

***MRCAC Videoconferencing Evaluation form
Medical Peer 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 sites to present case: **YES / NO**

If **NO** why: _____

7. Were the graphics/peripheral equipment used to demonstrate the medical cases easy to view so that a diagnosis could be made? Yes/No

If no, why:

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

If **No** why: _____

9. 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:

Topic Pertinent/Knowledge Based Raised:

10. Topic discussed/covered on today's call: _____

11. Did the topic presented increase your knowledge/assist you in formulating a diagnosis?:

YES / NO

If **NO** why: _____

12. Please rank the overall call with 1 being poor and 5 being excellent: 1 2 3 4 5

13. Any additional comments:

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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