**Important:** Please note that a the new CPFC and RCPSC accreditation standards include changes to program evaluation. There are some new questions, and some old questions have mandatory updated wording. **Please use these new templates to create your evaluations. Thank you!**

**\*** Indicates a question that meets mandatory evaluation requirements.

**For each session:**

1. What was the most important knowledge, skill, or attitude you acquired in this session? **\***
2. Describe one or two things you will do as a result of this session:
3. To what extent did the presenter(s) provide a safe, productive learning environment for exploring and advancing your knowledge & skills? **\***  
   🔾 Not at all safe & productive   
   🔾 Slightly safe & productive  
   🔾 Moderately safe & productive   
   🔾 Very safe & productive   
   🔾 Extremely safe & productive
4. How effective were the presenter(s) at delivering / facilitating the activity? **\***

🔾 Not at all effective   
🔾 Slightly effective   
🔾 Moderately effective   
🔾 Very effective   
🔾 Extremely effective

1. How effective was the activity's format and design (e.g., didactic sessions, small-group discussion, Q&A, case-based learning)? **\***

🔾 Not at all effective   
🔾 Slightly effective   
🔾 Moderately effective   
🔾 Very effective   
🔾 Extremely effective

Please describe any concerns you have, and any suggestions on how the activity could be improved:

1. After attending this session, I am confident that I can meet the stated learning objectives: **\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Strongly agree |
| ENTER LEARNING OBJECTIVE |  |  |  |  |  |
| ENTER LEARNING OBJECTIVE |  |  |  |  |  |
| ENTER LEARNING OBJECTIVE |  |  |  |  |  |

1. Please suggest any further education or topics in this area that would be helpful:
2. Were there any aspects of the session/program that appeared biased to you? Select all that apply.**\***

🞏 No

🞏 Yes - speaker's funding

🞏 Yes - speaker's mention of branded pharmaceuticals or products

🞏 Yes - speaker's focus on personal opinions rather than best practices

🞏 Yes - sponsor-related

🞏 Yes - content related to culture, race, gender, etc.

🞏 Yes - other reason

If yes, please describe:

**Whole Program Evaluation**

1. Which education session(s) did you find most effective for improving your skills and knowledge? Why? **\***
2. What, if any, gaps in your knowledge, skills or attitudes did you identify as a result of this program?**\***
3. After attending this program, I am confident that I can meet the stated learning objectives: **\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Strongly agree |
| ENTER LEARNING OBJECTIVE |  |  |  |  |  |
| ENTER LEARNING OBJECTIVE |  |  |  |  |  |

1. Please indicate your agreement with the following statements:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Strongly agree |
| I had opportunities to interact in meaningful ways with other participants. |  |  |  |  |  |
| Self-reflection was incorporated into the curriculum. |  |  |  |  |  |
| I gained new knowledge, skills, and/or attitudes from this program. |  |  |  |  |  |

1. Do you have any topics and/or presenters to suggest for the next program?
2. Were there any aspects of the session/program that appeared biased to you? Select all that apply.**\***

🔾 No

🔾 Yes - speaker's funding

🔾 Yes - speaker's mention of branded pharmaceuticals or products

🔾 Yes - speaker's focus on personal opinions rather than best practices

🔾 Yes - sponsor-related

🔾 Yes - content related to culture, race, gender, etc.

🔾 Yes - other reason

If yes, please describe:

1. How effective was the program content in incorporating aspects of equity, diversity, inclusion, and accessibility? **\***

🔾 Not at all effective

🔾 Slightly effective

🔾 Moderately effective

🔾 Very effective

🔾 Extremely effective

Please share feedback on how the activity can be more inclusive:

**Overall Program Organization**

1. Please indicate your agreement with the following statements:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Strongly agree |
| I am satisfied with the program organization (venue, schedule, registration, etc.) |  |  |  |  |  |
| Communication from the program organizers was clear and timely |  |  |  |  |  |

2. If you could change one thing about the program, what would it be?

3. Any other comments are welcome:

**NEW - Demographics question** **\***

The following optional questions are asked to enable comparisons of anonymous responses across individuals and groups in order to understand the different experiences of people with different identities and the extent to which our evaluation data is representative of our participants. We know that you may have already answered these questions several times in other contexts, however, since our evaluation data is anonymous, we have to re-ask it here We understand that when our program/class is small, responding to these demographic questions could by their nature identify individuals. Data will be aggregated and presented to protect individuals from being identifiable in the results that are shared.

Please indicate if you self-identify with any of the following. Select all that apply-OPTIONAL ANSWER

🞏 2SLGBTQ+

🞏 Immigrant / newcomer

🞏 Indigenous

🞏 Non-binary / Gender non-conforming

🞏 Person with a disability or chronic condition

🞏 Racialized person

🞏 Prefer not to answer

🞏 Any identity not listed (please specify if comfortable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary practice setting (OPTIONAL ANSWER):

🔾 Urban/suburban

🔾 Rural/remote

🔾 Prefer not to answer

🔾 Other (please specify if comfortable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice role(s) - select all that apply (OPTIONAL ANSWER):

🞏 CFPC physician

🞏 RCPSC physician

🞏 Health Sciences care provider

🞏 Academic

🞏 Administrator

🞏 Learner

🞏 Other (please specify if comfortable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asking for demographic data is a new initiative.  If you have suggestions for how this process can be improved, we welcome your feedback!