

EVALUATION FORM  
Clinical Center Grand Rounds at the National Institutes of Health  
May 13, 2009  
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Please complete the Continuing Medical Education Questionnaire: To indicate your answers, use the rating scale that is shown by clicking in the number that represents your answer.

Scale: 1 – none or not at all, 2 – very little, 3 – moderately, 4 – considerably, 5 – completely, N/A: not applicable

A. Rating of Objectives and Activity

1. Please rate the attainment of objectives:

a. Define options and alternatives that will guide clinical practice: 1 2 3 4 5 n/a

b. Evaluate practical information about clinical research: 1 2 3 4 5 n/a

c. Analyze information and opportunities to increase and improve collaboration between investigators:  
1 2 3 4 5 n/a

2. The overall quality of the instructional process was an asset to the activity: 1 2 3 4 5 n/a

3. To what extent did participation in this activity enhance your professional effectiveness?

4. Will you change your practice in any way as a result of attending this activity?

5. Did you perceive any commercial bias? Use the following criteria to judge

a) The content presented was balanced, evidence-based, demonstrated scientific rigor, and was without commercial bias.  No  Yes If no, please specify: \_\_\_\_\_

b. I was informed about the existence and resolution of relevant financial relationships and/or conflicts of interests of planners and presenters prior to the presentation.  No  Yes If no, please specify: \_\_\_\_\_

c. Speakers who discussed off-label investigational or alternative use of products, devices, or techniques disclosed this in their presentation.  No  Yes If no, please specify: \_\_\_\_\_

B. Comments:

1. What comments or suggestions do you have for the faculty presenter (s)? \_\_\_\_\_

2. Are there any other speakers or new topics you would like to have covered in this or a related activity? \_\_\_\_\_

3. Do you have additional comments to enhance the utility or impact of the activity? \_\_\_\_\_

