

# 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 CME activity. As an independent reviewer for, your role is to ensure that the activity materials are fair, balanced and free of bias toward the commercial supporter(s) 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:

B. Is this activity free of commercial bias?  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: