

**Saint John's Health Center CME Department
Peer Review Form (*Mitigating Conflicts of Interest*)**

Name of Activity: _____

Date Activity/Release Date: _____

Activity Type (check one):

Date of Activity Expiration: _____

Live Activity

Reviewer Name: _____

Enduring Material

Review Date: _____

RSS: _____

Reviewer Commercial Disclosures: _____

Faculty Member to be Reviewed: _____

I reviewed the following items (*check all that apply*):

PowerPoint slide set

Course outline/list of topics/list of cases

Video

References/sources

Hand out materials

Other: _____

1. The information presented in the above materials provides a balanced view of therapeutic options:

Yes

N/A: (*brief explanation*)

No: (*brief explanation*)

2. Generic names only are included in these materials; slides do not contain commercial company logos; materials/images/videos were not supplied by a company:

Yes

N/A: (*brief explanation*)

No: If no, are trade names shown in balanced way? Yes No: if no, *brief explanation*:

3. All recommendations involving clinical medicine are based on evidence that is accepted within medicine?

Yes

N/A: (*brief explanation*)

No: (*brief explanation*)

4. Are treatments developed by a company (*ies*) with which the faculty member has a financial relationship discussed?

No

N/A: (*brief explanation*)

· Yes: If yes, are they discussed in a balanced way? · Yes · No; brief explanation:

Would you recommend changes? · Yes · No; brief explanation:

5. All scientific research referred to, reported or used in support of justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection, analysis.

Yes

N/A: (*brief explanation*)

No: (*brief explanation*)

6. Content does not promote recommendations or treatments outside the definition of CME (i.e. junk science), or that have risks or dangers that outweigh the benefits to the patient.

Yes

No: (*brief explanation*)

7. Are any changes necessary?

No

Yes: (*brief explanation*)

Other Comments: _____

Kindly return this form to: MedicalStaffServices2@providence.org