

## GASTROINTESTINAL ULTRASOUND INFORMATIONAL SEMINAR

### EVALUATION FORM

Serres, Greece 23.05.2026

**1 Thank you for participating in this informational seminar of Scientia Edu. We would like to know if this was a valuable learning experience for you, and would appreciate your responses to the following questions.**

1. Presenter: Tsionis Georgios, MD	1=Poor	2=Below Average	3=Average	4=Above Average	5=Outstanding
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?	1	2	3	4	5
2. Presenter: Tsionis Theodoros, MD	1=Poor	2=Below Average	3=Average	4=Above Average	5=Outstanding
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?	1	2	3	4	5

**2. Indicate the reason you came to the meeting:**

Please check all that applied

to develop clinical skills	<input checked="" type="checkbox"/>				
to develop interpretive and diagnostic skills	<input checked="" type="checkbox"/>				
to acquire new information on the subject	<input checked="" type="checkbox"/>				
to review the subject	<input type="checkbox"/>				

**3. How might the format of this activity be improved in order to be most appropriate for the content presented? select all that apply**

Format was appropriate; no changes needed	<input type="checkbox"/>	Add a hands-on instructional component	<input type="checkbox"/>
Include more case-based presentations	<input type="checkbox"/>	Schedule more time for Q and A	<input type="checkbox"/>
Increase interactivity with attendees	<input type="checkbox"/>	Other, describe	<input checked="" type="checkbox"/>
Add breakouts for subtopics	<input type="checkbox"/>	<i>Continuing</i>	



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### 4. Please rate the overall aspects of this educational activity on the basis of:

	1=Poor	2=Below Average	3=Average	4=Above Average	5=Outstanding
Educational content	1	2	3	4	5
Relevance to practice	1	2	3	4	5
Questions and discussions	1	2	3	4	5
Oral presentations	1	2	3	4	5
Quality of presenters	1	2	3	4	5
Selection of topics	1	2	3	4	5
Overall quality of activity	1	2	3	4	5

### 5. Did you have the opportunity to discuss practice-relevant issues with the speakers?

YES

NO

### 6. How will you change your practice as a result of attending this activity? Select all that apply

Create/revise protocols, policies, and/or procedures

Change the management and/or treatment of my patients

This activity validated my current practice

I will not make any changes to my practice

Other, please specify:

### 7. Any perceived barriers in making changes identified?

YES

NO

If yes, please indicate:

### 8. Has this activity met your identified needs and professional practice gaps?

YES

NO

### 9. Please rate the overall impact of this activity objectives on:

	Not Applicable	No Impact	Moderate Impact	High Impact
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Patient outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### 10. Was there any apparent conflict of interest shown by the speaker(s)? If yes, please explain below:

YES

NO

### 11. How did you obtain information on this program? Circle

Online

Email

Mailed Brochure

Word of mouth

Other

### 12. Based on your needs, provide suggestions for future program topics/formats:

General Comments:

E-mail address to participate in an outcome-measured post evaluation activity:

Specialty :

MD/DO

NP/RN

PA

Student

Other health professional



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YES  NO

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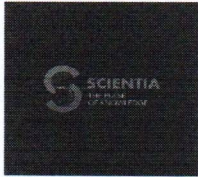
Online   
  Email   
  Mailed Brochure   
  Word of mouth   
  Other

**12. Based on your needs, provide suggestions for future program topics/formats:**

General Comments: *more advanced content.*

E-mail address to participate in an outcome-measured post evaluation activity: *cheltaxias@gmail.com*

Specialty :  GI   
  MD/DO   
  NP/RN   
  PA   
  Student   
  Other health professional



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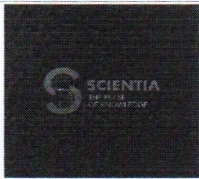
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Word of mouth

Other

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General Comments:

Περὶ 660 740α γεννησιμὰ, κατὰ οὐτὴν 2

E-mail address to participate in an outcome-measured post evaluation activity:

Specialty:

MD/DO

NP/RN

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Student

Other health professional