

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Stanley

2. Surname (Last Name)
Hamstra

3. Date
07-April-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Karen E. Hauer

5. Manuscript Title

The Internal Medicine Reporting Milestones: Cross-sectional description of initial implementation in a population sample

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Rebecca

2. Surname (Last Name)
Lipner

3. Date
14-March-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

The Internal Medicine Reporting Milestones: Cross-sectional description of initial implementation in a population sample

6. Manuscript Identifying Number (if you know it)

M15-2411

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Rebecca Lipner is employed by the American Board of Internal Medicine.

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Section 1. Identifying Information

1. Given Name (First Name)

Eric

2. Surname (Last Name)

Warm

3. Date

14-March-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Karen Hauer

5. Manuscript Title

The Internal Medicine Reporting Milestones: Cross-sectional description of initial implementation in a population sample

6. Manuscript Identifying Number (if you know it)

M15-2411

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Dr. Warm has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Karen

2. Surname (Last Name)
Hauer

3. Date
14-March-2016

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
The Internal Medicine Reporting Milestones: Cross-sectional description of initial implementation in a population sample

6. Manuscript Identifying Number (if you know it)
M15-2411

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I receive consulting fees to work with the ABIM on the preparation of this analysis and manuscript.

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Kelly

2. Surname (Last Name)

Caverzagie

3. Date

14-March-2016

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☐ Yes

☒ No

Corresponding Author's Name

Karen Hauer

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Dr. Caverzagie has nothing to disclose.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Eric	2. Surname (Last Name) Holmboe	3. Date 14-March-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Karen Hauer
5. Manuscript Title The Internal Medicine Reporting Milestones: Cross-sectional description of initial implementation in a population sample		
6. Manuscript Identifying Number (if you know it) M15-2411		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Mosby-Elsevier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties for Textbook on Assessment
ACGME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employment

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☒ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☐ No other relationships/conditions/circumstances that present a potential conflict of interest

I am also a member of the board of the National Board of Medical Examiners

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Holmboe reports other from Mosby-Elsevier, other from ACGME, outside the submitted work; and I am also a member of the board of the National Board of Medical Examiners.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Furman

2. Surname (Last Name)

McDonald

3. Date

24-March-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Karen Hauer, MD

5. Manuscript Title

The Internal Medicine Reporting Milestones: Cross-sectional description of initial implementation in a population sample

6. Manuscript Identifying Number (if you know it)

M15-2411

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Dr. McDonald has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
William

2. Surname (Last Name)
lobst

3. Date
30-March-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Karen Hauer

5. Manuscript Title

The Internal Medicine Reporting Milestones: Cross-sectional description of initial implementation in a population sample"

6. Manuscript Identifying Number (if you know it)

M15-2411

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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While employed at the American Board of Internal Medicine, I lead the milestones writing group that developed the internal medicine milestones.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sarah

2. Surname (Last Name)
Hood

3. Date
30-March-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

The Internal Medicine Reporting Milestones: Cross-sectional description of initial implementation in a population sample

6. Manuscript Identifying Number (if you know it)

M15-2411

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

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☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Hood has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jerome

2. Surname (Last Name)
Clauser

3. Date
12-April-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Karen Hauer

5. Manuscript Title
The Internal Medicine Reporting Milestones: Cross-sectional description of initial implementation in a population sample

6. Manuscript Identifying Number (if you know it)
M15-2411

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Clauser has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Karen

2. Surname (Last Name)
Hauer

3. Date
01-April-2016

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
The Internal Medicine Reporting Milestones: Cross-sectional description of initial implementation in a population sample

6. Manuscript Identifying Number (if you know it)
M15-2411

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
American Board of Internal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	contract work

Section 3. Relevant financial activities outside the submitted work.

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Dr. Hauer reports other from American Board of Internal Medicine, during the conduct of the study; .

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