



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															