| **Program Name:** Enter program name | **Date:** Enter date |
| --- | --- |

# **Instructions:** Please complete this form at the end the course and return it to the registration desk.

## A. Information about you:

| Physician: | Family Medicine | Specialist |
| --- | --- | --- |
|  | Resident | Other: please specify |
| Non-Physician: | Nursing | Other Specialty |
| Location: | City | Rural |
| Reasons for attending: | Update Knowledge | Credits |
|  | Topics | Guest Speakers |
|  | Other Reasons: Please describe | |

## B. Overall comments about this conference:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please circle your response** | Poor | Fair | Good | Excellent |
| Facilities | **1** | **2** | **3** | **4** |
| Program | **1** | **2** | **3** | **4** |
| Organization | **1** | **2** | **3** | **4** |

Please rate (circle) the importance to you of the following aspects of the [course name]:

| **Overall aspects of course** | **Not Important** | **Extremely Important** |
| --- | --- | --- |
| Information gained through plenary presentations | 1 2 3 4 5 | |
| Information obtained in interactive workshops | 1 2 3 4 5 | |
| Questions raised that I will investigate later | 1 2 3 4 5 | |
| Confirms that I am up-to-date in my clinical practices | 1 2 3 4 5 | |
| Time spent with colleagues outside of sessions | 1 2 3 4 5 | |
| Time spent with experts | 1 2 3 4 5 | |
| Hands-on opportunities in workshops | 1 2 3 4 5 | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please indicate which CanMEDS role(s) you felt were addressed during this educational activity:   | Medical Expert | Collaborator | Scholar | | --- | --- | --- | | Family Medicine Expert | Leader | Professional | | Communicator | Health Advocate |  | |

|  |  |
| --- | --- |
| Aspects of the conference I liked best were: |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Aspects of the conference that can be improved: |  |
|  |  |
|  |  |

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

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |

Please rate (circle) how well you think the format of this conference worked, i.e., the number and balance of plenary and workshop sessions.

| **Did not work well** |  |  |  | **Worked extremely well** |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

Are there changes or other educational formats (eg. informal discussion groups, hands on skill development) that you think we should try? Please be specific.

|  |
| --- |
|  |
|  |
|  |

Please list ideas and topics for next year’s program. Add specific topic (could be case-based) and ask for specific aspect.

|  |
| --- |
|  |
|  |
|  |
|  |

How did you hear about this conference?

|  |  |  |
| --- | --- | --- |
| CPD website | Attended previous conference | Email |
| Direct mailing | Word of mouth | Other: Please specify |

# Additional comments:

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

***THANK YOU!***