**Workshop Planning Resources**

**Version 4-13-2020**

 

**Safeguards Against Commercial Bias**

The GOG Foundation, Inc. CME Program requires that CME activities and presentations do not promote a specific proprietary business interest or be perceived as commercially bias. Planners and Chairs must ensure that all speakers and key participants in CME activities complete a Financial Disclosure form identifying relevant financial relationships with commercial interests that could create a conflict of interest with respect to the specific CME activity. If a conflict of interest exists for an individual, it must be satisfactorily resolved before the activity so that commercial bias does not occur. We will disclose this disclosure information to learners before the educational activity.

**Strategies to help ensure valid CME content include:**

* Providing a balanced view of therapeutic options
* Describing the evidence base and the strength of the evidence used to support clinical recommendations
* Ensuring that educational materials do not contain product advertising or product-group messages
* Using generic drug names whenever practicable. (If educational materials include
* trade names, trade names from several companies should be used whenever available)

Thank you for participating in this educational activity.

**Speaker Disclosure of Financial Relationship(s)**

**Meeting/Session:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ROLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In order to comply with the ACCME’s Updated Standards for Commercial Support, The GOG Foundation, Inc., as an accredited provider must ensure that anyone who is in a position to control the content of the education activity has disclosed to us all financial relationships with any commercial interest within the past 12 months (see below for definitions).

**Should it be determined that a conflict of interest exists as a result of a financial relationship you may have, you will be contacted and methods to resolve the conflict will be discussed with you prior to the start of activity. In addition, all affirmative disclosures must be revealed by a slide at the beginning of the presentation.**  **Failure or refusal to disclose or the inability to resolve the identified conflict will result in the withdrawal of the invitation to participate.**

 In the past 12 months, I have had relevant financial relationships with the following commercial interests **(Complete table below)**

 In the past 12 months, I have not had relevant financial relationships with commercial interests

 In the past 12 months, I have not had relevant financial relationships with commercial interests

If you’ve checked box#1, please list the names of proprietary entities producing heal care good or services, with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a **relevant** financial relationship within the past 12 months. For this purpose, we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours.

Explain what you or your spouse/partner received (Ex: salary, honorarium, fee, etc…)

|  |  |
| --- | --- |
| **Commercial Interest** | **Nature of Relevant Financial Relationship****(Include all those that apply)** |
| **What was received:** Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest, (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. | **My Role(s):** Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and ‘other activities (Please specify) |
| ***Example: Company ‘X’*** | ***Honorarium*** | ***Speaker/Ad hoc/Consultant….*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Glossary of Terms**

**Commercial Interest**

The ACCME defines a “commercial interest” as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. (Revised)

**Financial relationships**

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

**Relevant financial relationships**

ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “’relevant’ financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

**Conflict of Interest**

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE RETURN THE COMPLETED FORM TO THE CME DEPARTMENT BY DUE DATE TO** msmall@gog.org **or fax to 301-261-3972.**

**AGENDA Template and TOPIC LEARNING OBJECTIVES Instructions:**

For consistency please use **attached** agenda template or edit agenda in this format. Agenda must include:

* Date, Start and end time of session
* Faculty name(s) Chair….
* At least one **learning objective** for each session ***(Objectives should be specific to the discussion topic)***
	+ Learning objectives are the take-home messages that bridge the gap between the identified need/gap and the desired result. Note: learning objectives should be measurable and should begin with a verb than can be measured (“understand” should not be used as one’s understanding cannot be readily measured). Use words such as “apply, develop a strategy to…, etc.”
* **Educational Need** Indicate how the need/topic for this workshop was initiated in one sentence. (planning committee minutes; evaluations from a prior meeting, etc) (This answer will ONLY be included in our education files to ensure compliance with the ACCME (Accreditation Council for Continuing Medical Education). This answer will be removed from the printed final agenda.)
* **Session title**
* **Agenda outline** (See Agenda example attached)
* **Discussion or presentation topic** - Identify educational content to be delivered for each committee’s workshop. Discussion Topics - Current priorities of the Committee; Background, status, and significance of major projects AND/OR

- Select a specific topic for deeper discussion. For mini-sessions, identify specific topic. *(Example, “Reviewing current and potential options for treatment*”)

**Slide Presentations**:  If the workshop will include any slide presentations or hand-outs, submit to me by email: msmall@gog.org ) for CME compliance review by due date for that meeting.

**Workshop Agenda**

**Date:**

**Start and End Time:**

**Chair:**

**Co-Chair:**

**Learning Objectives:**

**Following this activity, participants will be better able to**:

**Educational Needs** Indicate how the need/topic for this workshop was initiated in one sentence. (planning committee minutes; evaluations from a prior meeting, etc) (This answer will ONLY be included in our education files to ensure compliance with the ACCME. This answer will be removed from the printed final agenda book.)

**WORKSHOP AGENDA**

Session I

A. Discussion Topic - Current priorities of the Committee; Background, status, and significance of major projects AND/OR

 - Select a specific topic for deeper discussion

**QUESTIONS / DISCUSSION**

**ATTACH List of Concepts**

**A GUIDE TO WRITING LEARNING OBJECTIVES**

**Learning Objectives are statements that communicate the intent of an educational activity.**

**Every CME activity must have one or more learning objective(s).** The number of objectives is reflective of the amount and diversity of information obtained from the needs assessment.

**Learning Objectives must relate to the needs identified by the planning committee.** These needs may include the development of either knowledge or new treatment.

**Before writing objectives, it may be helpful to ask a few questions of the players involved:**

a. CME Committee: What course of action or outcome or change is indicated by the needs assessment?

b. Intended Audience What would you like to take away from this presentation?

 What do you need that will enhance your practice?

c. Proposed faculty What information can you share to enhance the intended audience’s understanding and competency?

**Start your objective with an action verb that specifies what behavior or outcome the learner should have gained after completing this activity.**  The following list reflects the action verbs typically associated with the development of learning objectives (Rosof, CME *Primer*)

***To formulate educational objectives that:***

1. Communicate **INFORMATION** choose:

|  |  |  |  |
| --- | --- | --- | --- |
| * Count
 | * Define
 | * Identify
 | * List
 |
| * Recognize
 | * Relate
 | * Select
 | * Tabulate
 |

1. Communicate **COMPREHENSION** choose:

|  |  |  |  |
| --- | --- | --- | --- |
| * Classify
 | * Compare
 | * Describe
 | * Estimate
 |
| * Explain
 | * Locate
 | * Restate
 |  |

C. Communicate **APPLICATION** choose:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Apply
 | * Complete
 | * Develop
 | * Examine
 | * Interpret
 |
| * Order
 | * Predict
 | * Restate
 | * Treat
 |  |

1. Communicate **ANALYSIS** choose:

|  |  |  |  |
| --- | --- | --- | --- |
| * Appraise
 | * Contrast
 | * Criticize
 | * Debate
 |
| * Differentiate
 | * Question
 | * Separate
 | * Summarize
 |

1. Communicate **SYNTHESIS** choose:

|  |  |  |  |
| --- | --- | --- | --- |
| * Arrange
 | * Assemble
 | * Detect
 | * Formulate
 |
| * Generalize
 | * Integrate
 | * Specify
 | * Validate
 |

1. Communicate **EVALUATION** choose:

|  |  |  |  |
| --- | --- | --- | --- |
| * Assess
 | * Critique
 | * Estimate
 | * Judge
 |
| * Rank
 | * Rate
 | * Recommend
 |  |

1. **IMPART SKILLS** choose:

|  |  |  |
| --- | --- | --- |
| * Demonstrate
 | * Diagram
 | * Hold
 |
| * Measure
 | * Palpate
 | * Write
 |

1. **CONVEYS ATTITUDES** choose:

|  |  |  |
| --- | --- | --- |
| * Consider
 | * Exemplify
 | * Reflect
 |

**Most learning objectives are introduced by stating: “Following this activity (lecture, workshop, session, etc.) the participants will be better able to”**

**Learning Objectives:**

**Following this activity, participants will be better able to**: