



SPEAKER ACTION ITEMS

We appreciate your busy schedule but hope that you can set a small amount of time aside to assemble the required information below; e-signatures are accepted. The CME events team is happy to start accepting all information and due, at the very latest, two weeks in advance of the event date.

Please fill, sign, and send all information to cme.events@usask.ca at your earliest convenience:

- MOU agreement (sign below)
- COI form
- Model release form
- Photo and short biography
- Direct deposit form (personal or vendor)
- Invoice
- Void Cheque

SPEAKER COMMITMENT

I, Barbara Papp, accept the following agreement from the Division of Continuing Medical Education (CME) to speak at the **AIMS-SK Module 3 | Alcohol Use Disorder** taking place June 4, 2022.

Signature: _____

Date: _____

**Please keep a copy of this agreement for your records.*

CME COMMITMENT

Signature: Tammy Glynn

Date: May 17, 2022

Should you require further assistance with your preparation, we can be reached as noted below. We recognize that your time is heavily committed and greatly appreciate your support.

Tammy Glynn

Event Coordinator

Continuing Medical Education, College of Medicine



- **Disclosure of Conflict of Interest:** Any conflicts must also be disclosed on the first slide, following the title page, of your presentation using the attached slide template and must be referenced verbally. A signed form is required.
- **Copyright:** If your presentation or handouts contain copyrighted material (including charts, diagrams, tables, pictures, etc.) you must obtain permission to use them prior to submission. We require a copy of the letter indicating that permission has been granted if sources are not cited. We recommend using Creative Commons. Their website states: *“Creative Commons provides free, easy-to-use copyright licenses to make a simple and standardized way to give the public permission to share and use your creative work—on conditions of your choice.”*

CME shall have non-exclusive rights to commercially reproduce, publish, and distribute any materials provided, including your presentation slides to be distributed to the conference attendees.

- **Biography and Photo:** Submit a head and shoulders photograph and a short biography (including your current title and professional designation(s)) to accompany your presentation. This will be used in the conference app, CME website and on social media to market the event and your session.
- **Event Recording:** CME will be recording your presentation for this event to provide our online audience with an opportunity to view your presentation post conference. Please complete the attached model release form and submit your questions at your earliest convenience.

COMPENSATION

- As an invited speaker, and a token of appreciation from the planning committee, your conference registration will be complimentary.
- Your compensation for speaking will be \$100 for 30 minutes of the hour session.

**CME pays \$200 per accredited hour – honorarium is divided by the number of speakers per hour.*

To compensate you for your time at the conference, speakers must submit an invoice; an example is attached. If you wish to be paid personally, complete the Service Provider Direct Deposit – Personal. If you are submitting an invoice on company letterhead or on behalf of your corporation, complete the Electronic Funds Transfer for Vendors. Ensure you include both your SIN and DOB on your invoice. Without that information the finance department will not be able to process payment. If an invoice is not sent within 90 days of event date, the payment will not be processed.

Please note: if you are Faculty of the University of Saskatchewan, please have your department head email CME, approving you to speak at the event.



Tuesday, May 17, 2022

CME Speaker | Memorandum of Understanding
AIMS-SK Module 3 | Alcohol Use Disorder - Virtual
Speaker: Barb Papp

On behalf of the AIMS-SK planning committee (PC), the division of Continuing Medical Education (CME) is pleased to have you present for the following:

- Speaker's Speaking Date: June 4, 2022
- Speaker's Session Title: Counselling patients with AUD
- Time of session: 11:25 – 11:55 am CST
- Learning Objective:
 - Recognize barriers to treatment for patient living with alcohol use disorder.

Your session will be a total of 30 minutes with 25% dedicated to attendee engagement. This allotted time can be used for questions & answers at the end of your presentation or however you see fit throughout. Given this event is a virtual experience, opportunities to engage with the attendees are through the chat panel, polling, verbal dialog, annotations, etc. Attendee videos will not be enabled.

EDUCATIONAL CONTENT DEVELOPMENT & PROMOTING SELF-LEARNING

To ensure that you are accurately represented and that the title of your session properly reflects your presentation, please submit changes at your earliest convenience. It is encouraged that you include additional learning objectives to your presentation slide deck that are specific to the learner and apply to knowledge, skill and/or attitude.

We also encourage you to design an interactive session. The target audience for this conference includes family physicians, specialist physicians, nurses, nurse practitioners, mental health professionals, pharmacists, dentists, physiotherapists, residents, researchers, health sciences students, and all other health care professionals.

This event will be marketed as an accredited educational activity. As per the National CPD Accreditation Standards, CME is responsible to implement strategies, services, or tolls to promote self-learning that encourages participants to:

- Raise and answer questions stimulated by practice or from participation in group learning activities;
- identify areas for future learning based on assessments (including self-assessments) of knowledge, competence, or performance;



- develop a continuing professional development plan;
- document practice outcomes from participation in learning activities;
- reflect on learning outcomes from participation in learning objectives; and
- participate in self-assessment.

As a reminder, the time you use, including any research, to develop your presentation and its learning objectives can apply towards your own professional development! The Royal College MOC program allows individuals to claim Section 2 credits in this section. The link for the MOC program is here for your convenience: <https://rclogin.royalcollege.ca/oamlogin/login.jsp>.

Family physicians can complete Linking Learning Exercises to claim 5 Mainpro+ certified credits per exercise: <https://www.cfpc.ca/en/education-professional-development/cpd-at-cfpc/linking-learning-exercises>. Mainpro members can also claim non-certified credits for the time spent developing presentations under the category of Self-Learning and the activity of Teaching/Presenting. Each hour of time spent on the presentation is worth one non-certified credit.

PRESENTATION REQUIREMENTS

- **Zoom Orientation for Presenters:** Approximately a week before the event, CME will announce a date and time for a short orientation to the Zoom platform (optional). This brief orientation will be approximately 20-30 minutes to test your audio and video capabilities and provide a brief overview of the basic functionality, including slide advancement.
- **Invitation & Join Meeting:** You will be sent an email and calendar invite from me to join the session – one for the orientation and one for the actual event. Accept those and add to your calendar for easy accessibility. I will also email all speakers the day of event the link to access the conference. If you are experiencing any technical difficulties prior to or day of event, contact myself or the event support staff directly for immediate assistance.
- **Download/Update Zoom:** Presenters must participate via the desktop app and connect using computer audio. To download/update your Zoom application, follow directions here: <https://support.zoom.us/hc/en-us/articles/201362233>
- **Slide Deck - Use of Trade Names:** Whenever possible, generic names should be used rather than trade names. If specific products or services are mentioned in your presentation, there should be a balanced representation of the prevailing body of scientific information on the product or service, and of reasonable, alternative treatment options. Your slide deck/PowerPoint presentation is due no later than **May 30, 2022** (emailed to cme.events@usask.ca).

Consent to use of image/recording

Date(s) images/recordings taken	Location or event
June 4, 2022	AIMS-SK Module 3 Alcohol Use Disorder

I hereby grant to the University of Saskatchewan ("USask") the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of the images and/or recordings of me for use in connection with the activities of USask or for promoting, publicizing or explaining USask or its activities.

This permission includes, without limitation, the right to edit, publish and/or store, both within Canada and internationally, the images and/or recordings of me in any of the wide variety of formats and media now available to USask and that may be available in the future. These include—but are not limited to—print, broadcast, video, electronic/online media, social media and online storage repositories.

Furthermore, this permission includes, without limitation, the right of USask to provide images and/or recordings to a third party for the purpose of marketing USask programs. The third party has the right to edit and publish such images in promotional materials.

About me (* = required)

Name*	Email*
Barb Papp	Barbara.Papp@saskhealthauthority.ca
Home community, province/state and/or country	I am a: Student Staff member Faculty member
Saskatchewan	<input type="radio"/> Other _____
College or unit	Academic program (if applicable)

Consent

I certify that I am of legal age (18) and have the right to contract in my own name. I have read and understand the above authorization, release and agreement prior to its execution.

Date* (dd/mm/yyyy)	Signature*
17/05/2022	

If under the age of 18

Name of parent/legal guardian*	Signature of parent/legal guardian*

Additional consent

Explicit consent must be given if participants' images and/or recordings will be used in connection with the following topics:

- | | | |
|----------------------------------|----------------------|--|
| Mental health | Socioeconomic status | Gender identity |
| Mental illness | Sexual activity | Substance abuse |
| Physical health (including STIs) | Sexual orientation | Criminal activity (including physical or sexual abuse) |

Not applicable

Date* (dd/mm/yyyy)	Signature*

Marketing and Communications

330-110 Science Place ■ Saskatoon, SK S7N 5C9 Canada ■ Email: communications@usask.ca ■ Tel: 306-966-5186 ■ Website: communications.usask.ca



Declaring & Disclosing of Conflict of Interest

Royal College of Physicians and Surgeons of Canada (RCPSC) (MOC credits):

The Royal College of Physicians and Surgeons of Canada requires all presenters and members of Planning Committees to complete this Disclosure of Conflict of Interest form. The 2007 CMA Guidelines for Physicians in Interaction with Industry, Section 24, states that,

- *“CME/CPD organizers and individual physician presenters are responsible for ensuring the scientific validity, objectivity and completeness of CME/CPD activities. Organizers and individual presenters must disclose to the participants at their CME/CPD events any financial affiliations with manufacturers of products mentioned at the event or with manufacturers of competing products.”*

The College of Family Physicians of Canada (CFPC) (Mainpro+ credits):

The College of Family Physicians of Canada (CFPC) requires compliance with the [National Standard for Support of Accredited CPD Activities](#), (the National Standard), which describes the process and requirements for gathering, managing, and disclosing conflicts of interest (COI) to participants.

Definitions:

A COI may occur in situations where the personal and professional interests of individuals may have actual, potential or apparent influence over their judgment and actions. The intent of this disclosure requirement is to inform the audience of any bias that speakers may have, not to prohibit speakers from presenting.

National Standard Element 3: Conflict of Interest

3.1 All members of the scientific planning committee (SPC), speakers, moderators, facilitators and authors must provide to the CME/CPD provider organization a written description of all relationships with for-profit and not-for-profit organizations over the previous two (2) years including (but not necessarily limited to):

- Any direct financial payments including receipt of honoraria;
- Membership on advisory boards or speakers' bureaus;
- Funded grants or clinical trials;
- Patents on a drug, product or device; and
- All other investments or relationships that could be seen by a reasonable, well informed participant as having the potential to influence the content of the educational activity.

Failure to disclose, or false disclosure, may require the Scientific Planning Committee to replace the speaker. If you have any questions regarding conflict of interest disclosure when preparing your CME/CPD presentations, please contact your CME/CPD provider or Scientific Planning Committee.

Complete, sign and return your COI form as soon as possible for review.

Return form to: cme.events@usask.ca

Disclosure of Conflict of Interest

Speaker, moderator, facilitator, and author forms: Completed forms must be submitted to the scientific planning committee of the CME/CPD provider. It is the role of the Scientific Planning Committee to review all disclosed financial relationships of speakers, moderators, facilitators and authors in advance of the CME/CPD activity to determine whether action is required to manage potential, perceived, or real COIs.

Speakers, moderators, facilitators, and authors must ensure their presentations, and any recommendations, are balanced and reflect the current scientific literature. Unapproved use of products or services must be declared within the presentation. The only caveat to this guideline is where there is only one treatment or management strategy.

How to disclose:

Complete the attached disclosure form and submit to the CME/CPD Provider or Planner prior to the start date of the event or program.

- **Part 1** – must be completed by all Speakers, Scientific Planning Committee, Moderators, Facilitators and Authors.
- **Part 2** – must be completed by all Speakers, Moderators, Facilitators and Authors.
- **Part 3** – must indicate whether you are a Scientific Planning Committee member, Speaker, Moderator, Facilitator and/or Author.

RCPSC and CFPC require both verbal and visual (slide) disclosure at the beginning of every presentation and/or introduction. Speakers who have no involvement with industry should inform the audience that they cannot identify any conflict of interest and include this declaration in their slides and/or written material. If a disclosure slide has not been included in a presentation, it must be inserted by the Planning Committee.

Example of speaker disclosure slide – to be included in speaker presentation (sample slide provided):

Faculty / Speaker Faculty: [NAME] Relationship with financial sponsors:	<ul style="list-style-type: none"> • Grants/Research Support: [LIST ANY/ALL/NONE] • Speakers Bureau/Honoraria: [LIST ANY/ALL/NONE] • Consulting Fees: [LIST ANY/ALL/NONE] • Patents: [LIST ANY/ALL/NONE] • Other: [LIST ANY/ALL/NONE] 	Should you have nothing to make public, you need to type “Nothing to declare.” “Other” would include: “I am a paid employee of _____.”
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Disclosure of Conflict of Interest Form – page 2

Part 3 - Identification


Check all that apply:	Scientific Planning Committee	<input checked="" type="checkbox"/> Speaker
	Moderator	Facilitator
	Author	Other:

Event Information

Name of Program/Event	AIMS-SK Module 3 Alcohol Use Disorder
Date of Program/Event	June 4, 2022
Title of Presentation (if applicable)	Counselling patients with AUD
Full Name (to appear on schedule)	Barb Papp
Professional Title (to appear on schedule)	B.A; CACC (CACCF)

Acknowledgement

I, Barbara Papp, acknowledge that I have reviewed the declaration form's guidelines and instructions, and deem all of my information above accurate. I understand that the CME/CPD provider and the Scientific Planning Committee for this program/activity will review all disclosed financial (or otherwise) relationships and determine whether action is required to manage potential, perceived, or real COIs. I also understand that this information will be publicly available.

Signature: 

Date: May 17, 22

Please return signed disclosure form (pages 1 & 2) to: cme.events@usask.ca





Disclosure of Conflict of Interest Form – page 1

Part 1 – completed by Scientific Planning Committee, Speakers, Moderators, Facilitators and Authors.

I do not have an affiliation (financial or otherwise) with any for-profit (pharmaceutical, medical device and/or communications firm) and/or not-for-profit organization(s).

I have/had an affiliation (financial or otherwise) with a for-profit (pharmaceutical, medical device and/or communications firm) and/or not-for-profit organization(s).

Complete the sections below that apply to you now or during the past two (2) years up to and including the current year. Information includes relationships with for-profit and not-for-profit organizations.

	Planning Committee, Speakers, Moderators, Facilitators, Authors, Other	For-Profit or Not-for-Profit Organization(s)	Description of Relationship
A	Any direct financial relationships including receipt of honoraria, gifts, in-kind compensation, etc.		
B	Membership on advisory boards or speakers' bureaus		
C	Funded grants, research and/or clinical trials		
D	Patents for drug(s) and/or device(s) referred to in the CME/CPD program		
E	Any direct financial relationships that have funded this program		
F	All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity (pharmaceutical, medical device, communications firm)		

Part 2 – completed by Speakers, Moderators, Facilitators and Authors. Check Yes or No.

I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e., off-label use of medications).	Yes	No <input checked="" type="checkbox"/>	You must declare all off-label use to the audience during your presentation.
I acknowledge that the <u>National Standard</u> requires that any descriptions of therapeutic options use generic names (or both generic and trade names) and do not reflect exclusivity and branding. If no generic name exists, trade names must be used in a consistent manner.	Yes	No <input checked="" type="checkbox"/>	Failure to do this is a violation of the National Standard and the RCPSC and CFPC requirements.