



American Board of Quality Assurance and Utilization Review Physicians, Inc.

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FACULTY/PLANNER DISCLOSURE FORM

As a sponsor accredited by the Accreditation Council for Continuing Medical Education (ACCME), The American Board of Quality Assurance and Utilization Review Physicians, Inc. (ABQAURP) must insure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational activities. All faculty, planners and advisors involved in a sponsored activity are expected to disclose to the activity audience any significant financial interest or other relationship with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation. This disclosure is valid until the end of the current calendar year with the explicit understanding the faculty, planner and/or advisor will notify ABQAURP and/or the activity host of any changes and the need for a corrected disclosure attestation.

Name: **Christine Shettel RN BSN WCC PRWC APWCA**

Title of your presentation: **Nursing Issues and the Hyperbaric Patient**

Date of Activity: **1/23/2014**

Activity Host: **WebCME**

Your role in this CME activity: ☒ Presenter ☐ Author ☐ Moderator ☐ Panel ☐ Planner ☐ Advisory

DISCLOSURE

The intent of this disclosure is not to prevent a speaker with a significant financial or other relationship from making a presentation, but rather to provide listeners with information from which they can make their own judgments. It remains for the audience to determine whether the speaker's interests or relationships may influence the presentation with regard to exposition or conclusion. Conflict exists when you have a financial interest in a company and the opportunity to affect the CME content about that company's product or service as related to your control over the educational content at this activity.

Have you (or your spouse/partner) had a personal financial relationship in the last 12 months with the manufacturer of the products or services that will be discussed in this CME activity?

☐ NO - Skip to Declaration

☒ YES - Please list your disclosures below and complete resolution section

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was Received Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit	For What Role? Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities (please specify).
WebCME	None	Educational Consultant
Serena Group	Salary	Clinical VP

RESOLUTION OF CONFLICT OF INTEREST - Please indicate below how the conflict of interest will be resolved.

- ☒ I will support my lecture and clinical recommendations with the "best available evidence" from the medical literature.
- ☒ I will refrain from making recommendations regarding products or services, e.g., limit talk to pathophysiology, diagnosis, research findings and/or limit talk to comparison of products.
- ☒ I will recommend an alternative speaker for this topic for the planning committee's consideration.
- ☒ I will submit my talk in advance to allow for adequate peer review.
- ☐ I will divest myself of this financial relationship.
- ☒ As an advisory and/or planning member, to the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias.

DECLARATION: I will uphold academic standards to insure balance, independence, objectivity and scientific rigor in my role in the planning, development or presentation of this CME activity. In addition, I agree to provide verbal disclosure prior to my presentation at the activity.

Signature: *Christine Shettel*

Date: January 24, 2014

Commercial Interest

Glossary of Terms