



Title:

Presenter:

Date:

Location:

Upon completion of this activity, the participant should be able to:

WHERE APPLICABLE, PLEASE CIRCLE THE NUMBER WHICH BEST REPRESENTS YOUR EVALUATION OF THE SPEAKER(S) AT THIS ACTIVITY:

	Unsatisfactory	Satisfactory	Good	Excellent
1. Timeliness of information	1	2	3	4
2. Teaching quality	1	2	3	4
3. Appropriate depth of materials	1	2	3	4
4. Opportunity to ask questions	1	2	3	4

Was speaker content evidence-based?  Yes  No

Was any unlabeled use disclosed, if discussed?  Yes  No

Did you detect any bias toward any commercial interest by the speaker?  Yes  No

Speakers are required to disclose whether or not they have financial interests which may bias their presentations. Was such disclosure made by each speaker?  Yes  No

How will today's session impact on your practice of medicine?

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Suggestions for future topics and speakers

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