

**CME Presentation Review Form
 <Insert Joint Provider Name>│ <Insert Meeting Title>**

**<Insert Meeting Date(s)> │ <Insert Meeting Location>**

**Instructions**: Review should be conducted by program chair or unconflicted CME reviewer. Review each presentation for the following elements checking off as you go (see last page for tips). If element is not present, please resolve with presenter.

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| **Reviewer Name (MD/DO)** |  |

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|  |  | **Content Integrity Elements** |
| **Presentation Title & Approved Learning Objectives** | **Presenter Name** | **Consistent Learning Objectives** | **CME Appropriate Content** | **Balance & Scientific Integrity** | **No Identifiable Patient Info** | **Free of Commercial Promotion** | **Cited all Sources** |
| **Example:***Drug Shortages and their impact on Physicians*1. *Describe the common causes of drug shortages*
2. *Locate an updated list of current and expected drug shortages*
3. *Develop a local protocol to obtain needed drugs as they become scarce*
4. *Revise anesthetic plans when the local supply of a drug is exhausted*
 | *John Doe, MD* | *X* | *X* | *X* | *X* | *X* | *X* |
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| **Reviewer (MD/DO): *Enter full name and credentials as electronic signature*** |  | **Date** |

**Tips for Presentation Review**

**Questions to consider while reviewing presentations**

1. **Learning Objectives:** Are the presentation learning objectives consistent with the approved learning objectives?
2. **CME Appropriate content:** Is the content recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine and the provision of health care to the public?
3. **Content Balance and Scientific Integrity**

a. Are recommendations for patient care based on current science, evidence, & clinical reasoning, while giving a fair & balanced view of diagnostic options?

b. Does all scientific research referred to, reported or used in this educational activity in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection, analysis and interpretations?

c. Are new & evolving topics for which there is a lower (or absent) evidence base, clearly identified as such within the education & individual presentations?

d. Does the educational activity avoid advocating for, or promoting practices that are not, or not yet, adequately based on current science, evidence & clinical reasoning?

e. Does the activity exclude any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients?

1. **What is NOT allowed:**
	1. Identifiable patient information: This includes names, medical id, eyes or other distinguishing features. Stock photos are allowed.
	2. Brand names, product or manufacturer names: This applies to products or services used on patients like drugs, supplies or devices. Generic names are allowed.
	3. Use of copyrighted materials (without permission): if presentation will be published or distributed outside of activity.
2. **Original Source:**
	1. Any non‐original material (e.g. figures, charts, graphs, images), should be cited.
	2. Citation should be in a manner that makes it retrievable; footnoted if there’s a reference list or at minimal: author’s last name, first initial, name of publication and year.

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| **Resource****Name** | **Retail/ Community****(n=480)** | **Hospital/****Mental Health****(n=74)** | **Other (n=50)** | **Total (n=604)** |
| PDA | 82 | 24 | 12 | 118 |
| Use=Yes | 17.1%c | 32.4% | 24.0% | 19.5% |
| PDA | 398 | 50 | 38 | 486 |
| Use=No | 82.9% | 67.6% | 76.0% | 80.5% |
| Data from Schrimsher, Freeman, Kendrach15 |



 

**Diane Murphy**