Workshop Evaluation
Required Questions

➢ <mark>Highlighted fields</mark> must be filled in with relevant workshop details
➢ If your program has more than one session/presentation, **please use separate session and program templates**.

<mark>WORKSHOP TITLE</mark>:
<mark>DATE</mark>:
<mark>LOCATION</mark>:

1. **The presenter(s) effectively addressed the stated learning objectives:**

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
<mark>Learning Objective 1</mark>	☐	☐	☐	☐	☐
<mark>Learning Objective 2</mark>	☐	☐	☐	☐	☐
<mark>Learning Objective 3</mark>	☐	☐	☐	☐	☐

2. **Based on the learning in this workshop, were the CanMEDS roles appropriately identified in the learning objectives?**

    ☐ Yes   ☐ No

2b. Please indicate any CanMEDS roles that were addressed but not identified above:

☐ Medical Expert / Fam Med Expert   ☐ Collaborator   ☐ Communicator

☐ Health Advocate   ☐ Scholar   ☐ Professional

☐ Manager/Leader

3. **Describe what you will do differently as a result of this workshop:**

4. **Did you perceive any degree of bias in any part of the workshop?**

    ☐ Yes   ☐ No

4b. Please describe any bias you perceived: