**Evaluation Questions:**

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|  | **Will the knowledge you gained change your practice?** **Yes/no** |
|  | **Will the skills you gained change your practice?****Yes/no** |
|  | **Will what you have learned benefit your patients and improve patient outcomes?****Yes/no** |
|  | **Were your learning objectives met?****Yes/no** |
|  | **Were links to further resources or references provided?****Yes/no** |
|  | **Were pharmaceutical products advertised or companies mentioned****Yes/no** |
|  | **Were you able to participate in a discussion?****Yes/no** |
|  | **Did the speaker/s make relevant disclosures?****Yes/no** |
|  | **Did the Scientific Planning Committee make relevant disclosures?** **Yes/no** |
|  | **Describe the knowledge you have gained and how it will change your practice.****Free text box- make mandatory**  |
|  | **What talk and speaker did you get the most learning from this year and why?****Free text box- make mandatory** |
|  | **What topics should be included in next year’s conference to enhance your knowledge and skills?****Free Text box** |