**Evaluation criteria – Overall Evaluation**

**Highlighted = mandatory question**

This should be completed prior to the individual getting the CE certificate after they have completed all speaker and session evaluations.

Please rate the following as they apply to your learning experience at the INSERT EVENT TITLE:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Disagree | Strongly Disagree | N/A |
| I enhanced my knowledge of nutrition support therapy and clinical nutrition. |  |  |  |  |  |
| I gained strategies (improved my competence) in the areas of nutrition support and clinical nutrition  |  |  |  |  |  |
| As a result of knowledge and competence gained, I improved my diagnostic skills.  |  |  |  |  |  |
| I explored current nutrition support research topics and the potential application to clinical practice. |  |  |  |  |  |
| I confirmed my current practice. |  |  |  |  |  |

Please rate the level with which you agree with the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Disagree | Strongly Disagree | N/A |
| All topics were pertinent to the conference goal to introduce new therapies, discuss ongoing controversies and update clinicians on current and emerging research in nutrition support. |  |  |  |  |  |
| Overall conference depth and scope were consistent with my learning needs and contained practical suggestions I can apply to practice |  |  |  |  |  |
| I met my personal, professional, educational, and/or career goals for attending the INSERT EVENT TITLE |  |  |  |  |  |
| The educational content presented at the conference was applicable to my practice. |  |  |  |  |  |

Please rate the level with which you agree with the following regarding the objectives that were established for the conference:

As an attendee at the INSERT EVENT TITLE

 I am able to/have

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Disagree | Strongly Disagree | N/A |
| Challenge current clinical practices |  |  |  |  |  |
| Integrate evidence-based updates into practice |  |  |  |  |  |
| Reflect on the implications of current research |  |  |  |  |  |
| Identify gaps in my knowledge base that require further education and training |  |  |  |  |  |

Please describe any professional gaps (i.e. the strategies you need to do something that you currently do not have, or what you should be doing in practice that you are not currently doing) that you identified as a result of attending the INSERT EVENT TITLE

As a result of attending the INSERT EVENT TITLE, I plan to make the following changes to my practice: [Text Box]

If you do not plan to make any changes to your practice, what are the barriers to changing your practice? [Text Box]

May we follow up with you in 6 months regarding changes made in your practice? Yes No

If yes, then please provide your email address. [Text Box]

What do you need to learn more about to improve your knowledge, competence, job performance and ultimately patient care? [Text Box]

What do you observe in your own practice or that of your colleagues that goes wrong in treating patients requiring nutrition support therapy - by which discipline, and why?  [Text Box]

Please rate the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Very Good | Good | Fair | Poor |
| Efficiency of the course mechanics (e.g., room, space, lighting) |  |  |  |  |  |
| Audio Visual  |  |  |  |  |  |
| Location  |  |  |  |  |  |
| Hotel and conference facilities |  |  |  |  |  |

What portion of the program content was new to you?

🞎 almost all 🞎 considerable 🞎 about half 🞎 some 🞎none

I have attended the INSERT EVENT TITLE:

🞎 first time 🞎 1 – 5 times 🞎 5 – 10 times 🞎 10 – 15 times 🞎 over 15 times

I have been practicing in the field of nutrition support for:

🞎 less than 2 years 🞎 2 – 5 years 🞎 5 – 10 years 🞎 10 – 15 years 🞎 over 15 years

What did you like most about INSERT EVENT TITLE?[free text box]

What did you like least about INSERT EVENT TITLE? [free text box]