



Program Evaluation for: Session Title

RSS Title

Session Date - Location

Please indicate your profession:

FP / GP Specialist Resident Student Nurse Other _____

The Program	4=Strongly Agree	3=Agree	2= Disagree	1=Strongly Disagree
The session was organized to my satisfaction.	④	③	②	①
The session met the stated objectives.	④	③	②	①
The format was conducive to my learning.	④	③	②	①
There was sufficient discussion time.	④	③	②	①
The audio-visual aids were helpful.	④	③	②	①
This session promoted active engagement of learners.	④	③	②	①
The content of this session was valuable to me.	④	③	②	①
The content of this session was evidence-based.	④	③	②	①
This session was free of commercial bias.	④	③	②	①
The registration and payment process were easy.	④	③	②	①

	4=Strongly Agree	3=Agree	2= Disagree	1=Strongly Disagree
The Speaker(s)	Presentation was consistent with the stated objectives.	Information was clearly presented	Presentation was balanced and unbiased.	Provided information which will influence my practice.
Speaker 1	④ ③ ② ①	④ ③ ② ①	④ ③ ② ①	④ ③ ② ①
Speaker 2	④ ③ ② ①	④ ③ ② ①	④ ③ ② ①	④ ③ ② ①

Please describe two valuable features of today's session.

- 1:
- 2:

Please indicate any changes that you plan to make in your practice as a result of the information you received from this activity.

What barriers might stop you from making the above changes to your practice?

Do you think these changes will affect patient outcomes? If yes, in what way(s)?

Please provide any general comments regarding this session, suggestions of how we could improve it, and/or ideas for future topics/sessions.