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

Presenter's name: Date:				e:		
Title of presentation:						
Recordings of most rounds can be view F.P rounds have been approved by the whether attended virtually or viewed or and sent within four weeks of the pres . Participants will receive a letter stating	College of Fa nline, provid entation via	amily Physician led the attendar email to mary	s of Canada fonce and evaluate.jacob@vch.c	r Mainpro+ tion form is a. 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	ned and me	et				
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	ır name:					
Please check appropriate box: Active/Provisional staff	Associ	ate Staff	Honourary s	taff Lo	ocum	Other
This presentation was viewed:	Live	Recorded				
Suggestions for future lecture/d	liscussion t	opics or speal	kers:			

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