**COURSE EVALUATION for ROUNDS OR REGULARLY SCHEDULED SERIES**

###### Washington University School of Medicine, Continuing Medical Education (CME)

# Each round or RSS should be evaluated, as a whole, at least once a year. Please *submit only a summary* to CME (counts of Yes/No’s and average of numbered responses. You can use a blank evaluation for the summary template).

**Course Number:**

**Course Title:**

**Date of Evaluation: Calendar Year** \_\_\_**\_\_\_ or Fiscal Year** \_\_\_**\_\_\_ or Specific session date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Objectives of RSS:**

*(Insert here, can be found on the sign in sheet)*

**Considering Pertinence, Presentation & Audiovisual** (1 = poor 2 = fair 3 = good 4 = very good 5 = excellent)

**What was the overall rating for the speaker(s): \_\_\_\_\_\_\_\_\_\_\_**

**Comments on speaker(s):**

###### Were the objectives (stated above) met? \_\_\_\_\_Yes \_\_\_\_\_No

###### Did this educational activity help you improve the way you practice and improve outcomes for your patients?

 **\_\_\_\_\_Yes \_\_\_\_\_No**

**Was the presentation(s) free of commercial bias? \_\_\_\_\_Yes \_\_\_\_\_No**

**If no, please explain:**

**Did the speaker(s) disclose financial interest or state they had nothing to disclose? \_\_\_\_\_Yes \_\_\_\_\_No**

 **Poor Excellent**

**1. Opportunity for discussion with the faculty: 1 2 3 4 5**

**2. Overall evaluation of the round activity: 1 2 3 4 5**

**After attending this course, do you anticipate changing any of your patient care practices?**

 **\_\_\_\_\_ YES \_\_\_\_\_ NO**

 **If yes, what do you anticipate changing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Do you foresee any barriers to implementing these changes?**

###  \_\_\_\_\_ YES \_\_\_\_\_ NO

 **If yes, please explain? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**TOPICS SUGGESTED FOR FUTURE ROUNDS:**

### COMMENTS: