

Community Medical Center CME Post-Activity Evaluation

CME Activity: **Immunotherapy in Lung Cancer**
 Activity Date: **August 16, 2018**
 Speaker(s) and Affiliation: **Sumit Talwar, MD, Community Medical Center**

OBJECTIVES: At the conclusion of this activity, the attendee should be able to:

1. Review Lung Cancer statistics
2. Review diagnosis and staging of lung cancer
3. Summarize treatment background
4. Demonstrate understanding of immunotherapy; mechanisms of action, updates on treatment and management of side effects

1. Do you **intend** to make changes or apply learnings to your practice as a result of this educational activity?

Yes, I plan to make changes <input type="checkbox"/>	Yes, I'm considering changes <input type="checkbox"/>	No, I already practice these recommendations <input type="checkbox"/>	No, I don't think this applies to my practice <input type="checkbox"/>
---	---	--	---

If **Yes**, describe two things you intend to try or do differently as a result of this educational activity:

If **No**, describe your perceived barriers to change:

2. Do you feel this educational activity will improve your ☐ **clinical performance** ☐ **competence** and/or ☐ **patient outcomes**?

3. Identify the major strengths of this educational activity: *(check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Speaker(s)
<input type="checkbox"/> Discussion
<input type="checkbox"/> Clinical Case Presentations
<input type="checkbox"/> Knowledge gained | <input type="checkbox"/> Networking
<input type="checkbox"/> AV/Support materials
<input type="checkbox"/> Demos/Hands-on
<input type="checkbox"/> Case Vignettes |
|---|--|
- ☐ Facilities
☐ Other: _____
(Describe)

4. Was this educational activity appropriate for your level of training? ☐ Yes ☐ No _____
(Describe)

5. Was the educational format of this activity appropriate for the setting, objectives and desired results of the activity? ☐ Yes ☐ No _____
(Describe)

6. Were the educational activity's objectives met? ☐ Yes ☐ No _____
(Describe)

7. Did the speaker(s) provide objectives at the beginning of the program and demonstrate a thorough knowledge of the subject? ☐ Yes ☐ No _____
(Describe)

8. Was this educational activity free of commercial bias? ☐ Yes ☐ No _____
(Describe)

9. What **additional** education and training would be helpful to your practice? Suggestions for future programs:

10. Additional Comments: _____

 I certify I have attended 1 hour of this Continuing Medical Education Activity
Please print your name
08 16 18