HMS DCE Disclosure and Content Attestation – Faculty/Reviewer

| Activity Title: | Medical Grand Rounds |
| Activity Date and Activity Number: | 11/10/2015 |
| Name: | Peter Benson, MD |
| Role in Activity: | Faculty |
| Content: (e.g., title of presentation(s) or session, topic(s), etc.) | Art and Science in Emergency Medicine |

On Behalf of Yourself and Your Spouse/Partner

In regard to financial relationships with commercial entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients relevant to the content I am planning, developing, presenting, or evaluating Check One of The Boxes Below (Pertaining to the Last 12 Months):

- [x] We have no financial relationships with such commercial entities.
- [ ] We disclose the following financial relationships with such commercial entities:

<table>
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<tr>
<th>Recipient: Self or Spouse/Partner</th>
<th>Company</th>
<th>Type of Relationship**</th>
<th>Content Area (if applicable)</th>
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(Attach an additional sheet if you need more room)

To Be Completed by Non-Conflicted Reviewer Based on the Relationships Disclosed Above

Relevant relationships exist – COI action required

- [ ] Disclosure has been reviewed and at least one relevant relationship exists. Based on this, the conflict of interest(s) must be resolved. Complete and submit the Resolution of Conflict of Interest Form. Disclosure to participants should state the individual’s name, degree(s), the company’s name and the type of relationship with the company.

No relevant relationships exist

- [x] Disclosure has been reviewed and no relevant relationships exist. No conflict of interest resolution needed. Disclosure to participants should state the individual’s name, degree(s) and “No relevant financial relationships to disclose”

Reviewer’s Name

- [ ] DCE Staff Member
- [ ] DCE Selected Medical Peer-Reviewer

Reviewer’s Role

- [ ] Non-conflicted Course Director
- [ ] Non-conflicted Physician Appointed by the Course Director

Date of Review

**Type of relationship may include: full-time or part-time employee, management position, independent contractor, consultant, research or other grant recipient, paid speaker or teacher, membership on boards, advisory committees, or review panels, ownership interest (product royalty/licensing fees, owning stocks, shares, etc), or any other financial relationship.
ATTESTATIONS

Please indicate your understanding of and willingness to comply with each statement below. They are based on requirements of the ACCME and the AMA. If you have any questions regarding your ability to comply, please contact the course director as soon as possible. (A=Agree, D=Disagree, N/A=Not Applicable)

☐ A ☐ D ☐ N/A

On this form I have disclosed all relevant financial relationships, and I will disclose this information to learners in print or as part of my slide presentation. If I have no financial relationships I will disclose this in the learners, I will make such disclosure prior to the beginning of the activity.

☐ ☐ D ☐ N/A

The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial entity. I understand that if I am presenting at a live event, a CME monitor may be attending to ensure that my presentation is educational, and not promotional, in nature.

☐ ☐ D ☐ N/A

I have not and will not accept any honoraria, additional payments or reimbursements for this CME activity from a commercial entity.

☐ ☐ D ☐ N/A

I am now and have been in compliance with legal requirements and ACCME policies pertaining to my activities as a faculty member and/or reviewer.

☐ ☐ D ☐ N/A

Content Validation and Commercial Bias

1) All the recommendations involving clinical medicine related to my content will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

2) All scientific research referred to, reported or used in my content in support or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis. To help learners judge the quality of data provided, I will present the source and type or level of evidence (i.e. animal study, randomized controlled trial, meta-analysis, etc.).

3) Research findings and therapeutic recommendations in my content will be based on scientifically accurate, up-to-date information and be presented in a balanced, objective manner.

☐ ☐ D ☐ N/A

If I make use of the material of others and such use does not or may not reasonably fall within the fair use doctrine of the United States copyright law, I will obtain the appropriate written permissions and provide appropriate attribution.

☐ ☐ D ☐ N/A

For any drug/product discussed, the data must be objectively selected and presented, both favorable and unfavorable information about the drug/product must be fairly presented, and I will include information about reasonable alternative treatment options. Where there is a suggestion of superiority of one drug/product over another, this suggestion needs to be supported by evidence-based data.

☐ ☐ D ☐ N/A

If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company. My educational materials will not contain any advertising, trade names or product group messages.

☐ ☐ D ☐ N/A

If I am discussing any drug/product use that is unlabeled or investigational, I will disclose that the use or indication in question is not currently approved by the FDA.

☐ ☐ D ☐ N/A

If I have been trained or engaged by a commercial entity or its agent as a speaker (e.g., speaker’s bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.

☐ ☐ D ☐ N/A

I understand that a non-conflicted medical reviewer may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.

I have carefully read and considered each item in this form and have completed it to the best of my ability.

Printed Name: PETER ROSEN
Signature: [Signature]
Date: 11/9/2015

Disclosure and Content Attestation Form – Faculty/Reviewer V. 11.19.2012