

5) Please rate the various aspects of the Hawaii Thoracic Society described below, in terms of their value and importance to you. (Grade each on a scale of 1-5 and circle the corresponding number.)

(a) Professional Networking:

1 2 3 4 5
not valuable at all somewhat valuable very valuable

(b) Learning from Continuing Medical Education (CME) programs/lectures:

1 2 3 4 5
not valuable at all somewhat valuable very valuable

(c) Meeting and learning from medical leaders and mentors:

1 2 3 4 5
not valuable at all somewhat valuable very valuable

(d) Proposed HTS members' journal publications on HTS's page on the ALAH website (www.ala-hawaii.org):

1 2 3 4 5
not valuable at all somewhat valuable very valuable

(e) Continuation of the multi-day HTS Symposium

1 2 3 4 5
not valuable at all somewhat valuable very valuable

6) Please add any other comments/suggestions you would like to share:

Thank you very much for completing this HTS membership application/survey. Please mail it along with your membership fee (\$75 for Physicians and \$50 for Allied Health Professionals) for July '08-June'09 to:

Jennifer Jones 680 Iwilei Rd, Ste. 575, Honolulu, HI 96817

NEEDS ASSESSMENT 2009

HTS Member Name

HTS needs your help in obtaining information that will help identify the practice-related educational needs of physicians in Hawaii. This information will be used by the HTS Continuing Medical Education Committee in planning future CME presentations. The annual Needs Assessment survey is also required in order to certify all CME activities of HTS, from evening presentations to major symposia. Please take a moment and fill out this form, so we can profile HTS education needs this year.

Please complete the form below by identifying three clinical conditions for each question. Provide additional information if you wish, either adjacent to your response or on the reverse side of this sheet. Specific concerns about diagnostic procedures, clinical decision-making, and/or management strategies are particularly helpful to the committee.

- a) Name three clinical conditions that you treat frequently and for which you would like to hear more about recent advances:

Condition 1

Condition 2

Condition 3

- b) Name three clinical conditions you think patients are experiencing less than optimal outcomes:

Condition 1

Condition 2

Condition 3

- c) Name three clinical conditions about which you would like to learn more:

Condition 1

Condition 2

Condition 3

- d) Please suggest a possible speaker for a future CME presentation:

Name

Specialty

Location (Address)

Mail Needs Assessment to: American Lung Association of Hawaii
680 Iwilei Road, Ste 575 Honolulu, HI 96817 (808) 537-5966,(808) 537-5971(fax)