### Workshop Evaluation

#### Required Questions

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

**WORKSHOP TITLE:**

**DATE:**

**LOCATION:**

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

<table>
<thead>
<tr>
<th>Learning Objective</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Disagree nor Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Objective 2</td>
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<tr>
<td>Objective 3</td>
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</tbody>
</table>

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: