



UBC DEPARTMENT OF ORTHOPAEDICS
GRAND ROUNDS

Please evaluate EACH speaker by circling the appropriate number and letter(s) beside the speaker's name.

DATE: _____

TOPIC: _____

EXPLANATION OF CODES:

Rating

1 = Poor

2 = Fair

3 = Good

4 = Very Good

5 = Excellent

Faculty Name

**Overall
Rating
(Circle One)**

**Relevance to
Practice
(Circle One)**

**Delivery and
Audio-Visual
(Circle One)**

1. Speaker & Topic

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Comments: _____

2. Speaker & Topic

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Comments: _____

3. Speaker & Topic

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Comments: _____

4. Speaker & Topic

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Comments: _____

Do you want us to count this hour as MAINCERT Section 1? A total will be sent to you at the end of the calendar year.

YES _____

NO _____

NAME: _____