



Continuing Medical Education



SELF-STUDY MODULE | Monday Noon CME – “Cervical Cancer Management”

To obtain CME for this activity, learners must listen to the lecture, complete the evaluation and return to the CME Coordinator, Medical Staff Office by faxing to (220) 564-4012.

Objectives:	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 FREE 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

List one concept you learned and tell us how you will utilize this to improve your practice.

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.