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

Presenter's name:		Date:				
Title of presentation:						
Recordings of most rounds can be viewed F.P rounds have been approved by the Cowhether attended virtually or viewed on and sent within <b>four weeks of the prese</b> Participants will receive a letter stating of	College of Far line, provide <b>ntation</b> via e	mily Physician ed the attenda email to <b>mary</b>	ns of Canada fo nce and evaluat v.jacob@vch.c	r Mainpro+ ion form is <b>a</b> . Please do	certified completed not fax.	redits, , signed
		Strongly disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly agree 5
1. Objectives were clearly explain	ed and me	t				
2. Relevant to family practice						
3. Relevant to my practice						
4. Free from commercial bias						
5. Will change my practice						
6. Effective presentation skills &	delivery					
COMMENTS:						
For CME credit please print you	r name:					
Please check appropriate box: Active/Provisional Staff	Associa	ite Staff	Honourary St	aff Lo	ocum	Other
This presentation was viewed:	Live	Recorded				
Suggestions for future lecture/di	iscussion to	pics or spea	kers:			

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