

# FINAL REPORT FORM[[1]](#footnote-1)

# MAINPRO+ / MOC Section 1 & 3 – evaluation outcome

**Section 1: MANDATORY TO COMPLETE**

**ACCREDITED/CERTIFIED ACTIVITY INFORMATION:**

|  |  |
| --- | --- |
| Activity Title: |  |
| Activity Date: (yyyy/mmm/dd) |  |
| Activity Location: |  |
| Physician Organization: |  |
| Scientific Planning Committee Chair: |  |
| For CPD Office use Only: | (yyyy/mmm/dd) |

**Section 2: MANDATORY TO COMPLETE**

**FINANCIAL SUPPORT RECEIVED: Please ✓ all that apply:**

**🗆 No Financial Support Received 🗆 Pharmaceutical 🗆 Government Agency 🗆 Medical Department 🗆 Other (please describe)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **FINANCIAL SUPPORT: Organization Name(s)** | **Total Amount Received** |
|  | $ |
|  | $ |
| **TOTAL** | **$** |

**Section 3: MANDATORY TO COMPLETE**

**Please complete this section in detail - provide the number of participants in each category**

|  |  |
| --- | --- |
| # of Family Physicians: |  |
| # of Other Specialists: |  |
| # of Residents: |  |
| # of Nurses: |  |
| # of Students: |  |
| # of Other Health Care Professionals: |  |
| **Total Number of Attendees:** |  |
| **Total Number of Attendees not from Quebec:** |  |
| **Total Number of Attendees Eligible for CPD/CME Credits:**  excluding students and other health care professionals |  |

**FINAL REPORT FORM - continued**

**Certificates of attendance must be disseminated only to participants that have attended or completed the educational activity. Please provide a participant list which includes only the individuals eligible for CPD credits.**

[TEMPLATE - Excel Spreadsheet – All Participants List](https://www.mcgill.ca/medicinecpd/files/medicinecpd/2015_participant_list_template_en.xlsx)

[TEMPLATE - Excel Spreadsheet – All Participants List - Per Date](https://www.mcgill.ca/medicinecpd/files/medicinecpd/2015_participant_list_template-_per_individual_per_date_en.xlsx)

**Section 4: MANDATORY TO COMPLETE**

**SCIENTIFIC PLANNING COMMITTEE CHAIR COMMENTS:**

Please provide details on the fulfilment of course objectives, success or failure of new approaches, ideas for future events, pre-test/post-test results and results of other measures of impact on practice (if applicable):

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**Section 5: MANDATORY TO COMPLETE**

## Brief Description of Participant Evaluation Data

## Ensure to submit the compiled results (summary) of the participant evaluation forms.

A. Please provide your reflections regarding audience feedback

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## 

B. In the comment box below, identify the commonly encountered themes, including comments on areas of strengths and challenges.

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C. In the case of challenges, state how these would be addressed for future activities.

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**FINAL REPORT FORM - continued**

1. **Summary of Participant Answers to Mandatory Questions found on Evaluation Form:**

Please complete the grid using percentages – **MANDATORY TO ANSWER IN PERCENTAGES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **For Activities Granted CFPC Mainpro+ and RCPSC MOC Credits** | | | |
| **Questions** | **Yes (%)** | **No (%)** | **Not Sure (%)** |
| Did the presenter make a disclosure statement (verbal and with slide)? |  |  |  |
| Did you perceive any degree of bias in any part of the presentation? |  |  |  |
| Did the activity respect the Quebec Code of Ethics - Conseil québécois de développement professionnel continu des médecins (CQDPCM)  (<https://www.mcgill.ca/medicinecpd/files/medicinecpd/code_cqdpcm_en_f20160101_0.pdf>)?   **(FOR ACTIVITIES HELD IN QUEBEC ONLY)** |  |  |  |

|  |  |  |
| --- | --- | --- |
| **For Activities Granted RCPSC MOC Credits** | | |
| This program’s content has enhanced my knowledge: What did you learn or how will this event impact your practice? Insert comments | Insert comments received: | |
| Please indicate which CanMEDS roles you felt were addressed during this educational activity:  **MANDATORY TO ANSWER IN PERCENTAGES** | Collaborator % \_\_\_\_\_\_\_ | Scholar % \_\_\_\_\_\_\_ |
| Manager/Leader % \_\_\_\_\_\_\_\_ | Communicator % \_\_\_\_\_\_\_ |
| Medical Expert % \_\_\_\_\_\_\_ | Professional % \_\_\_\_\_\_\_ |
| Health Advocate % \_\_\_\_\_\_\_\_ |  |

**Please reflect on the data percentages recorded in the above tables.**

A. If **74% or less of the participants answered ‘yes’ to ‘Did the presenter make a disclosure statement**’ question, please indicate the identified concern the participant(s) provided in the comment box found on the evaluation form:

|  |
| --- |
|  |

B. If **5% or more answered ‘yes or not sure’ to: i. ‘Did you perceive any degree of bias’ in any part of the presentation’** and **ii. ‘Did the activity respect the Quebec Code of Ethics - Conseil québécois de développement professionnel continu des médecins’** questions, please indicate the identified concern the participant(s) provided in the comment box found on the evaluation form:

|  |
| --- |
|  |

C. **What changes will be done** in the development, planning and implementation of future activities to avoid the concerns identified above?

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|  |

**CHECKLIST**

**ALL DOCUMENTS LISTED BELOW ARE MANDATORY TO SUBMIT**

**NOTE: Naming conventions for files:** File names should be short, but descriptive (<15 characters)

* Final Activity Program/Schedule/Agenda - **Mandatory**
* Final promotional materials distributed to participants:
* All printed or electronic promotional materials, invitations, announcements, correspondence etc… submitted to potential attendees
* Includes websites, blogs, etc...
* Activity location or venue
* should the activity take place in various locations, provide a list of all locations
* Provide a list of meals, entertainment and/or social events
  + Include cost assumed by attendees
* Additional materials provided to attendees/potential attendees such as,
  + course syllabus;
  + promotional flyers;
  + email messages;
  + web site links;
  + certificate of completion (if submitting your own template; additional review fees apply)
* **All Participants List:** including participant’s first name, family name, license number, province, accreditation date, credit type, name of event, email and **credit quantity earned for each individual**
* **Sign-in-Sheet/Proof of Attendance:** including participants first name, family name, license number and signatures or electronic proof of attendance
* **Compiled results** (summary) of evaluation forms
* **If MOC credits were granted:** provide a copy of the budget linked to the development, planning and implementation of the activity
* **Signed copies of the resource persons conflict of interest disclosure forms**: Submit only forms not provided with the accreditation/certification application form
  + **Ensure to complete and submit with the Final Report the** [**RESOURCE PERSONS LIST - CoI**](https://www.mcgill.ca/medicinecpd/files/medicinecpd/resource-persons-list-coi.docx)

**\*NOTE:** The ‘all participant list’ and the ‘sign-in sheet’ are two distinct documents which provide our regulatory authorities dissimilar information on your activity. To fulfill the CPD requirement, kindly submit two individual reports

Please submit final report documentation via email: [cpd.med@mcgill.ca](mailto:cpd.med@mcgill.ca)

Should you be submitting the final report form and supporting materials via Drop Box or another file hosting service, **please ensure to provide admission to multiple users and access for at least an 8 week duration.**

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**SCIENTIFIC PLANNING COMMITTEE CHAIR (SIGNATURE) DATE:** (yyyy/mmm/dd)

Continuing Professional Development

McGill University

2001 McGill College, Suite 1310

Montreal, Quebec, H3A 1G1

Email: [cpd.med@mcgill.ca](mailto:cpd.med@mcgill.ca)

1. To be completed and submitted 8 weeks following the end date of the accreditation period [↑](#footnote-ref-1)