**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** |