



### PEER REVIEW EVALUATION FORM [Grand Rounds or Equivalent]

Please complete this evaluation form and return it to the coordinator at the end of the educational session.

<b>Event:</b>	<b># Credit Hour(s):</b>	<b>Date:</b>													
<b>Presenting Department:</b>															
<b>Event Title:</b>															
<b>PLEASE RATE THE QUALITY OF THE ACTIVITY ON A SCALE OF 1 (STRONGLY DISAGREE) TO 5 (STRONGLY AGREE)</b>															
<b>This Activity</b>															
Met the stated learning 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										
<b>What did you learn or how will this event impact your practice?</b>															
<b>Please indicate which CanMEDS roles you felt were addressed during this educational activity?</b>		<input type="checkbox"/> Medical Expert	<input type="checkbox"/> Scholar	<input type="checkbox"/> Collaborator											
		<input type="checkbox"/> Communicator	<input type="checkbox"/> Manager												
		<input type="checkbox"/> Professional	<input type="checkbox"/> Health Advocate												
<b>PLEASE RATE THE QUALITY OF THE PRESENTATION ON A SCALE OF 1 (POOR) TO 5 (EXCELLENT)</b>															
<b>Name of Presenter</b>	<b>Overall Presentation Effectiveness</b>					<b>Content Relevance</b>					<b>Used Effective Teaching Methods</b>				
	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
<b>Additional Comments</b>															
<b>Suggestions for Future Activities</b>															