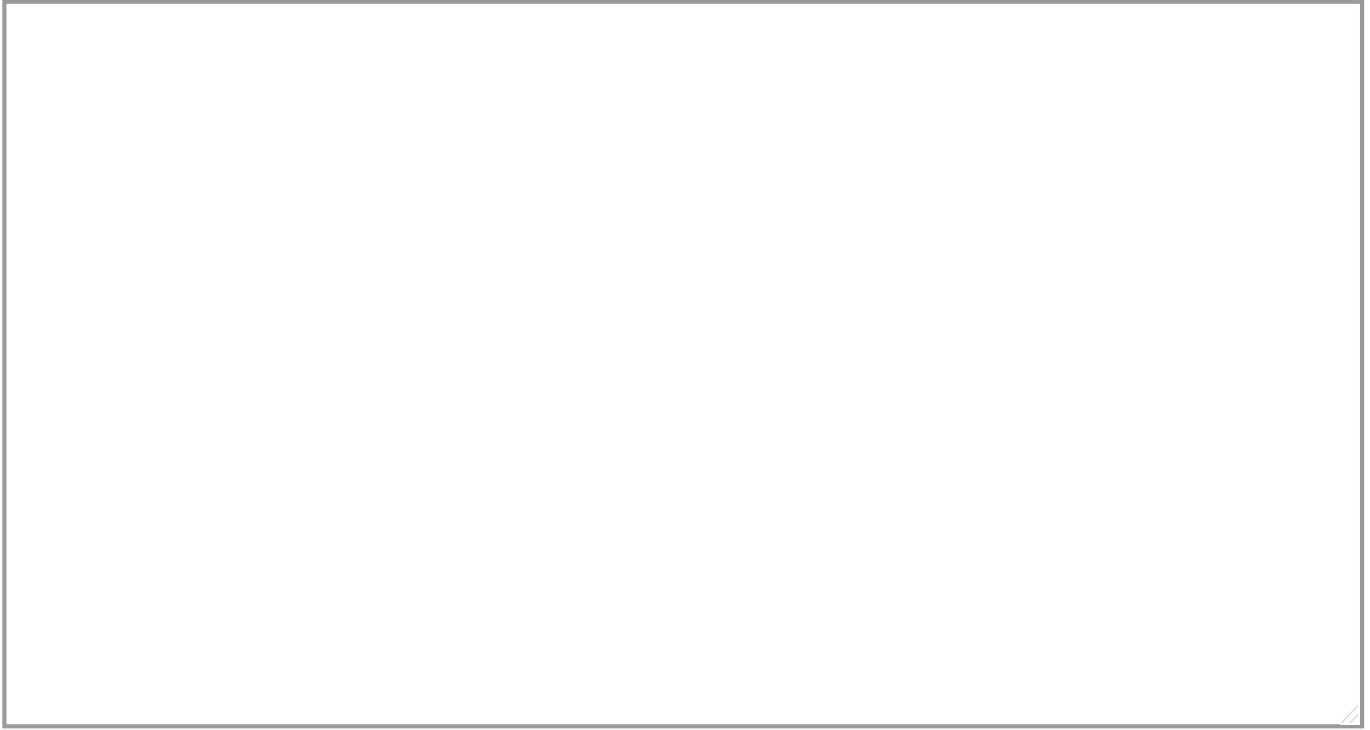
**Virtual:** Activity Date #4

**Virtual:** Name of Activity

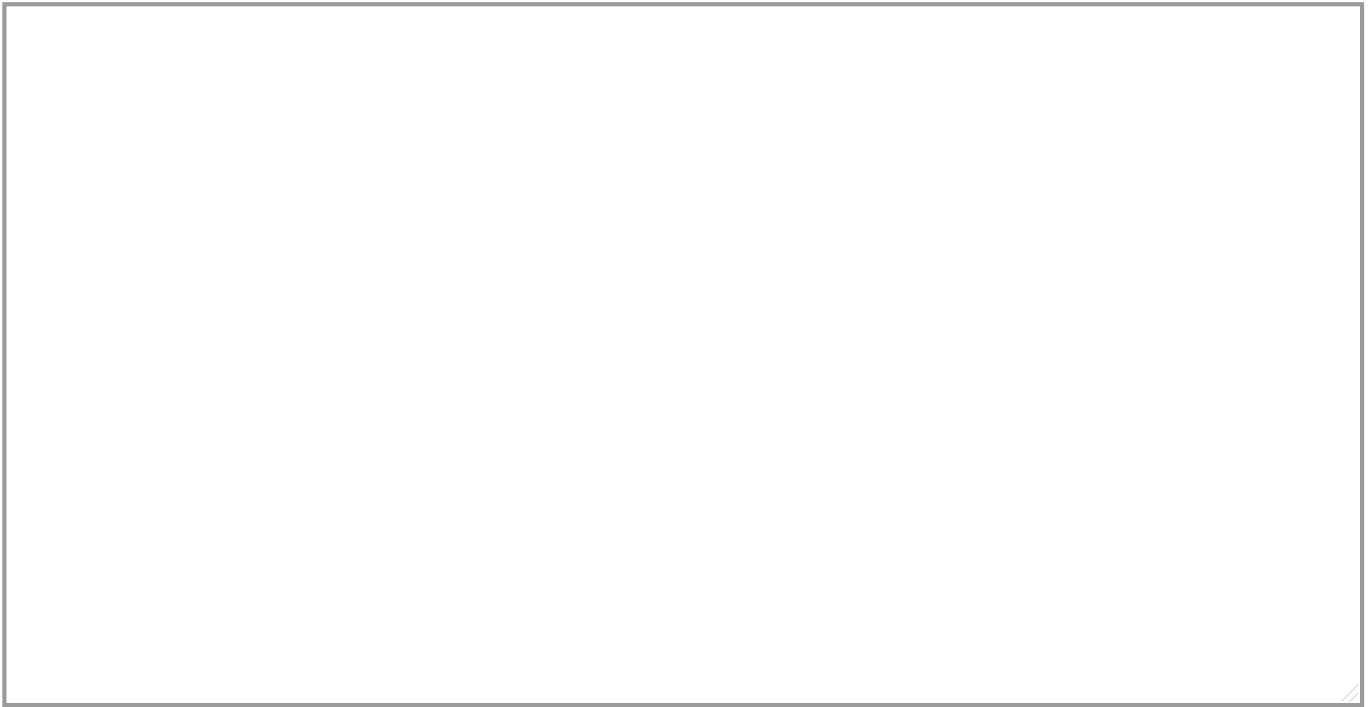
Upload activity minutes



**Virtual:** List of Attendees. Indicate who attended (name, clinic name, role)

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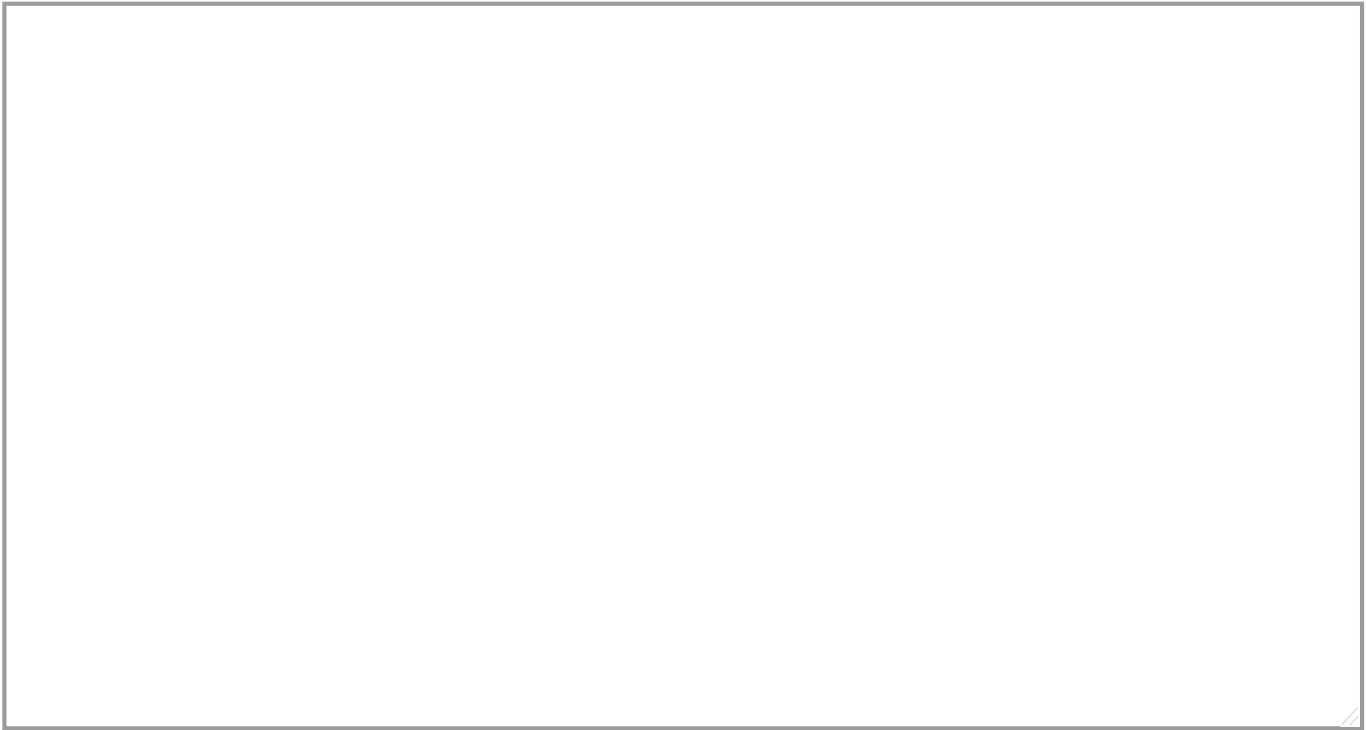


**In-Person:** Activity Date #1

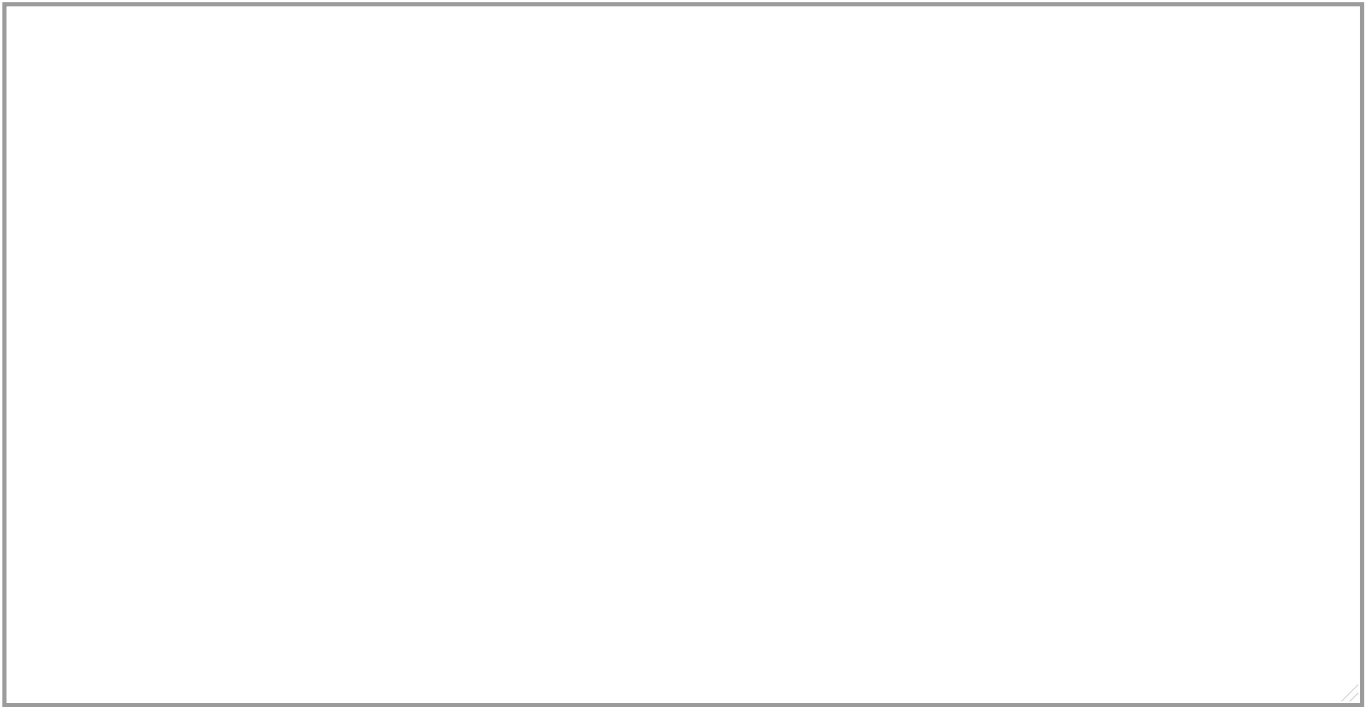
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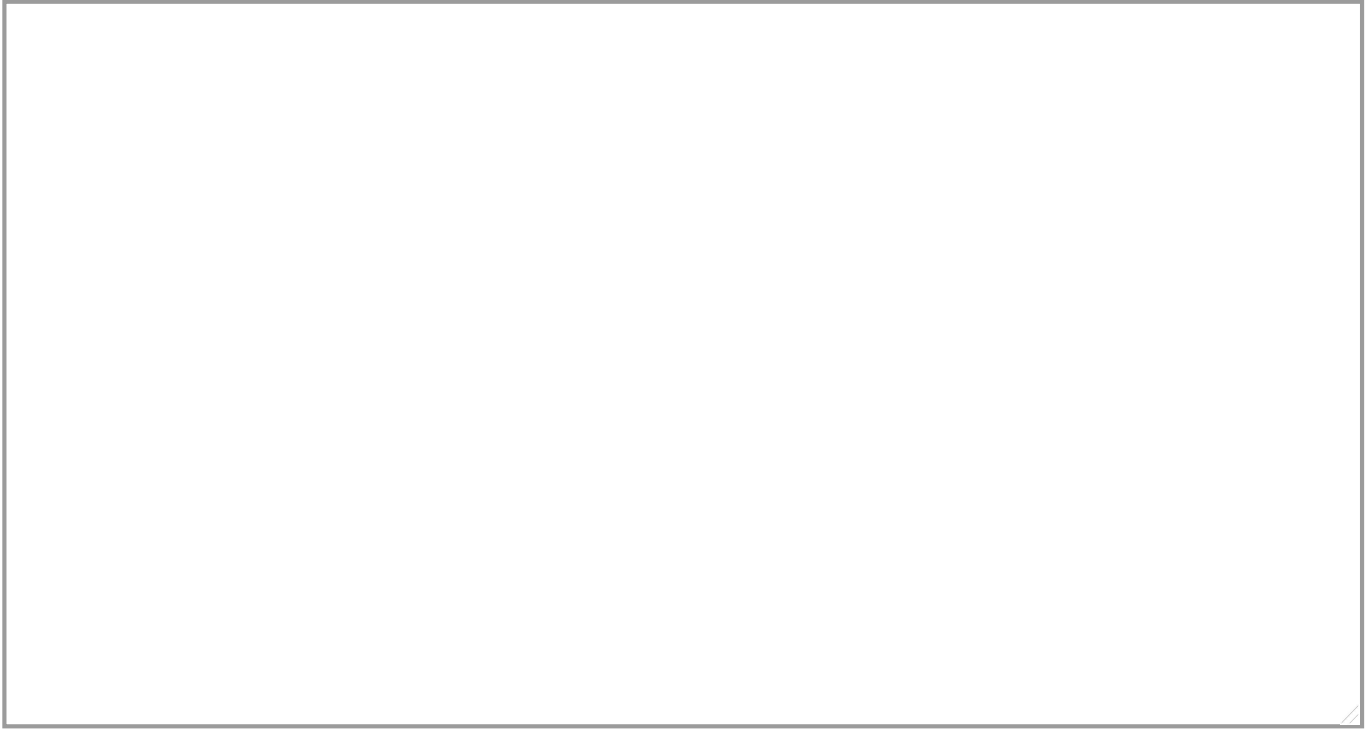


**In-Person:** Activity Date #2

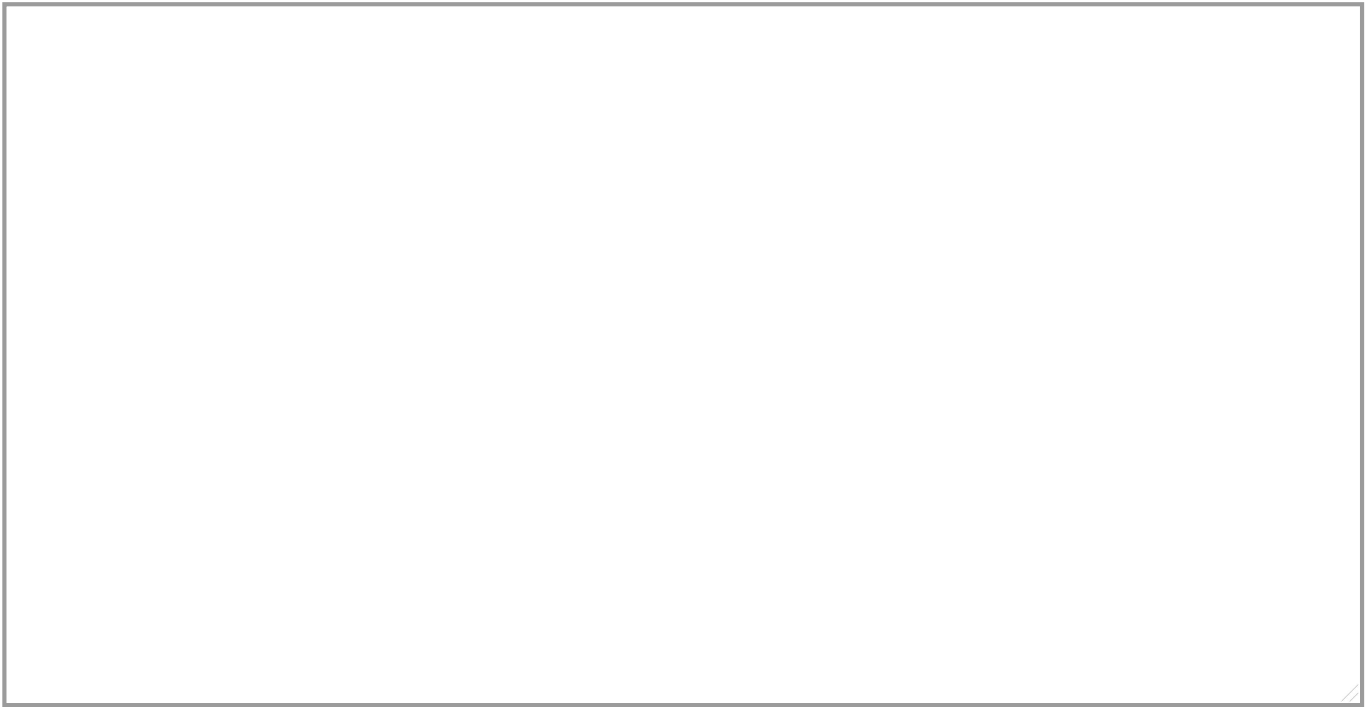
**In-Person:** Name of Activity

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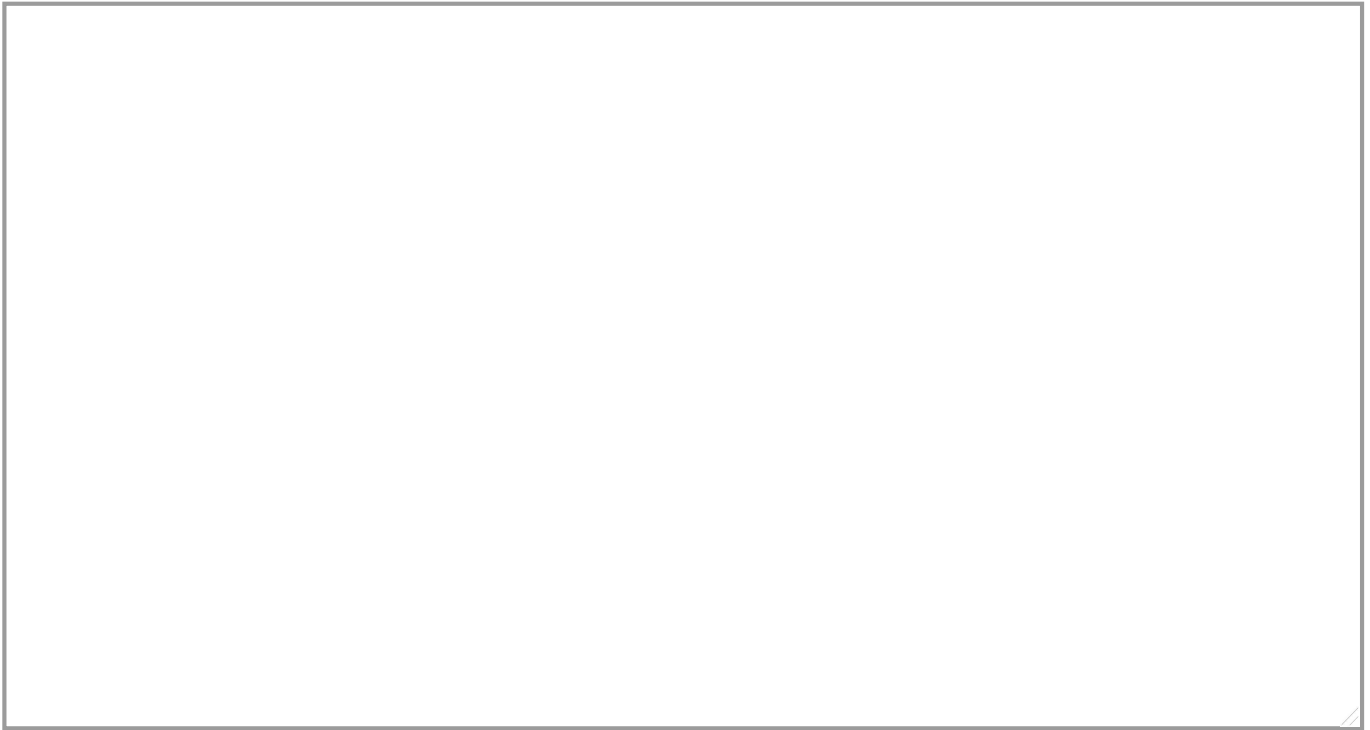


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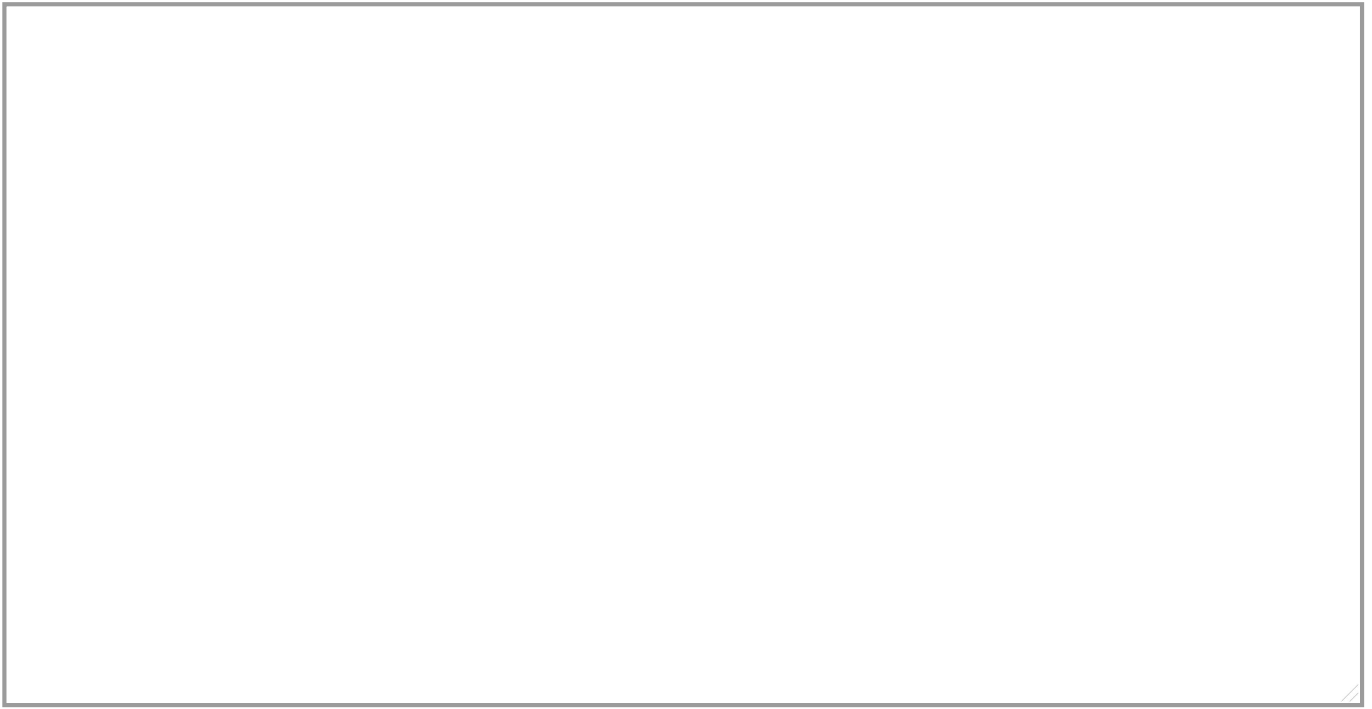
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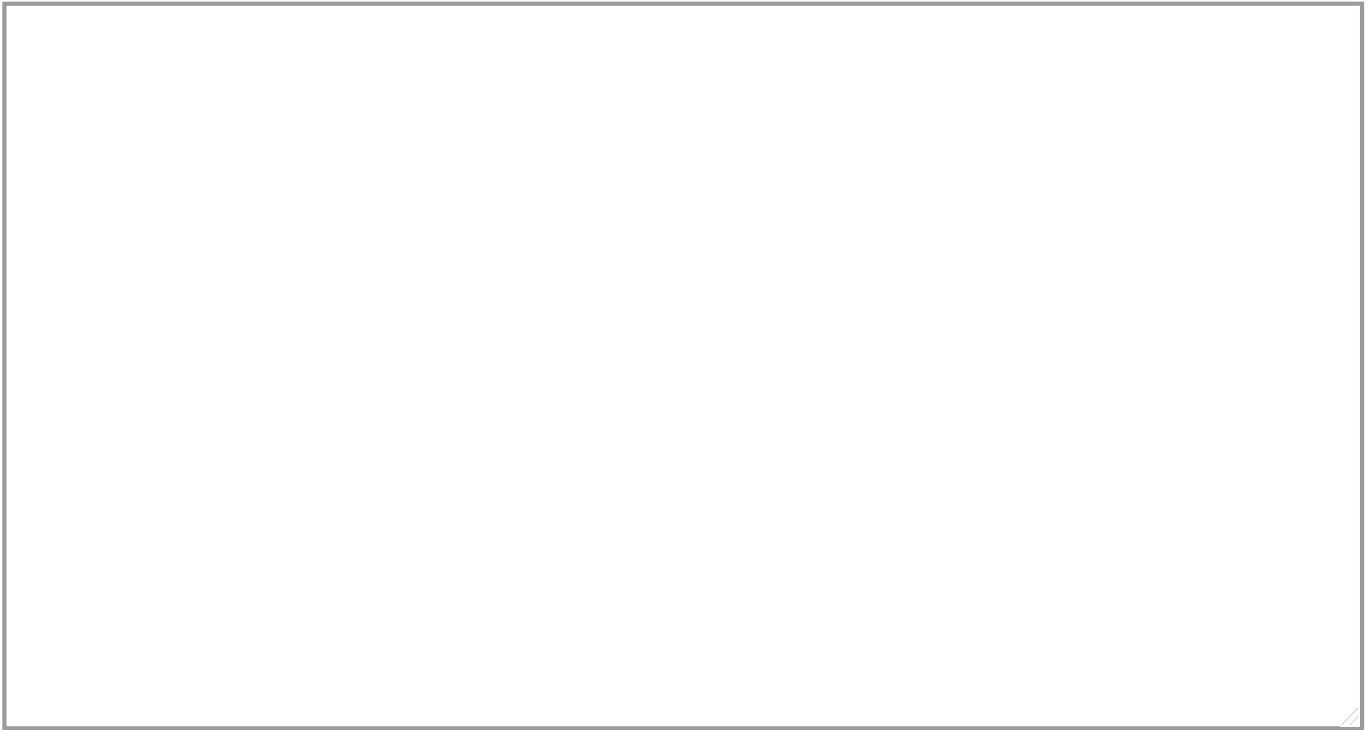
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**In-Person:** Name of Activity

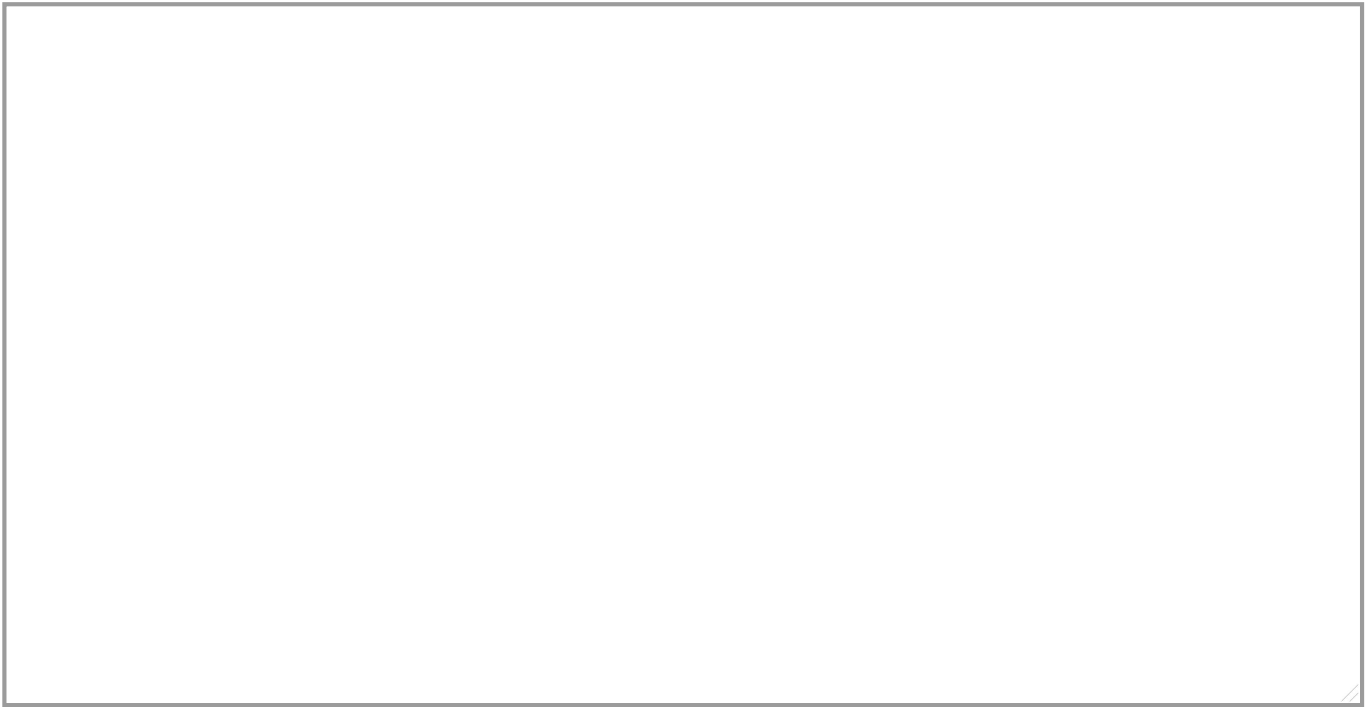
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**In-Person:** Share what went well, what could have been better, and ideas you have for improving this event next time.



Approximate total length of time your PCA spent doing all learning network activities with the CHCs this quarter:

- < 30 minutes
- 30 minutes
- 60 minutes (1 hour)
- 90 minutes (1.5 hours)
- 120 minutes (2 hours)
- More than 2 hours (Specify)

**Specify:** If more than 2 hours, please specify the number of hours your PCA spent doing all learning network activities with the CHCs this quarter:

Approximate length of time your PCA spent planning all learning network events this quarter:

- < 30 minutes
- 30 minutes
- 60 minutes (1 hour)
- 90 minutes (1.5 hours)
- 120 minutes (2 hours)
- 4 - 8 hours
- More than 2 hours (Specify)

**Specify:** If more than 2 hours, please specify the number of hours your PCA spent planning all learning network events this quarter:

What is beneficial about the learning network to you, your PCA team, and your learners?

What is not proving to be beneficial about the learning network to you, your PCA team, and your learners?

Share anything related to your learning network experience that you would like RoMoNOH leadership to know about.

## **RoMoNOH Leadership Discussion Request**

**– \${e://Field/practice\_site} Monthly Field Note –  
\${e://Field/task\_assessment\_period}**

## RoMoNOH Leadership Discussion Request

If you would like to speak with Dr. Braun, Cherith or other key RoMoNoH staff about this practice, please check here, and share a brief summary about the topic:

Yes

No

Topic summary:

### **Description before submit**

Thank you for your completing this survey.

If you want to submit your survey now hit 'Submit'.

Or, if you want to come back later for review before submitting, your answers

have been saved and you can close this window.

## **Removed Questions**

Provide a brief field note summary of the first encounter that occurred this month:

Provide a brief field note summary of the second encounter that occurred this month: if a second encounter did not occur with the practice site this month please enter 'NA'

Evaluate how engaged the clinicians (MD, DO, NP, PA) were during encounters this month:

Not at All Engaged  Somewhat Engaged  Very Engaged  Unable to Assess

Evaluate how engaged the staff (e.g., RN, MA, Office Manager) were during encounters this month:

Not at All Engaged  Somewhat Engaged  Very Engaged  Unable to Assess

Evaluate how well this Practice Site team or group seemed to work together during encounters this month:

Not at All Well  Somewhat Well  Mostly Well  Very Well  Unable to Assess (NA)

The selected confidence is less than (7) confident, please explain what needs to happen to increase the confidence level in this Practice Site's ability to make progress on important SIM Milestones:



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