

Continuing Medical Education Advisory Panel Content Review Questionnaire

This Content Review Questionnaire may be used as a mechanism to manage a potential conflict of interest (COI) in an activity approved for *AMA PRA Category 1 Credit*™ by the Pennsylvania Medical Society's CME Advisory Panel. The reviewer should complete all the required information, sign, and return the form to the organization/organization contact listed below.

Organization:

Organization Contact:

Activity Information

Title of CME Activity:

Title of presentation/content to be reviewed:

Presenter/Faculty:

Content Review

To be completed by the Program Chair or designated planning committee member:

Please review the presentation/content listed above and check the appropriate answer to the following questions:

Does the content promote improvements or quality in healthcare?

Yes No N/A

Comments:

Does the content promote a specific proprietary business interest of a commercial entity?

Yes No N/A

Comments:

Does this content discuss a specific treatment therapy or device?

Yes No N/A

If yes:

Are generic product names used rather than specific trade names?

Yes No N/A

Are alternative therapies or devices also discussed?

Yes No N/A

Are both the benefits and risks of the therapy or device discussed?

Yes No N/A

a. Is the content evidence-based, citing relevant literature, not just that which focuses on positive outcomes?

Yes No N/A

Does the content include a discussion of any off-labeled or investigational uses of a commercial product?

Yes No N/A

If yes:

Does the faculty disclose this?

Yes No N/A

Comments:

[Click here to enter text](#)

Does the faculty identify relevant research on this subject?

Yes No N/A

Comments:

[Click here to enter text](#)

Is the content balanced and unbiased?

Yes No N/A

Comments:

[Click here to enter text](#)

Please list any general comments that you have about the balance and objectivity of this content as well as any concerns that you may have after reviewing the content:

[Click here to enter text](#)

Reviewer's Name: [Click here to enter text](#)

Title: [Click here to enter text](#)

Affiliation with Organization (above): [Click here to enter text](#)

Date: [Click here to enter text](#)