المجلس العماني للاختصاصات الطبية
OMAN MEDICAL SPECIALTY BOARD

Activity Evaluation Form

SECTION I: ACTIVITY DETAILS

Title of Activity:	
Activity Date:	
Organizer/institution:	
OMSB Registration Code:	
Category:	**I** ☐ **II** ☐

SECTION II: CONTENT

On a scale of 1-5, please rate the following:	1- Strongly Agree	2- Agree	3- Neutral	4- Disagree	5- Strongly Disagree
The program met the identified objectives.	☐	☐	☐	☐	☐
The content was relevant to my educational needs.	☐	☐	☐	☐	☐
The program was well-structured and organized.	☐	☐	☐	☐	☐
Presentations were given without bias or conflict of interest.	☐	☐	☐	☐	☐
The over-all quality of the activity met my expectations.	☐	☐	☐	☐	☐

SECTION III: OUTCOME

On a scale of 1-5, please rate the following:	1- Strongly Agree	2- Agree	3- Neutral	4- Disagree	5- Strongly Disagree
Attending this activity had an impact on my:					
Knowledge of the subject.	☐	☐	☐	☐	☐
Competence (the ability to apply the knowledge).	☐	☐	☐	☐	☐
Performance (what is actually done in practice).	☐	☐	☐	☐	☐

SECTION IV: ADDITIONAL QUESTIONS

1. What did you learn at the end of activity?

2. Do you intend to make changes or apply what you learned to your practice as a result of this activity?
   - ☐ Yes, I plan to make changes. (*Indicate what you learned that you will be able to implement in your practice*)

     _____
   - ☐ I'm not sure but I'm considering making changes. (*Please explain factors you are considering*)

     _____
   - ☐ No, I already do most of these things.
   - ☐ No, this information doesn't apply to my work.
3. Suggestion for improvement:

   _____
4. Suggestion for future topics:

   _____