**Instructions:** The questions below are required components of any CEPD-accredited rounds evaluation. You may copy and paste these questions and distribute to your participants in your preferred format.

**PROGRAM TITLE**

**Program Evaluation**

We invite your feedback on the **PROGRAM TITLE**. This information will help us plan content for next year and make changes so that the program can best meet the audience’s needs. Your responses are much appreciated!

**1. The series effectively met the stated overall learning objectives.**

|  |  |  |
| --- | --- | --- |
| **Learning Objective:**  | **Yes** | **No** |
| a) Learning Objective One |[ ] [ ]
| b) Learning Objective Two |[ ] [ ]
| c) Learning Objective Three |[ ] [ ]

**2. Please describe anything you have done differently as a result of attending one or more sessions in the series.**

**3. Which CanMEDS-FM roles did you feel were targeted by one or more sessions in the series?
(check all that apply)**

|  |  |
| --- | --- |
|[ ]  Collaborator |[ ]  Medical/ Clinical Expert |
|[ ]  Communicator |[ ]  Professional |
|[ ]  Health Advocate |[ ]  Scholar |
|[ ]  Leader/ Manager |[ ]  Not applicable to my role |

**4. Did you perceive any degree of bias in any part of the series? (Please circle) Yes No**

**5. Please describe any bias you perceived.**

**6. Do you have any possible topics and presenters for the next series?**

**7. Other Comments:**

**Optional Additional Questions**

The following questions are not required, but may provide useful information for your next needs assessment. Please choose any that you think would apply and feel free to tailor to your program needs.

1. What are the most troublesome patient problems you see in your current practice?
2. What topics would you like to see reviewed in a future session?
3. What updates would you most like to hear about (for example, please list topics, fields, particular guidelines)?
4. If you could change one thing about this program, what would it be?
5. Which of your learning goals were met by this program?
6. Which session(s) of this rounds did you find most effective for improving your skills and knowledge? Why?
7. When making changes to your practice, what barriers do you face?

[ ]  Don’t have buy-in from other members of the team.

[ ]  Changes would cost too much/ are not practical.

[ ]  Need additional resources, information, skills, and/ or education (details welcome).