

UWO DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

GRAND ROUNDS EVALUATION

TOPIC _____

PRESENTER _____

DATE _____

We would appreciate your feedback regarding this Grand Rounds Presentation session. Please check the appropriate number indicating your rating for each item.

| CONSULTANT | POOR | | SATISFACTORY | | | EXCELLENT | |
|----------------------|------|---|--------------|---|---|-----------|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Useful/Relevant | | | | | | | |
| Content | | | | | | | |
| Format/Delivery | | | | | | | |
| Overall Satisfaction | | | | | | | |

Your comments are important! Please identify strengths/areas for improvement below.

Please provide suggestions for future Grand Round presentations:

Please return evaluation forms immediately following the Grand Rounds to:

Susanne Deakin
SJHC Room D1-206

Date _____

Consultant _____

Signature _____