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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?**

* Yes
* No

\*If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 |  |  |  |  |  |  |

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)