

Course Director* or Planner Review* Sheet: Ensuring that Clinical Content is Valid

Please answer the following questions regarding the clinical content of the education.



Are recommendations for patient care based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options? [Standards for Integrity and Independence 1.1]

- Yes
 No

Comments:

Does all scientific research referred to, reported, or used in this educational activity in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation? [Standards for Integrity and Independence 1.2]

- Yes
 No

Comments:

Are new and evolving topics for which there is a lower (or absent) evidence base, clearly identified as such within the education and individual presentations? [Standards for Integrity and Independence 1.3]

- Yes
 No

Comments - If no "new and evolving" topics are included, please put "n/a"

Does the educational activity avoid advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning? [Standards for Integrity and Independence 1.3]

- Yes
 No

Comments:

Does the activity exclude any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients? [Standards for Integrity and Independence 1.4]

- Yes
 No

Comments:



***Note** Course Directors or Planners who complete this form **must have appropriate clinical expertise and no relevant financial relationships with ineligible companies**, defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For more information, see accme.org/standards.

Name of Course Director / Planner who completed this sheet:

Signature of Reviewer:

Date Reviewed: