# Program Evaluation (Sample)

NOTE: The evaluation requirement is for organizers to provide the *opportunity* to learners to evaluate the CPD activity.

## Sample general evaluation questions:

### I am a:

- Family Physician
- □ Specialist (please specify):
- Psychologist
- □ Social Worker

#### I primarily work in:

- □ An urban community
- □ A rural community
- Both urban and rural communities

- □ Nurse Practitioner
- □ Resident/Student
- □ Other (please specify):
- □ Other (please specify):
- □ Unsure/not applicable

What motivated you to attend this CPD program?

Etc.

## **REQUIRED QUESTIONS**

To be included on the evaluation form of an accredited activity:

- 1. Did the program meet the stated learning objectives? (Strongly disagree Disagree Neutral Agree Strongly agree)
- 2. Did you perceive any degree of bias in any part of the program? (Yes No | If yes, please explain: )
- 3. Reflecting on the program content, what impact will this education have on your practice? (Open text box)
- 4. This education offered balanced views of diagnostic tools and/or therapeutic options (Strongly disagree Disagree Neutral Agree Strongly agree) [Required only for clinical content programs only]
- 5. Which CanMEDS Role(s) were addressed during this CPD activity? Check all that apply:

   Medical Expert
   Communicator
   Collaborator
   Leader
   Health Advocate

   Professional
   Scholar
   [Required for MOC programs only]

## **Recommended questions:**

Can you identify any barriers to incorporating what you learned into your practice? (Open text box) Please suggest any topics or speakers you would like to see at future CPD activities. (Open text box)