



Continuing Medical Education Course Evaluation
NRG Oncology Semiannual Meeting
February 7-9, 2019 Phoenix, AZ

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

Table with 3 columns: Question, Yes, NO. Rows include: Did this conference meet your educational needs?, Did the information presented reinforce and/or improve your current skills?, As a learner, did you find the teaching method(s) effective? If no, Please explain:

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.

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?

Patient Care Outcomes

Medical Knowledge

Practice-based Learning

Professionalism

System-based Learning

Interpersonal & Communication Skills

What Topics would you like to see at future meetings?

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 1, 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](mailto:Lcalhoun@gog.org) or fax to 301-261-3972.