

CONTINUING MEDICAL EDUCATION
U Mass Memorial Medical Center/
DEPARTMENT OF MEDICINE GRAND ROUNDS
CONFERENCE EVALUATION

Date: _____

Topic: _____

Speaker: _____

OBJECTIVES

Content Too Theoretical Practical

Presentation Hard to Follow Absorbing

Audio-Visual Distracting Lucid

My objectives in attending were:

Objectives Fulfilled

	Yes	Partly	No
<input type="checkbox"/> To acquire new knowledge in my own area of proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> To be informed about other specialty areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> To meet and obtain the opinions of acknowledged experts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Benefits:

- My value as a consultant will be increased
- Confidence increased in present practice/methods
- Expect to introduce new procedure of management
- No direct benefit to my patients
- Other: _____

Comment/Suggestion – for future program topics and/or speakers:

Evaluator's Name _____

Please return this form to
Junko Kato, Department of Medicine, LRB 227 or fax: 508-856-6176