



ASSOCIATION OF PHYSICIANS OF PAKISTANI-DESCENT OF NORTH AMERICA
2015 Umrah CME; Jeddah, Saudi Arabia
January 2, 2016
Evaluation Form

FACULTY EVALUATION

Faculty Name: Aamir Javaid, MD
 Presentation Title: Update in Interventional Cardiology

Learning Objectives		
Update on transcatheter aortic valve replacement.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
Device therapy for reducing stroke risk in atrial fibrillation.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
Update in interventional cardiology and peripheral vascular interventions.	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		

Faculty Name: Reyaz Haque, MD
 Presentation Title: Antiplatelet Therapy in Coronary Artery Disease & Anticoagulation Therapy For Patients in Atrial Fibrillation

Learning Objectives		
Mechanisms of Thrombus Formation	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
Actions of Pharmacological Agents	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
Indication for Using These Agents	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 Name: Ijaz Mahmood, MD

Presentation Title: Cancer Breakthrough: Pain Management

Learning Objectives				
Early recognition of condition.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>		
Timely intervention.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>		
Significant improvement in quality of life of these patients and may be quantity of life also.	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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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: Novel Anticoagulants - An Update.

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

B Learning Objective B: Updates in Interventional Cardiology.

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

C Learning Objective C: Breakthrough Pain Management in Cancer Patients.

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.



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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?



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<input type="checkbox"/>	Aamir Javaid, MD	Didactic Session	1 hour
<input type="checkbox"/>	Reyaz Haque, MD	Didactic Session	1 hour
<input type="checkbox"/>	Ijaz Mahmood, MD	Didactic Session	1 hour
Total CME Hours			3 hours

Please write legibly.

I _____ verify that I have attended this CME Activity and claim _____ credit hours (*Maximum 3.0 AMA PRA Category 1 Credit(s)TM*).

Signature: _____ Date: _____

Email: _____ Phone Number: _____

Mailing Address: _____ City, State, Zip: _____

The Association of Physicians of Pakistani-descent of North America (APPNA) is accredited by the Accreditation Council for Continuing Medical Education to present continuing medical education for physicians.

The APPNA designates this live activity for a maximum of 3.0 *AMA PRA Category 1 Credit(s)TM*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

There is no commercial support for this activity.