Example Evaluation Form: MOC Section 1

EDITORIAL COMMENTS in RED.

Questions in **bold text** are **mandatory requirements** for accredited programs. Additional questions are optional, depending on what you want participants to tell you about your program or course.

SECTION A: Used for overall program or course evaluation.

Program or course title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Indicate your profession:
□ Family physician
□ Specialist physician If yes, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
□ Nurse practitioner / Registered Nurse
□ Other health professional If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
□ Trainee If yes, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. If applicable, indicate your years in practice:
□ 0-5
□ 6-10
□ 11-15
□ 15-20
□ > 20

3. Please rate your level of agreement with the statements below, on a scale of
1- *Strongly disagree* to 5- *Strongly agree 1 2 3 4 5*

a) The program content enhanced my knowledge □ □ □ □ □
**b) The program met the stated learning objectives □ □ □ □ □**
c) The content is highly applicable in my practice □ □ □ □ □
d) The program was well-organized □ □ □ □ □
e) Potential conflicts of interest were clearly communicated □ □ □ □ □
f) Overall, the teaching methods used were effective □ □ □ □ □

Omit from Section A if asked in Section B: **4. Did you perceive any commercial bias? □ Yes □ No**
**If YES, please comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Omit from Section A if asked in Section B:
**5. Sufficient time was allocated for interactive learning □ Yes □ No**
If the program is delivered in the Province of Quebec, this question is mandatory:
**6.**  **Did the activity respect the Ethical Code of Conduct of CME Providers? (**[**http://www.cemcq.ca/fr/index\_code.cfm**](http://www.cemcq.ca/fr/index_code.cfm)**)? □ Yes □ No**
7. What did you like best about this workshop?

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

8. How would you improve this workshop?

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

Omit from Section A if asked in Section B:
**9. Describe at least 2 ways you intend to change your practice as a result of attending this course or program:**

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

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

10. Do you anticipate barriers that might prevent you from making these changes? □ Yes □ No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. What topics would you like to see in future programs or courses?

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

12. Other comments:

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

SECTION B: For programs or courses with multiple components (plenary speakers and workshops, for example).
Repeat these questions for EACH component of a multi-component course or program.

**Day and Time:
Type of learning activity:
Title:
Presenter:**

**Please rate your level of agreement with the statements below, on a scale of
 *1 -* *Strongly disagree* to *5 -* *Strongly agree 1 2 3 4 5*a) The session met the stated learning objectives □ □ □ □ □**b) The content met my learning needs  **□ □ □ □ □**c) Potential conflicts of interest were clearly communicated **□ □ □ □ □

2. Did you perceive commercial bias in the session? □ Yes □ No
If YES, please comment:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Sufficient time was allocated for interactive learning □ Yes □ No**

**4. Describe at least 2 ways you intend to change your practice as a result of attending this session**

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

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