**Instructions:** The questions below are required components of any CEPD-accredited program evaluation and should be distributed when the program is being evaluated separately from a particular session (for example, in a conference, or for a series such as a journal club or rounds).

You may copy and paste these questions and distribute to your participants in your preferred format (hard copy, or electronic using a survey software such as Qualtrics, Google Forms, or Survey Monkey).

**PROGRAM TITLE**

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/program effectively met the stated overall learning objectives.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Learning Objective:**  | Strongly Disagree | Somewhat Disagree | Neither Agree nor Disagree | Somewhat Agree | Strongly Agree |
| Learning Objective One(\*include associated CanMEDS role/s) |  |  |  |  |  |
| Learning Objective Two (\*include associated CanMEDS role/s) |  |  |  |  |  |
| Learning Objective Three(\*include associated CanMEDS role/s) |  |  |  |  |  |

1. Please describe anything you have done differently as a result of attending one or more sessions in the series. **OR** Please describe how this program will impact your practice.
2. Did you perceive any degree of bias in any part of the series/program? Yes No
3. If yes, please describe.

1. Do you have any topics and/or presenters to suggest for the next series/program?

**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.

**Perceived Needs Assessment**

1. What are the most challenging presentations you see in your current practice?
2. What topics would you like to see reviewed in a future session/program?
3. What updates would you most like to hear about (for example, please list topics, fields, particular guidelines)?
4. 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).

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reflection on learning**

1. Which of your learning goals were met by this program?
2. Please indicate your agreement with the following statements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Somewhat Disagree | Neither Agree nor Disagree | Somewhat Agree | Strongly Agree |
| I had opportunities to interact in meaningful ways with other participants. |  |  |  |  |  |
| Self-reflection was incorporated into the curriculum. |  |  |  |  |  |

**Feedback & Quality Improvement**

1. Please indicate your agreement with the following statements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Somewhat Disagree | Neither Agree nor Disagree | Somewhat Agree | Strongly Agree |
| I am satisfied with the program organization (venue, schedule, registration, etc.) |  |  |  |  |  |
| Communication from the program organizers was clear and timely |  |  |  |  |  |
| I am satisfied with the travel and accommodation arrangements made for me |  |  |  |  |  |

1. If you could change one thing about this program, what would it be?
2. Which session(s) of this rounds did you find most effective for improving your skills and knowledge? Why?
3. Other Comments: