



# Continuing Medical Education



## Self-Study Module: "A Case Based Approach to Lymphoma"

To obtain CME for this activity, learners must listen to the lecture, actively participate in discussion, and return the completed evaluation to the CME Coordinator in the Medical Staff Office or fax to (220) 564-4012.

<b>Objectives:</b>	Objectives were met for this activity, and this activity has enhanced my overall knowledge or abilities. <input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <i>For activity objectives, check CME activity flyer.</i>
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### Please rate this conference.

- Excellent - The speaker, topic and presentation were superior. The presenter demonstrated substantive knowledge of the topic
- Good - Speaker was knowledgeable, presentation was satisfactory.
- Fair – Speaker and presentation were average.
- Poor – Speaker and presentation were unsatisfactory. If selected, please explain: \_\_\_\_\_

Was this activity engaging and interactive?  Yes  No

Are the written materials helpful, and will they be useful references in the future?  Yes  No

### This CE Activity.... (Check all that apply)

- Met my learning needs.    Was relevant to my current scope of practice.    Contributed to my professional growth.
- Helped me learn skills and concepts that will allow me to be effective and strategic in my practice.
- Allowed me to increase my connections with peers.    Provided me with new ideas and resources.

### Identify any specific changes that you plan to implement in your professional practice as a result of information you obtained as an attendee of this CME activity:

- None - Retired from Practice    Patient Work-up    Treatment Plans    Patient Education
- Other (specify) \_\_\_\_\_

### Please check all that apply.

Activity changed, enhanced, or improved my:	<input type="checkbox"/> Knowledge <input type="checkbox"/> Competency <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes
	<input type="checkbox"/> Communication skills <input type="checkbox"/> Practice-based systems <input type="checkbox"/> System-based practices

Activity was <b>FREE</b> from commercial bias or influence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Activity was evidence-based	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Please select the correct answer.

- 1) Non-Hodgkin Lymphoma tends to present in older patients than Hodgkin Lymphoma.   [ ] True   [ ] False
- 2) Extra nodal presentation is common for patients with Hodgkin Lymphoma.   [ ] True   [ ] False
- 3) Routine imaging should be obtained for all patients who complete treatment for DLBCL and Hodgkin Lymphoma.   [ ] True   [ ] False

### What are the impediments to change?

- Cost    Insurance/reimbursement issues    Lack time to assess/counsel patients.
- Patient compliance issues    Lack of administrative support/resources
- Lack of consensus of professional guidelines    Other (please specify) \_\_\_\_\_

Comments:	Topic or Conference Suggestion(s):
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### Attestation:

By signing this form, I attest that I have completed the participant requirements for this CME activity. Any patient/case information will be kept confidential.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physician    Non-Physician: \_\_\_\_\_

**Number of AMA PRA Category 1 Credits™ Claimed:** \_\_\_\_\_

I would like a certificate for my completion of this activity.