

Assessment Sheet for Peer Teaching Session



Registrar Name: _____ Date: _____

Evaluated By: _____ (Medical Educator)

Topic: _____

(Please circle)

1. Relevance to the audience	Lacking	1	2	3	4	Excellent
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Comment: _____

(Please circle)

2. Visual aids	Lacking	1	2	3	4	Excellent
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- *How effective were the visual or other aids?*
- *If slides were used, were they simple to follow?*

Comment: _____

(Please circle)

3. Clarity of information	Lacking	1	2	3	4	Excellent
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- *Was the approach congruent for a clinical setting?*
- *Did too much detail detract from the important points?*

Comment: _____

(Please circle)

4. Dynamic interaction with audience	Lacking	1	2	3	4	Excellent
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- *Was it engaging?*
- *Did my thoughts wander off?*

Comment: _____

(Please circle)

5. Clarity of 'take home messages'	Lacking	1	2	3	4	Excellent
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Comment: _____

(Please circle)

6. Overall	Lacking	1	2	3	4	Excellent
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Comment: _____
