



Academic Perinatology Rounds Evaluation

Title	Perinatal Services BC Facility Level Perinatal Indicators	
Date	Wednesday May 23, 2018	
Presenter(s)	David Puddicombe	
Attendee Signature:		

Please rate the quality of the activity on a scale of	1 (<i>strongly disagree</i>) to 5 (<i>strongly agree</i>)				
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

Evaluation of Presenter(s)					
Please rate the quality of the presentation on a scale of	1 (<i>poor</i>) to 5 (<i>excellent</i>)				
Presenter Name David Puddicombe					
Overall Presentation/Effectiveness	1	2	3	4	5
Content Relevance	1	2	3	4	5
Used Effective Teaching Methods	1	2	3	4	5

What did you learn or how will this event impact your practice?

Additional comments and suggestions for future activities:

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