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Continuing Professional Development **Program or Conference Session**Evaluation Template

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

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

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

Please rate the following aspects of the program/conference:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| The program/session met the stated learning objectives |  |  |  |  |  |
| Objective 1: |  |  |  |  |  |
| Objective 2: |  |  |  |  |  |
| Objective 3: |  |  |  |  |  |
| Objective 4: |  |  |  |  |  |
| The program/session content …  |
| Was relevant to my discipline/profession |  |  |  |  |  |
| Met my expectations  |  |  |  |  |  |
| Was well organized |  |  |  |  |  |
| Disclosure of potential conflicts of interest was clearly communicated |  |  |  |  |  |
| There were adequate opportunities to interact with my peers |  |  |  |  |  |
| I will use the information I learned in my practice |  |  |  |  |  |

**\*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 program/session? Why?**

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

**\*The program/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 suggestions do you have for improving the program/session?**

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

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

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

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

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

**PART 2: Session Evaluation**

|  |
| --- |
| **Please rate the quality of the session on a scale of 1 (poor) to 5 (excellent)** |
|  | \*Met Stated Objectives | Program Content Enhanced My Knowledge | \*Balanced [[2]](#footnote-2) and Unbiased | Relevance to Practice Overall | Time for Active Learning |
|  |  |  |  |  |  |
| 9 AM - Presenter A | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 AM - Presenter B | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 AM - Presenter C | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |

Additional comments related to the session/speaker(s):

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

**PART 3: Program / Conference Logistics**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **N/A** |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Not Applicable |
| The registration process was easy to use |  |  |  |  |  |  |
| The abstract submission process was intuitive and easy to use |  |  |  |  |  |  |
| Information about the program on the website was useful |  |  |  |  |  |  |
| The venue met my expectations |  |  |  |  |  |  |
| The food met my expectations |  |  |  |  |  |  |
| The platform met my expectations (for online programs) |  |  |  |  |  |  |

Additional comments related to the Program/Conference Logistics:

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

**PART 4: About You**

 **What attracted you to attending this program/conference (Please select all that apply).**

* Updating Knowledge
* Wanted to change how I do things in my practice
* Speaker(s)
* Networking
* Location
* Accredited Program

**What is your health profession, role, discipline?** **Please check all that apply.**

* Family Physician
* Specialist Physician
* Fellow
* Resident
* Medical Student
* Physician Assistant
* Nurse Practitioner
* Nurse
* Rehabilitation Professional
* Researcher or Scientist
* Social Worker
* Pharmacist
* Dentist
* Health professional (not listed above)
* N/A
* Other (Please describe)

**How many years have you been in practice?**

* Not in practice
* < 10 years
* 10-20 years
* 20-30 years
* 30+ years
* N/A
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)
2. By ‘balanced’, we mean that all options and points of view are given impartially with appropriate evidence. [↑](#footnote-ref-2)