Dept. of Family & Community Practice - VCH Vancouver ASSESSMENT OF FAMILY PRACTICE ROUNDS

Presenter's name:	resenter's name: Date:						
Title of presentation:							
Recordings of most rounds can be viewed online at: https://ubccpd.ca/learn/resources-recordings/toolkits/reco F.P rounds have been approved by the College of Family Pl online, provided the attendance and evaluation form is com mary.jacob@vch.ca. Please do not fax. Participants will reco	hysicians of Canada for npleted, signed and sen	Mainpro+ certifi t within four wee	ed credits, whe ks of the prese	ntation via e	email to).	
	Strongly disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly agree 5		
1. Objectives were clearly explained and	met						
2. Relevant to family practice							
3. Relevant to my practice							
4. Free from commercial bias							
5. Will change my practice							
6. Effective presentation skills & deliver	у						
COMMENTS:							
For CME credit please print your name	::						
Please check appropriate box:							
Active/Provisional staff Ass	sociate Staff	Honourary s	taff Lo	ocum	Other		
This presentation was viewed: Live	Recorded						
Suggestions for future lecture/discussion	on topics or speal	xers:					

I am interested in being a presenter or presenting case(s) for discussion in future rounds.