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?