



ASSOCIATION OF PHYSICIANS OF PAKISTANI-DESCENT OF NORTH AMERICA

Faculty Evaluation

2014 KEMCAANA Retreat – May 24, 2014

Faculty Name: Mohammad Jahanzeb, MD

Presentation Title: Personalized Therapy for Non-Small Cell Lung Cancer

Learning Objectives

Explain the role of mutation testing in lung cancer patients. Met Not Met

Enumerate the actionable mutations in lung cancer. Met Not Met

State the survival advantage of targeted therapy over chemotherapy. Met Not Met

Describe what changes you are going to do as a result of attending this activity?

Evaluate the Speaker on the following scale. (Circle One)

Poor Fair Average Good Excellent



Faculty Evaluation

2014 KEMCAANA Retreat – May 24, 2014

Faculty Name: Saqib Masroor, MD

Presentation Title: Atrial Fibrillation and the Risk of Stroke: A Surgeon's Perspective

Learning Objectives

- | | | |
|--|------------------------------|----------------------------------|
| To learn the incidence, etiology and risks of atrial fibrillation. | Met <input type="checkbox"/> | Not Met <input type="checkbox"/> |
| To compare the different treatment options. | Met <input type="checkbox"/> | Not Met <input type="checkbox"/> |
| To learn the indications of surgical ablation and exclusion of left atrial appendage in patients with atrial fibrillation. | Met <input type="checkbox"/> | Not Met <input type="checkbox"/> |

Describe what changes you are going to do as a result of attending this activity?

Evaluate the Speaker on the following scale. (Circle One)

Poor Fair Average Good Excellent



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Faculty Evaluation

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Faculty Name: Khusrow Niazi, MD

Presentation Title: Vascular Evaluation of Leg Pain/Ulcers

Learning Objectives

Approach to patients with leg pain/ulcer in the clinic. Met Not Met

Patient history indicating arterial versus venous insufficiency. Met Not Met

Non-invasive testing and treatment options. Met Not Met

Describe what changes you are going to do as a result of attending this activity?

Evaluate the Speaker on the following scale. (Circle One)

Poor Fair Average Good Excellent



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CME Activity Evaluation

2014 KEMCAANA Retreat

1- To what extent do you feel this activity has improved your competence (skill, abilities) in each of the following areas?

A Learning Objective A: Analyze and Assess the Diseases Discussed.

To a great extent To some extent To a little extent Not at all

B Learning Objective B: Increase Knowledge and Enhance Competence and Performance.

To a great extent To some extent To a little extent Not at all

C Learning Objective C: Physicians Have a Lack of Knowledge About Some Aspects of These Topics and This Program Will Prepare Them to Address These Issues Better.

To a great extent To some extent To a little extent Not at all

2- How well did this educational activity meet your educational needs?

- Exceeded my needs
- Met most of my needs
- Met some of my needs
- Did not meet my needs

3- What is the likelihood that you will make changes in your practice as a result of what you learned in this activity?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely

4- Name one thing that you plan to change in your practice or patient care as a result of what you learned in this activity?

5- Did you feel the educational content contained any inappropriate promotion of the commercial product, device or Services? (If yes please explain)

- No
- Yes - Please explain.

6-Selection of overall topics selected for presentation were:

- Poor
- Fair
- Average
- Good
- Excellent

7- What educational gaps have you identified in your own professional practice that you would like to see addressed at the future APPNA CME activities?

8- Please identify if any changes are required to improve its ability to meet the CME Mission?

9- The committee values your opinion. What topics would you like to have presented at the future APPNA CME activities?

10- Any Speaker would you like to be invited in the future APPNA CME activities?

I _____ verify that I have attended this CME Activity for the total number of hours evaluated. Maximum 3.0 AMA PRA Category 1 Credit(s)TM.

Signature: _____ Date: _____

Email: _____ Phone Number: _____

Mailing Address: _____ City, State, Zip: _____