

Planning Clinical Content Review and Validation

(Note: to be completed by the approved Education Planning Representative)

Name of Education Planning Representative:

Name of Activity:

Date of Activity:

Instructions to Education Planning Representative: *As an independent reviewer for the American College of Emergency Physicians, your role is to participate in all planning calls/meetings to assure that activity planning, development, and implementation is fair balanced and free of bias toward commercial supporter(s) of the activity (if any) or manufacturers of products discussed in the activity.*

Moreover, you are being asked to scrutinize patient treatment recommendations to assure that they represent a standard of practice within the profession in the United States. In addition, we ask that you review the studies cited, relative to the content, upon which recommendations are made to assure that they are scientifically objective and conform to research principles generally accepted by the scientific community. Finally, please look at the materials from the perspective of omissions and commissions.

Note: *To check a box, double click on the box, then click the radio button to the left of "Checked" for the Default Value. The document is set up to be editable so that you can add space as needed for comments as relevant for each individual section.*

1. A Bias.

- A. Based on the planning stage, is this activity **fair balanced**?
- Yes No If No, please comment below:
- B. Was this activity planned **free of commercial bias**?
- Yes No If No, please comment below:
- C. Was this activity planned using **generic names** for drugs or equipment?
- Yes No If No, are several trade names from several companies mentioned?
- Yes No If No, please list other trade names from several companies, If applicable, below:

2. Patient Treatment Recommendations.

- A. During the planning of this activity was it determined that patient treatment recommendations included in this CME activity are **evidence-based**?
- Yes No If No, please comment below:

B. During the planning of this activity was it determined patient treatment recommendations included in this CME activity **appropriate for the target audience**?

Yes No If No, please comment below:

C. Are the patient treatment recommendations included in this CME activity **contributing to overall improvements in patient care**?

Yes No If No, please comment below:

3. Scientific Validity.

During the planning of this activity was it determined that scientific studies cited in this activity will **conform to standards** accepted by the scientific community?

Yes No If No, please comment below:

4. Learning Objectives.

A. Does the planned educational content **support** the learning objectives?

Yes No

B. Are these objectives **actionable and measurable**?

Yes No

C. Please comment below and include suggested revisions to objectives if appropriate:

5. Omission and Commission – if applicable during planning

A. Do any slides or materials need to be deleted?

Yes No If Yes, please be specific:

B. Are there any studies, data, or best evidence that is missing?

Yes No If Yes, please be specific:

C. Are there any other issues you would like to raise regarding the content of this activity?

Yes No If Yes, please be specific:

6. Reviewer's Certification

I attest that I completed my role according to the stated instructions and certify the above to be true and accurate.

Date of Review:

Signature (electronic signature accepted)

Electronic Signature Requirements – Typed signatures **must** be accompanied by an e-mail substantiating that the reporting individual completed and submitted the form themselves; e-signatures (original/actual signatures copied and pasted into the document) do not require e-mails.