

Appendix E: Post-Program Evaluation Sample

Thank you for participating in the Program. Your feedback is crucial for us to understand the impact of our program and to make improvements for future sessions. Please take a few moments to complete this evaluation form.

Section 1: Mandatory Questions

1. **Did the program meet its learning objectives?**
(Yes/No)
2. **This program enhanced my knowledge.**
(Strongly agree, agree, neutral, disagree, strongly disagree)
3. **Please indicate which of the CanMEDS-FM / CanMEDS roles you felt were addressed during this educational activity.** (Select all that apply)
(Collaborator, Communicator, Family Medicine Expert/Medical Expert, Health Advocate, Leader, Professional, Scholar)
4. **Did you perceive any degree of bias in any of the program sessions?**
(Yes/No)
5. **How could this program be made more inclusive or accessible?**

Section 2: Overall Satisfaction

5. **Overall, how satisfied are you with the educational content provided during the program?**
(Very satisfied, satisfied, neutral, dissatisfied, very dissatisfied)
6. **How relevant was the content to your professional practice?**
(Highly relevant, relevant, somewhat relevant, not relevant)

Section 3: Implementation

7. **How likely are you to implement the knowledge or skills learned in this program into your teaching or professional practice?**
(Very likely, likely, unsure, unlikely, very unlikely)

Section 4: Additional Feedback

8. **What aspects of the program did you find most valuable?** (short answer)
9. **Are there any areas where the program could be improved?**
(short answer)

