

Evaluation Form

Please complete this evaluation on your way out. Your input is important!

1. Title: _____

2. Presentation date: _____

3. Medical school: _____

4. Are you: M1 or M2 student M3 or M4 student

5. Did this presentation reinforce and/or expand your knowledge of family medicine? Yes No

6. Please rate your level of understanding: 5=Excellent 4=Good 3=Average 2=Fair 1=Poor

a. Scope of care provided by FPs	5	4	3	2	1
b. Settings in which FPs practice	5	4	3	2	1
c. Income of FPs	5	4	3	2	1
d. Hours worked by FPs	5	4	3	2	1
e. Career opportunities for FPs	5	4	3	2	1
f. Scope of FM residency training	5	4	3	2	1
g. Innovations in family medicine	5	4	3	2	1

7. Please rate this presentation: 5=Excellent 4=Good 3=Average 2=Fair 1=Poor

a. Value of Topic	5	4	3	2	1
b. Quality of Content	5	4	3	2	1
c. Quality of Speaker(s)Delivery	5	4	3	2	1
d. Quality of Visual Aids	5	4	3	2	1
e. Usefulness of Handouts (if applicable)	5	4	3	2	1
f. Length of Presentation	5	4	3	2	1
g. Time for Discussion	5	4	3	2	1
h. Overall Rating of Presentation	5	4	3	2	1

8. This presentation had the following impact on my level of interest in a career in family medicine:

- A negative impact. ("I'm less interested than I was.")
- No impact. (I am not interested in family medicine.)
- A little impact. ("I was uncertain. Now I'm thinking about it.")
- A substantial impact. ("Family medicine is looking better to me.")
- A substantial impact. ("Family medicine MAY be right for me.")
- A big impact. ("Family medicine IS right for me.")
- Reinforced my interest ("I was already fully committed to family medicine.")

9. What topic/questions would you like to see addressed at future events?