



Anesthesia Rounds Evaluation Form

Please **complete** this evaluation form and **return** it to the coordinator at the end of the educational session or send to Sally Perry by e-mail, fax, or mail.

Event: Anesthesia

Rounds # Credit Hour(s): 1 Date:

Indicate site you are from:

HHS

SJH

Niagara Campus

Waterloo Campus

Event Title:

Please rate the quality of the activity on a scale of 1 (strongly disagree) to 5 (strongly agree):

Met the stated objectives	1	2	3	4	5
Enhanced my knowledge	1	2	3	4	5
Satisfied my expectations	1	2	3	4	5
Conveyed information that applied to my practice	1	2	3	4	5
Allocated at least 25% of the time for interaction	1	2	3	4	5
Was free from commercial bias?	1	2	3	4	5

What did you learn or how will this event impact your practice?

Please indicate which CanMEDS roles you felt were addressed during this educational activity?

Medical Expert

Scholar

Collaborator

Communicator

Manager

Professional

Health Advocate

Evaluation of Presenter(s)

Please rate the quality of the presentation on a scale of 1 (poor) to 5 (excellent):

Name of Presenter(s)	Overall Presentation Effectiveness					Content Relevance					Used Effective Teaching Methods				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

Additional comments:

Suggestions for future activities:

The Anesthesia rounds is a self-approved group learning activity (Section 1) as defined by the Certification program of The Royal College of Physicians and Surgeons of Canada.

Code from presentation: