**Text

Description automatically generated**

Continuing Professional Development **Simulation**   
Evaluation Template

Program/Conference Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 1: Session Evaluation** [[1]](#footnote-1)

Please rate the following aspects of the simulation session:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| \*The session met the stated learning objectives |  |  |  |  |  |
| Objective 1: |  |  |  |  |  |
| Objective 2: |  |  |  |  |  |
| Objective 3: |  |  |  |  |  |
| Objective 4: |  |  |  |  |  |
| The overall program content … | | | | | |
| Was relevant to my discipline/profession |  |  |  |  |  |
| Met my expectations |  |  |  |  |  |
| Was well organized |  |  |  |  |  |
| There were adequate opportunities to interact with my peers |  |  |  |  |  |
| I will use the information I learned in my practice |  |  |  |  |  |
| The simulation activities … | | | | | |
| The orientation to the simulator environment  was useful |  |  |  |  |  |
| \*The simulated scenarios were relevant to  my practice |  |  |  |  |  |
| The simulated scenarios were sufficiently designed to address the objectives above |  |  |  |  |  |
| The debriefing/feedback sessions were important learning opportunities |  |  |  |  |  |
| There was adequate time for discussion during the debriefing/feedback sessions |  |  |  |  |  |
| The program enhanced my problem solving and decision-making skills |  |  |  |  |  |
| The skills taught are transferable to my practice |  |  |  |  |  |
| Adequate resources for further learning  were provided |  |  |  |  |  |
| The instructor … | | | | | |
| The instructor provided information clearly  and effectively |  |  |  |  |  |
| The instructor provided useful feedback on my performance |  |  |  |  |  |

Additional comments related to the instructor:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Did you perceive any degree of bias in any part of the program?** (The [National Standard](https://www.royalcollege.ca/rcsite/documents/continuing-professional-development/national-standard-accredited-activites-e.pdf) defines bias as “a predisposition that prevents impartiality or which promotes an unfair, limited, or prejudiced viewpoint”)

* No
* Yes, speaker and/or program funding
* Yes, mention of specific pharmaceuticals or products within the program content
* Yes, expression of personal opinions creating undue influence
* Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did you find that the program was accessible?**

* Yes
* No

**Did you find that the program was inclusive?**

* Yes
* No

**If you answered no to either of these questions, please describe how the program was not accessible or not inclusive and share any suggestions you would like to see for future programs.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What was the most effective part of the session? Why?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*The session will encourage me to consider changes in my current practice**

* YES: The changes I am considering are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* NO: because:
* I do not see the need to make changes to my current practice.
* I am thinking about changes and have the necessary resources but not ready to make them yet
* I am already implementing recommended practices
* The information was not relevant to me
* I do not have the required resources to implement these changes

**What was the least effective part of the session? Why?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What suggestions do you have for improving the session?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list any topics you would like to see addressed in future sessions:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*For physicians only: please indicate which CanMEDS/CanMEDS-FM roles you felt were addressed during this session?** (this is a required question for physicians only)

* Medical Expert/Family Medicine Expert
* Scholar
* Collaborator
* Communicator
* Leader
* Professional
* Health Advocate

1. Questions with an asterisk in front of them are required for CFPC and/or RCPSC accreditation. Please do not remove or reword these questions. [↑](#footnote-ref-1)