



QUESTIONNAIRE FOR ASSESSORS OF WEB-BASED CONTINUING EDUCATION EVENTS 1

Attached please find an educational package that has been submitted for accreditation by The Office of Continuing Education and Professional Development, Faculty of Medicine, University of Toronto.

As an assessor you are requested to read the instructions given and complete one module at a time (preferably each module in one sitting), making note of the length of time required to complete each module including exercises and quizzes. Please see the attached Information Sheet to provide you with an overview of the accreditation criteria for online learning, which has been adapted from accreditation criteria pertaining to The Royal College of Physicians & Surgeons of Canada, The College of Family Physicians of Canada, and The American Medical Association.

Assessors must not have prior knowledge of the content of the program under review.

AFTER COMPLETING THE PROGRAM, PLEASE PROVIDE YOUR FEEDBACK:

Please use a separate page if you wish to expand on any of the following questions.

TITLE OF PROGRAM: _____

START DATE: _____ END DATE: _____

1. Re-read the course objectives for each module. Were the stated objectives met by participating in the program?

_____ Yes _____ No

Comments: _____

2. Was the material balanced and free of commercial bias? _____ Yes _____ No

Comments: _____

3. Did the program provide an opportunity for active learning? (facilitated discussions, Q & A)

_____ Yes _____ No

Comments: _____

4. Was the material relevant to your practice? _____ Yes _____ No

Comments: _____

5. Was the material clearly presented? _____ Yes _____ No

Comments: _____

6. Was there a method to receive feedback on your learning? _____ Yes _____ No

Comments: _____

7. Were there adequate and up-to-date references included? _____ Yes _____ No

Comments: _____



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Please list name of module, number of hours, and minutes spent completing each on a separate page:

If more than 10 modules, please use the space provided or a separate page.

Module ____ (Title) _____ in ____ hours and ____ minutes.

Module ____ (Title) _____ in ____ hours and ____ minutes.

Module ____ (Title) _____ in ____ hours and ____ minutes.

Module ____ (Title) _____ in ____ hours and ____ minutes.

Module ____ (Title) _____ in ____ hours and ____ minutes.

Module ____ (Title) _____ in ____ hours and ____ minutes.

Module ____ (Title) _____ in ____ hours and ____ minutes.

Module ____ (Title) _____ in ____ hours and ____ minutes.

Module ____ (Title) _____ in ____ hours and ____ minutes.

Module ____ (Title) _____ in ____ hours and ____ minutes.

Total time spent for all modules that you have reviewed: in ____ hours and ____ minutes.

Other comments: You may use a separate page if extra space is needed.

Name of Assessor: _____

Specialty: _____

Telephone : _____

Email: _____

Signature: _____

Date: _____

Please return this form to the Program Director.