

CLINICAL CONTENT REVIEW AND VALIDATION

Name of reviewer:

Date of submission:

Name of activity:

Date of activity:

Type of Activity:

Commercial
Supporters for this
Activity:

Instructions to Reviewer: Please review the attached course materials for the above-named accredited continuing education activity. As an independent reviewer for, your role is to ensure that the activity materials are fair, balanced and free of bias toward the ineligible companies of the activity (if any) or manufacturers of products discussed in the activity. Moreover, you are being asked to scrutinize patient treatment recommendations to ensure they represent a standard of practice for the profession. In addition, please review the studies cited in these materials upon which recommendations are made to ensure that they are scientifically objective and conform to research principles generally accepted by the scientific community. Finally, please look at the materials from the perspective of omissions and commissions.

1. Review for Fair Balance and Bias

A. Is this activity fair balanced?

☐ Yes

No

If No, indicate

areas of concern:

2. Patient Treatment Recommendations

A. Are patient treatment
recommendations evidence-
based?

☐ Yes

☐ No

If No, indicate

areas of concern:

B. Are patient treatment
recommendations appropriate for
the target audience?

☐ Yes

☐ No

If No, indicate

areas of concern:

C. Are the patient treatment
recommendations contributing to
overall improvement in patient care?

☐ Yes

☐ No

If No, indicate

areas of concern:

3. Scientific Validity

Do scientific studies cited in this
activity conform to standards
accepted by the scientific
community?

☐ Yes

☐ No

If No, indicate

areas of concern:

4. Learning Objectives

A. Does the educational content support the learning objectives?

☐ Yes

☐ No

If No, indicate areas of concern:

B. Are these objectives actionable and measurable?

☐ Yes

☐ No

If No, indicate areas of concern:

5. Omission and Commission

A. Do any slides or materials need to be deleted?

☐ Yes

☐ No

If Yes, indicate areas of concern:

B. Are there any studies, data, or best evidence that is missing?

☐ Yes

☐ No

If Yes, indicate areas of concern:

C. Are there any other issues you would like to raise with regard to the content of this activity?

☐ Yes

☐ No

If Yes, please be specific: