



FACULTY OF MEDICINE

PEER REVIEW EVALUATION FORM [Grand Rounds or Equivalent]

Please complete this evaluation form and return it to the coordinator at the end of the educational session.

| Event: | # Credit Hour(s): | Date: | | | | | | | | | | | | | |
|--|------------------------------------|---|--|---------------------------------------|---|-------------------|---|---|---|---|---------------------------------|---|---|---|---|
| Presenting Department: | | | | | | | | | | | | | | | |
| Event Title: | | | | | | | | | | | | | | | |
| PLEASE RATE THE QUALITY OF THE ACTIVITY ON A SCALE OF 1 (STRONGLY DISAGREE) TO 5 (STRONGLY AGREE) | | | | | | | | | | | | | | | |
| This Activity | | | | | | | | | | | | | | | |
| Met the stated learning objectives | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | |
| Enhanced my knowledge | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | |
| Satisfied my expectations | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | |
| Conveyed information that applied to my practice | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | |
| Allocated at least 25% of the time for interaction | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | |
| Was free from commercial bias? | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | |
| What did you learn or how will this event impact your practice? | | | | | | | | | | | | | | | |
| Please indicate which CanMEDS roles you felt were addressed during this educational activity? | | <input type="checkbox"/> Medical Expert | <input type="checkbox"/> Scholar | <input type="checkbox"/> Collaborator | | | | | | | | | | | |
| | | <input type="checkbox"/> Communicator | <input type="checkbox"/> Manager | | | | | | | | | | | | |
| | | <input type="checkbox"/> Professional | <input type="checkbox"/> Health Advocate | | | | | | | | | | | | |
| PLEASE RATE THE QUALITY OF THE PRESENTATION ON A SCALE OF 1 (POOR) TO 5 (EXCELLENT) | | | | | | | | | | | | | | | |
| Name of Presenter | Overall Presentation Effectiveness | | | | | Content Relevance | | | | | Used Effective Teaching Methods | | | | |
| | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Additional Comments | | | | | | | | | | | | | | | |
| Suggestions for Future Activities | | | | | | | | | | | | | | | |

Adapted from and equivalent to the evaluation form for a self-approved group learning activity (Section 1) as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of Canada.