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

Presenter's name:

Date:

## Title of presentation:

https://ubccpd.ca/learn/resources-recordings/toolkits/r F.P rounds have been approved by the College of Famil virtually or viewed online, provided the attendance and presentation via email to mary.jacob@vch.ca. Please do the end of the academic year (Sep - Jun).	y Physicians of Canada for evaluation form is comple	Mainpro+ certifie ted, signed and se	ed credits, whe ent within <b>four</b>	weeks of the	2
	Strongly disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly agree 5
1. Objectives were clearly explained a	nd 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 & deliv	very				
COMMENTS:					
For CME credit please print your na	me:				
Please check appropriate box: Active/Provisional staff	Associate Staff	Honourary st	aff Lo	ocum	Other
This presentation was viewed: Live	Recorded				
Suggestions for future lecture/discus	sion topics or speal	cers:			

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