

ASSOCIATION OF PHYSICIANS OF PAKISTANI-DESCENT OF NORTH AMERICA OKLAHOMA CHAPTER CME Meeting, May 2, 2015 Evaluation Form

FACULTY EVALUATION

Faculty Name: Arshi Quadeer, MD

Presentation Title: Acute Kidney Injury: Evaluation and Treatment in the Hospitalized Patient

Learning Obj	ectives				
To Define an	d Classify AKI.			Met 🛛	Not Met 🗖
To Diagnose	and Manage ATN.			Met 🗖	Not Met 🗖
To Diagnose	and Manage Prere	nal and Postrer	nal Kidney Disease.	Met 🗖	Not Met 🗖
Describe wh	at changes you are	going to do as	a a vacult of attanding this acti		
			s a result of attending this acti	vity:	
	Speaker on the fo			vity:	

Faculty Name: Syed Fuad Hassany, MD Presentation Title: Recent advances in Non Small Cell Lung Cancer

Learning Objectives							
To review recent advances in lung cancer treatment especially focusing on molecular							
targeted therapy, immunotherapy and importance of pathological differentiation.	Met 🗖	Not Met 🛛					
N/A	Met 🗖	Not Met 🗖					
N/A	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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EVALUATION OF OVERALL ACTIVITY

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: Assess Causes of Acute Kidney Injury in Hospital and Appropriately Diagnose. Identify and Treat Causes of Acute Kidney Injury.

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

B Learning Objective B: Screen appropriate patients for lung cancer screening.

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

C Learning Objective C: Discuss with patients new treatment therapies for lung cancer.

□ 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?

- \Box 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.



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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?

May 2, 2015						
	Arshi Quadeer, MD	Didactic Session	1.0 hour			
	Syed Fuad Hassany, MD	Didactic Session	1.0 hour			
	Total CME Hours					

Please write legibly.

I ______ verify that I have attended this CME Activity and claim ______ credit hours (*Maximum 2.0 AMA PRA Category 1 Credit(s*)TM.

 Signature:

 Email:

 Mailing Address:

 City, State, Zip:

This activity has been planned and implemented in accordance with the essential areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of APPNA and Oklahoma Chapter. APPNA is accredited by the Accreditation Council for Continuing Medical Education to present continuing medical education programs for physicians. APPNA designates this program for **2.0 credits in Category 1 of the Physicians Recognition Award of the American Medical Association**. Each physician should claim only credit for time actually spent in the educational activity.