RSS Complex Child Session Planning Form

This typed and completed form is required to be submitted with each child application for accredited continuing education 14 days prior to the date of the child’s session activity. Applications with missing or incomplete forms will not be considered for accredited continuing education. This must be consistent with final application submitted in the Avera CE Portal.

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Title of Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Child Session:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of first planning meeting for this child session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_

**RSS Complex Session speaker addition:**

Current disclosures must be completed in the Avera CE Portal by all persons in a position to control content of the education PRIOR to the start of the planning process, or PRIOR to the date the person became involved in the process. Add additional individuals not included on parent form here.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Date person in position to control content of education became involved* | *Name of individual and credentials* | *Individual’s role in activity*  *Lead Planner, Nurse Planner, Committee Member, Content Expert, Peer Reviewer, Proxy, Faculty, Author, etc.* | *Name of ineligible company* | *Nature of relationship(s)* | *Has the relationship ended?* | *Verified no financial changes since disclosure last completed.* | *Use* [*Evaluation of Conflicts of Interest Flow Chart*](https://avera.cloud-cme.com/assets/avera/PDF/Accredited%20Continuing%20Education%20Planning%20Form%20-%20Evaluation%20of%20Conflicts%20of%20Interest%20Flow%20Chart.pdf)*:*  *Option A: This individual has NO COI, OR, COI is not relevant to this education.*  *Option B: This individual is an employee of an ineligible company and has an exception*  *Option C: This individual has a COI that is relevant to this education and Mitigation form completed prior to role assignments occurred* | | |
| *Example: 1/10/2021* | *John Doe, PhD* | *Committee Member and Faculty* | *Pfizer* | *Speakers Bureau* | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |

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| *RSS Child Session Summary of Education* | |
| *RSS Parent Gap:* |  |
| *RSS Parent Outcome:* |  |
| *Below, provide a summary of child session. Include objectives/topics covered, engagement strategies, and how this session supports your RSS outcome statement. Include if there will be any changes to format from the parent RSS application.* | |
|  | |
| *References used for this session:* | |

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| Mitigation Measures to Resolve Conflict of Interest |
| Individual with COI: |

**Select either B or C below.** Use Evaluation of Conflict of Interest Flow Chart to determine appropriate path

|  |  |
| --- | --- |
| *Option B: Select the applicable exemption(s) below for the employee or owner of an ineligible company* | |
| *Content is related to basic science research (such as pre-clinical research and drug discovery or the methodologies of research) and they do not make care recommendations.* | *They are participating as technicians to teach safe and proper use of medical devices and do not recommend whether or when a device is used.* |

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| Option C Mitigation Options Date Mitigation Implemented: | |
| Mitigation steps for Planners/Committee Members | **Mitigation Steps for Faculty/Others** |
| Divest the financial relationship | Divest the financial relationship |
| Recusal from controlling aspects of planning and content with which there is a financial relationship (submit meeting minutes showing recusal) | Peer review of content by persons without relevant financial relationships.  Peer reviewer: |
| Peer review of planning decisions by persons without relevant financial relationships  Peer Reviewer: | Attest that clinical recommendations are evidenced based and free of commercial bias (eg. peer-reviewed literature, adhering to evidence-based practice guidelines) **Individual to sign attestation below**. |
|  | ***Note: Presentations with COI will need to be submitted to CE Department*** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I, |  | | , attest that clinical recommendations are evidenced based and free from commercial bias. | | |
|  | |  | |  |  |
| Date | |  | | Signature |  |