



ASSOCIATION OF PHYSICIANS OF PAKISTANI-DESCENT OF NORTH AMERICA CME Evaluation

2014 APPNA Michigan Chapter CME

Faculty Name: Sohail A. Hassan, MD

Presentation Title: Arrythmia/Invasive Treatment Options

Learning Objectives

Discuss Current Status of Cardiac Electrophysiology at St. John Hospital East
Region

Met

Not Met

Outline Future Vision for Cardiac Electrophysiology Services at St. John Hospital

Met

Not Met

Discuss Current Atrial Fibrillation Management

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

Activity Evaluation

Saturday, November 15, 2014			
<input type="checkbox"/>	Sohail A. Hassan, MD	Didactic Session	1.00 Hours
Total CME Hours			

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: Recognize Indications for Atrial Fibrillation Ablation Options.

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

B Learning Objective B: Understand Indications for Pacing. Appreciate Under-Recognized Chronotropic Incompetence.

C Learning Objective C: EKG Recognition of Sudden Cardiac Death Related Abnormalities.

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.

Signature: _____ Date: _____

Email: _____ Phone Number: _____

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 APPNA Michigan 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 1 credit(s) 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.