



## GENERAL EVALUATION FORM

Have your say and go into the draw to win a prize!

Your participation is greatly appreciated!

As a part of the College's commitment to its Fellows and Trainees, your comments and opinions are highly valued and will be used to improve the value of Physicians Week to all members.

Please return your completed survey form to the Registration Desk or the College Booth in the Exhibition, and go into the draw to win Full Registration to the World Congress of Internal Medicine 2010 Melbourne in conjunction with Physicians Week 2010 or other great prizes (prizes will be displayed at the Physicians Week Registration Desk).

The winners will be announced on the RACP Physicians Week website at <http://www.physiciansweek.com> by 22 May 2009.

**Name:** ..... **Or Physicians Week ID (stated on your name badge):** .....

(Optional: Name or ID information will be used for the prize draw only)

### 1. Are you (tick more than one, if applicable):

- |                                                                                               |                                                 |                                  |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Basic Trainee                                                        | <input type="checkbox"/> Advanced Trainee       |                                  |
| <input type="checkbox"/> FRACP (Paediatrics & Child Health)                                   | <input type="checkbox"/> FRACP (Adult Medicine) | <input type="checkbox"/> IMSANZ  |
| <input type="checkbox"/> FAFOEM                                                               | <input type="checkbox"/> FAFPHM                 | <input type="checkbox"/> FAFRM   |
| <input type="checkbox"/> FACHAM                                                               | <input type="checkbox"/> FACHPM                 | <input type="checkbox"/> FACHSHM |
| <input type="checkbox"/> Member of the Chapter of Community Child Health (Non Fellow/Trainee) |                                                 |                                  |
| <input type="checkbox"/> Other (please specify) .....                                         |                                                 |                                  |

### 2. How did you learn about this event?

- |                                                            |                                                   |                                       |
|------------------------------------------------------------|---------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Email Notice                      | <input type="checkbox"/> e- newsletter            | <input type="checkbox"/> RACP Website |
| <input type="checkbox"/> Organisers / Organising Committee | <input type="checkbox"/> Associates/Word of mouth | <input type="checkbox"/> Employer     |
| <input type="checkbox"/> Supervisor/DPT/DPPT               | <input type="checkbox"/> Brochure                 |                                       |
| <input type="checkbox"/> Other (please specify) .....      |                                                   |                                       |

### 3. What are your main reasons for attending Physicians Week?

- |                                                       |                                     |                                           |
|-------------------------------------------------------|-------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Knowledge enhancement        | <input type="checkbox"/> Networking | <input type="checkbox"/> Specific speaker |
| <input type="checkbox"/> Specific program topics      | <input type="checkbox"/> CPD Points |                                           |
| <input type="checkbox"/> Other (please specify) ..... |                                     |                                           |



## SECTION 1- ORGANISATION

4. Please indicate your level of satisfaction with the organisation of Physicians Weeks by ticking the appropriate box.

	Very Satisfied		Somewhat Satisfied		Not at all Satisfied	N/A
Pre-Conference Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of submitting your abstract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physicians Week website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registration Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness/helpfulness of staff onsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard of accommodation offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard of venue and session room facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physicians Week value for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall satisfaction with Physicians Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you have any comments for improving the organisation or management of the Physicians Week?

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## SECTION II - PHYSICIANS WEEK PROGRAM

### 6. How would you rate the value of?

	Very Valuable		Somewhat Valuable		Not at all Valuable	Not Attended
Adult Medicine Division Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IMSANZ Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatrics & Child Health Division Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Australasian Faculty of Rehabilitation Medicine Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Australasian Faculty of Occupational & Environmental Medicine Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Australasian Faculty of Public Health Medicine Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Education Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy & Advocacy Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 7. Which were your three favourite sessions and why?

Favourite Sessions	Comments
1.	
2.	
3.	

### 8. Which three session were below your expectations and why?

Sessions	Comments
1.	
2.	
3.	

### 9. What topics would you like to be included in future Physicians Week programs?

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**SECTION III - EXHIBITION**

**10. Which exhibiting Trade Company did you find most relevant and why?**

Exhibitor	Comments

**11. On average, how long did you spend in the trade exhibition?**

- Less than 1Hour     
  1-3 Hours     
  4-6 Hours     
  7-9+ Hours

**12. How would you rate the value of the RACP Booth?**

- Very Valuable     
  Somewhat Valuable     
  Not at all Valuable     
  Not attended

**13. Please state any comments regarding the RACP Booth?**

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**14. Do you have any suggestions on how the Physicians Week trade exhibition can be improved in future?**

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Thank you for taking the time to complete this form.