



Development of Presentation Material, Validation of Clinical Content, and Copyright

Slide Disclosure Policy

All presenters are required to provide disclosures on the first or second slide of their presentation(s); poster presenters should list their disclosures at the beginning of their poster.

When preparing presentation materials, please keep the guidelines below in mind:

Presenters must list the following statements/information (A. and B.) on the first or second slide of their presentation materials (or at the beginning of their poster):

A.	<p>"I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity."</p> <p>-or-</p> <p>"I have the following financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity:"</p> <p style="padding-left: 40px;">Research Support from: Speakers' Bureau for: Stock/Bonds in: Consultant for: Other:</p> <p><i>If on a speaker's bureau, the slide must also state:</i> "It is my obligation to disclose to you (the audience) that I am on the Speakers Bureau for (name of commercial interest). However, I acknowledge that today's activity is certified for CME credit and thus cannot be promotional. I will give a balanced presentation using the best available evidence to support my conclusions and recommendations."</p>
B.	<p>I <u>do</u> (or <u>do not</u>) intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.</p>

Presentations, slides, abstracts, handouts, and syllabus materials must adhere to the following:

- 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 and not just trade names from a single company.
- Educational materials that are part of a CME activity, such as slides, abstracts, and handouts, cannot contain any advertising, corporate logo, trade names without generic names (but listing of trade names from several companies is permissible), or a product-group message of an ACCME-defined commercial interest.
- Disclose unapproved or off-label use of an approved device or pharmaceutical; as appropriate, explain at what age off-label usage applies.
- Do not include advertisements, order forms, or other ordering information on materials for sale; comply with the AAP Committee on Continuing Medical Education (COCME) Guidelines for Addressing Intellectual Property in AAP CME Activities.
- Textbook chapters and/or journal articles (including AAP) should be listed in your references.
- Educational sessions should not be used as a forum for any type of self-promotion, nor for promotion or sale of AAP products or services. The Academy does not permit the display or distribution of any books, brochures, flyers, order forms, catalogues, or products on-site at an



educational session, either in or outside of the meeting room. If this occurs, you may not be asked to present in the future.

Syllabus materials should contain basic information; the key points of the presentation; and the specifics of drugs, dosages, and other data. **Detailed outlines and/or copies of visual presentations are preferred.**

- Provide a detailed outline of the session and/or copies of slides and include a space for notes.
- Match the handout to the presentation and slide sequence. A mismatched order is confusing, distracting, and frustrating to the audience.
- Include definitions, especially when abbreviations are used in your slides.
- **Provide a current bibliography or reference list;** use this document to refer attendees to Web sites or other resources for articles or other copyrighted material that will not be copied or disseminated by the Academy.

Individually Identifiable Health Information/HIPAA

Facial (identifiable) pictures are not permitted, unless patient/parental permission is obtained.

Health information included in CME content should be de-identified (eg, through the removal of specified identifiers of the individual and of the individual's relatives/household members), such that the individual could not be identified through the remaining information.

In accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and Privacy Rule, "individually identifiable health information" must be protected. This includes demographic data related to the individual or any information for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

Validation of Clinical Content

The AAP requires that the content of CME activities provide balance, independence, objectivity, and scientific rigor. Planning must be free of the influence or control of a commercial entity and promote improvements or quality in healthcare. All recommendations in CME activities involving clinical medicine must be based on evidence accepted within the medical profession. The content or format of a CME activity and its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

All AAP CME activities must be compliant with the ACCME's CME Clinical Content Validation Policy:

- All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
- All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.



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The screenshot shows the AAP Gateway website interface. At the top, there is a navigation bar with links for Login, About, Alerts, For Authors, Contact Us, and aap.org. Below this, the page title is 'Pediatrics', November 2015, VOLUME 136 / ISSUE 5. The main article title is 'Child Health Disparities: What Can a Clinician Do?' by Tina L. Cheng, Mickey A. Emmanuel, Daniel J. Levy, and Renee R. Jenkins. A navigation menu below the title includes 'Article', 'Figures & Data', 'Info & Metrics', and 'Comments'. A 'Download PDF' link is visible. The abstract text begins with 'Pediatric primary and specialty practice has changed, with more to do, more regulation, and more family needs than in the past. Similarly, the needs of patients have changed, with more demographic diversity, family stress, and continued health disparities by race, ethnicity, and socioeconomic status. How can clinicians continue their dedicated service to children and ensure health equity in the face of these changes? This article outlines specific, practical, actionable, and evidence-based activities to help clinicians assess and address health disparities in practice. These tools may also support patient-centered medical home recognition, national and state cultural and linguistic competency standards, and quality benchmarks that are increasingly tied to payment. Clinicians can play a critical role in (1) diagnosing disparities in one's community and practice, (2) innovating new models to address social determinants of health, (3) addressing health literacy of families, (4) ensuring cultural competence and a culture of workplace equity, and (5) advocating for issues that address the root causes of health disparities. Culturally competent care that is sensitive to the needs, health literacy, and health beliefs of families can increase satisfaction, improve quality of care, and increase patient safety. Clinical care approaches to address social determinants of health and interrupting the

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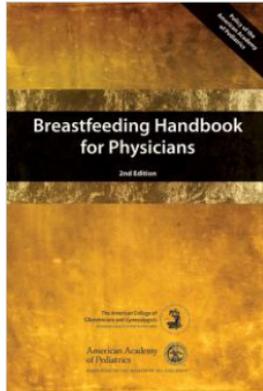
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Breastfeeding Handbook for Physicians, 2nd Edition

By American Academy of Pediatrics and American College of Obstetricians and Gynecologists
Edited by Richard J. Schanler, MD, FAAP, FABM, Nancy F. Krebs, MD, MS, FAAP, and Sharon B. Mass, MD, FACOG, FABM

The new Breastfeeding Handbook for Physicians, 2nd Edition is an essential one-stop guide to the latest and best in breastfeeding management, support, education, and advocacy. Jointly developed by the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG), with additional critical review by the American Academy of Family Physicians (AAFP), it features contributions from distinguished experts.

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