

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

Date: September 21, 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: Joel Moss, M.D., Ph.D.

Objective(s): To recognize the natural history, pathogenesis and treatment of LAM

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: _____

