

FMIG Presentation Post-Test Evaluation Form

Please complete this form before you leave. *Your input is important.*

1. Presentation Title: _____ 2. Presentation Date: _____

3. Medical School: _____

4. Are you: M1 _____ M2 _____ M3 _____ M4 _____

5. Please rate the level of your understanding: 5=Excellent 4= Good 3=Average 2= Fair 1= Poor

a. Scope of Care provided by FPs	5	4	3	2	1
b. Settings in which FPs practice	5	4	3	2	1
c. Income of FPs	5	4	3	2	1
d. Hours worked by FPs	5	4	3	2	1
e. Career opportunities for FPs	5	4	3	2	1
f. Scope of FM residency training	5	4	3	2	1
g. Innovations in Family Medicine	5	4	3	2	1

6. Was this presentation a valuable source of information about the specialty of Family Medicine? YES NO

7. This presentation had the following impact on my level of interest in a career in family medicine:

- _____ Very Positive Impact ("I am fully committed to Family Medicine")
 _____ Positive Impact ("Family medicine is looking better to me")
 _____ No Impact ("I am neither more interested nor less interested in Family Medicine")
 _____ Negative Impact ("I am uncertain whether Family Medicine is the right specialty for me")
 _____ Very Negative Impact ("I am less interested than I was in Family Medicine")

8. Please rate this presentation: 5=Excellent 4= Good 3=Average 2= Fair 1= Poor

a. Value of the Topic	5	4	3	2	1
b. Quality of the Content	5	4	3	2	1
c. Quality of Speaker(s) delivery	5	4	3	2	1
d. Quality of Visual Aids	5	4	3	2	1
e. Usefulness of Handouts (if applicable)	5	4	3	2	1
f. Length of Presentation	5	4	3	2	1
g. Time for Discussion	5	4	3	2	1
h. Overall Rating of Presentation	5	4	3	2	1

9. What questions do you have about a career in Family Medicine?

10. What topics would you like to see addressed at future events?