Grand Rounds Evaluation

Sponsored by the University of Arizona College of Medicine at the Arizona Health Sciences Center
PSYCHIATRY DEPARTMENT GRAND ROUNDS

Name: _____ Degree_____ Date: _____

Speaker: _____ Topic: _____

8. What problems do you experience in your practice? Please list suggestions for future CME/CE programs:
_____

9. Please give an example of what you will do differently in your practice as a result of participating in this activity (i.e., creation/revision of protocols, policies and procedures; changes in management and treatment; etc):
_____

10. Comments AND/OR
Your email address, to be added to our listserv (if haven't provided previously):_____
_____

IN ORDER TO ASSESS THIS ACTIVITY, WE ASK THAT YOU COMPLETE THE EVALUATION FORM BELOW

1. Overall Activity Rating: Poor 1 Fair 2 Good 3 Very Good 4 Excellent 5

2. Were the educational objectives met:

♦ Explain new techniques relevant to the topic	Not at All	1 2 3 4 5
♦ Recognize relevant research and quality care issues	Not at All	1 2 3 4 5
♦ Discuss basic and updated information	Not at All	1 2 3 4 5
♦ Discuss the pathogenesis of the disease state represented by this Grand Rounds lecture (if applicable)	Not at All	1 2 3 4 5

3. Was disclosure made prior to the activity? No ☐ Yes ☐ - Verbal Powerpoint Handouts

4. Did you perceive any commercial bias relative to specific products presented in this educational activity? No ☐ Yes ☐
If Yes, please explain:_____

5. Please rate the speaker(s) on their presentation skills, knowledge of content, and degree to which presentation was balanced, objective and scientifically rigorous: ☐ Poor ☐ Good ☐ Excellent

6. To what extent did the information improve your level of understanding of the subject matter?
☐ Not at all ☐ Somewhat ☐ Significantly

7. To what extent did the speaker provide current relevant and accurate information?
☐ Not at all ☐ Somewhat ☐ Significantly