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| **Name of activity****COMPACT EVALUATION FORM** **1 = Agree 2 = Neutral 3 = Disagree****Circle your answers****Yellow areas:*** Ensure to insert the activity and presentation Learning Objectives
* Mandatory questions
 | **PRESENTATION ASSESSMENT** | **SPEAKER ASSESSMENT** | **Learning objectives:** Insert theoverall program learning objectives defined. **i.e.:** At the conclusion of this program, I was able to* maintain different leadership … Yes 🗆 No 🗆
* recognize the importance of … Yes 🗆 No 🗆
* outline strategies to optimize.. Yes 🗆 No 🗆

**Also Mandatory:** Insert the presenters learning objectives: **A**t the conclusion of this presentation, I was able to: * Insert learning objectives Yes 🞎 No 🞎
* Insert learning objectives Yes 🞎 No 🞎
 |
| The session was appropriate to my practice. | I acquired new knowledge from the presentation. | This session met my needs. | The session will help me modify my practice. | I was satisfied with the organization of this presentation. | The speaker demonstrated a thorough understanding of the subject. | The speaker demonstrated a proficiency in speaking. | Did you perceive any degree of bias in any part of the presentation? | Did the presenter make a disclosure  statement? | Did the activity respect the Quebec Code of Ethics (CQDPCM)? (<http://www.cemcq.qc.ca/en/index_guide.cfm>)  |
| SPEAKER: TITLE:  | 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 | Yes | No |  Yes | No | Notsure | Yes | No | Notsure | Insert your comments if you felt there was bias in any part of the presentation; the presenter did not make a disclosure statement; and/or the activity did not respect code of ethics. |
| At the conclusion of this presentation, I was able to: * Insert learning objectives Yes 🞎 No 🞎
* Insert learning objectives Yes 🞎 No 🞎
 | This program’s content has enhanced my knowledge: What did you learn or how will this event impact your practice?  |
| SPEAKER: TITLE | 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 | 1 2 3 | Yes | No |  Yes | No | Notsure | Yes | No | Notsure | Insert your comments if you felt there was bias in any part of the presentation; the presenter did not make a disclosure statement; and/or the activity did not respect code of ethics. |
| At the conclusion of this presentation, I was able to: * Insert learning objectives Yes 🞎 No 🞎

Insert learning objectives Yes 🞎 No 🞎 | This program’s content has enhanced my knowledge: What did you learn or how will this event impact your practice?  |
| Please indicate which CanMEDS roles you felt were addressed during this educational activity: Check  all that apply: (insert question for entire program)Collaborator □ Professional □ Manager □ Scholar □ Communicator □ Health Advocate □ Medical Expert □ |