

**MFM Conference Rounds
 Evaluation**



Title		
Date	Friday May 5, 2017	
Presenter(s)	Dr Julie Robertson	
	Attendee Signature:	

Please rate the quality of the activity on a scale of 1 (strongly disagree) to 5 (strongly agree)					
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?

Evaluation of Presenter(s)					
Please rate the quality of the presentation on a scale of 1 (poor) to 5 (excellent)					
Presenter Name:	Dr Julie Robertson				
Overall Presentation/Effectiveness	1	2	3	4	5
Content Relevance	1	2	3	4	5
Used Effective Teaching Methods	1	2	3	4	5

Additional comments and suggestions for future activities:

Please return to Kerrie Glover, Room 1U24, BC Women's Hospital (Fax 604 875 3099)