**IFNE-Interim Meeting 2024**

Name: \_\_ Registration Number: \_\_\_\_\_\_\_\_\_

E-mail: \_\_

**Instructions:** Please mark your evaluation in the appropriate box and add any remarks in the comments section at the end of the form.

**Section 1: CONTENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *On a scale of 1-5, please rate the following:* | **1-Strongly Agree** | **2- Agree** | **3-Neutral** | **4-Disagree** | **5-Strongly Disagree** |
| The program met the identified objectives. |  |  |  |  |  |
| The content was relevant to my educational needs. |  |  |  |  |  |
| The program was well-structured and organized. |  |  |  |  |  |
| Presentations were given without bias or conflict of interest. |  |  |  |  |  |
| The over-all quality of the activity met my expectations. |  |  |  |  |  |

**Section 2: OUTCOME**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *On a scale of 1-5, please rate the following:* | **1-Strongly Agree** | **2- Agree** | **3-Neutral** | **4-Disagree** | **5-Strongly Disagree** |
| ***Attending this activity had an impact on my:*** |  |  |  |  |  |
| Knowledge of the subject. |  |  |  |  |  |
| Competence (the ability to apply the knowledge). |  |  |  |  |  |
| Performance (what is actually done in practice). |  |  |  |  |  |

**Section 3: conference organization**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *On a scale of 1-5, please rate the following:* | **1-Strongly Agree** | **2- Agree** | **3-Neutral** | **4-Disagree** | **5-Strongly Disagree** |
| The conference was well organized |  |  |  |  |  |
| Suitability of the venue |  |  |  |  |  |

**Section 4: ADDITIONAL QUESTIONS**

1. What did you learn at the end of the conference?

Click here to enter text.

1. Do you intend to make changes or apply what you learned to your practice as a result of this conference?

Yes, I plan to make changes. (*Indicate what you learned that you will be able to implement in your practice*)

Click here to enter text.

I’m not sure but I’m considering making changes. (*Please explain factors you are considering*)

Click here to enter text.

No, I already do most of these things.

No, this information doesn’t apply to my work.

1. Suggestion for future topics:

Click here to enter text.

1. Would you attend the next edition of the conference:

Yes/ No

**comments / REMARKS**

EVAL-06/OMSB-CPD/FORM

Click here to enter text.