

## Program Evaluation Template

### For each individual session:

Question	Response Options
Presentation was consistent with the stated objectives.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
Presentation provided information which was relevant to my practice.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
Did you perceive any bias in any part of the session? (Select all that apply)	<input type="checkbox"/> No <input type="checkbox"/> Yes – Speaker’s funding <input type="checkbox"/> Yes – Speaker’s mention of specific pharmaceuticals or products <input type="checkbox"/> Yes – Speaker’s expression of personal opinions <input type="checkbox"/> Yes – Other reason (open text box offered to explain)
This session promoted active engagement of learners.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
Is there anything which the speaker did exceptionally well? (Select all that apply)	<input type="checkbox"/> Explained content well <input type="checkbox"/> Clear and organized slides/materials <input type="checkbox"/> Incorporated interactivity <input type="checkbox"/> Engaging style of presentation <input type="checkbox"/> Highlighted key points <input type="checkbox"/> Other (open text box offered to explain)
Is there anything the speaker could have done to be more effective? (Select all that apply)	<input type="checkbox"/> Slow down <input type="checkbox"/> Speed up <input type="checkbox"/> Increase size of text on slides <input type="checkbox"/> Link slides/supporting materials to the talk more clearly <input type="checkbox"/> Increase interactivity <input type="checkbox"/> Simplify content/include less detail <input type="checkbox"/> Mitigate bias more effectively <input type="checkbox"/> No improvements needed <input type="checkbox"/> 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": <b><i>(This is repeated for EACH learning objective)</i></b>	<input type="checkbox"/> Stayed the same <input type="checkbox"/> Increased a little <input type="checkbox"/> Increased a lot
Did you perceive any bias in any part of the session? (Select all that apply)	<input type="checkbox"/> No <input type="checkbox"/> Yes – Speaker’s funding <input type="checkbox"/> Yes – Speaker’s mention of specific pharmaceuticals or products <input type="checkbox"/> Yes – Speaker’s expression of personal opinions <input type="checkbox"/> Yes – Other reason (open text box offered to explain)
The program met the stated objectives.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

The event promoted active engagement of learners.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
The content of this program was evidence-based.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
The program content enhanced my knowledge.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I will use the information I learned today in my practice.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
Which CanMEDs roles were addressed during this educational activity? (Select all that apply)	<input type="checkbox"/> Not applicable to me/Not sure <input type="checkbox"/> Medical Expert <input type="checkbox"/> Scholar <input type="checkbox"/> Collaborator <input type="checkbox"/> Communicator <input type="checkbox"/> Health Advocate <input type="checkbox"/> Leader <input type="checkbox"/> Professional
What was the most important knowledge, skill, or attitude you acquired in this session?	Open text box
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)	<input type="checkbox"/> Yes <input type="checkbox"/> No (open text box offered to explain)
Did you feel that this event was inclusive?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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