

**Brigham and Women's Hospital  
Center for Nursing Excellence  
Conflict of Interest Form**

**DIRECTIONS:** Type information directly into the space provided or type an 'X' in the appropriate box to indicate your response. Save the completed form to your computer.

**Section 1: Demographic Data**

Name & **credentials:** \_\_\_\_\_  
Present Position: \_\_\_\_\_  
*(job title, employer, city, state)*  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**NOTE:** The Northeast MSD reserves the right to ask for information on how the presenter's qualifications were validated.

**Section 2: Educational Activity**

Educational Activity Title: \_\_\_\_\_  
Individual Session Title *(if different):* \_\_\_\_\_  
Education Activity Date(s): \_\_\_\_\_

Individual's role(s) in this Educational Activity: *(Check all that apply)*

Nurse Planner  Presenter/Faculty/Author  Content Expert  Content Reviewer  Other: \_\_\_\_\_

**Section 3: Actual, Potential & Perceived Conflict of Interest**

The potential for **Conflict of Interest (COI)** exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a commercial interest, the products or services of which are pertinent to the content of the educational activity. Actions must be taken to resolve any potential or actual COI for planners, presenters/faculty/authors or content reviewers prior to the start of the educational activity.

Each individual who is in a position to control or influence the content of an education activity must disclose all **relevant relationships** with any **commercial interest**, including but not limited to members of the planning committee, speakers, presenters, faculty, authors, and/or content reviewers.

**Relevant Relationships**, as defined by ANCC, are relationships that are expected to result in financial benefit from a commercial interest organization, the products or services of which are related to the content of the educational activity.

Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated and resolved. Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options), grants, contracts, or other financial benefit directly or indirectly from the commercial interest. Financial benefits may be associated with **employment, management positions, stockholder, independent contractor relationships (including contracted research), other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership**, and other activities from which remuneration is received or expected. Relevant relationships can also include 'contracted research' where the institution receives a grant and manages the grant funds and the individual is the principal or a named investigator on the grant.

**Commercial Interest**, as defined by ANCC, is any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, re-sells or distributes healthcare goods or services consumed by, or used on, patients. Nonprofit or government organizations, non-healthcare-related companies, healthcare facilities, and group medical practices are **not** considered commercial interests.

Individuals found to have a COI are not eligible to serve as a/the Nurse Planner but may be able to serve on the planning committee or as a presenter/author if measures are taken to resolve the COI. Employees or representatives of a commercial interest **may not**

serve as a Planner of an educational activity, although they may be eligible to serve as faculty if measures are taken to resolve any potential conflict of interest.

1. **Over the past 12 months, have you or your spouse/partner had a financial relationship with a commercial interest whose products or services may be relevant to the educational content that you will plan/present for this activity?**

**NO**     **YES** – Provide details of relationship(s) below:

<i>Check all that apply</i>	<b>CATEGORY</b>	<b>DESCRIPTION – Provide Names of Organizations &amp; Relationship</b>
<input type="checkbox"/>	Employee	<i>e.g. salesperson, marketing, or education</i>
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stockholder	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

#### Section 4: Statement of Understanding

I have taken every precaution to ensure that the presentation identified above will be evidence-based or based on the best available evidence and free from bias and promotion. Completion of the name and date below serves as the electronic signature of the individual completing this Conflict of Interest Form and attests to the accuracy of the information given above.

**Name and Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### Section 5: Nurse Planner, Planning Committee Member Review

The Nurse Planner or member of the planning committee is responsible for ensuring completion and review of the Conflict of Interest form by each planner, presenter/faculty/author, and content reviewer, to document evaluation of actual or potential bias and conflict of interest.

##### **BE COMPLETED BY THE NURSE PLANNER OR MEMBER OF THE PLANNING COMMITTEE:**

This form must be reviewed by the Nurse Planner or member of the Planning Committee for this educational activity **other than the RN completing it** to verify the RN meets the following requirements to serve as a Nurse Planner:

1. Is currently licensed as a Registered Nurse
2. Holds a baccalaureate or graduate degree in nursing
3. Is not employed by and does not represent any commercial interest organization
4. Has no COI (relevant relationship with a commercial interest as defined above)
5. Is willing to work to ensure the content integrity of this educational activity

##### **Nurse Planner resolution of potential Conflicts of Interest – check all that apply:**

- Not Applicable-No relationship(s) with a commercial interest were disclosed
- Not Applicable-Relationship(s) disclosed were found not to be ‘relevant relationship(s)’ (*explain in NOTES below*)
- Relevant relationship(s) with a commercial interest were identified (**COI exists**):
- RN not eligible to serve as the Nurse Planner

**NOTES:** \_\_\_\_\_

**Additional concern(s) for potential for bias that were not self-reported on this form AND resolution – if applicable: \_\_\_\_\_**

**Presenter/faculty/author and content reviewer resolution of potential Conflicts of Interest – check all that apply:**

- Not Applicable-No relationship(s) with a commercial interest were disclosed
- Not Applicable-Relationship(s) disclosed were found not to be 'relevant relationship(s)' (*explain in NOTES below*)
  - Relevant relationship(s) with a commercial interest were identified (COI exists)-ACTIONS TO RESOLVE COI:**
    - Removed individual from participating in all parts of this education activity
    - Revised individual's role in activity so the financial relationship was no longer relevant
    - Not awarding contact hours for a portion or all of the education activity
    - Review of educational activity for evidence of integrity/absence of bias by (name)\_\_\_\_\_ **AND**
      - Presentation will be monitored to evaluate for commercial bias (*document outcome in NOTES*)
      - Participant feedback will be reviewed to evaluate for commercial bias in the activity (*document in NOTES*)
- Other procedure: \_\_\_\_\_

**NOTES:** \_\_\_\_\_

**Additional concern(s) for potential for bias that were not self-reported on this form AND resolution – if applicable: \_\_\_\_\_**

**Electronic Signature:** An 'X' in the box below serves as the electronic signature of the Primary Nurse Planner or Planning Committee member reviewing the content of this form and attests to the accuracy of the information given above.

**Name and Credentials:** \_\_\_\_\_

**Date:** \_\_\_\_\_