

TIBDN EDUCATION DAY

Nov 21th, 2019

SPEAKERS EVALUATION FORM

PLEASE FAX TO: 416-586-3140 (if not submitted on the day of event)

For each speaker please enter/circle your rating per question using the following scale:

1 = unsatisfactory 2 = marginal 3 = good 4 = very good 5 = outstanding

PRESENTERS	Clear, organized, and in a logical sequence	Provided objectives or outline in the beginning	Accurate, relevant, and current content	Effective use of audiovisual aids	Established a good rapport with audience	Stimulated enthusiasm the about topic	Answered questions appropriately	At appropriate level for audience	Usefulness for your learning	Comments
<i>Dr. Fran Jamieson</i> <i>"Not What They're Not but What They are: Nontuberculous Mycobacteria and NTM Infections"</i>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
<i>Dr. Ted Marras</i>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
<i>Dr. Ari (Sean) Bitnun</i> <i>"Acute Flaccid Paralysis and Enteroviral Infections "</i>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
<i>Dr. Matthew Muller</i> <i>"Preventing and Managing Exposures to Brucellosis"</i>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
<i>Dr. Christie Vermeiren</i> <i>"Implementation and Impact of an Extensive Carbapenamase Screening"</i>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
<i>Dr. Susan Poutanen</i> <i>"CPO Screening- Shall we move to Direct NAAT Testing?"</i>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

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Please give us your impressions of today's Education Day.
The following are some specific questions for which we would like your feedback, as well as general comments.

1. Do you have any suggestions for speakers or topics for our next Education Day?

Speakers

Topics

2. Please indicate (✓) your overall satisfaction with the following aspect of today's event:

	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Unsatisfied
Ease of registration					
Topics / Content					
Speakers/Presenters					
Time allocation per topic					
Schedule/Timing of event					
Venue					
Food and beverage					
Overall Experience					

3. In general, what was great about the day? _____

4. What do you think needs improvement? _____
(sorry ,TIBDN can't add additional washroom and space)

5. What was your primary goal in attending this event? _____

6. Do you want to see more short presentations in the future? YES NO

7. Do you agree to eliminate printed handouts and just request electronic version if needed? YES NO

THANK YOU!

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