

**Program Evaluation Template**

**For each individual session:**

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| --- | --- |
| **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:**

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| --- | --- |
| **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 |