RSS Complex Child Session Planning Form

Upload this form into the RSS Dashboard – RSS Activity Editor for each child session **2 weeks prior to date of session**.

Credit will not be awarded for late or incomplete forms.

To request an extension, email [averacontinuingeducation@avera.org](mailto:averacontinuingeducation@avera.org) prior to submission deadline.

|  |  |
| --- | --- |
| **Title of Parent:** | |
| **Date of Child Session:** | **Date first planning meeting for this child session:** |
| **Is this child session**:  **Clinical**  **Non-Clinical** | |

**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.

|  |  |
| --- | --- |
| Information needed to mitigate conflict of interest prior to role assignment: [For an example of ineligible / eligible companies click here](https://avera.cloud-cme.com/assets/avera/activities/16531/attachements/Eligible%20Ineligible%20Company%20Examples%20-%20Disclosure%20Form.pdf) | |
| Name of Ineligible Company An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Types of organizations for which you must disclose your financial relationships are as follows: 1. Biomedical startups that have begun a governmental regulatory approval process; 2. Compounding pharmacies that manufacture proprietary compounds; 3. Device manufacturers or distributors; 4. Diagnostic labs that sell proprietary products; 5. Growers, distributors, manufacturers or sellers of medical foods and dietary supplements; 6. Manufacturers of health-related wearable products; 7. Pharmaceutical companies or distributors; 8. Pharmacy benefit managers; 9. Reagent manufacturers or sellers; 10. Advertising, marketing or communication firms whose clients are ineligible companies. | Nature of Financial Relationship  Examples include advisor, consulting fee, employment, executive, grant or research support\*, honoraria, independent contractor (including contracted research), membership on advisory committees or review panels (Board Membership, etc), ownership, paid consultant, royalties or patent beneficiary, speakers bureau, stock or stock options (excluding diversified mutual funds), other financial or material interests with ineligible companies. \*Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds. |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Date person in position to control content of education became involved* | *Name of individual and credentials* | *Individual’s role in activity*  *Lead Planner, Committee Member, Content Expert-Committee Member, Peer Reviewer, Faculty/Speaker/Author, etc.* | *Leave blank if there is no relationship identified with an ineligible company in the last 24 months* | | | *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, COI is not relevant to this education, or presenting non-clinical content.*  *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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\*\*If Option B or C is marked, proceed to page 3 to complete Mitigation Measures to Resolve Conflict of Interest* | | |
| *Name of ineligible company* | *Nature of relationship(s)* | *Has the relationship ended?* |
| *Example: 1/10/2021* | *John Doe, PhD* | *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* |

|  |  |
| --- | --- |
| *RSS Parent* | |
| *RSS Parent Gap:* |  |
| *RSS Parent Outcome Statement:* |  |
| *Parent Pharmacy Activity Type and Topic Designator* | **Activity Type:**  Knowledge Based  Application Based  Certificate Program    **Topic Designator**: ☐ 01-Disease State Management/Drug Therapy  02-AIDS Therapy  03-Pharmacy Practice  04-General Pharmacy  05-Patient Safety  06-Immunizations  07-Compounding  08-Pain Management |
| *ASWB Credit Type* | **Credit Type:**  ASWB - General  ASWB – Cultural Competence  ASWB – Clinical  ASWB – Ethics |
| *RSS Child Session Summary of Education* | |
| *Summary of Child Session* |  |
| *How does this support your parent outcome:* |  |
| *Objectives:* | **1.** |
| **2.** |
| **3.** |
| *Engagement Strategies:* | Questions and Answer periods  Polling  Annotation  Breakout sessions with discussion  Time for self-check and reflection  Analyzing case studies  Providing opportunities for problem-based learning (case studies)  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *References used for this session:* |  |
| *Pharmacy*  *(complete ONLY if different from your parent application)* | **Activity Type:**  Knowledge Based  Application Based  Certificate Program    **Topic Designator**:  01-Disease State Management/Drug Therapy  02-AIDS Therapy  03-Pharmacy Practice  04-General Pharmacy  05-Patient Safety  06-Immunizations  07-Compounding  08-Pain Management |
| *Social Work*  *(complete ONLY if different from your parent application)* | **Credit Type:**  ASWB - General  ASWB – Cultural Competence  ASWB – Clinical  ASWB – Ethics |

|  |
| --- |
| 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.* |

|  |  |
| --- | --- |
| Option C Mitigation Options | |
| 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 | 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) [Click here to view Standard 1](https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-1-ensure-content-valid) |

|  |  |  |  |
| --- | --- | --- | --- |
| I attest that I have discussed these agreed upon mitigation measures with the above named individual. | | | |
|  |  |  |  |
| Date Implemented |  | Signature (Lead Planner or Designated Committee Member) |  |

Relationship ended previously