

Case 4: Robust Resolution

Review the following table of individuals in control of content. As both Dr. Jane Smith and Dr. Alice Smith have relevant COIs to be resolved, review the resolution mechanism utilized. Do you notice any compliance issues?

Name of Individual	Individual's Role(s) in Activity	Name of Commercial Interest(s)	Nature of Relationship(s)	Mechanism(s) implemented to resolve conflict of interest appropriate to role(s) in the activity
Jane Smith, MD	Planner/Manger	Pharma ABC, Device Co. 123	Consultant: Pharma ABC and Device Co. 123	Independent peer review of content
John Doe, NP	Planner/Manager	Nothing to disclose	Nothing to disclose	N/A
Ashley Anderson, RN	Nurse Planner	Nothing to disclose	Nothing to disclose	N/A
Alice Smith, MD	Faculty	Pharma ABC, Device Co. 123, Pharma XYZ	Speakers' Bureau: Pharma ABC, Device Co. 123, Pharma XYZ	Independent peer review of content
Lindsay Johnson, PhD	Reviewer	Nothing to disclose	Nothing to disclose	N/A

Independent Content Review Form

Instructions for Review

As an independent reviewer, your role is to ensure that the activity presented is fair and balanced, patient treatment recommendations represent a standard of practice within the profession, and that material is free of commercial bias.

Name of Reviewer		
Activity Title		
Course Director		
Date Reviewed		
Certification	<input checked="" type="checkbox"/> <i>AMA PRA Category 1 Credit™</i>	<input checked="" type="checkbox"/> Other – Please List: ANCC contact hours
Review Status	<input type="checkbox"/> Approved	<input type="checkbox"/> Resubmit
Commercial Support	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Educational Design

1. Is the title appropriate for educational purposes?
 Yes No If No, please comment:

2. Does the subject matter align with the stated target audience?
 Yes No If No, please comment:

3. Please select the appropriate target audience group(s):
 Physicians Nurses Pharmacists Psychologists Other: _____

4. Is the planning committee qualified to instruct/design this subject matter?
 Yes No If No, please comment:

5. Is educational format appropriate to learning objectives?
 Yes No If No, please comment:

6. Does the content match the learner’s current or potential scope of practice?
 Yes No If No, please comment:

7. Does the content address the following learning objectives?

Activity Learning Objectives:	Yes	No
1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>

Fairness and Balance

8. Does the content present an appropriate use of trade names?
Yes No If No, please comment:
9. Is the presentation fair and balanced?
Yes No If No, please comment:
10. Is the activity free of commercial bias?
Yes No If No, please comment:
11. Were all COI forms reviewed for potential conflicts of interest?
Yes No If No, please comment:
12. If relevant conflicts were identified, was a resolution appropriately documented?
Yes (N/A none identified) No If No, please comment:

Scientific Objectivity & Appropriateness of Patient Care Recommendations

13. Are patient treatment recommendations evidence-based and current?
Yes No N/A If No, please comment:
14. Does the material present appropriate studies and/or materials?
Yes No If No, please comment:
15. Is appropriate reference documentation provided with the activity?
Yes No If No, please comment
16. Are associated side effects addressed, when necessary, for all agents presented?
Yes No N/A If No, please comment:
17. Is it necessary to remove any existing content/slides?
Yes No If Yes, please describe _____
18. Is there any new material or studies that should be included?
Yes No If Yes, please describe _____

Additional Comments:

Required Revisions:

Signature:

Date: