



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)TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Clinical Center Grand Rounds – Nurses Week

Masur Auditorium
12 Noon – 1 p.m.
May 5, 2010

The Role of the Oral Microbiome in the Prevention of Ventilator-Associated Pneumonia

Nancy J. Ames, R.N., Ph.D., CCRN Critical Care Clinical Nurse Specialist, Research and Practical Development Service, Nursing and Patient Care Service, CC

Patrick Murray, Ph.D., Chief Microbiology Service, Department of Laboratory Medicine, CC

Naomi O’Grady, M.D., Staff Clinician, Critical Care Medicine Department, CC

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

Date(s)	Maximum Approved Hours per session/per week	Earned Hours
May 5, 2010	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.

EVALUATION FORM
Clinical Center Grand Rounds at the National Institutes of Health
May 5, 2010

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: Nancy J. Ames, R.N., Ph.D., CCRN

Objective: Understand the microbiological criteria for the diagnosis of ventilator-associated pneumonia (VAP).

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 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 specify: _____
 - 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 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 week's time with a very brief survey to assess the usefulness of this CME activity? ___Yes ___No If yes, please provide your email: _____

EVALUATION FORM
Clinical Center Grand Rounds at the National Institutes of Health
May 5, 2010

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: Patrick Murray, Ph.D.

Objective: Understand the microbiological criteria for the diagnosis of ventilator-associated pneumonia (VAP).

A. Rating of Objectives and Activity

5. 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 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
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- b) 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/conflicts of interests of planners and presenters prior to the presentation. ___No ___Yes
 If no, please specify: _____
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 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?

8. May we contact you in several week's time with a very brief survey to assess the usefulness of this CME activity? ___Yes ___No If yes, please provide your email: _____

EVALUATION FORM
Clinical Center Grand Rounds at the National Institutes of Health
May 5, 2010

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: Naomi O’Grady, M.D.

Objective: Understand the microbiological criteria for the diagnosis of ventilator-associated pneumonia (VAP).

A. Rating of Objectives and Activity

9. 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 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
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
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?
- c) 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/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 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?

12. May we contact you in several week’s time with a very brief survey to assess the usefulness of this

CME activity? ____Yes ____No If yes, please provide your email: _____