

Program Evaluation Form (Sample)

I am a:

- | | |
|---|--|
| <input type="checkbox"/> Family Physician | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Specialist (please specify): | <input type="checkbox"/> Resident/Student |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Social Worker | |

My practice is considered:

- ☐ Urban
☐ Rural

I have been in practice for: [# of years]

Please explain:

- i) The most effective part of the content:
- ii) The least effective part of the content:
- iii) The key pearls I learned were:

How did you hear about this CPD activity?

Required questions to be included in evaluation:

1. Did the program meet the stated learning objectives? Yes No
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, I am motivated to change my practice in the following ways:
4. Can you identify any barriers to incorporating what you learned into your practice?
5. *[Required only if content covers treatments e.g. medications, etc.]*
Did the program content offer balanced views of therapeutic options?
6. *[Required only for programs seeking MOC credits]*
Which CanMEDS Role(s) were relevant to this activity? Check all that apply: ☐ Medical Expert ☐
Communicator ☐ Collaborator ☐ Leader ☐ Health Advocate ☐ Professional ☐ Scholar

Suggested question *[useful for future needs assessments]*:

Please suggest topics and/or speakers for future CPD activities:

Overall Conference Comments – additional comments or suggestions: