

Continuing Medical Education Course Evaluation NRG Oncology Semiannual Meeting July 18-20, 2019 Philadelphia, PA

This form must be completed and returned to the CME department to receive your certificate

Name

Name must be clearly printed to receive your certificate

What is your Specialty?

Other

Did this conference meet your educational needs?	Yes	NO
Did the information presented reinforce and/or improve your current skills?	Yes	NO
As a learner, did you find the teaching method(s) effective? If no, Please explain:	Yes	NO

Select **one** category that best describes your reason for attending this conference.

SELECT ONE

Knowledge Enhancement (to gain new insights and/or knowledge Skill/attitude Enhancement (to build new skills or approaches)

- *Practice/Performance Outcomes (to apply knowledge and skills)
- * Performance is defined as helping physicians modify their practices.

How well did this program fulfill the following learning objectives:

Please select from the drop down box below

- 1. To inform the participants about the most current state of clinical and basic oncologic research.
- 2. To provide participant with peer review critique of progress (or lack of it) with the objective of self-improvement.
- 3. To provide an opportunity to learn research administration and financial management in a cooperative group setting.
- 4. To provide a lecture type forum of reports from experts from many fields that may relate to better research of patient management.

As a result of participating in t	his activity	, will you	make any me	asurable chang	ges in your role?	
YES						
No, I am unak	ole to impl	ement th	ose suggested	changes		
No, but the co	ontent affi	rms my c	urrent behavio	r/practice		
PossiblyI am	າ contemp	lating cha	ange, but woul	d need more i	nformation and/or education	
The format/schedule of events	s was:	Poor	Fair	Neutral	Good/Excellent	
Which of the competencies di	d you perc	eive as b	eing represent	ed by this CM	Eactivity?	
Patient Care Outcomes Medical Knowledge		Practice-based Learning				
Professionalism	System-	based Lea	arning	Interperso	onal & Communication Skills	
What Topics would you like to	o see at fut	ture mee	tings?			
professionals to utilize resear multidisciplinary member to o	ch outcom design and , and prost	nes in the I conduct cate cance	treatment of phigh-quality re	patients; and ir search related	city of physicians and allied hea acrease the capacity of our to gender-specificmalignancies advanced cancers of all types: YES	
Did you find any porti		is CME	activity co	mmercially	biased (promotional	
instead of educationa	ı) ?	NO		YES		
If you feel there has been a c	commercia	al bias, pl	ease complete	the question	s below	
Name of workshop where th	nere was I	bias:				
Name of presenter:						
Your E-mail contact:						
		_				

VERY IMPORTANT:

Please remember in order to receive your certificate this form must be completed no later than August 9, 2019. Your name must appear on this evaluation for identification to send the Certificate out. Certificates will be mailed out 4-6 weeks after the meeting upon completion of this evaluation. Please return by email to Lcalhoun@gog.org or fax to 301-261-3972.