| **Program Name:** Enter program name | Date: Enter date |
| --- | --- |
| **Session Title:** Enter session title | **Presenter:** Enter presenter’s name |

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

Enter text

1. On a scale of 1-10, how likely are you to undertake the practice change(s) you noted above? Highlight your selection or Enter number

| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all likely |  | Extremely likely |

1. Barrier(s) to change that I have to address include: Enter text
2. **\***Did you perceive any degree of bias in any part of the program? [ ]  Yes [ ]  No

If yes, please describe: Enter text

1. For the following questions, please select the number that best represents your opinion of this session:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Learning Objectives: After attending this session, participants will be able to:* *Learning objective 1*
* *Learning objective 2*
* *Learning objective 3 (add or remove, as required)*
 | Strongly **Disagree** | Disagree | Neutral | Agree | Strongly **Agree** |
| The learning objectives were met. | **1** | **2** | **3** | **4** | **5** |
| The quality of the presentation was acceptable (clarity, purpose, etc.). | **1** | **2** | **3** | **4** | **5** |
| The content was relevant to my practice. | **1** | **2** | **3** | **4** | **5** |
| Recommendations were based on appropriate research findings and/or evidence. | **1** | **2** | **3** | **4** | **5** |
| There was adequate time and quality in questioning/interactive aspects of the session. | **1** | **2** | **3** | **4** | **5** |
| This program content enhanced my knowledge. | **1** | **2** | **3** | **4** | **5** |
| **For Section 3 SAPs and Simulation Programs**, please include the following questions in your session evaluation: |  |
| * Instructors provided each participant with individual feedback on their performance
 | **1** | **2** | **3** | **4** | **5** |
| * Instructors evaluated competencies, skills and/or attitude
 | **1** | **2** | **3** | **4** | **5** |

1. Please indicate which CanMEDS role(s) you felt were addressed during this session:

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

***\*Mandatory CFPC question. Must be stated verbatim.***

*Although the other questions are not mandatory, we highly recommend that they be used.*