

FY 2017

The Children's Hospital of Philadelphia
Continuing Medical Education Department

Didactic Lecture

Session Evaluation and Presenter Feedback

Please complete and scan/send to: Justine Petros

FY 2017 Lecture

Pulmonary Medicine Lecture Series FY17

Series Title:

Lecture Title:

Presenter(s):

Session Date:

Having attended this session, describe, if applicable, how it will change your understanding or practice:

Having attended this lecture, are you able to:

Enter Learning Objectives:	Strongly Agree	Agree	Disagree	Strongly Disagree

Please use a scale of 1-10 to evaluate the various aspects of this session/case discussion.
10 = Excellent. 6 = Satisfactory, 5 = Minimally Acceptable, 1-4 Unsatisfactory.

For this Presentation, Please Rate the Faculty:

Category	Score	Comments/Suggestions for Improvement
Content		
Relevance to my practice		
Impact on changing my practice, skills & knowledge		
Learning Objectives Accomplished		
Timeliness/Emerging Concept		
Delivery		
Presentation Materials		

Other comments to improve this session/lecture:

For FY 2017 Enter Title of CME Lecture Series

For this lecture series needs assessment, please list any topics or areas of Pediatric Medicine that you would like to see included or expanded upon in these (future) sessions:

Please indicate your position (check all that apply):

___ M.D. ___ Ph.D. ___ D.O. ___ P.A. ___ N.P. ___ R.N. ___ Other*

*Fellow, Resident, Medical Student Medical Specialty: _____