



Overall Program Evaluation for: RRS Title

For the academic year of:

Location:

Please indicate your profession:

- Specialist
- FP / GP
- Resident
- Student
- RN
- Other _____

This series has increased, improved or positively impacted my: (select all that apply)

- Knowledge
- Competence
- Performance
- Patient Outcomes
- No Change

Do you feel the series is scientifically sound and free of commercial bias* or influence?

- Yes
- No, please explain: _____

**Commercial is defined as a personal judgement in favor of a specific product or service of a commercial interest.*

How will you change your practice as a result of attending this series? (select all that apply)

- Create/revise protocols, policies, and/or procedures – please explain: _____

- Change the management and/or treatment of my patients – please explain: _____

- This activity validated my current practice.

- I will not make any changes to my practice.

- Other, please specify: _____

Please indicate any barriers you perceive in implementing these changes.

- Cost
- Lack of experience
- Lack of opportunity (patients)
- Lack of resources (equipment)
- Lack of administrative support
- Lack of time to assess/counsel patients
- Reimbursement/insurance issues
- Patient compliance issues
- Lack of consensus or professional guidelines
- No barriers
- Other, please specify: _____

Overall Program Evaluation – Page 2: RRS Title

How will you address these barriers to implement changes in knowledge and/or behaviour?

How might the format of this series be improved in order to be most appropriate for the content presented? (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Format is appropriate; no changes needed | <input type="checkbox"/> Add a hands-on instructional component |
| <input type="checkbox"/> Include more case-based presentations | <input type="checkbox"/> Schedule more time for Q & A |
| <input type="checkbox"/> Increase interactivity with attendees | <input type="checkbox"/> Add breakouts for subtopics |

Other, please describe: _____

What could improve this series?

Based on your educational needs, please list any topics you would like to see addressed in future educational activities.

Other comments:
