



Learning & Feedback Form

ACTIVITY: _____ DATE: _____

PRESENTATION TITLE: _____

PRESENTER: _____

YOUR TITLE: PHYSICIAN PA NP CNM OTHER _____

Objective 1

Before

___ Not at all Proficient ___ Slightly Proficient ___ Moderately Proficient ___ Very Proficient ___ Extremely Proficient

After

___ Not at all Proficient ___ Slightly Proficient ___ Moderately Proficient ___ Very Proficient ___ Extremely Proficient

Objective 2

Before

___ Not at all Proficient ___ Slightly Proficient ___ Moderately Proficient ___ Very Proficient ___ Extremely Proficient

After

___ Not at all Proficient ___ Slightly Proficient ___ Moderately Proficient ___ Very Proficient ___ Extremely Proficient

Objective 3

Before

___ Not at all Proficient ___ Slightly Proficient ___ Moderately Proficient ___ Very Proficient ___ Extremely Proficient

After

___ Not at all Proficient ___ Slightly Proficient ___ Moderately Proficient ___ Very Proficient ___ Extremely Proficient

Delivered balanced and objective, evidence-based content?

___ Strongly Disagree ___ Disagree ___ Neutral ___ Somewhat Agree ___ Strongly Agree

Did you feel this presentation conveyed any commercial bias? Yes _____ No _____

COMMENTS: _____

Please rate the effectiveness of the speaker:

___ Not Effective ___ Somewhat Effective ___ Moderately Effective ___ Very Effective ___ Extremely Effective

COMMENTS: _____

Please list topics of interest to you for future activities:
