

# CLINICAL CONTENT REVIEW AND APPLICATION

Name of reviewer:

Date of submission:

Activity Title:

Presentation Title:

Speaker:

Date of Activity:

Type of Activity:

Commercial Supporter, (if any):

**Instructions to Reviewer:** Please review the attached course materials for the above-named accredited continuing education activity. As an independent reviewer your role is to ensure that the activity materials are fair, balanced, and free of bias toward the ineligible companies, 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

Is this activity fair and balanced?

YES

NO

If No, indicate  
areas of concern:

## 2. Patient Treatment Recommendations

A. Are recommendations evidence-based

YES

NO

If No, indicate  
areas of concern:

B. Are recommendations appropriate for the target audience?

YES

NO

If No, indicate  
areas of concern:

C. Are the 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:

#### 4. Learning Objectives

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 No, indicate areas of concern:

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

YES

NO

If No, indicate areas of concern:

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

YES

NO

If yes, please be specific:

. \*Have you discussed any changes with the author, faculty or content developer?

YES

NO

Please add any comments below: