SCIENTIA
THE PULSE OF KNOWLEDGE

EFSUMB endorsed course
European Federation of Societies for Ultrasound in Medicine and Biology

Applications of ultrasound in Dermatology

EVALUATION FORM

Thessaloniki, Greece 05.09.2026

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: **PD Dr. med. Diana Crisan**	1=Poor	2=Below Average	3= Average	4=Above Average	5= Outstanding
To what extent was the presenters' 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	☑
to develop interpretive and diagnostic skills	☑
to acquire new information on the subject	☑
to review the subject	☑

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	☑	Add a hands-on instructional component	☐
Include more case-based presentations	☐	Schedule more time for Q and A	☐
Increase interactivity with attendees	☐	Other, describe	☐
Add breakouts for subtopics	☐		

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To what extent was the presenters' 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	✓				
to develop interpretive and diagnostic skills	✓				
to acquire new information on the subject	✓				
to review the subject	✓				

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		Add a hands-on instructional component	
Include more case-based presentations		Schedule more time for Q and A	
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2. Indicate the reason you came to the meeting:	Please check all that applied				
to develop clinical skills	✓				
to develop interpretive and diagnostic skills	✓				
to acquire new information on the subject	✓				
to review the subject	✓				

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	X	Add a hands-on instructional component	
Include more case-based presentations		Schedule more time for Q and A	
Increase interactivity with attendees		Other, describe	
Add breakouts for subtopics			

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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 ~~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				☑
Competence				☑
Performance				☑
Patient outcomes				☑

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: I would like to repeat it after a while just as it was

E-mail address to participate in an outcome-measured post evaluation activity: annapagouni3@gmail.com

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

DERMATOLOGY

SCIENTIA
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to develop clinical skills	☑
to develop interpretive and diagnostic skills	☑
to acquire new information on the subject	☑
to review the subject	☐

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Format was appropriate; no changes needed	☑	Add a hands-on instructional component	☐
Include more case-based presentations	☐	Schedule more time for Q and A	☐
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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				✓
Competence				✓
Performance				✓
Patient outcomes				✓

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: Excellent program

E-mail address to participate in an outcome-measured post evaluation activity: info@dmilo.gr

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

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YES ☐ NO ☐

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- ☐ 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	☐	☐	☐	✓
Competence	☐	☐	☐	✓
Performance	☐	☐	☐	✓
Patient outcomes	☐	☐	☐	✓

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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to review the subject	☑

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YES ✓ NO

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- 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				✓
Competence				✓
Performance				✓
Patient outcomes				✓

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: Management of filler complications

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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2. Indicate the reason you came to the meeting:	Please check all that applied
to develop clinical skills	X
to develop interpretive and diagnostic skills	X
to acquire new information on the subject	X
to review the subject	X

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	X	Add a hands-on instructional component	
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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	☐ This activity validated my current practice
☒ Change the management and/or treatment of my patients	☐ 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	☐	☐	☐	☒
Competence	☐	☐	☐	☒
Performance	☐	☐	☐	☒
Patient outcomes	☐	☐	☐	☒

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