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

**PROGRAM TITLE - Session Evaluation**

Title: **SESSION TITLE**

Date: SESSION DATE

Presenter: **SESSION SPEAKER(S)**

Thank you for taking the time to reflect on and share your experience and perspective. This self-assessment and evaluation of the above session will be summarized, provided to the speaker, and used to develop further educational programming. Your feedback is important to us.

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

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

**2. How did this session contribute to meeting your personal learning goals?**

**3. What “Pearl” will you take back to your practice?**

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

**5. If yes, please describe any bias you perceived:**

**6. What topics would you like to see addressed in future programming?**

**7. Other comments:**

Optional additional questions: The following questions are not required, but may provide useful information for you to evaluate the effectiveness of your rounds. Please choose any that you think would apply and feel free to tailor to your program needs.

Tip: keep it as short as you can while asking questions that will provide you with useful data. Participants are more likely to complete brief, targeted evaluations

1. Please indicate your agreement with the following statements: (Likert Scale)

The presenter(s) was/were clear and effective in delivering their material.

The session related topic material to a clinical case or problem.

The session content was relative to my day-to-day practice.

The session will affect my day-to-day practice.

The presenters were knowledgeable about the content.

1. The presenter(s) included a conflict of interest slide in their presentation: Yes /Not Sure /No
2. Did you perceive any degree of bias in any part of the program? Yes /Not sure /No
3. If Yes /Not Sure: What areas of the program were affected by the bias you perceived (check all that apply)?

Course design   
 Incomplete evidence  
 Speakers’ mention of particular products  
 Colour scheme represented commercial brand  
 Speakers’ expressed opinions about particular products:  
 Other: