

**South Texas Regional Family Medicine Grand Rounds
 Continuing Education Form**

TITLE

DATE – Room 309L/UTHSCSA

Please complete this evaluation. We use your responses to assess the educational effectiveness of this presentation and to plan future presentations.

Please select status: MD/DO DPM PhD PA-C NP Medical Student PharmD Other: _____

CONFERENCE OUTCOMES – Please check one response per row to indicate the extent to which the presentation helped you achieve the following objectives:	Excellent	Good	Neutral	Minimal	Not at All
Obj. 1:					
Obj. 2:					
Obj. 3:					
CONFERENCE OUTCOMES	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Presenter, MD, gave an effective presentation on <i>Title</i> .					
OVERALL EVALUATION – Rate how this presentation’s effectiveness helped meet your educational needs in these areas.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I was satisfied with the presentation.					
I learned something new in the presentation.					
The presentation’s content will change the way I care for patients.					
The presentation’s content will help me improve my patient’s health in a tangible way.					

What knowledge did you gain from attending this presentation?

What change(s) will you make in your professional practice as a result of attending this CME presentation? If none, please indicate why.

What information that you heard in this presentation remains unclear for you?

What topic(s) would you like presented in future programs? (Please continue on the back of this page if you need more space.)
