



EVALUATION ABTC

The Education Committee would like your opinion and comments on this educational activity. This will assist in planning future educational activities. **Please complete the evaluation form and return it to info@splitmeeting.org to receive your certificate of attendance.**

1. QUALITY OF CONTENT:

1.1 Was the educational content of value to you? Very valuable Average Not valuable

1.2 Was the educational content scientifically sound?

If **no**, please explain: _____

2. LEARNING OUTCOMES: (if multiple outcomes, evaluate the following for each outcome individually)

As a result of this activity, I was/will be able to...

2.1 Evaluate surgical and interventional innovations, including machine perfusion, in pediatric liver transplantation: YES NO N/A

If **no**, please explain: _____

2.2 Incorporate patient and family perspectives to strengthen transplant programs and Patient, Family & Engaged Partners (PFEP) initiatives: YES NO N/A

If **no**, please explain: _____

2.3 Identify drivers health inequities in pediatric liver transplantation and apply strategies to reduce disparities YES NO N/A

If **no**, please explain: _____

3. Were the presentations free from commercial bias? YES NO

If **no**, please explain: _____

4. As a result of this activity, please share at least one action you will take to change your professional practice/ performance:

5. Do you think what you learned will benefit you in your practice? YES NO

General comments about the program:

Suggestions for future program topics:

Your feedback is much appreciated.