

Research Foundation Workshop: How to Get a Grant

Objectives: At the conclusion of this session, participants should be able to: a) Navigate the system of grant mechanisms; b) know how to get started writing a grant; c) understand how to write content for grants; d) understand the process once grants are submitted; and e) know the mechanisms involved in revising and resubmitting grant requests.

- 1** Speaker Evaluation—Please evaluate only those speakers you have heard according to the following scale:
(1 = poor; 2 = fair; 3 = good; 4 = excellent)

Speaker/Topic	Met Objectives	Content	Effectiveness of Teaching/Learning Methods	Interest of Topic	Applicability to Your Practice	Quality of AV Material	Bias?	Invite Again?	For office use only
NIH/NCI Roy Wu, PhD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	038
ASCRS Research Foundation David Rothenberger, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	039
Other: Crohn's and Colitis Arden Morris, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	040
How to Get Started Writing a Grant Jose Guillem, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	041
Basic Science Scott Strong, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	042
Clinical Science Larissa Temple, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	043
Once Submitted, What is the Process? Kelli Bullard Dunn, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	044
Regroup/Revised/Resubmit Julio Garcia-Aguilar, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	045
Panel Discussion							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	046

- 2** Overall Evaluation of Importance of Session (4 = very; 3 = moderate; 2 = little; 1 = not at all) _____
- 3** Do you intend to make any changes in your practice or patient care as a result of this activity? Yes _____ No _____
- If Yes, how? Comment _____
- 4** Did the speaker(s) make proper disclosure of potential conflict of interest, and clarification to audience of faculty relationship with industry and nature of that relationship? Yes _____ No _____
- 5** Did you perceive industry bias for or against commercial product(s), services, or commercial supporter of this activity? Yes _____ No _____ If Yes, please comment; e.g., scientific balance, objectivity, etc.
- Comment _____
- 6** Did the speaker(s) disclose with respect to FDA Off-Label use? Yes _____ No _____
- If NO, please comment _____
- 7** What related topics should be addressed at future ASCRS meetings?
- 8** Comments:
- 9** Name (please print) optional: _____

Please complete and return this evaluation to the ASCRS along with your test results

Research Foundation Workshop: How to Get Published and on the Podium

Objectives: At the conclusion of this session, participants should be able to: a) understand the important elements of drafting manuscripts and abstracts; b) know how to get started writing a manuscript or abstract; c) understand how to avoid common pitfalls when writing abstracts and manuscripts; d) understand the process for consideration of abstracts for presentation and manuscripts for publication once submitted; and e) know the mechanisms involved in revising and resubmitting manuscripts for publication.

- ❶ Speaker Evaluation—Please evaluate only those speakers you have heard according to the following scale:
(1 = poor; 2 = fair; 3 = good; 4 = excellent)

<i>Speaker/Topic</i>	<i>Met Objectives</i>	<i>Content</i>	<i>Effectiveness of Teaching/Learning Methods</i>	<i>Interest of Topic</i>	<i>Applicability to Your Practice</i>	<i>Quality of AV Material</i>	<i>Bias?</i>	<i>Invite Again?</i>	<i>For office use only</i>
Start with the End in Mind – Robert Beart, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	047
Writing an Effective Abstract - James Church, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	048
Writing a Winning Manuscript - Robert Madoff, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	049
Packaging Your Product – Style John Pemberton, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	050
Select Your Audience... Nancy Baxter, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	051
Once Submitted, What's the Process? Susan Galandiuk, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	052
Regroup/Revise/Resubmit Miguel Rodriguez-Bigas, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	053

- ❷ Overall Evaluation of Importance of Session (4 = very; 3 = moderate; 2 = little; 1 = not at all) _____
- ❸ Do you intend to make any changes in your practice or patient care as a result of this activity? Yes _____ No _____
If Yes, how? Comment _____
- ❹ Did the speaker(s) make proper disclosure of potential conflict of interest, and clarification to audience of faculty relationship with industry and nature of that relationship? Yes _____ No _____
- ❺ Did you perceive industry bias for or against commercial product(s), services, or commercial supporter of this activity? Yes _____ No _____ If Yes, please comment; e.g., scientific balance, objectivity, etc.
Comment _____
- ❻ Did the speaker(s) disclose with respect to FDA Off-Label use? Yes _____ No _____
If NO, please comment _____
- ❼ What related topics should be addressed at future ASCRS meetings?
- ❽ Comments:
- ❾ Name (please print) optional: _____

Please complete and return this evaluation to the ASCRS along with your test results