

**University of New England College of Osteopathic Medicine
Department of Continuing Medical Education**

Observation of Live Activity Form

Type of CME Activity: _____ (e.g. Grand Rounds, symposium, etc)

Activity Title: _____

Activity Date(s): _____ Name of Person Monitoring: _____

Title/position: _____

Please answer the following:

1) Approximate attendance: _____

2) Education Space

Brief description of the educational space:

- There was enough seating to accommodate all attendees
- Projected images were large enough to be easily read from the back of the learning space.
- Audio could be heard from the back of the learning space
- There were no promotional materials of any type, nor any type of display containing product names or logos anywhere inside of the learning space.

Additional details and explanations:

3) Were the learning objectives of the activity/session disclosed to the attendees?

- Yes
- No

If yes, how? _____

4) Disclosures of relevant financial relationships were made (check applicable box)

- via PowerPoint slide
- Poster
- Verbal
- In print as part of:
 - Disclosure Summary in syllabus
 - Presenter information sheet accompanying slides

5) Disclosures included: Yes No

- Name of Individual
- Name of commercial interest
- Nature of the relationship the person has with commercial interest

Disclosures did not include trade name or product-group message. Yes No

Were disclosure forms available onsite, and were attendees aware of their right to review them?

Yes No

6) Commercial Space: If there was no vendor space, check here

Brief description of the commercial space:

- Vendor space was completely separated from educational space.
- There were no commercial displays or promotional materials anywhere outside of the commercial area.

Additional details and explanations:

7) Commercial Support: Acknowledged:

- Yes, commercial support was acknowledged.
- No, commercial support was not acknowledged.

Additional details and explanations:

8) Were attendees provided an opportunity to evaluate the activity? Yes No

If yes, in what form?

- Written evaluation tool
- Audience Response System
- Other (please specify) _____

9) Were attendees provided an opportunity to ask questions of the speaker(s)? Yes No

- 10) Presentations: Number of presentations observed: 0 1 2 3 or more
- The content of the presentation(s) promoted improvements or quality in healthcare.
 - The content of the presentation(s) did not promote a specific propriety business interest of a commercial interest (that is, any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.)
 - Presentation(s) used generic names.
 - If trade names were used, then the names of several companies were used.
 - None of the slides, handouts, graphics, or other educational materials contained any advertising, trade name, or product-group message.

Additional details and explanations:

- 11) Social events: If there were no social events, check here
Brief description of the social event(s):

- Social events did not coincide with any of the educational activities.

Additional details and explanations:

Signature of monitor: _____ Date: _____