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.

- [ ] Anesthesia/Pain Management
- [ ] Cardiovascular Medicine
  - Specify: __________________
- [ ] Critical Care
- [ ] Dermatology
  - Specify: __________________
- [ ] Emergency Medicine
- [ ] Endocrinology & Metabolism
- [ ] Family & Community Medicine
- [ ] Gastroenterology & Hepatology
- [ ] Genetics
- [ ] Hematology
- [ ] Immunology & Rheumatology
  - Specify: __________________
- [ ] Infectious Diseases
- [ ] Integrative Medicine
  - Specify: __________________
- [ ] Nephrology
- [ ] Neurology/Neurosciences
  - Specify: __________________
- [ ] OB/GYN
  - Specify: __________________
- [ ] Oncology
  - [ ] Medical
  - [ ] Radiation
  - [ ] Surgical
- [ ] Ophthalmology
- [ ] Oral & Maxillofacial Surgery
  - Specify: __________________
- [ ] Orthopaedics
  - Specify: __________________
- [ ] Otolaryngology
  - Specify: __________________
- [ ] Pathology & Laboratory Medicine
- [ ] Physical Medicine & Rehabilitation
- [ ] Plastic & Reconstructive Surgery
  - Specify: __________________
- [ ] Psychiatry
  - Specify: __________________
- [ ] Pulmonary
- [ ] Sleep Disorders
- [ ] Surgery
  - Specify: __________________
- [ ] Women’s Health
  - Specify: __________________
- [ ] 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.)

- [ ] Email
  - (Name)
  - (Email Address)
- [ ] U.S. Mail
  - (Name)
  - (Address)
  - (City) (State) (Zip Code)

Comments: ____________________________________________________________________________________

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