



**APPNA CME**  
**Old Quaidian Reunion 2014**  
**Lahore, Pakistan**  
**March 1-2, 2014**

***Course/Speaker Evaluation Form***

Please circle the most applicable answer for each using the following rating scale and answer the descriptive question as well. Your response to this evaluation is very important to APPNA accreditation process.

Evaluator Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Saturday, March 1, 2014**

**1= Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; and 5 = Strongly Agree**

*Adult Congenital Heart Disease*

**Dr. Muhammad Khalid Iqbal**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Lecture was relevant to my educational needs.   | 1 | 2 | 3 | 4 | 5 |
| 2. Content of the lecture was educational and useful for my practice                                     | 1 | 2 | 3 | 4 | 5 |
| 3. Delivery of the lecture was organized, and met the stated objectives                                  | 1 | 2 | 3 | 4 | 5 |
| 4. I did not perceive any commercial bias in this presentation   | 1 | 2 | 3 | 4 | 5 |
| 5. Overall evaluation  | 1 | 2 | 3 | 4 | 5 |
| 6. Will you make any changes in your patient care as a result of attending this activity: Please Explain |   |   |   |   |   |

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*Evaluation and Treatment of Gastroesophageal Reflux in Infants*

**Dr. Shahid M. Khokar**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Lecture was relevant to my educational needs.   | 1 | 2 | 3 | 4 | 5 |
| 2. Content of the lecture was educational and useful for my practice                                     | 1 | 2 | 3 | 4 | 5 |
| 3. Delivery of the lecture was organized, and met the stated objectives                                  | 1 | 2 | 3 | 4 | 5 |
| 4. I did not perceive any commercial bias in this presentation   | 1 | 2 | 3 | 4 | 5 |
| 5. Overall evaluation  | 1 | 2 | 3 | 4 | 5 |
| 6. Will you make any changes in your patient care as a result of attending this activity: Please Explain |   |   |   |   |   |

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*Stroke Updates 2014*

**Dr. S. Zaheer Hasan**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Lecture was relevant to my educational needs.   | 1 | 2 | 3 | 4 | 5 |
| 2. Content of the lecture was educational and useful for my practice                                     | 1 | 2 | 3 | 4 | 5 |
| 3. Delivery of the lecture was organized, and met the stated objectives                                  | 1 | 2 | 3 | 4 | 5 |
| 4. I did not perceive any commercial bias in this presentation   | 1 | 2 | 3 | 4 | 5 |
| 5. Overall evaluation  | 1 | 2 | 3 | 4 | 5 |
| 6. Will you make any changes in your patient care as a result of attending this activity: Please Explain |   |   |   |   |   |
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**Sunday, March 2, 2014**

**1= Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; and 5 = Strongly Agree**

*Subcutaneous Tracheotomy*

**Dr. Naveed Bari**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Lecture was relevant to my educational needs.   | 1 | 2 | 3 | 4 | 5 |
| 2. Content of the lecture was educational and useful for my practice                                     | 1 | 2 | 3 | 4 | 5 |
| 3. Delivery of the lecture was organized, and met the stated objectives                                  | 1 | 2 | 3 | 4 | 5 |
| 4. I did not perceive any commercial bias in this presentation   | 1 | 2 | 3 | 4 | 5 |
| 5. Overall evaluation  | 1 | 2 | 3 | 4 | 5 |
| 6. Will you make any changes in your patient care as a result of attending this activity: Please Explain |   |   |   |   |   |
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*Chest Pain*

**Dr. Maqsood Javed**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 7. Lecture was relevant to my educational needs.  | 1 | 2 | 3 | 4 | 5 |
| 8. Content of the lecture was educational and useful for my practice                                      | 1 | 2 | 3 | 4 | 5 |
| 9. Delivery of the lecture was organized, and met the stated objectives                                   | 1 | 2 | 3 | 4 | 5 |
| 10. I did not perceive any commercial bias in this presentation   | 1 | 2 | 3 | 4 | 5 |
| 11. Overall evaluation  | 1 | 2 | 3 | 4 | 5 |
| 12. Will you make any changes in your patient care as a result of attending this activity: Please Explain |   |   |   |   |   |
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*Drugs in Epilepsy*

**Dr. Abdul Latif**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Lecture was relevant to my educational needs.   | 1 | 2 | 3 | 4 | 5 |
| 2. Content of the lecture was educational and useful for my practice                                     | 1 | 2 | 3 | 4 | 5 |
| 3. Delivery of the lecture was organized, and met the stated objectives                                  | 1 | 2 | 3 | 4 | 5 |
| 4. I did not perceive any commercial bias in this presentation   | 1 | 2 | 3 | 4 | 5 |
| 5. Overall evaluation  | 1 | 2 | 3 | 4 | 5 |
| 6. Will you make any changes in your patient care as a result of attending this activity: Please Explain |   |   |   |   |   |
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# CME Activity Evaluation

## Old Quaidian Reunion 2014 – CME Program

**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:** Pick up early signs of medical issue.

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

**B Learning Objective B:** Institute intervention.

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

**C Learning Objective C:** Improve patient outcome.

- 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 I have attended and evaluated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_