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Continuing Professional Development **RCPSC Section 3
Self-Assessment Activity** Evaluation Template

 **PART 1: Evaluation of Self-Assessment Session or Activity** [[1]](#footnote-1)

Please rate the following aspects of the program/activity:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| \*The program met the stated learning objectives |  |  |  |  |  |
| Objective 1: |  |  |  |  |  |
| Objective 2: |  |  |  |  |  |
| Objective 3: |  |  |  |  |  |
| Objective 4: |  |  |  |  |  |
| The program content …  |
| Was relevant to my discipline/profession |  |  |  |  |  |
| Met my expectations  |  |  |  |  |  |
| Was well organized |  |  |  |  |  |
| Disclosure of potential conflicts of interest was clearly communicated |  |  |  |  |  |
| I will use the information I learned in my practice |  |  |  |  |  |
| \*Was balanced[[2]](#footnote-2) |  |  |  |  |  |
| Enhanced my knowledge |  |  |  |  |  |
| Feedback on knowledge was adequate |  |  |  |  |  |
| Adequate resources for further learning were provided |  |  |  |  |  |
| The instructor …  |
| The instructor provided information clearly and effectively |  |  |  |  |  |
| The instructor provided useful feedback on my performance |  |  |  |  |  |

Additional comments related to the instructor:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Did you perceive any degree of bias in any part of the program?** (The [National Standard](https://www.royalcollege.ca/rcsite/documents/continuing-professional-development/national-standard-accredited-activites-e.pdf) defines bias as “a predisposition that prevents impartiality or which promotes an unfair, limited, or prejudiced viewpoint”)

* No
* Yes, speaker and/or program funding
* Yes, mention of specific pharmaceuticals or products within the program content
* Yes, expression of personal opinions creating undue influence
* Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did you find that the program was accessible?**

* Yes
* No

**Did you find that the program was inclusive?**

* Yes
* No

**If you answered no to either of these questions, please describe how the program was not accessible or not inclusive and share any suggestions you would like to see for future programs.**

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**What was the most effective part of the session/program? Why?**

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**\*The session/program will encourage me to consider changes in my current practice**

* YES: The changes I am considering are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* NO: because:
* I do not see the need to make changes to my current practice.
* I am thinking about changes and have the necessary resources but not ready to make them yet
* I am already implementing recommended practices
* The information was not relevant to me
* I do not have the required resources to implement these changes

**What was the least effective part of the session/program? Why?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list any topics you would like to see addressed in future sessions/programs:**

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**\*For physicians only: please indicate which CanMEDS/CanMEDS-FM roles you felt were addressed during this session?** (this is a required question for physicians only)

* Medical Expert/Family Medicine Expert
* Scholar
* Collaborator
* Communicator
* Leader
* Professional
* Health Advocate

**PART 4: About You**

**What attracted you to attending this program/conference (Please select all that apply).**

* Updating Knowledge
* Wanted to change how I do things in my practice
* Speaker(s)
* Networking
* Location
* Accredited Program

**What is your health profession, role, discipline?** **Please check all that apply.**

* Family Physician
* Specialist Physician
* Fellow
* Resident
* Medical Student
* Physician Assistant
* Nurse Practitioner
* Nurse
* Rehabilitation Professional
* Researcher or Scientist
* Social Worker
* Pharmacist
* Dentist
* Health professional (not listed above)
* N/A
* Other (Please describe)

**How many years have you been in practice?**

* Not in practice
* < 10 years
* 10-20 years
* 20-30 years
* 30+ years
* N/A
1. Questions with an asterisk in front of them are required for CFPC and/or RCPSC accreditation. Please do not remove or reword these questions. [↑](#footnote-ref-1)
2. By ‘balanced’, we mean that all options and points of view are given impartially with appropriate evidence. [↑](#footnote-ref-2)