

**Program Evaluation Template**

**For each individual session:**

|  |  |
| --- | --- |
| **Question** | **Response Options** |
| Presentation was consistent with the stated objectives. | * Strongly Agree
* Agree
* Disagree
* Strongly Disagree
 |
| Presentation provided information which was relevant to my practice. | * Strongly Agree
* Agree
* Disagree
* Strongly Disagree
 |
| Did you perceive any bias in any part of the session? (Select all that apply) | * No
* Yes – Speaker’s funding
* Yes – Speaker’s mention of specific pharmaceuticals or products
* Yes – Speaker’s expression of personal opinions
* Yes – Other reason (open text box offered to explain)
 |
| This session promoted active engagement of learners. | * Strongly Agree
* Agree
* Disagree
* Strongly Disagree
 |
| Is there anything which the speaker did exceptionally well? (Select all that apply) | * Explained content well
* Clear and organized slides/materials
* Incorporated interactivity
* Engaging style of presentation
* Highlighted key points
* Other (open text box offered to explain)
 |
| Is there anything the speaker could have done to be more effective? (Select all that apply) | * Slow down
* Speed up
* Increase size of text on slides
* Link slides/supporting materials to the talk more clearly
* Increase interactivity
* Simplify content/include less detail
* Mitigate bias more effectively
* No improvements needed
* Other (open text box offered to explain)
 |
| We value your feedback! Please provide any additional thoughts or comments on this session. | Open text box |

**For the overall session:**

|  |  |
| --- | --- |
| **Question** | **Response Options** |
| As a result of attending this event, has your ability to "ENTER LEARNING OBJECTIVE":***(This is repeated for EACH learning objective)*** | * Stayed the same
* Increased a little
* Increased a lot
* Decreased
 |
| Did you perceive any bias in any part of the session? (Select all that apply) | * No
* Yes – Speaker’s funding
* Yes – Speaker’s mention of specific pharmaceuticals or products
* Yes – Speaker’s expression of personal opinions
* Yes – Other reason (open text box offered to explain)
 |
| The program met the stated objectives. | * Strongly Agree
* Agree
* Disagree
* Strongly Disagree
 |
| The event promoted active engagement of learners. | * Strongly Agree
* Agree
* Disagree
* Strongly Disagree
 |
| The content of this program was evidence-based. | * Strongly Agree
* Agree
* Disagree
* Strongly Disagree
 |
| The program content enhanced my knowledge. | * Strongly Agree
* Agree
* Disagree
* Strongly Disagree
 |
| I will use the information I learned today in my practice. | * Strongly Agree
* Agree
* Disagree
* Strongly Disagree
 |
| Which CanMEDs roles were addressed during this educational activity? (Select all that apply) | * Not applicable to me/Not sure
* Medical Expert
* Scholar
* Collaborator
* Communicator
* Health Advocate
* Leader
* Professional
 |
| Please indicate any changes that you plan to make in your practice as a result of participating in this program.  | Open text box |
| What barriers might stop you from making the above changes to your practice? | Open text box |
| Do you think these changes will affect patient outcomes? If yes, in what way(s)? | Open text box |
| Please describe two valuable features of today's program. | Open text box |
| How could the program be improved? | Open text box |
| Please provide suggestions for topics, activities, and speakers for future events. | Open text box |
| Did you find that the program today aligned with our mission statement? (Image provided of mission statement) | * Yes
* No (open text box offered to explain)
 |
| Did you feel that this event was inclusive? | * Yes
* No
* Not sure
 |
| Do you have any feedback to share on how we can be more inclusive? | Open text box |
| We value your feedback! Please provide any additional thoughts or comments. | Open text box |