



Riverside Methodist Hospital OhioHealth

Disclosure, Conflict of Interest & Content Validation Policy

The Continuing Medical Education (CME) Office of Riverside Methodist Hospital requires that everyone who is in a position to control the content of an educational activity must complete, sign and return the following disclosure statement upon the initiation of planning a CME activity. This disclosure statement must include all relevant financial relationships with any commercial interest within the past 12 months that create a conflict of interest (2.1). Riverside's CME Program will not approve presenters who are employed by commercial supporters (i.e. pharmaceutical companies, etc.).

Any individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher or an author of CME, and cannot have control of or responsibility for the development, management, presentation or evaluation of a CME activity (2.2).

The Standards for Commercial Support (5.2) also require that every CME activity is free of commercial bias and that any information regarding commercial products/services be based on scientific methods generally accepted by the medical community. When discussing therapeutic options, speakers must use only generic names. If it is necessary to use a trade name, then those of several companies must be used. We also prefer that you not promote your individual private practice, and therefore, do not allow logos on your handouts or presentation. Prior to the presentation, each speaker must provide references in the form of a bibliography that support the key teaching points. These must be submitted prior to the presentation to be distributed to the attendees.

The CME Office will disclose to participants prior to educational activities any/all relevant financial interests or the lack thereof. The names of all persons and organizations involved in the content of the CME activity and the information disclosed by each will be given to the attendees prior to the activity in the handout, flyer, syllabus or announcement.

All activities will be monitored for balance and objectivity via peer review by use of evaluation data regarding speaker bias. Speakers perceived as biased will be notified of the audience perception, warned of potential slide review if invited back, and/or not invited to present again if scores and comments reflect significant bias.

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Upon completion of the attached disclosure form, please return to:

Lexie Sines, CME Coordinator
Center for Medical Education + Innovation™
Riverside Methodist Hospital
3525 Olentangy River Road, Suite 4300
Columbus, OH 43214

Fax: (614) 566-1026
Phone: (614) 566-4675
E-mail: asines@ohiohealth.com

**RIVERSIDE METHODIST HOSPITAL'S
POLICY ON FULL DISCLOSURE**

As you undoubtedly know from the national media, there has been much discussion concerning the relationships between CME providers, faculty and commercial companies providing support for CME. Both the AMA and the Accreditation Council for CME (ACCME) have adopted regulations for ethical actions in this area, which we endorse and have adopted for all our educational activities.

We are required, by the Standards of Commercial Support, to determine if you have any relevant financial relationships with any commercial products that will be discussed in your presentation. Please be assured that having an affiliation with a company does not imply in any way that something is wrong or improper. Rather, as a CME-accredited institution, we are required to inform the attendees prior to the activity of any such financial interests or relationships. The audience may then form their own judgments about the presentation.

Please check the appropriate box in each section, complete any applicable information and sign.

CME Activity: _____

<input type="checkbox"/>	I do not have any relevant financial interest or other relationship with the manufacturer of any commercial product(s) discussed in this presentation in any amount occurring within the past 12 months.
<input type="checkbox"/>	I do have a relevant financial interest or relationship with one or more of the commercial product(s) discussed in my presentation which has occurred with the past 12 months. I have indicated the nature of this relationship below:
AFFILIATION/FINANCIAL INTEREST	NAME OF ORGANIZATION(S)
Grant/Research Support	
Consultant	
Speaker's Bureau	
Major Stock Shareholder	
Other Financial or Material Interest	

NOTE: If a significant relationship exists, you must sign the following page as well.
(OSMA: Standard 2.3)

I attest that all recommendations involving clinical medicine in this CME activity must be based on evidence that is acceptable within the profession of medicine as adequate justification for their use. I further attest that all scientific research referred to, reported or used in this CME presentation must conform to the generally accepted standards of experimental design, data collection and analysis. I attest that this CME activity does not promote recommendations, treatments or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

By signing this disclosure, I agree that any potential conflict of interest noted above will not influence the content of this presentation and/or who is selected to participate in the presentation.

Signature: _____ Date: _____

PLEASE NOTE: REFUSAL OR FAILURE TO COMPLETE AND SUBMIT THIS DISCLOSURE STATEMENT WILL RESULT IN BEING DISQUALIFIED FROM PARTICIPATING IN THIS CME ACTIVITY (Standards for Commercial Support 2.2).

ATTESTATION FORM

For Resolution of a Conflict

Fair Balance, Independent Validation, and Level of Evidence

Riverside Methodist Hospital (RMH) is responsible for validating the clinical content of CME activities they provide. Specifically, 1) all recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients; and 2) all scientific research referred to, reported, or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. (*OSMA Policy on Validation of Clinical Content*)

- The content and/or presentation with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.
- I understand that RMH may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.
- I understand that my live presentation (if applicable) and/or CME activity materials will be evaluated by participants for fair balance (e.g., degree of commercial bias).
- If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
- All scientific research referred to, reported or used in CME in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.
- If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available.
- If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.
- Any potential conflict of interest indicated on the prior page has not and will not affect my content.

Please indicate your understanding of and willingness to comply with each statement by signing below. If you have any questions regarding your ability to comply, please contact Leslie Lynch at 614-566-5769 or lynchl@ohiohealth.com. Thank you.

▶▶▶ Signature: _____ Date _____

**Please submit to Riverside Methodist Hospital, CME Office in CME+I
3525 Olentangy River Road, Suite 4300 in Columbus OH 43214
or Fax to: 614-566-1026**