

Please complete and return the following forms to the Office of CME:

- Speaker Information Form
- Activity Overview Form
- Disclosure Forms  
(Forms **MUST** be signed and completed even if you have nothing to disclose.)
- AV Form
- Authorization & Release for Videotaping and Website Posting Form
- Assessment Questions Form

Complete and Return by **DATE** to the following:

Texas Heart Institute  
Office of Continuing Medical Education  
PO Box 20345, MC 3-276      Houston, Texas 77225-0345  
Telephone: 832-355-2157      Fax: 832-355-3089



**Activity Overview Form**

The Texas Heart Institute is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. According to ACCME guidelines, a speaker must have measurable learning objectives for the intended physician audience. Speakers are required to complete this form and return it to the Office of Continuing Medical Education.

**Date of conference:**

\_\_\_\_\_

**Name of speaker:**

\_\_\_\_\_

*Please check*

MD  PhD  DO  Other \_\_\_\_\_

**Title of speaker:**

\_\_\_\_\_

**Speaker's phone/pager number:**

\_\_\_\_\_

**Speaker's e-mail address:**

\_\_\_\_\_

**Title of lecture:**

\_\_\_\_\_

\_\_\_\_\_

**Overview of Presentation (1-2 sentences):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Learning Objectives (please provide 1-3) (See the following page for examples of learning objectives.)**

**At the conclusion of this conference, participants will be able to**

**1)**

\_\_\_\_\_

**2)**

\_\_\_\_\_

**3)**

\_\_\_\_\_

\_\_\_\_\_

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## Developing Learning Objectives

### Example of Learning Objectives

Presentation: "Endovascular Thoracic Aortic Aneurysm Repair"

At the end of this conference, participants will be able to –

1. Evaluate patients with thoracic aortic aneurysms.
2. Determine the appropriate candidates for endovascular repair.
3. Summarize the latest developments in endovascular repair of thoracic aortic aneurysms.

### Action Verbs for Writing Educational Objectives

#### *Verbs to **avoid** when writing learning objectives*

appreciate	have faith in	learn
believe	know	understand

#### *Verbs that communicate application*

apply	develop	locate	predict	restate	treat
choose	examine	operate	prescribe	review	use
demonstrate	illustrate	practice	report	select	utilize

#### *Verbs that imply analysis*

analyze	contrast	debate	differentiate	infer	question
appraise	criticize	detect	distinguish	measure	summarize

#### *Verbs used to evaluate*

assess	compare	decide	estimate	measure	recommend
choose	critique	determine	evaluate	rate	select

#### *Verbs that impart skills*

demonstrate	integrate	operate
diagnose	measure	record

#### *Verbs that inform*

cite	identify	name	quote	summarize
define	indicate	recognize	select	update
describe	list	record	state	write

#### *Verbs that convey comprehension*

assess	compare	describe	distinguish	express	predict
associate	contrast	differentiate	estimate	interpret	report
classify	demonstrate	discuss	Explain	locate	review

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### **Speaker Disclosure Form for CME Activities**

As an accredited provider of continuing medical education for physicians, Texas Heart Institute is committed to ensuring its educational activities are balanced, independent, objective, and evidence-based.

Texas Heart Institute requires that anyone who is in a position to control the content of an educational activity has disclosed all relevant financial relationships with any commercial interest to the Institute. The Institute defines “relevant financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

1. An individual must disclose to the audience any relevant financial relationship(s). Information disclosed will include the a) name of the individual; b) name of the commercial interest; and c) nature of the relationship the individual has with the commercial interest. In general terms, any relationship that may bias one’s presentation or contribution, or which, if known could give the perception of bias, should be disclosed.
2. An individual with no relevant financial relationship(s) must declare such so that the audience can be informed that no relevant financial relationship(s) exist.
3. Any individual who refuses to disclose relevant financial relationships will not be allowed to serve on a planning committee, or as speaker or author of any Texas Heart Institute CME activity.
4. The Texas Heart Institute requires that the content and format of a CME activity or its related materials promote improvements or quality in health care and not a specific proprietary business interest of a commercial interest.
5. All presentations are required to give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available, trade names from several companies should be used, not just trade names from a single company.

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**Speaker Disclosure Form for CME Activities**

Name of CME Activity:

Name of Speaker:

Title of Lecture:

Date:

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**Please complete all questions below and chart if applicable.**

**1. Do you have any relevant financial relationships with a commercial interest related to the content of the activity?**

\_\_\_ No (skip to question 2)    \_\_\_ Yes (**complete attached chart; do not substitute another form**)

**2. At the present time THI has received grant support, or a pledge of grant support, from the commercial interests listed below. Do you have any relevant financial relationships with any of these commercial interests?**

\_\_\_ No (skip to question 3)    \_\_\_ Yes (**complete attached chart; do not substitute another form**)

Name of grantors to date: \_\_\_\_\_

**3. Do you plan to discuss any unlabeled or investigational uses of products?**

\_\_\_ No                                    \_\_\_ Yes

**4. I attest that:**

*(Please place a check in each box to indicate your understanding of and willingness to comply with each statement below.)*

- I have disclosed all relevant financial relationships to THI and will disclose any subsequent relationships (if applicable) to learners verbally and in print.
- I will base my contributions on the best scientific evidence available regarding this content. My contributions will give a balanced view of therapeutic options and be unbiased.
- My contributions will not promote the products or services of any commercial interest related to this content.
- All scientific research to support a patient care recommendation will conform to generally accepted standards of experimental design, data collection and analysis.
- If I discuss any off-label product use, I will disclose it to participants.
- I will not use trade names of health care products or services.

I have read the Texas Heart Institute's policy on full disclosure. If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest may exist, and I may be asked to provide additional information. I understand that failure or refusal to disclose, false disclosure, or inability to resolve conflicts of interest will require the Texas Heart Institute to identify a replacement speaker.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

(Please print)

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Office of Continuing Medical Education

AV Requirement Form

Name of CME Activity:

Name of Speaker:

Title of Lecture:

Date:

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**PowerPoint presentation** –

- All presentations need to be in an electronic format using PowerPoint software.
- We ask for a copy of your presentation in PowerPoint so that an enduring material (online CME presentation) can be created for the THI website. Please bring your presentation in one of the following formats: preloaded onto a laptop, USB/flash drive, or CD-ROM.
- If your presentation includes movies, please include the files of all movies with your presentation.
- A laptop, LCD projector, and laser pointer will be provided on site.

1. I will need the following audiovisual equipment (*please select one*):

Laptop computer with PowerPoint software

Sound connection for PC

2. I am bringing the following audiovisual equipment:

USB/flash drive or CD-ROM with a copy of the presentation

My laptop PC with presentation already loaded

My Mac-based laptop with presentation already loaded  
(if necessary with a DVI/VGA adapter)

**Presentation date:** \_\_\_\_\_

**Presentation due by:** \_\_\_\_\_

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**Authorization and Release for Videotaping and Website Posting**

**Name of CME Activity:**

**Name of Speaker:**

**Title of Lecture:**

**Date:**

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I, the undersigned, give permission for my presentation for the Texas Heart Institute to be photographed, videotaped, audiotaped, or otherwise preserved. I give permission for my presentation to be made available via all means enumerated herein, or those otherwise now known or hereafter invented. I understand that I will be identified, as will my affiliated institution in the credits of the presentation.

I further understand that the materials will be used by THI for public and/or medical education purposes only. This may include use in the Institute's learning resource center and on the Institute's CME website.

I represent and warrant that I have the ability to enter into this agreement. I represent that the materials are original with me, or that I otherwise have permission to use them. In the event of any claims, demands or causes of action arising from the production or distribution of the materials, I hereby release and hold harmless the Texas Heart Institute, St. Luke's Episcopal Hospital, their medical staff, employees, agents and any and all other persons from any liability in connection with the production and use of the videotapes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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**Office of Continuing Medical Education**

**Assessment Questions**

The Office of Continuing Medical Education at Texas Heart Institute has certified this course for *AMA PRA Category 1 Credit*<sup>™</sup>. As such, we ask that you provide **five (5)** multiple choice or true/false questions based on your presentation, to be used as an online quiz. Questions may be submitted on the form below.

**REMINDER: Please indicate the correct answer for each question.**

**Question format:**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
- a. True
  - b. False

**Or**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

*Thank you for your participation; together we will offer our participants an excellent learning experience.*

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