

Disclosure of Relevant Financial Relationships
AOA Standard 2.2.4.2, ACCME Criterion 7 (SCS 6), CPME 8.0

Des Moines University must ensure balance, independence, objectivity, and scientific rigor in all its individually sponsored education activities. This document must be completed by all individuals who have influence over the content of the educational activity (i.e., activity director(s), planning committee, faculty, etc). Any individual who refuses to disclose relevant financial relationships will be disqualified from influencing continuing medical education (CME) content and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the activity. The intent of the disclosure is not to prevent an individual with a significant financial or other relationship from being involved in a CME activity, but rather to provide the audience with information on which they can make their own judgments. Persons who fail to sign and return this form are not eligible to be involved as a presenter/planner.

Name: Kim Tilson

CME activity: DMU Grand Rounds: Adolescent Medicine and LGBT+ Care **Date:** November 7, 2019

Please indicate your role in this CME activity (check all that apply):

- Presenter
 Moderator
 Planning/Approval Committee
 Author
 Activity Director

Presenters/Authors

How do you plan to balance any potential conflicts of interest and keep your presentation free of commercial bias? (check all that apply)

- I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.
 I will discuss the pros and cons of competing products in my presentation.
 I will submit my talk in advance to allow for adequate peer review.
 Not applicable

Planners/Activity Director

- I will ensure that any speakers or content I suggest is independent of commercial bias.
 I will recuse myself from planning activity content in which I have a conflict of interest.
 Not applicable

Disclosure of Relevant Financial Relationships

Relevant financial relationships are those in which an individual (including the individual's spouse/domestic partner) in the last 12 months has had a personal financial (any amount) relationship with a commercial interest who produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients and/or who also has control over educational content (planning or presenting) about this activity. Providers of clinic services directly (i.e., clinics, hospitals, etc.) are NOT commercial interests.

Regarding your role in this CME activity (check one):

- No, I have no relevant financial relationship.
 Yes, I have a relevant financial relationship. (Provide information below)

Nature of Financial Relationship	Name of Company(s) and Relationship	Self	Spouse/ Partner
<input type="checkbox"/> Consultant		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speaker's bureau		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grant/research support (principal investigator or working directly for company/company's agent)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock shareholder (self managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe)		<input type="checkbox"/>	<input type="checkbox"/>

Disclosure of Off-Label Uses AOA Standard 2.2.4.3

If at any time during my presentation I discuss an off-label use of a commercial product/device, I understand that I must provide disclosure of that intent.

- No, I do not intend to discuss an off-label use of a commercial products(s)/devices(s).
- Yes, I do intend to discuss off-label uses of the following commercial products(s)/devices(s) and agree to inform learners of such.
- Not applicable

Declaration

I will uphold Des Moines University's continuing medical education standards and guidelines to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this activity.

I understand that continuing education accreditation guidelines prohibit me from accepting any reimbursement (financial, gifts, or in-kind exchange) for this presentation from any source other than the accredited CME provider or its educational partner.

Additional information may be requested to address any perceived conflict of interest. All identified conflicts of interest will be managed and resolved in advance of the activity and disclosure information will be shared with the activity participants.

Signature: Kimberly A Tilson Digitally signed by Kimberly A Tilson
Date: 2019.10.11 20:47:05 -05'00' **Date:** 10/11/19 **Submit**

Review Process and Resolution of Possible Conflict of Interest (For CME Office Use Only)
AOA Standard 3.13

- Risk Assessment: None Low High
 Significant factors: Relationships Previous Evaluation Data Topic Area

Referred to:

- Activity director
 - Planning committee member
 - Other
- Name: _____
 Name: _____

Proposed action:

- | | |
|--|--|
| <input type="checkbox"/> Conduct peer review
<input type="checkbox"/> Independent review of abstracts
<input type="checkbox"/> Independent review of presentation/slides
<input type="checkbox"/> Limit scope of the presentation
<input type="checkbox"/> Narrow the materials covered
<input type="checkbox"/> Omit specific recommendations
<input type="checkbox"/> Verify recommendations based on structured review of best evidence | <input type="checkbox"/> Alternate speaker or planning member identified
<input type="checkbox"/> Assign on-site monitor
<input type="checkbox"/> Alter activity design to ensure fair and balanced treatment or topic (e.g., include non-pharmacological, panel discussion, Q & A time)
<input type="checkbox"/> Dissolve financial relationship (attach documentation)
<input type="checkbox"/> Other: _____ |
|--|--|

Final Outcome:

Notes: _____

Follow-up evaluation data (post-activity): _____
 Participant feedback (%) response Free of bias Yes, _____% No, _____%
 On-site monitor present? Yes No If yes, name: _____