| **Program Name:** Enter program name | **Date:** Enter date |
| --- | --- |

# **Instructions:** Please complete this form at the end the course and return it to the registration desk.

## A. Information about you:

| Physician: | [ ]  Family Medicine | [ ]  Specialist |
| --- | --- | --- |
|  | [ ]  Resident | [ ]  Other: please specify |
| Non-Physician: | [ ]  Nursing | [ ]  Other Specialty |
| Location: | [ ]  City | [ ]  Rural |
| Reasons for attending: | [ ]  Update Knowledge | [ ]  Credits |
|  | [ ]  Topics | [ ]  Guest Speakers |
|  | [ ]  Other Reasons: Please describe |

## B. Overall comments about this conference:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please circle your response** | Poor | Fair | Good | Excellent |
| Facilities | **1** | **2** | **3** | **4** |
| Program | **1** | **2** | **3** | **4** |
| Organization | **1** | **2** | **3** | **4** |

Please rate (circle) the importance to you of the following aspects of the [course name]:

| **Overall aspects of course** | **Not Important**  | **Extremely Important**  |
| --- | --- | --- |
| Information gained through plenary presentations | 1 2 3 4 5 |
| Information obtained in interactive workshops | 1 2 3 4 5 |
| Questions raised that I will investigate later | 1 2 3 4 5 |
| Confirms that I am up-to-date in my clinical practices | 1 2 3 4 5 |
| Time spent with colleagues outside of sessions | 1 2 3 4 5 |
| Time spent with experts  | 1 2 3 4 5 |
| Hands-on opportunities in workshops | 1 2 3 4 5 |

| Please indicate which CanMEDS role(s) you felt were addressed during this educational activity:

| [ ]  Medical Expert | [ ]  Collaborator | [ ]  Scholar |
| --- | --- | --- |
| [ ]  Family Medicine Expert | [ ]  Leader | [ ]  Professional |
| [ ]  Communicator | [ ]  Health Advocate |  |

 |

|  |  |
| --- | --- |
| Aspects of the conference I liked best were: |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Aspects of the conference that can be improved: |  |
|  |  |
|  |  |

As a result of this presentation, I will make the following change(s) to my practice:

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |

Please rate (circle) how well you think the format of this conference worked, i.e., the number and balance of plenary and workshop sessions.

| **Did not work well** |  |  |  | **Worked extremely well** |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

Are there changes or other educational formats (eg. informal discussion groups, hands on skill development) that you think we should try? Please be specific.

|  |
| --- |
|  |
|  |
|  |

Please list ideas and topics for next year’s program. Add specific topic (could be case-based) and ask for specific aspect.

|  |
| --- |
|  |
|  |
|  |
|  |

How did you hear about this conference?

|  |  |  |
| --- | --- | --- |
| [ ]  CPD website | [ ]  Attended previous conference | [ ]  Email |
| [ ]  Direct mailing | [ ]  Word of mouth | [ ]  Other: Please specify |

# Additional comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***THANK YOU!***