DALHOUSIE UNIVERSITY | CONTINUING PROFESSIONAL DEVELOPMENT & MEDICAL EDUCATION

# Sample Evaluation Surveys

This document includes two sample evaluation surveys: one for programs with multiple sessions/activities (like conferences, series, etc.), and one for programs with a single session/activity (like a stand-alone lecture or workshop). Both are formatted with the intention of re-creating them in an online survey platform. You are not required to use these samples for your program, but you are free to use them if you like.

If you choose to use these as a template, please be sure to edit the questions carefully. The yellow-highlighted elements require editing (either information needs to be inserted, or options must be chosen), but you may also choose to update other parts of these surveys to better suit your program.

**NOTE:** There is a list of required topics that must be covered in the evaluation surveys in the Standard Application Form and in the Accreditation/Certification Policy. The questions that fulfill these requirements are in red cells below. You are not required to use these specific questions.

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## Programs with Multiple Sessions/Activities

E.g. conferences, series, rounds, journal clubs, modular courses, etc.

| Introduction | |
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| All evaluation data is confidential, and no identifying information will be shared in any reports or publications. [Insert Office Name] uses this data to support quality improvement. | |
| **Background Information** | |
| **Item** | **Response options** |
| 1. Please indicate your profession: | Family Medicine Specialist/Family Physician<br>Royal College Specialist (specify below)<br>Other (specify)<br>[edit if majority of attendees are non-physicians] |
| 2. How many **years** have you been in practice? | 0-5<br>6-11<br>12-20<br>More than 20 |
| 3. How did you attend this program? (select all that apply) | In person<br>Virtually (live online session)<br>Watched a recording after the event |

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| | Did not attend |
| 4. Was this your first-time attending [insert organization name and/or program name]? | Yes<br>No |
| 5. Do you self-identify as a member of a systemically marginalized and/or underrepresented group (e.g., Indigenous identity, race, citizenship status, gender identity, sexual identity, disability and health status, language, other)? (optional)<br><br>This information will be used to inform future planning and support more inclusive learning opportunities. | Yes<br>No<br>Prefer not to say |
| **Session/Activity Evaluation**<br>(repeated for each session/activity) | |
| **Item** | **Response options** |
| 6. As a result of this [session/activity/presentation/etc.], I feel more confident in my ability to implement/achieve the stated learning objectives:<br>[list the session's objectives here but individual ratings not required] | 1=strongly disagree<br>2=disagree<br>3=neutral<br>4=agree<br>5=strongly agree |
| 7. I gained new knowledge and/or skills. | 1=strongly disagree<br>2=disagree<br>3=neutral<br>4=agree<br>5=strongly agree |
| 8. The presenter was effective. [Each presenter to have a separate listing and rating.] Please provide feedback on what they did well/what they could improve. | 1=strongly disagree<br>2=disagree<br>3=neutral<br>4=agree<br>5=strongly agree<br>Please provide feedback (open-text) |
| 9. Did you perceive any degree of bias in any part of the session? Please explain. | Yes/No – commercial bias/conflicts of interest/self-promotion<br>Yes/No – stereotyping/misrepresentation of groups, race, gender, etc.<br>Yes/No – unbalanced/limited viewpoint of speaker(s) or program overall<br>Yes/No – unsupported opinion/recommendations not supported by evidence/did not acknowledge lack of available evidence |

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| | Yes/No – other reason (specify)<br>Please explain (open-text) |
| 10. Is there anything you plan to do differently because of the session? Please explain. | Yes<br>No, not relevant to my work<br>No, confirms existing practice<br>No (other)<br>Please explain (open-text) |
| **Overall Program Evaluation** | |
| **Item** | **Response options** |
| 11. As a result of this [conference/program/event/etc.], I feel more confident in my ability to implement/achieve the stated learning objectives. [list these for the session objectives here but individual ratings not required] | 1=strongly disagree<br>2=disagree<br>3=neutral<br>4=agree<br>5=strongly agree |
| 12. I gained new knowledge and/or skills. | 1=strongly disagree<br>2=disagree<br>3=neutral<br>4=agree<br>5=strongly agree |
| 13. There were adequate opportunities for interaction (e.g., 25% of program time included Q&A, chat box, polling, etc.) | 1=strongly disagree<br>2=disagree<br>3=neutral<br>4=agree<br>5=strongly agree |
| 14. The National Standard for CPD activities defines bias as: "A predisposition that prevents impartiality or which promotes an unfair, limited, or prejudiced viewpoint."<br><br>Did you perceive any degree of bias in any part of the program? (Select all that apply)<br><br>If yes, please explain. | Yes/No – commercial bias/conflicts of interest/self-promotion<br>Yes/No – stereotyping/misrepresentation of groups, race, gender, etc.<br>Yes/No – unbalanced/limited viewpoint of speaker(s) or program overall<br>Yes/No – unsupported opinion/recommendations not supported by evidence/did not acknowledge lack of available evidence<br>Yes/No – other reason (specify)<br>Please explain (open-text) |
| 15. Our office is committed to the principles of equity, diversity, inclusivity, and accessibility (EDIA) in all that we do. Within every aspect of our programming, we are continually considering ways to promote these principles, so that our offerings reflect our communities and | Yes<br>No<br>Comments (open-text) |

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| their needs and is presented in a safe and respectful manner.<br><br>Do you feel that this program reflected the principles of EDIA in program content, speakers, format and/or delivery? Please explain. | |
| 16. Did the speakers/facilitators offer a safe, accessible, and productive learning environment to explore and advance knowledge and skills? | Yes<br>No |
| 17. Overall, how do you rate the program? | 1=poor<br>2=fair<br>3=adequate<br>4=good<br>5=excellent |
| 18. How can we improve the program? E.g., format, technology, speakers, etc. | Open-text |
| 19. Please provide specific topic suggestions for future programs. E.g., speakers, learning objectives. | Open-text |

## Programs with a Single Session\Activity

E.g. lecture, workshop, etc.

| Introduction | |
|---|---|
| All evaluation data is confidential, and no identifying information will be shared in any reports or publications. [Insert Office Name] uses this data to support quality improvement. | |
| **Background Information** | |
| **Item** | **Response options** |
| 1. Please indicate your profession: | Family Medicine Specialist/Family Physician<br>Royal College Specialist (specify below)<br>Other (specify)<br>[edit if majority of attendees are non-physicians] |
| 2. How many years have you been in practice? | 0-5<br>6-11 |

| | |
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| | 12-20<br>More than 20 |
| 3. How did you attend this program? (select all that apply) | In person<br>Virtually (live online session)<br>Watched a recording after the event<br>Did not attend |
| 4. Was this your first-time attending [insert organization name and/or program name]? | Yes<br>No |
| 5. Do you self-identify as a member of a systemically marginalized and/or underrepresented group (e.g., Indigenous identity, race, citizenship status, gender identity, sexual identity, disability and health status, language, other)? (optional)<br><br>This information will be used to inform future planning and support more inclusive learning opportunities. | Yes<br>No<br>Prefer not to say |
| **Program Evaluation** | |
| **Item** | **Response options** |
| 6. As a result of this [program/event/etc.], I feel more confident in my ability to implement/achieve the stated learning objectives. [list these in the question, but individual ratings not required] | 1=strongly disagree<br>2=disagree<br>3=neutral<br>4=agree<br>5=strongly agree |
| 7. I gained new knowledge and/or skills. | 1=strongly disagree<br>2=disagree<br>3=neutral<br>4=agree<br>5=strongly agree |
| 8. There were adequate opportunities for interaction. (e.g., 25% of program time included Q&A, chat box, polling, etc.) | 1=strongly disagree<br>2=disagree<br>3=neutral<br>4=agree<br>5=strongly agree |
| 9. The presenter was effective. [Each presenter to have a separate listing and rating.] Please provide feedback on what they did well/what they could improve. | 1=strongly disagree<br>2=disagree<br>3=neutral<br>4=agree<br>5=strongly agree<br>Please provide feedback (open-text) |
| 10. The National Standard for CPD activities defines bias as: "A predisposition that prevents impartiality or which promotes | Yes/No – commercial bias/conflicts of interest/self-promotion |

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| an unfair, limited, or prejudiced viewpoint."<br><br>Did you perceive any degree of bias in any part of the program?<br><br>If yes, please explain. | Yes/No – stereotyping/misrepresentation of groups, race, gender, etc.<br>Yes/No – unbalanced/limited viewpoint of speaker(s) or program overall<br>Yes/No – unsupported opinion/recommendations not supported by evidence/did not acknowledge lack of available evidence<br>Yes/No – other reason (specify)<br>Please explain (open-text) |
| 11. Our office is committed to the principles of equity, diversity, inclusivity, and accessibility (EDIA) in all that we do. Within every aspect of our programming, we are continually considering ways to promote these principles, so that our offerings reflect our communities and their needs and is presented in a safe and respectful manner.<br><br>Do you feel that this program reflected the principles of EDIA in program content, speakers, format and/or delivery? Please explain. | Yes<br>No<br>Comments (open-text) |
| 12. Did the speakers/facilitators offer a safe, accessible, and productive learning environment to explore and advance knowledge and skills? | Yes<br>No |
| 13. Is there anything you plan to do differently because of this session? Please explain. | Yes<br>No, confirmed my practice<br>No, not applicable to my practice<br>No (other)<br>Please explain (open-text) |
| 14. Overall, how do you rate the program? | 1=poor<br>2=fair<br>3=adequate<br>4=good<br>5=excellent |
| 15. How can we improve the program? E.g., format, technology, speakers, etc. | Open-text |
| 16. Please provide specific topic suggestions for future programs in this series. E.g., speakers, learning objectives. | Open-text |