

### IMR TRAINING REPORT

Practice Name \_\_\_\_\_

Date Trained \_\_\_\_\_

Trained by \_\_\_\_\_

Practice name contact \_\_\_\_\_

Number of users trained \_\_\_\_\_

1. Type of training/number of users

Type of training	Number of users trained this way
Hands on	
Showed demonstration	
Others at practice will train	

2. Name of EMR (if any) used at practice? \_\_\_\_\_

3. How large is the practice?

- Seven or more providers
- Three to six more providers
- One or two providers

4. Type of patients seen? (check all that apply)

- Adults
- Mostly women seeking OB/GYN care
- Adolescents
- Children

5. Immunizations given at practice

- Lots (More than 200/month, excluding flu)
- Some (10-199/month, excluding flu)
- Few (Less than 10/month, excluding flu)

6. How often will data be entered?

- Daily, as immunizations are charted/billed
- Weekly
- Monthly
- Via import

7. Will data entry happen from paper records or from EMR?

- Paper record
- EMR
- Both

8. Name/role of primary person who will be entering data

\_\_\_\_\_

9. Name/role of person(s) trained to use reports

\_\_\_\_\_

10. Issues of concern

- Medical record (paper) does not contain all info needed
- EMR does not contain all info needed
- Connection speed is not acceptable
- Not enough computers
- Other \_\_\_\_\_

11. Please check all accomplished at training

- Trained to enter data – CURRENT
- Trained to enter data – HISTORICAL
- Trained to manage patients
- Moved Or Gone Elsewhere, out of state indicators
- Trained to use vaccine inventory
- Trained to enter Varicella history, objections
- Trained to use Forecaster
- Trained to run Patient Reports
- Trained to run Practice Reports
- Reminded new users how to get help  
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