



**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)<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Clinical Center Grand Rounds  
12 Noon – 1 p.m.  
April 7, 2010  
Lipsett Amphitheater

Hyungsuk Kim, DDS, PhD, NINR  
Pitfalls and Promise for Individualized Pain Medicine  
Wendy A. Henderson, CRNP, MSN, PhD, NINR  
Symptom Distress Mechanisms in Digestive Disorders

**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 301-402-2158.**

Date(s)	Maximum Approved Hours per session/per week	Earned Hours
April 7, 2010	1 hour per session/per week	1.0*

Please Print Clearly

NAME - LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_ EMAIL \_\_\_\_\_

NIH BADGE NUMBER (IF NIH EMPLOYEE) \_\_\_\_\_ PROFESSIONAL DEGREE \_\_\_\_\_ PLEASE CHECK ONE:  PHYSICIAN  NON-PHYSICIAN

(\_\_\_\_\_) \_\_\_\_\_ ORGANIZATION \_\_\_\_\_ INSTITUTE/CENTER \_\_\_\_\_ DEPT/BRANCH \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

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.

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

April 7, 2010

**Speaker: Hyung-Suk Kim, DDS, PhD**

Please complete the Continuing Medical Education Questionnaire. To indicate your answers, use the rating scale below to select and circle the number that best 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 the following educational 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 principles based on state-of-the-art information about scientific discovery and clinical advances |   |   |   |   |   |     |
|   | 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?

1 2 3 4 5 N/A

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

1 2 3 4 5 N/A

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 provide details: \_\_\_\_\_

- b) I was informed about the existence and resolution of relevant financial relationships/conflicts of interests of planners and presenters prior to the presentation.

No     Yes

If no, please explain: \_\_\_\_\_

- 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 elaborate: \_\_\_\_\_

**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 week's time with a very brief survey to assess the usefulness of this CME-certified activity?     Yes     No    If yes, please provide your email: \_\_\_\_\_

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

April 7, 2010

**Speaker: Wendy A. Henderson, CRNP, MSN, PhD**

Please complete the Continuing Medical Education Questionnaire. To indicate your answers, use the rating scale below to select and circle the number that best 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**

5. Please rate the attainment of the following educational 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 principles based on state-of-the-art information about scientific discovery and clinical advances |   |   |   |   |   |     |
|   | 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

6. The overall quality of the instructional process was an asset to the activity:

1 2 3 4 5 N/A

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

1 2 3 4 5 N/A

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

1 2 3 4 5 N/A

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

- b) The content presented was balanced, evidence-based, demonstrated scientific rigor, and was without commercial bias.     No     Yes

If no, please provide details: \_\_\_\_\_

- b) I was informed about the existence and resolution of relevant financial relationships/conflicts of interests of planners and presenters *prior* to the presentation.

No     Yes

If no, please explain: \_\_\_\_\_

- 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 elaborate: \_\_\_\_\_

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