# 

**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***