



HILO MEDICAL CENTER MEDICAL STAFF CME
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**Hilo Medical Center
 Continuing Medical Education
 Evaluation**

Date of Activity:	Time of Activity: 5:00 p.m. – 6:00 p.m.
Topic: Monthly Tumor Board	
Place: Ground Conference Room D	
Faculty Disclosure – Dr. Wilcox, Dr. Leckova, and all discussants have no financial disclosure.	

Disclaimer: “Clinical decision making should still be between the Consulting Practitioners and the Patients”

Please Rate the Following Items:	1 = Poor	2 = Fair	3 = Good	4 = Very Good	5 = Excellent
1. Describe the importance of multi-modality management in selected oncology patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Appraise the quality of evidence supporting oncology standard of care in selected cases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Determine appropriate management in selected cases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Do you intend to make changes or apply learning to your practice as a result of this activity?
(If you answer, ‘Yes’, please answer question #2. If you did not answer ‘Yes’, you may skip question #2.)

Yes, I plan to make changes No, I do not plan to make changes Does not apply to me

2. If you intend to make changes or apply learning to your practice, describe at least two things you intend to try or do differently as a result of this program: _____

3. Any CME activity is required to be evidence based and bias free. Do you feel this Tumor Board was balanced and free from commercial bias? Yes No

If No, please explain your reason: _____

4. What programs would you like to see in the future? _____

Please indicate your profession:
 MD DO Resident APRN / NP PA RN Other: _____

Name: _____

Signature: _____ License No.: _____

Email: _____
 (Certificates will be emailed to you – please provide email address)

By checking this box, I attest that the completed information is accurate. Please accept this as my signature. Please type in your name above on the signature line and press “submit form” in the upper right-hand corner to return the completed form electronically.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) and Hilo Medical Center. Hilo Medical Center is accredited by the Hawaii Medical Association to provide continuing medical education for Physicians. Hilo Medical Center designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.