



**UNIVERSITY OF BRITISH COLUMBIA
DEPARTMENT OF RADIOLOGY**

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ASSESSMENT OF GRAND ROUNDS

Presenter's Name: _____ Date: DD/MM/YYYY

Title of Presentation: _____ CPD#: _____

	Strongly Disagree			Strongly Agree	
	1	2	3	4	5
1. Objectives were presented / provided / met.	1	2	3	4	5
2. Level of lecture was appropriate to the audience.	1	2	3	4	5
3. Practical applications of the subject matter were demonstrated.	1	2	3	4	5
4. Lecture was well prepared and well organized.	1	2	3	4	5
5. Comprehensive knowledge of subject matter was demonstrated.	1	2	3	4	5
6. No commercial bias was evident in this presentation.	1	2	3	4	5
7. At least 25% of time was allotted to interactive learning.	1	2	3	4	5
8. Overall, how would you rate this presenter?	1= very poor	2=poor	3=fair	4= good	5=very good

Comments: _____

Self Assessment of Continuing Professional Development Activity

	Strongly Disagree			Strongly Agree	
	1	2	3	4	5
1. I could identify a question, controversy, idea, innovation or tip relevant to my own clinical practice.	1	2	3	4	5
2. I was able to identify an area of potential improvement in one of the activities in my personal practice profile and will make a change as a result.	1	2	3	4	5
3. What areas in my practice have I been affirmed in:					
4. What additional learning has been stimulated:					

Name (print): _____ Address/Hospital/Practice _____

Signature: _____

Date: _____ Email Address: _____