**EACCME® participant’s evaluation form**

1. **Quality of the event**

How useful for your professional activity did you find this event?

|  |  |  |  |
| --- | --- | --- | --- |
| **Extremely useful** | **Useful** | **Fairly useful** | **Not useful** |
|  |  |  |  |

If this activity was not useful, please explain why: …………………………………………………………………………………

What was your overall impression of this event?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Good** | **Fairly good** | **Poor** | **Very poor** |
| **Programme** |  |  |  |  |  |
| **Organisation** |  |  |  |  |  |

What was the best aspect of this event? ……………………………………………………………………………………………….

What was the worst aspect of this event? ……………………………………………………………………………………………..

1. **Relevance of the event**

Did the event fulfil your educational goals and expected learning outcomes?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very much** | **Somewhat** | **Not much** | **Not at all** | **Undecided** |
|  |  |  |  |  |

Was the presented information well balanced and consistently supported by a valid scientific evidence base?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very much** | **Somewhat** | **Not much** | **Not at all** | **Undecided** |
|  |  |  |  |  |

How useful to you personally was each session?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Extremely**  **useful** | **Useful** | **Fairly**  **useful** | **Not useful** | **Undecided/**  **DNA** |
| **1st session’s title** |  |  |  |  |  |
| **2nd** |  |  |  |  |  |

1. **Suitability of formats used during the event**

Was there adequate time available for discussions, questions & answers and learner engagement?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes,**  **always/almost**  **always** | **Yes, sometimes** | **Only rarely** | **Never** | **Undecided** |
|  |  |  |  |  |

Can you indicate any innovative elements during the activity?

……………………………………………………………………………………

1. **Ways the event affects clinical practice**

Will the information you learnt be implemented in your practice?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very much** | **Somewhat** | **Not much** | **Not at all** | **Undecided** |
|  |  |  |  |  |

Can you provide ONE example how this event will influence your future practice?

………………………………………………………………………………………

1. **Commercial bias**

Did all the faculty members provide their potential conflict of interest declaration with the sponsor(s) as a second slide of their presentation?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes, all** | **Yes, for the**  **majority** | **Yes, but only**  **a small part** | **No** | **Undecided/**  **don’t know** |
|  |  |  |  |  |

Can you provide an example of biased presentation in this activity?

……………………………………………………………………………………….

**Do you agree that the information was overall free of commercial and other bias?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Strongly agree** | **Rather agree** | **Rather disagree** | **Strongly**  **disagree** | **Undecided/**  **don’t know** |
|  |  |  |  |  |