



ASSOCIATION OF PHYSICIANS OF PAKISTANI-DESCENT OF NORTH AMERICA

Faculty Evaluation

Islamic Bioethics and End-of-Life Care

May 17, 2014

Faculty Name: Aasim Padela, MD

Presentation Title: What Makes Islamic Bioethics "Islamic"? : A Conceptual Overview

Learning Objectives

Identify the major sources of Islamic morality and how they relate to an "Islamic" bioethics. Met Not Met

Differentiate between Islamic bioethics, Muslim bioethics, and applied Islamic bioethics research. Met Not Met

Be able to define a fatwa and the proper usage of fatawa in making bioethical decisions. 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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Islamic Bioethics and End-of-Life Care

May 17, 2014

Faculty Name: Aasim Padela, MD

Presentation Title: Islamic Bioethics at the End-of-Life: Navigating the Challenges of Brain Death, Withdrawing Life Support, & End-of-Life Decision Making

Learning Objectives

Summarize the major features of Islamic verdicts regarding the obligation to seek medical treatment.

Met

Not Met

Understand Islamic perspectives on brain death.

Met

Not Met

Recognize the Islamic ethical obligations and consideration regarding the maintenance of life support.

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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Islamic Bioethics and End-of-Life Care

May 17, 2014

Faculty Name: Khalil Abdur-Rashid, MA, PhD Candidate

Presentation Title: Non-Maleficence in Islam and the Boundaries of Avoiding Harm

Learning Objectives

To Understand the Definition and Boundaries of Harm in Islamic Ethics. Met Not Met

To Recognize the various factors which constitute Harm according to the Scholars of Islamic Ethical Jurisprudence. Met Not Met

To Differentiate between General and Specific Harm and understand which takes precedence. 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

Islamic Bioethics and End-of-Life Care – CME Program May 17, 2014

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: Describe Islamic Bioethical Guidelines Pertaining to End-of-Life Care.

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

B Learning Objective B: Describe the Sources of Islamic Bioethics.

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

C Learning Objective C: Identify the Major Components of an Islamic Theory of Nonmaleficence.

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 and this CME Activity for the total number of hours scheduled (4 hours).

Signature: _____ Date: _____

Email: _____ Phone Number: _____

Mailing Address: _____ City, State, Zip: _____