
Ultrasound Evaluation Form CME 2026 Session 1

Description

Ultrasound CME Evaluation form

Evaluation Form

Ultrasound Course 2026 2026 First session

Full name Email Profession Doctor Nurse
 Other

EACCME participant's evaluation form

1) Quality of the session

How useful for your professional activity did you find this session? Not useful (1) Fairly useful (2) Useful (3) Extremely useful (4) If this session was not useful, please explain why:
 What was your overall impression of the session? Very poor (1) Poor (2) Good (3) Excellent What was the best aspect of this session? What was the worst aspect of this session?

2) Relevance of the session

Did the session fulfil your educational goals and expected learning outcomes? Not at all (1) Not much (2) Somewhat (3) Very much (4) Was the presented information well balanced and consistently supported by a valid scientific evidence base? Not at all (1) Not much (2) Somewhat (3) Very much (4)

3) Suitability of formats used during the session

Was there adequate time available for discussions, questions & answers and learner engagement? Never (1) Only rarely (2) Sometimes (3) Always/almost always (4) Can you indicate any innovative elements during the activity?

4) Ways the session affects clinical practice

Will the information you learnt be implemented in your practice? Not at all (1) Not much (2) Somewhat (3) Very much (4) Can you provide ONE example how this session will influence your future practice?

5) Commercial bias

Did all the faculty members provide their potential conflicts of interest declaration with the sponsor(s) as a second slide of their presentation? No (1) Yes, but only a small part (2) Yes, for the majority (3) Yes, all (4) Can you provide an example of biased presentation in this activity? Do you agree that the information was overall free of commercial and other bias? Strongly disagree (1) Rather disagree (2) Rather agree (3) Strongly agree (4)

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Author

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