

A	Activity Evaluation
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This survey aims to gather feedback on the educational activity organized by AMETI. Your feedback is highly appreciated and will remain confidential. Please complete this survey immediately after attending the lecture. Your responses will help us evaluate the quality of the sessions and continuously improve the educational experience.

Activity Details

Activity Details	
Title of Activity	
Date	
Location/Platform	
Facilitator(s)	
Participant Name (optional)	
Linked event	

Mode of Delivery

Mode of Delivery				
<input type="checkbox"/> 1 In-person	<input type="checkbox"/> 2 online (Live)	<input type="checkbox"/> 3 Recorded	<input type="checkbox"/> 4 Blended	<input type="checkbox"/> 5 others

Rating Scale:

Please rate each of the next page statements using the following scale:				
<input type="checkbox"/> 1 Strongly Disagree	<input type="checkbox"/> 2 Disagree	<input type="checkbox"/> 3 Neutral	<input type="checkbox"/> 4 Agree	<input type="checkbox"/> 5 Strongly Agree

Sections of evaluation

Section 1: Relevance & Objectives

The objectives of the activity were clearly stated				
<input type="checkbox"/> 1 Strongly Disagree	<input type="checkbox"/> 2 Disagree	<input type="checkbox"/> 3 Neutral	<input type="checkbox"/> 4 Agree	<input type="checkbox"/> 5 Strongly Agree
The activity was relevant to my clinical practice				
<input type="checkbox"/> 1 Strongly Disagree	<input type="checkbox"/> 2 Disagree	<input type="checkbox"/> 3 Neutral	<input type="checkbox"/> 4 Agree	<input type="checkbox"/> 5 Strongly Agree
The content met my learning needs				
<input type="checkbox"/> 1 Strongly Disagree	<input type="checkbox"/> 2 Disagree	<input type="checkbox"/> 3 Neutral	<input type="checkbox"/> 4 Agree	<input type="checkbox"/> 5 Strongly Agree



Section 2: Content Quality

The content was evidence-based and up to date				
<input type="checkbox"/> 1 Strongly Disagree	<input type="checkbox"/> 2 Disagree	<input type="checkbox"/> 3 Neutral	<input type="checkbox"/> 4 Agree	<input type="checkbox"/> 5 Strongly Agree
The material was well-organized and structured				
<input type="checkbox"/> 1 Strongly Disagree	<input type="checkbox"/> 2 Disagree	<input type="checkbox"/> 3 Neutral	<input type="checkbox"/> 4 Agree	<input type="checkbox"/> 5 Strongly Agree
The depth of content was appropriate				
<input type="checkbox"/> 1 Strongly Disagree	<input type="checkbox"/> 2 Disagree	<input type="checkbox"/> 3 Neutral	<input type="checkbox"/> 4 Agree	<input type="checkbox"/> 5 Strongly Agree

Section 3: Delivery & Facilitation

The presenter communicated clearly				
<input type="checkbox"/> 1 Strongly Disagree	<input type="checkbox"/> 2 Disagree	<input type="checkbox"/> 3 Neutral	<input type="checkbox"/> 4 Agree	<input type="checkbox"/> 5 Strongly Agree
The presenter engaged participants effectively				
<input type="checkbox"/> 1 Strongly Disagree	<input type="checkbox"/> 2 Disagree	<input type="checkbox"/> 3 Neutral	<input type="checkbox"/> 4 Agree	<input type="checkbox"/> 5 Strongly Agree
Teaching methods (e.g., lecture, discussion, cases) were appropriate				
<input type="checkbox"/> 1 Strongly Disagree	<input type="checkbox"/> 2 Disagree	<input type="checkbox"/> 3 Neutral	<input type="checkbox"/> 4 Agree	<input type="checkbox"/> 5 Strongly Agree

Section 4: Learning Environment & Organization

The environment/platform supported learning				
<input type="checkbox"/> 1 Strongly Disagree	<input type="checkbox"/> 2 Disagree	<input type="checkbox"/> 3 Neutral	<input type="checkbox"/> 4 Agree	<input type="checkbox"/> 5 Strongly Agree
The activity was well-organized				
<input type="checkbox"/> 1 Strongly Disagree	<input type="checkbox"/> 2 Disagree	<input type="checkbox"/> 3 Neutral	<input type="checkbox"/> 4 Agree	<input type="checkbox"/> 5 Strongly Agree
Time was managed effectively				
<input type="checkbox"/> 1 Strongly Disagree	<input type="checkbox"/> 2 Disagree	<input type="checkbox"/> 3 Neutral	<input type="checkbox"/> 4 Agree	<input type="checkbox"/> 5 Strongly Agree

Section 5: Outcomes & Impact

I gained new knowledge/skills				
<input type="checkbox"/> 1 Strongly Disagree	<input type="checkbox"/> 2 Disagree	<input type="checkbox"/> 3 Neutral	<input type="checkbox"/> 4 Agree	<input type="checkbox"/> 5 Strongly Agree
This activity will improve my clinical practice				
<input type="checkbox"/> 1 Strongly Disagree	<input type="checkbox"/> 2 Disagree	<input type="checkbox"/> 3 Neutral	<input type="checkbox"/> 4 Agree	<input type="checkbox"/> 5 Strongly Agree
I feel confident applying what I learned				
<input type="checkbox"/> 1 Strongly Disagree	<input type="checkbox"/> 2 Disagree	<input type="checkbox"/> 3 Neutral	<input type="checkbox"/> 4 Agree	<input type="checkbox"/> 5 Strongly Agree



Overall Rating

Overall, I am satisfied with this CPD activity

1 Strongly Disagree

2 Disagree

3 Neutral

4 Agree

5 Strongly Agree

Comments Section

What did you find most valuable about this activity?

What could be improved?

Suggestions for future CPD activities:

Optional: Practice Change Reflection

- Do you plan to change your practice based on this activity?
 Yes No

If yes, please describe:

Do you need further materials, or agree to receive future activity announcements?

Yes No

If yes, please write your e-mail:

