Didactic and Seminar Evaluation

**Resident Name**:

**Didactic Title/Topic**:

**Presenter Name:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please indicate the extent to which you agree or disagree with the following statements.** | **Rating Scale:**

|  |  |
| --- | --- |
| **Score** |  |
| **1** | Mostly disagree |
| **2** | Slightly disagree |
| **3** | Slightly agree |
| **4** | Mostly Agree |
| **5** | Completely agree |
| **0** | Unable to assess |

 |
| 1. The presentation was well organized  | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  0 |
| 2. The instructor encouraged participants to ask questions  | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  0 |
| 3. The instructor used teaching methods that helped me understand the practical application of the presentation content  | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  0 |
| 4. The instructors presentation stimulated my interest in the subject  | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  0 |
| 5. What are the key learning points you will apply to your practice?  | Comment Box: |
| 6. What recommendations do you have to improve the presentation? | Comment Box: |
|  | **Rating Scale for Question below:**

|  |  |
| --- | --- |
| **Score** |  |
| **1** | Unsatisfactory |
| **2** | Below Average |
| **3** |  Average |
| **4** |  Above Average |
| **5** | Excellent |
| **0** | No Interaction |

 |
| 1. How would you rate the overall value of this didactic?  | [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  0 |