|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | Not  sure | Yes | No | Not  sure | 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 | Not  sure | Yes | No | Not  sure | 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 □ | | | | | | | | | | | | | | | | | |