

## NORTHERN EDUCATION ROUNDS

### SESSION PACKAGE

Organizers must ensure these documents are in the room when the session occurs. Participants who don't sign in will not receive CME Credits.

#### DOCUMENTATION:

The following documentation is a requirement to ensure that the scheduled rounds session adheres to the Accreditation Standards put forward by the College of Family Physicians and the Royal College of Physicians and Surgeons of Canada.

*Please have the attached '**sign in sheet**' (page 2) in the room at the event for all attendees to sign in.*

*Please have each attendee at the event complete an '**evaluation form**' (page 4) attached.*

After the event, please send the sign-in sheet and all completed evaluations to:

Email: [physician.education@northernhealth.ca](mailto:physician.education@northernhealth.ca)

Fax: 250-645-6336

The CME Program within Northern Health will issue Certificates of Attendance to all attendees.

Thank you,

Jayleen Emery  
Coordinator, CME Program

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## NORTHERN EDUCATION ROUNDS – EVALUATION FORM

Title: _____	Date: _____
I am a: <input type="checkbox"/> Family Physician <input type="checkbox"/> Specialist (please specify): _____ <input type="checkbox"/> Resident/Student <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Other (please specify): _____	How did you hear about this CPD Activity? Select <u>all</u> that apply: <input type="checkbox"/> Poster <span style="float: right;"><input type="checkbox"/> Calendar</span> <input type="checkbox"/> Email <span style="float: right;"><input type="checkbox"/> Attended previously</span> <input type="checkbox"/> Website <span style="float: right;"><input type="checkbox"/> Colleague</span> <input type="checkbox"/> Other (please specify): _____

**Please provide us your feedback. Your response will be kept anonymous.**

**Please circle the number that reflects your assessment of each of the following:**

**1 = Very Little \ 5 = A Great Deal**

The content enhanced my knowledge.	1	2	3	4	5
The information I learned is relevant to my practice.	1	2	3	4	5
Please rate the overall quality of the presenter/speaker.	1	2	3	4	5

**Please describe your experience:**

1. Did the program meet the stated learning objectives? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:
2. Reflecting on the program content, I am motivated to change my practice in the following ways:
3. Did you perceive any bias, whether industry or other, in any part of the program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
4. Did the program content offer balanced views across all relevant options related to the content area? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:
5. Can you identify any barriers to incorporating what you learned today into your practice (ie. lack of familiarity with recent findings, disagreement with new recommendations, difficulty in recalling proposed intervention when needed, processing related barriers within health care system, etc.)?
6. What was the most enjoyable or valuable part of this CPD Activity for you?
7. What can we do to improve these rounds?
8. Please suggest topics and/or speakers for future CPD activities: Topics: _____ Speakers: _____