

POST ACTIVITY EVALUATION & CME CREDIT APPLICATION

Next Gen Informed Consent for Prenatal Testing

7:15 - 8:45 AM Breakfast Symposium, March 27th, 2015

Salt Palace Convention Center, Room 255 ABC

Activity Evaluation Form and Application for Continuing Medical Education Credit

We greatly value your opinion. Please complete this evaluation and submit it to the registration desk at the conclusion of this activity. Your responses will be used in future planning of activities and materials.

I am a: ☐ MD ☐ DO ☐ PharmD ☐ RN ☐ NP ☐ PA ☐ Genetic Counselor ☐ Other

<i>Upon completion of this activity, participants will be able to:</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
Evaluate the issues of informed consent inherent in prenatal screening and diagnosis.	1	2	3	4
Discuss approaches to informed consent that can meet the needs of all stakeholders in the era of genetic testing panels and next-generation sequencing.	1	2	3	4
List examples of scenarios in which patient consent may be challenging.	1	2	3	4
Identify ways to improve the process of informed consent for prenatal testing.	1	2	3	4
<i>Please indicate the extent of your agreement with the following statements:</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
The faculty for this activity were effective	1	2	3	4

Case Base Question

A 35 year old G1P0 is 13 weeks gestation. She is considering cfDNA testing as well as CVS. Which of the following points should you include in your discussion with this patient?

- ☐ Scope and nature of disorders being tested
- ☐ Detection, false-positive and no call rates
- ☐ Follow-up confirmatory studies are necessary for positive screening results
- ☐ Possibility of identification of genetic variants in mother
- ☐ All of the above
- Overall, was this activity free from bias?
 - ☐ Yes
 - ☐ No
- Of the patients you will see in the next week, about how many will benefit from the information you learned today?
 - ☐ More than 50
 - ☐ 26 to 50
 - ☐ 11 to 25
 - ☐ 1 to 10
 - ☐ Not applicable
- Based on what I learned today, I will improve my practice by incorporating the following (check all that apply):
 - ☐ Improved diagnosis/patient assessment
 - ☐ Useful therapies and appropriate uses
 - ☐ Cutting-edge science in this therapeutic area
 - ☐ Best practices of my colleagues and leaders
 - ☐ I do not plan to make any changes to my practice at this time
 - ☐ Other (explain)

- Which ONE delivery method do you find the most effective for CME/CE learning?

- ☐ Live symposia at national/regional conferences
- ☐ Live local meetings
- ☐ Live grand rounds
- ☐ Internet webcasts
- ☐ Internet/print monographs
- ☐ Other (explain) _____

- Please rate the professional practice value of each of the following in terms of improving your practice:

	Least Valuable	Somewhat Valuable	Valuable	Most Valuable
Today's CME event	1	2	3	4
Direct to consumer advertising	1	2	3	4
Sales representative visits	1	2	3	4
Promotional/other non-certified education	1	2	3	4

- Based on your experience, which of the following are the primary barriers to implementing changes in practice (check all that apply):

- ☐ Lack of knowledge regarding evidence-based strategies
- ☐ Lack of convincing evidence to warrant change
- ☐ Lack of time/resources to consider change
- ☐ Insurance, reimbursement or legal issues
- ☐ Other (explain) _____

- What motivated you to participate in this activity?

- ☐ CME credits
- ☐ Faculty
- ☐ Topic or Therapeutic area
- ☐ Format type

Other Comments:

Application for Continuing Medical Education Credit

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For purposes of certification, please complete the following information. Please note that we will not forward or sell your contact information. **Please PRINT clearly in the boxes provided.**

Degree	<input type="radio"/> MD	<input type="radio"/> DO	<input type="radio"/> PharmD	<input type="radio"/> RN	<input type="radio"/> NP	<input type="radio"/> PA	<input type="radio"/> Other
Credit Request Type	<input type="radio"/> ACCME	<input type="radio"/> Other	<input type="radio"/> Genetic Counselor				

*LAST NAME (please print in boxes)	Middle Initial	*FIRST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
*STREET ADDRESS (please print in boxes)		
<input type="text"/>		
*CITY (please print in boxes)	*STATE	*ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

*STATE of LICENSE(S) --- REQUIRED TO RECEIVE CERTIFICATE

LICENSE NUMBER	LICENSE NUMBER	FAX
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

*EMAIL ADDRESS (please print in boxes) --- REQUIRED TO RECEIVE CERTIFICATE---

<input type="text"/>

Global Education Group (Global) is interested in adding to our base of faculty and educational development. To help us better plan for education in this area, and to invite you to partake in future educational development, we may contact you for your expertise. If you opt NOT to be contacted in the future, please check the box below:

☐ NO, I do NOT want to be contacted in the future.

I certify my actual time spent to complete this educational activity to be (check one):

☐ I participated in the entire activity and claim 1.5 credits.

☐ I participated in only part of the activity and claim _____ credits.

I certify that I have participated in the continuing education activity entitled, "Next Gen Informed Consent for Prenatal Testing".

Signature: _____ Date: _____

*** Please complete and submit your application via one of the methods described below. Only completed forms will be processed for credit. Please allow 6-8 weeks to receive your certificate. Thank you for participating in this activity.**

Submit Completed Evaluations and Applications to:

1. Hand in your completed application and evaluation as you leave the symposium. Your certificate or instructions on how to apply for your certificate will be emailed to you.
2. You may apply online at the URL you will be provided at the conclusion of the symposium.
3. Mail or fax your application to:
Global Education Group
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Littleton, CO 80120
Fax: 303-648-5311
cme@globaleducationgroup.com