

## Sample Evaluation Form

### Royal College of Physicians and Surgeons Maintenance of Competence Program

#### Section 1 Group Learning Activities

#### Instructions

Bold text with **green** font are mandatory requirements for accredited programs.

Additional questions are optional.

#### Evaluation themes to address

- overall effectiveness of the event
- teaching abilities of the speaker(s)
- effective use of interaction to explore session/event content
- relevance of course content to the target audience's learning needs
- gaps in knowledge that were addressed
- personal learning projects that the participant wishes to pursue

#### Recommended evaluation survey strategy

1. Include the overall course/program overview for participants to read prior to completing the survey.

2. Ask a question about barriers to change.

E.g. Do you anticipate barriers that might prevent you from making these changes?  Yes  No

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

3. Ask a question to generate perceived needs to add to needs assessment survey.

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

4. Ask if participants have any other comments to add about the content presented.

#### Minimal requirements for courses/program survey questions

**Please rate your level of agreement with the statements below, on a scale of**

**1 - Strongly disagree to 5 - Strongly agree**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
<b>The program met the stated learning objectives</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Sufficient time was allocated for interactive learning</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
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#### Ask which CanMEDS roles participants felt were addressed;

- **Medical Expert**
- **Communicator**
- **Collaborator**
- **Professional**
- **Scholar**
- **Health Advocate**
- **Leader**

**Was the program balanced and free from any commercial or inappropriate bias?**  **Yes**  **No**

**If YES, please comment:**

[insert textbox]

**Describe at least 2 ways you intend to change your practice as a result of attending this course or program;**

[insert textbox]

**Minimal requirement for courses/programs with multiple plenary and/or workshop sessions. For each session ask the following question;**

**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**

**The session met the stated learning objectives**

**To enhance individual session feedback, other optional questions can be added.**

1. Include the individual session learning objectives for participants to read prior to completing the survey.
2. Ask a question about barriers to change.  
E.g. Do you anticipate barriers that might prevent you from making these changes?  Yes  No  
If yes, describe: \_\_\_\_\_
3. Ask for ideas and constructive criticism about improvements to the topic teaching strategy.
4. Ask about any perceived commercial or inappropriate bias? Include a textbox to capture comments.

**Only add this question if the course delivery locations is in Quebec**

**Did the activity respect the Ethical Code of Conduct of CME Providers?**

**Yes**

**No**

Reference: [http://www.cemcq.ca/fr/index\\_code.cfm](http://www.cemcq.ca/fr/index_code.cfm)