

**Session Evaluation for Grand Rounds or Regularly Scheduled Activities**      **FY11**

Southern Illinois University School of Medicine  
Office of Continuing Medical Education (CME)

Considering Pertinence & Presentation (1 = poor 2 = fair 3 = good 4 = very good 5 = excellent)

What was the overall rating for the presenter(s):                      1      2      3      4      5

Comments on presenter(s):

Is this activity format effective?       Yes  No

If no, please explain:

Was the activity fair, balanced and free of commercial bias?  Yes  No

If no, please explain:

	Poor			Excellent	
1. Opportunity for discussion with the faculty:	1	2	3	4	5
2. Overall evaluation of the activity:	1	2	3	4	5

As a result of attending this activity, will you make changes in your practice which will positively impact patient clinical outcomes or patient satisfaction?       Yes       No

If yes, please list 1 or 2 proposed changes: \_\_\_\_\_

If no, why won't you make changes?

Content presented was not appropriate for my specialty.

I am not comfortable making the changes in my current practice.

Changes would be too financially costly at this time.

I am already following recommendations presented and/or information presented is in line with my current practice and is comparable.

Other, please explain: \_\_\_\_\_

This activity was:

Entirely within my scope of practice.

Somewhat within my scope of practice.

Not within my scope of practice, but will be helpful in the future.

Please list subject(s) in your specialty/practice where there is a gap in knowledge, competence or performance you would like to have addressed at future sessions:

Additional comments: