



**Continuing Medical Education
Course Evaluation
NRG Oncology Semiannual Meeting
February 5-8, 2015
San Diego, CA**

Name

Name must be clearly printed

What is your Specialty?

- ☐ Gynecologic Oncologist ☐ Surgical Oncologist ☐ Pathologist ☐ Nurse Oncologist
☐ Medical Oncologist ☐ Neuro Oncologist ☐ Basic Scientist ☐ Statistician
☐ Radiation Oncologist ☐ Urologist ☐ Physicists ☐ Research Associate/Data Manager

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?

Yes ☐ No ☐

If no, Please explain:

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

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

TURN OVER

As a result of participating in this activity, will you make any measurable changes in your role?

- ☐ YES
- ☐ No, I am unable to implement those suggested changes
- ☐ No, but the content affirms my current behavior/practice
- ☐ Possibly...I am contemplating change, but would need more information and/or education

The format/schedule of events was: *Poor* ☐ *Fair* ☐ *Neutral* ☐ *Good/Excellent* ☐

Which of the competencies did you perceive as being represented by this CME activity? (Please check all that apply.)

- Patient Care outcomes ☐ Medical Knowledge ☐ Practice-Based Learning ☐
- Professionalism ☐ System based Learning ☐ Interpersonal & Communication Skills ☐

Do you have any suggestions for future topics?

The Education goals of our CME program are committed to: Increase the capacity of physicians and allied health professionals to utilize research outcomes in the treatment of patients: and Increase the capacity of our multidisciplinary member to design and conduct high-quality research related to gender-specific malignancies including gynecologic, breast, and prostate cancers and on localized or locally advanced cancers of all types: Did this CME activity help meet this mission? Yes ☐ No ☐

Did you find any portion of this CME activity commercially biased (promotional instead of educational)?

- ☐ YES ☐ NO

If you feel there has been a commercial bias, please explain below

Name of workshop where there was 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 March 27, 2015. Your name must appear on this evaluation for identification. Certificates will be mailed out 4-6 weeks after the meeting upon completion of this evaluation.

Thank you for your participation.