

Stanford Center for Continuing Medical Education CME Needs Assessment

Where are your own professional performance gaps? What specific education would increase your ability to:

- Evaluate the competence and appropriateness of your current diagnostic and treatment practices;
- Assess the need for any change in performance in your current practice;
- Improve the quality of care to patients and close performance gaps, improving quality of care and patient outcomes; or
- Maintain board or specialty certification.

This one-page needs assessment is another step in our action plan to improve access, information, and services to our referring physician community, and serves as a major assessment tool in developing future programs at the Stanford Center for Continuing Medical Education.

Please select all content areas that would best suit your continuing medical education needs.

- | | | |
|--|---|--|
| <input type="checkbox"/> Anesthesia/Pain Management <input type="checkbox"/> Cardiovascular Medicine Specify: _____ <input type="checkbox"/> Critical Care <input type="checkbox"/> Dermatology Specify: _____ <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Endocrinology & Metabolism <input type="checkbox"/> Family & Community Medicine <input type="checkbox"/> Gastroenterology & Hepatology <input type="checkbox"/> Genetics <input type="checkbox"/> Hematology <input type="checkbox"/> Immunology & Rheumatology Specify: _____ <input type="checkbox"/> Infectious Diseases <input type="checkbox"/> Integrative Medicine Specify: _____ | <input type="checkbox"/> Nephrology <input type="checkbox"/> Neurology/Neurosciences Specify: _____ <input type="checkbox"/> OB/GYN Specify: _____ <input type="checkbox"/> Oncology <input type="checkbox"/> Medical <input type="checkbox"/> Radiation <input type="checkbox"/> Surgical <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Oral & Maxillofacial Surgery Specify: _____ <input type="checkbox"/> Orthopaedics Specify: _____ <input type="checkbox"/> Otolaryngology Specify: _____ <input type="checkbox"/> Pathology & Laboratory Medicine | <input type="checkbox"/> Physical Medicine & Rehabilitation <input type="checkbox"/> Plastic & Reconstructive Surgery Specify: _____ <input type="checkbox"/> Psychiatry Specify: _____ <input type="checkbox"/> Pulmonary <input type="checkbox"/> Sleep Disorders <input type="checkbox"/> Surgery Specify: _____ <input type="checkbox"/> Women's Health Specify: _____ <input type="checkbox"/> Urology Specify: _____ |
|--|---|--|

Other education needs : _____

**May we send you information on upcoming Stanford CME events?
(Your email address will assist our efforts to remain environmentally responsible.)**

- | | |
|---|---|
| <input type="checkbox"/> Email _____ (Name) _____ (Email Address) | <input type="checkbox"/> U.S. Mail _____ (Name) _____ (Address) _____ (City) (State) (Zip Code) |
|---|---|

Comments: _____

Thank you for your participation. Please return via facsimile to (650) 497-8585

