**EVALUATION FORM**

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| **Activity Title: Colorectal Update** | **Activity Date:** **September 10, 2020** |

**1.** **How would you rate this educational activity overall?** (5 = excellent, 1 = poor, please check one)  


**Comments if below a 3:**

**2. Do you feel the activity was scientifically sound and free of commercial bias or influence? If No, please explain why:**

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**3. Do you feel that the information presented was based on the best available evidence? If No, please explain why:**

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**4. Which of the following Accreditation Council for Graduate Education/Institute of Medicine core competency areas do you**

**feel improved as a result of this activity? (Mark all that apply)**

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**5. Please identify how you will change your practice as a result of attending this activity** (select all that apply)

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**8. Please rate the speaker and learning objectives**

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| **Speaker/Title** | **Learning Objectives** | **Speaker Rating** |
| **Dr. Anthony Firilas**   1. Recognize the increasing incidence of colorectal cancer in the 40 to 50-year-old range. 2. Identify the different types of stool based colorectal cancer screening tests, and recognize how they are performed along with data showing efficacy in preventing colorectal cancer. 3. Determine the role of colonoscopy as both a diagnostic and therapeutic modality in the prevention of colorectal cancer. |  |  |
| **Dr. Jorge Lagares-Garcia**   1. Stage and assess colorectal cancer at a primary care level. 2. Describe rectal preservation techniques and permanent stoma avoidance including watchful waiting protocols |  |  |
| **Dr. Gabe Chedister**   1. Identify anal cancers and the work-up and treatment options. 2. Recognize hemorrhoidal disease and initial non-surgical treatment options. 3. Identify pathophysiology or rectal prolapse and non-surgical management options. |  |  |

**The slides presentations from this program will be available on the RSFH CME Website after the program.**

**http://www.rsfh.com/continuing-medical-education**

**Please complete the section below to receive CME credit – Return to CME Office**

**I attest to having completed \_\_\_\_\_ hour(s) of CME credit related to this activity. (*Maximum 1 credit hour*)**

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| --- | --- | --- |
| **Print Name Clearly** | **Signature** | **Print Clearly Email** |
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**Please return the evaluation to the CME Department (**[Kara.Melin@RSFH.com](mailto:Kara.Melin@RSFH.com)**)**

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