

**Medical Council of Guyana  
Continuing Medical Education Feedback Form**

To assist us in evaluating the effectiveness of the CME activity, and to make recommendations for future educational activities, **please take a few minutes to complete the evaluation form.**

**Section 1.**

1. Activity Name
2. Date
3. Please select your current position
  - a. General Practitioner
  - b. Specialist Doctor
  - c. Medical Intern
  - d. Medical Student
  - e. Resident
  - f. Medex

<i>On a scale of 1-5, please rate the following:</i>					
<b>Effectiveness of Activity</b>	<b>1- Strongly Disagree</b>	<b>2- Disagree</b>	<b>3- Neutral</b>	<b>4-Agree</b>	<b>5- Strongly Agree</b>
<b>The activity met my expectations and learning needs.</b>					
<b>The information was presented at an appropriate learning level for this stage in my career.</b>					
<b>The format was effective.</b>					
<b>The CME allowed me to increase my connections with peers.</b>					
<b>I learned skills and concepts that will help me be more effective in my practice.</b>					
<b>The activity provided me with new ideas and resources.</b>					
<b>I would recommend this activity to colleagues</b>					

**Section 2.**

<p align="center"><b>Presenter(s) Evaluation</b></p> <p align="center"><b>Please grade each Presenter using the following scale:</b></p> <p align="center">1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree N/A-Not applicable</p>						
<b>Lecture Title Presenter</b>	<b>Presenter made a clear &amp; well- organized presentati on</b>	<b>Presentati on met the identified objectives</b>	<b>Presentati on was relevant to my practice</b>	<b>The informatio n was presented at an appropriat e learning level for this stage in my career.</b>	<b>Presentati on was scientific ly rigorous and balanced</b>	<b>Presentation was free from commercial bias</b>
<b>Presentation Title</b> Presenter Name, MD						
<b>Presentation Title</b> Presenter Name, MD						
<b>Presentation Title</b> Presenter Name, MD						
<b>Presentation Title</b> Presenter Name, MD						

**Section 3.**

Please provide at least one suggestion for improving this activity.

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Please feel free to share any additional comments and suggestions.

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