

EVALUATION FORM

Clinical Center Grand Rounds at the National Institutes of Health

March 18, 2009

Karen DeSalvo, MD

Keith C. Ferdinand, MD

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? _____



SELF-REPORT CREDIT FORM

Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of The Johns Hopkins University School of Medicine and the National Institutes of Health. The Johns Hopkins University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation Statement

The Johns Hopkins University School of Medicine designates this educational activity for a maximum of 1 hour per session/week for a maximum of 43 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Clinical Center Grand Rounds 2008-2009
Lipsett Amphitheater
12 Noon – 1 p.m.

NOTE: To receive credit for attendance, this form must be returned to the Office of Clinical Research Training and Medical Education by 4 pm on the day of the lecture. Please fax forms to 301-435-5275.

Table with 3 columns: Date(s), Maximum Approved Hours per session/per week, Earned Hours. Row 1: March 18,2009, 1 hour per session/per week, 1.0*

Please Print Clearly

Please check one: Physician Non-Physician

Name - Last First MI Professional Degree

NIH Badge Number (if nih employee)

Phone Email Organization Institute/Center Dept/Branch

Address City State Zip + 4

SIGNATURE REQUIRED for ALL ATTENDEES.

I attest that the above number credit hour(s) is correct.

X Signature of Attendee Date

*These hours will be verified by the Office of Continuing Medical Education (OCME) and recorded on your official Transcript.