

**MRCAC Videoconferencing Evaluation form**  
**MDT Case Review**

1. Date: \_\_\_\_\_

2. Other sites involved: \_\_\_\_\_  
\_\_\_\_\_

3. Number of people at your site: \_\_\_\_\_ Meeting time: \_\_\_\_\_

**Format:**

4. Did the call begin/end on time? Yes/ No

If NO why: \_\_\_\_\_  
\_\_\_\_\_

5. Was the presenting site prepared: **YES / NO**

If NO why: \_\_\_\_\_

6. Was there enough time for presenting site to present case: **YES / NO**

If NO why:

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7. Was most of MDT present for presentation? Yes/No

If no, why: \_\_\_\_\_

8. Was each team member's role evident during the presentation/discussion? Yes/No

If no, why \_\_\_\_\_

9. Was there enough time for discussion? **YES / NO**

If No why: \_\_\_\_\_

10. Was the facilitator/moderator effective for this call (i.e. gave each site a chance to add input and kept the call moving in an effective manner)? **YES/NO**

If no, why:

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**Topic Pertinent/Education Level Raised:**

11. What was the topic discussed on today's call? \_\_\_\_\_

12. Did this call demonstrate new ways to work with your MDT and/or increase your knowledge base?:

**YES / NO**

If NO why: \_\_\_\_\_  
\_\_\_\_\_

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13. How would you rank the overall call, with 1 being poor and 5 being excellent: 1 2 3 4 5

14. Any additional comments:

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**For CEU's, you must provide name and current professional license number or SS#**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current professional license number or SS# \_\_\_\_\_

If you have any questions or concerns contact Kim Martinez, MRCAC @ 651/220-6065 or

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