

Name (first & last): _____

MDA Employee ID #: _____

E-mail address: _____

****Email completed form to egagneau@mdanderson.org**

Date: September 24-25, 2021

Presenter: Sriram Yennu, MD

CEU: 7.5 CEU

Program Title: Palliative Care Conference

PRESENTATION STYLE	Unacceptable	Needs Work	Average	Very Good	Excellent	N/A
Presentation style was conducive to learning	1	2	3	4	5	
Presentation is well organized and easy to follow	1	2	3	4	5	
Presenter spoke clearly with correct speed, cadence, & volume	1	2	3	4	5	
Presentation fit within the time allotted	1	2	3	4	5	
Professionalism of presentation and speaker's demeanor	1	2	3	4	5	
There was a good balance between discussion and presentation	1	2	3	4	5	
Overall effectiveness of delivery (well-practiced, engaging, spoke clearly, etc.)	1	2	3	4	5	

Comments:

AUDIO/VISUAL	Unacceptable	Needs Work	Average	Very Good	Excellent	N/A
Appropriate use of slides (number of slides, time on each slide, etc.)	1	2	3	4	5	
Quality of text slides (legible, enhance verbal portion, etc.)	1	2	3	4	5	
Quality of graphs/tables/pictures	1	2	3	4	5	
Audiovisual aids/materials/handouts were useful	1	2	3	4	5	

Comments:

CONTENT	Unacceptable	Needs Work	Average	Very Good	Excellent	N/A
The speaker integrated theory and practice	1	2	3	4	5	
The speaker stimulated new thoughts and ideas	1	2	3	4	5	
The subject matter presented was relevant and applicable to my work and/or interests	1	2	3	4	5	
The topic was covered adequately	1	2	3	4	5	
Speaker was knowledgeable about subject matter	1	2	3	4	5	

Comments:

OVERALL EVALUATION	Unacceptable	Needs Work	Average	Very Good	Excellent	N/A
Goals of the presentation were met	1	2	3	4	5	
Overall educational value	1	2	3	4	5	

Comments:

I would like additional information/presentation on this topic: _____

Suggestions for future presentations: _____