

PROVINCE-WIDE SLEEP ROUNDS EVALUATION FORM

5th February 2016

YOUR NAME: _____

OBJECTIVE OF THIS SLEEP ROUNDS: Learn more about patient sleep, RLS/PLMS, Narcolepsy, Cataplexy

PRESENTOR: **Dr. Alan Lowe** **Dr. Hochang Benjamin Lee** **Dr. John Peever**

FORMAT: (CIRCLE NUMBER)

	No	Average	Very	Much	No	Average	Very	Much	No	Average	Very	Much
Organized	0	1	2	3	4	5	0	1	2	3	4	5
Informative	0	1	2	3	4	5	0	1	2	3	4	5
Interesting	0	1	2	3	4	5	0	1	2	3	4	5
Time left for question/discussions	0	1	2	3	4	5	0	1	2	3	4	5

PRESENTOR: (CIRCLE NUMBER)

Coherent/Clear	0	1	2	3	4	5	0	1	2	3	4	5
Engaging	0	1	2	3	4	5	0	1	2	3	4	5
Creative	0	1	2	3	4	5	0	1	2	3	4	5
Responded to Questions	0	1	2	3	4	5	0	1	2	3	4	5
Encouraged Discussion	0	1	2	3	4	5	0	1	2	3	4	5

Note: This educational event is MAINCERT approved.

Online CME certificates, sign-in and evaluation sheets for each of the Province-Wide Rounds can be found at:
www.sleepontario.com → News & Announcements → CME Certificates & Forms → 2016 Rounds

COMMENTS:

Did this Sleep Rounds meet its stated objectives? ___ Yes ___ No

If said "NO" please state the reason: _____
