

Presentation Evaluation Form

(to be completed after the session)

Please rate this presentation in terms of its ability to provide you with the following:

	Excellent		Average		Poor
A. Knowledge of...					
the forces driving initiatives to improve medication safety	1	2	3	4	5
medication safety initiatives underway nationally or locally	1	2	3	4	5
the forces driving initiatives to improve tracking and follow up	1	2	3	4	5
the forces driving the adoption of electronic medical record keeping systems	1	2	3	4	5
B. Clinical relevance...					
provided practical suggestions I can apply in my practice	1	2	3	4	5

How would you rate the overall value of this session? (circle one)

Poor Fair Good Very Good Excellent

Comments and suggestions for improvement:
