#

**BCW Obstetrical Ultrasound Rounds**

**Evaluation**

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| **Title** | **FoM feedback session – lateral ventricle measurement** |
| **Date** | **Friday, September 23, 2022** |
| **Presenter(s)** | **Dr. Chantal Mayer**  |
|  | **Attendee Signature:**  | Click here to enter text. |

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| **Please rate the quality of the activity** | **Strongly Disagree** | **Disagree** | **Neither****Dis/Agree** | **Agree** | **Strongly Agree** |
|  Met the stated learning objectives |[ ] [ ] [ ] [ ] [ ]
|  Enhanced my knowledge |[ ] [ ] [ ] [ ] [ ]
|  Satisfied my expectations |[ ] [ ] [ ] [ ] [ ]
|  Conveyed information that applied to my practice |[ ] [ ] [ ] [ ] [ ]
|  Allocated at least 25% of the time for interaction |[ ] [ ] [ ] [ ] [ ]
|  Was free from commercial bias |[ ] [ ] [ ] [ ] [ ]

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| **Evaluation of Presenter(s)** |
| **Presenter Name:**  |
| **Please rate the quality of the presentation:** | **Strongly Disagree** | **Disagree** | **Neither****Dis/Agree** | **Agree** | **Strongly Agree** |
|  Effective Presentation  |[ ] [ ] [ ] [ ] [ ]
|  Relevant Content  |[ ] [ ] [ ] [ ] [ ]
|  Used Effective Teaching Methods |[ ] [ ] [ ] [ ] [ ]

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| **What did you learn or how will this event impact your practice?** |
| Click here to enter text. |

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| **Additional comments and suggestions for future activities:** |
| Click here to enter text. |

***Please return to Kerrie Glover, Room 1U24, BCW***