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: __________