



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 live activity for 1 credit per session for a maximum of 44 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Clinical Center Grand Rounds – Bench to Bedside Series

Lipsett Amphitheater
12 Noon – 1 p.m.
September 7, 2011

The Role of BRCA1 and BRCA2 in Caucasian and African-American Women in a Population-Based Study

Elaine Ostrander, Ph.D., Senior Investigator and Chief, Cancer Genetics Branch, NHGRI

Hemolysis and Personalized Medicine in Sickle Cell Disease: A Global Perspective

James G. Taylor, M.D., Assistant Clinical Investigator, Cardiovascular and Pulmonary Branch, NHLBI

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. For CC Grand Rounds CME inquiries, contact Avril Bertrand at 301-496-9425 or bertranda@cc.nih.gov

Table with 3 columns: Date(s) (September 7, 2011), Maximum Approved Hours per session/per week (1 hour per session/per week), and Earned Hours (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 _____ Date
Signature of Attendee

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

**Clinical Center Grand Rounds 2011-2012 at the National Institutes of Health
EVALUATION FORM**

Date: September 7, 2011

Please complete the Continuing Medical Education Questionnaire. To indicate your answers, use the rating scale that is shown by circling 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

Speaker: Elaine Ostrander, Ph.D.

Objective(s): Summarize the role of the BRCA1 and BRCA2 breast cancer genes in the general population

A. Rating of Objectives and Activity

Please rate the attainment of objectives:

- | | 1 | 2 | 3 | 4 | 5 | N/A |
|---|---|---|---|---|---|-----|
| 1. Define options and alternatives that will guide clinical practice | | | | | | |
| 2. Evaluate practical information about clinical research principles based on state-of-the-art information about scientific discovery and clinical advances | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. Analyze information and opportunities to increase and improve collaboration between investigators | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. The overall quality of the instructional process was an asset to the activity: | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. To what extent did participation in this activity enhance your professional effectiveness? | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. Will you change your practice in any way as a result of attending this activity? | 1 | 2 | 3 | 4 | 5 | N/A |

1. Did you perceive any commercial bias? ___No ___Yes

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/conflict 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 uses 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?

4. May we contact you in several weeks' time with a very brief survey to assess the usefulness of this CME activity?
___ Yes ___ No If yes, please provide your email: _____

**Clinical Center Grand Rounds 2011-2012 at the National Institutes of Health
EVALUATION FORM**

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Speaker: James G. Taylor, M.D.

Objective(s): Identify differences in sickle cell complications in different world populations

A. Rating of Objectives and Activity

Please rate the attainment of objectives:

	1	2	3	4	5	N/A
7. Define options and alternatives that will guide clinical practice						
8. Evaluate practical information about clinical research principles based on state-of-the-art information about scientific discovery and clinical advances	1	2	3	4	5	N/A
9. Analyze information and opportunities to increase and improve collaboration between investigators	1	2	3	4	5	N/A
10. The overall quality of the instructional process was an asset to the activity:	1	2	3	4	5	N/A
11. To what extent did participation in this activity enhance your professional effectiveness?	1	2	3	4	5	N/A
12. Will you change your practice in any way as a result of attending this activity?	1	2	3	4	5	N/A

2. Did you perceive any commercial bias? ___No ___Yes

Use the following criteria to judge:

d. *The content presented was balanced, evidence-based, demonstrated scientific rigor, and was without commercial bias.* ___No ___Yes

If no, please specify: _____

e. *I was informed about the existence and resolution of relevant financial relationships/conflict of interests of planners and presenters prior to the presentation* ___No ___Yes

If no, please specify: _____

f. *Speakers who discussed off label, investigational, or alternative uses of products, devices or techniques disclosed this in their presentation.* ___No ___Yes

If no, please specify: _____

B. Comments:

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

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