|  |  |  |
| --- | --- | --- |
| **SMD_HOR_RGB** |  | Western_Logo_RGB |
|  |  |  |

This section (highlighted in yellow) should be removed before you upload this document to the application.

Remove logos if not a Schulich/Western event. (You can [delete an entire table row](https://support.microsoft.com/en-us/office/add-or-delete-rows-or-columns-in-a-table-in-word-or-powerpoint-for-mac-58fd4d58-9dbb-4ca4-b3b7-d1d979db033b#:~:text=Click%20a%20row%20or%20cell,menu%20is%20only%20in%20Word.) above.)

If co-developed, choose the Schulich/Western logo set that matches the orientation of that organization’s logo.

**EVALUATION FORM**

**Activity Name:**

Date:

Location:

1. Please indicate which Profession you belong to (you can modify list to reflect target audience):

a) Physician Resident Fellow Medical Student Allied Health Professional Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Indicate your specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. The activity met the stated learning objectives:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| Insert overall learning objective**\*format text using Arial font size 9** | □ | □ | □ | □ | □ |
|  | □ | □ | □ | □ | □ |
|  | □ | □ | □ | □ | □ |

3. Please rate each presentation listed below by stating your agreement / disagreement to the following statements:

**SCALE:** STRONGLY DISAGREE (1) DISAGREE (2) NEUTRAL (3) AGREE (4) STRONGLY AGREE (5)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Disclosure Provided | Content was consistent with stated objective(s) | The speaker incorporated relevant and practical examples | This session promoted interaction. | Overall effectiveness of the speaker |
| Insert Speaker Name Presentation title**\*format text using Arial font size 9** | Y □ N □ | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
|  | Y □ N □ | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
|  | Y □ N □ | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
|  | Y □ N □ | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
|  | Y □ N □ | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
|  | Y □ N □ | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
|  | Y □ N □ | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
|  | Y □ N □ | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
|  | Y □ N □ | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |

4. Describe **two ways** in which you will change your practice as a result of attending this activity:

|  |
| --- |
|  |
|  |

5. Describe what part of this activity was **most useful**:

|  |
| --- |
|  |
|  |

6. Describe how this activity could be **improved**:

|  |
| --- |
|  |
|  |

7. What topics/objectives would you like addressed at future activities?

|  |
| --- |
|  |
|  |

8. Please indicate which CanMEDS/CanMEDS-FM role(s) you felt were addressed during this activity: Mandatory question for RCPSC MOC accredited activities only. Can remove for events that are CFPC Mainpro+ certified events only.

□Medical Expert/Family Medicine Expert □Collaborator □Leader □Health Advocate

□Communicator □Scholar □Professional

9. Were there any aspects of the program's content or delivery that appeared biased to you (e.g., financial, sponsor-related, cultural, gender, racial, or others)?

□Yes □No

Please describe any inappropriate bias you observed or perceived:

|  |
| --- |
|  |
|  |

**Highlighted questions are mandatory and must be included. Remove this comment and the yellow highlighter from the evaluation form before providing to participants.**

**THE FOLLOWING QUESTIONS SHOULD BE INCLUDED FOR MAINPRO+ PROGRAMS:**

**Program Effectiveness**

1. **Overall Program Quality**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Poor | Fair | Neutral | Very good | Excellent |
| How would you rate the overall quality of this program? | 1 | 2 | 3 | 4 | 5 |

1. **Learning Activity Design and Format**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
| The format and design of the learning activities (e.g., lectures, discussions, hands- on practice) were effective in enhancing my learning. | 1 | 2 | 3 | 4 | 5 |

1. **Facilitation and Delivery**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
| The facilitators/instructors/ interface were/was effective for delivering the content and engaging participants (where applicable). | 1 | 2 | 3 | 4 | 5 |
| The format was effective for delivering the content and engaging participants. | 1 | 2 | 3 | 4 | 5 |

1. **Self-Reported Learning**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | N/A | I was reassured that I was already doing the right thing | Slight improvement | Moderate improvement | Significant improvement |
| How would you rate the change in your knowledge/competence/ skills after completing this program? |  |  |  |  |  |

1. **Confidence in Achieving Learning Objectives**

I feel confident in my ability to achieve the learning objectives of this program.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Objective | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
| [Objective 1] | 1 | 2 | 3 | 4 | 5 |
| [Objective 2] | 1 | 2 | 3 | 4 | 5 |
| [Objective 3} | 1 | 2 | 3 | 4 | 5 |
| [Objective 4] | 1 | 2 | 3 | 4 | 5 |

**Program Content and Bias**

1. **Equity, Diversity, and Inclusion (EDI)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
| The program content effectively incorporated concepts of EDI. | 1 | 2 | 3 | 4 | 5 |

**Quebec-specific evaluation (mandatory for Quebec programs)**

1. Did the program comply with the CQDPCM Code of Ethics?

□Yes □No

Comments:

|  |
| --- |
|  |
|  |

**Demographic Information (Optional)**

**Practice setting**

1. Please indicate your primary practice setting:

 Urban

 Suburban

 Rural

Remote

Prefer not to answer

Other please specify: \_\_\_\_\_\_\_\_\_\_

**Self-Identification**

1. Please indicate if you self-identify with any of the following (select all that apply):

 Indigenous

 Racialized person (please specify if comfortable: \_\_\_\_\_\_\_\_\_\_)

 2SLGBTQ+

 Person with a disability

 Non-binary/Gender non-conforming

 Immigrant/newcomer

 Prefer not to answer

 Another identity not listed (please specify if comfortable: \_\_\_\_\_\_\_\_\_\_)

**Additional comments and suggestions**

1. Please provide any additional feedback or suggestions for future programs:

|  |
| --- |
|  |
|  |