

## KOTM Excellence in First Nations Telemedicine Workshop

Sioux Lookout, Ontario, March 24-26, 2009

## **CONFEREENCE EVALUATION FORM**

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

	1= Poor	2= Fair	3= Good	4= Very Good	5= Excellent
1. Content: Relevance to my job, compatibility with my expectations, 3-ring binder resource	1	2	3	4	5
<b>2. Format:</b> Mix of discussion, slide-shows, real world examples, audience size, breakout groups	1	2	3	4	5
<b>3. Perceived Learning:</b> How would you rate the amount you have learned in this conference compared to similar conferences?	1	2	3	4	5
4. Organization: Registration, flow of events	1	2	3	4	5
<b>5. Amenities</b> : Accommodations, Food at workshop, local services, after hours events	1	2	3	4	5
6. OVERALL RATING OF THIS CONFERENCE:	1	2	3	4	5
Comments:					

## 7. PLEASE RATE THE FOLLOWING CONFERENCE COMPONENTS:

	1= Poor	2= Fair	3= Good	4= Very Good	5= Excellent
History and Background of KOTM	1	2	3	4	5
Community Engagement and Consultation	1	2	3	4	5
History and Background of KNET	1	2	3	4	5
Education and Capacity Building	1	2	3	4	5
Requirements of First Nations T/M	1	2	3	4	5
Clinical Applications	1	2	3	4	5
Privacy Considerations	1	2	3	4	5
Partnerships and Agreements	1	2	3	4	5



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8. What was the most effective part of the conference? Indicate why.
9. What was the least effective part of this conference? Indicate why.
10. How could this conference have been improved?
11. Did this workshop meet with your learning needs and expectations?
12. Additional comments or suggestions:
13. My background is