

Sample Evaluation Form
Royal College of Physicians and Surgeons Maintenance of Competence Program
Section 3 Self-Assessment Programs

Instructions

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

A. 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

B. Recommended evaluation survey strategy - optional questions

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 for planning future program use.
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.
5. Ask if activity will contribute to measuring improved patient performance.
6. Ask if activity will contribute to measuring improved health care outcomes.
7. Ask if the reflective tool provided gave the participant an opportunity to document:
 - a) knowledge or skills that are up-to-date or consistent with current evidence.
 - b) any deficiencies or opportunities they identified for further learning.
 - c) what learning strategies will be pursued to address knowledge and skill deficiencies.
 - d) an action plan or commitment to change to address any anticipated barriers.

C. Minimal requirements for overall courses/program survey questions

1. **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 program met the stated learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. **Was the overall program balanced and free of any commercial or inappropriate bias?** Yes No
If YES, please comment: (insert textbox)
3. **Which CanMEDS roles were addressed during the activity?**
 - Medical Expert
 - Communicator
 - Collaborator
 - Professional
 - Scholar
 - Health Advocate
 - Leader
4. **Describe at least 2 ways you intend to change your practice as a result of attending this course or program:** (insert textbox)

D. 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

E. 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. Was the session balanced and free from any commercial or inappropriate bias? Include a textbox to capture comments.

F. **Only add this question if the course delivery locations are 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