**Text

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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?**

* Yes
* No

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

**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)