

## FMIG Presentation Pre-Test Evaluation Form

**Please complete this form before the presentation. *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. Describe the most valuable source(s) of information you have previously used to learn about specialty choice.

7. Describe the most valuable source(s) of information you have previously used to learn about Family Medicine.

8. The information that I have previously received about Family Medicine had the following impact on my interest in Family Medicine as a career:

- \_\_\_\_\_ 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")

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