



**ASSOCIATION OF PHYSICIANS OF PAKISTANI-DESCENT OF NORTH AMERICA**  
**Strategic Meeting CME – Dallas, Texas**  
**February 6, 2016**  
**Evaluation Form**

**FACULTY EVALUATION**

Faculty Name: Farooq Selod, MD  
Presentation Title: Medical Ethics

<b>Learning Objectives</b>				
Attendees will be able to identify the medical ethics issues concerning patient's beliefs during therapy.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>		
Attendees will be able to choose and design the appropriate modalities tailored to patient needs during management.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>		
This lecture on ethics will have a great impact on patient outcomes, as it will improve the physician's understanding of patient's demographic and cultural makeup of certain ethnic groups.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>		
<b>Describe what changes you are going to do as a result of attending this activity?</b>				
<b>Evaluate the Speaker</b> 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:** Attendees will be able to identify the medical ethics issues concerning patient's beliefs during therapy.

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

**B Learning Objective B:** Attendees will be able to choose and design the appropriate modalities tailored to patient needs during management.

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

**C Learning Objective C:** This lecture on ethics will have a great impact on patient outcomes, as it will improve the physician's understanding of patients demographic and cultural makeup of certain ethnic groups.

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?**

**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)<sup>TM</sup>*).

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 2.0 *AMA PRA Category 1 Credit(s)<sup>TM</sup>*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**There is no commercial support for this activity.**