

# EVALUATION OF PEDIATRIC GRAND ROUNDS



<b>Presentation title:</b>	<b>Speaker Name:</b>	<b>Date:</b>
<b>Objectives:</b>		

**Thank you** for participating in this educational activity. Please assist us in meeting your professional development needs by answering the following questions.

	YES	NO	UNSURE	Comments
1. Did this activity meet your educational expectations?				
2. Were the learning objectives clear to you?				
3. Were the learning objectives adequately addressed?				
4. Was this activity relevant to your clinical practice?				
5. Did this activity contain information that was new to you?				
6. Was the presenter able to hold your attention?				
7. Would you be interested in hearing more on this topic from this presenter?				
8. Will you make any changes in your practice as a result of participating in this activity?				
9. If yes, what changes will you make?	Please describe:			
10. If no, what will prevent you from making changes in your practice?	Please explain:			
11. Did you perceive any commercial bias on the part of the presenter or the CME provider?	NO	YES		
	If yes, was it the <input type="checkbox"/> Speaker or <input type="checkbox"/> CME Provider? Please describe:			
12. How was conflict of interest information disclosed to the audience?	<input type="checkbox"/> Posted on the door or at the sign-in sheet <input type="checkbox"/> Provided on an introductory slide at the beginning of the presentation <input type="checkbox"/> Verbally Announced within the presentation <input type="checkbox"/> No Disclosure provided			
13. Which of the following competency areas do you feel will be improved as a result of this activity? Mark all that apply.	<input type="checkbox"/> Patient Care <input type="checkbox"/> Medical Knowledge <input type="checkbox"/> Professionalism		<input type="checkbox"/> System Based Practice <input type="checkbox"/> Practice Based Learning <input type="checkbox"/> Communication Skills	
14. What was your major reason for participating in this activity?	Please describe:			

Please list any subject areas you would like to see addressed by future presenters:  
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**THANK YOU FOR YOUR FEEDBACK! PLEASE RETURN TO MELINDA.LAMBERT@VCUHEALTH.ORG OR FAX TO 804.628.5536**