

# Continuing Education Journal Club Evaluation Form

Thank you for taking the time to complete this evaluation. Your ratings and comments will be helpful to our coordinators.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Journal Club Title: |  |  |
|  |  |  |  |
| Coordinator Name(s): |  |  |
|  |  |  |  |
|  |  |  |  |
| Location(city, province): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| --- | --- | --- | --- | --- | --- |
|  |  | **Excellent** | **Poor** |  | **N/A** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OVERVIEW** |  |  |  |  |  |  |  |  |
| 1. What is your overall rating of this activity?
 |  | 5 | 4 | 3 | 2 | 1 |  | 0 |
| 1. Were the sessions well organized?
 |  | 5 | 4 | 3 | 2 | 1 |  | 0 |
| 1. Did they start on time?
 |  | 5 | 4 | 3 | 2 | 1 |  | 0 |
|  |  |  |  |  |  |  |  |  |
| **CONTENT** |  |  |  |  |  |  |  |  |
| 1. Were the articles/topics chosen interesting?
 |  | 5 | 4 | 3 | 2 | 1 |  | 0 |
| 1. Were the appropriate critical tools used?
 |  | 5 | 4 | 3 | 2 | 1 |  | 0 |
| 1. Did the activity meet your learning objectives?
 |  | 5 | 4 | 3 | 2 | 1 |  | 0 |
|  |  |  |  |  |  |  |  |  |
| **DID THE FACILITATOR(S)** |  |  |  |  |  |  |  |  |
| 1. Offer a well-organized presentation?
 |  | 5 | 4 | 3 | 2 | 1 |  | 0 |
| 1. Display good subject knowledge?
 |  | 5 | 4 | 3 | 2 | 1 |  | 0 |
| 1. Use appropriate style(s) of presentation?
 |  | 5 | 4 | 3 | 2 | 1 |  | 0 |
| 1. Provide adequate opportunities for questions and discussions?
 |  | 5 | 4 | 3 | 2 | 1 |  | 0 |

Additional Comments:

**SUGGESTIONS FOR FUTURE JOURNAL CLUBS:**

Please note any suggestions for topics and /or coordinators (yourself included) for future CHLA/ABSC continuing education journal clubs.

# YOUR BACKGROUND

* Academic health sciences library
* Hospital library - teaching
* Hospital library - non-teaching
* Government library
* Association library
* Corporate library
* Other (specify):

**PLEASE RETURN THIS FORM TO:**