

**TRACKING EVALUATION
PERCENTAGES**

SANTA CLARA VALLEY MEDICAL CENTER COMMUNITY CHEST CONFERENCE Evaluation Log														Y = 1, N = 0	Y = 0, N = 1	Y = 1, N = 0	
Total Attendance	% Survey received	Average score Objective #1	Average score Objective #2	Average score Objective #3	Average score Objective #4	Avg score #1 - Effectiveness	Avg score #2 - Compliance	Avg score #3 - Performance	Avg score #4 - Pt Care	% - Assessment (N/A) - Conflict of Interest statement made?	Y/N (N/A) % Survey has no bias? (N/A)	Average score #1: Likelihood of making changes (May 2015)	Average score #2: Changes in management of patients?	(Jan-Apr) #6: How will you incorporate to clinic practice? (May-Dec) #1: Changes intend to make after this conference? (Knowledge, Performance, Pt Care Outcomes)?	#9 - CLC Covered ?	# no: Comments	Future Topic Suggestions
1/29/15	10	80%	4.75	4.88	0.00	4.88	4.88	4.88	4.88	100%	100%	4.00		<ul style="list-style-type: none"> understand the gene probe tests for TB Gene probe for MTB use expert NAA to diagnose TB I learned re nuclear amplification testing for this early diagnosis of TB 	100%		<ul style="list-style-type: none"> Gene expert; Pyrosequelae Utility of use of galactomannan on BAL
1/29/15	10	90%	4.58	4.44	4.44	4.44	4.61	4.61	4.28	100%	100%	3.33		<ul style="list-style-type: none"> low threshold for renal biopsy, Consider vasculitis in diffuse lung disease consider vasculitis in diffuse lung disease consider vasculitis as cause of renal failure in the setting of + ANCA, even when no dysmorphic RBC were noted in urine thinking about pulmonary vasculitis do Rituxan instead of Cyclozan Be more aware of vasculitis plasmaphoresis in vasculitis 	100%		<ul style="list-style-type: none"> Renal pulmonary syndromes. Dysmorphic RBCs. incidence of lack of dysmorphic RBC in renal vasculitis 1) Churg-Strauss disease 2) Medium vel vasculitis
2/26/25	9	111%	4.90	4.90	5.00	5.00	5.00	5.00	4.80	100%	100%	3.40		<ul style="list-style-type: none"> evaluate for acute vs. chronic PE med w/u of CTEPH know the data regarding follow-up and management of chronic PE better understanding of chronic PE better history consider chronic PE in CT scans with relevant findings 	100%		<ul style="list-style-type: none"> intrathecal agents in treating chronic PE
2/26/25	9	100%	4.78	4.89	4.89	4.78	4.83	4.94	4.72	100%	100%	3.44		<ul style="list-style-type: none"> pleurodesis in hospitalized patients consider indwelling pleural catheter usage in malignant and pleural effusion know the difference in cost and outcome of VATS -PP vs. talc + pleurodesis I learned (2 illegible words) not equal approaches for malignant pleural infusion. The old talc is still good asath more referavabn 	100%		none
3/27/15	9	100%	5.00	4.89	5.00	5.00	5.00	5.00	5.00	100%	100%	3.44		<ul style="list-style-type: none"> consider pifenedone better knowledge re: who qualifies for new IPF therapy apply strict criteria for diagnosis of IPF better understanding of diagnostic criteria for IPF - new therapies 	100%		<ul style="list-style-type: none"> utility of using combined prednisone and pifenedone NSIP / sarcoidosis VEGF inhibitors; role of TGF-b in fibrosis
4/23/15	10	100%	4.89	4.89	4.89	4.89	4.89	4.89	4.89	100%	100%	3.50		<ul style="list-style-type: none"> very relevant for immunocomprom (illegible) lost I learned neural fungi and (illegible) causing pulmonary infection on immunocompromised patient refer to surgery for patients with immunocompromised state to get surgery for possible fungus ? Resection for single lesion understand the treatment options for pulmonary fungal infections with the associative outcome spec. into yeast 	100%		<ul style="list-style-type: none"> diagnostic test update on diagnosing invasive fungal disease
4/23/15	10	90%	4.78	4.89	4.89	4.78	4.89	4.89	4.78	100%	100%	3.50		<ul style="list-style-type: none"> recognize a broader range of possible causes of calcified pulmonary abnormalities still consider malignancy or differential for calcified nodules, MRI may help differentiate pneumonias I now have a better conduit of calcified nodules in lung very helpful for management of pulmonary nodules 	100%		<ul style="list-style-type: none"> lung cancer screening guideline in smoker
Average score #6: Changes in care/mgmt of patients?														#7: Changes intend to make after this conference? (Knowledge, Performance, Pt Care Outcomes)?	#8 - CLC Covered ?		
5/21/15	8	113%	5.00	5.00	5.00	5.00	5.00	5.00	5.00	100%		3.33		<ul style="list-style-type: none"> not as busy as (illegible) #1 - valuable in evaluating patients with esophageal respbusby who develop pneumonia Consider T-E fistula in patients with respiration PNA (illegible) TE fistula in Esophageal canter - usually after treatment; poor prognosis #1, #2 and #3 (no descriptions) #1 - understanding anatomy of trachea/esophagus; #2 - Early pulmonary vasculitis 	100%		<ul style="list-style-type: none"> pulmonary complications remain