

20231212 Dallas IMGR MOC Question – Speaker Name

All sections below need to be completed.

Title: "Becoming A Culturally Humble Provider"

Speaker: Blane Harding

Date: 25 June 2024

Item Needed	Speaker will input requirement in this column:	
Case Based Scenario:		
4 answer choices (please avoid adding more than four):	a. b. c. d.	
Correct answer choice:		
Rationale for the correct answer:		
Reference/Citation for rationale:		



Baylor Scott & White HEALTH

A. WEBB ROBERTS CENTER FOR
CONTINUING MEDICAL EDUCATION

Session Documentation

Location: 17 Roberts/Davis Auditorium & WebEx	Series Title: "Lunchtime Learning Series"
Session Date: 25 June 2024	
Lecture/Session Title: "'Becoming a Culturally Humble Provider'"	
Speaker Name(s)/Credentials: Blane Harding/Blane Harding Consulting/DEI	

1.	What is the practice-based problem to be addressed in your presentation? Why does this problem exist? How are physicians involved? <u>Gap</u> between what is current practice and what ought to be?
2.	What <u>SPECIFIC</u> source verifies this problem (URL, journal study, expert)?
3.	What change/new strategy does the practitioner need to make/implement to address the gap? What will the physician do differently in his/her practice as a result of your presentation?
4.	Please provide one case-based question to measure physician ability to apply new knowledge in practice. OR, provide a post activity follow up question by completing the following: Have you implemented <insert specific strategy?

Learning Objectives (Specific to this session.)

INSTRUCTION AND BACKGROUND—Learning objectives are tools to assist you in identifying the specific steps that will be taken to address the gap(s) identified in Step 2.

Learning objectives should be written to reflect the correct 'domain' related to the content (knowledge, skill, or attitude). In addition, objectives should be written in 3 sections: (1) the content (stated in terms of performance), (2) the condition (the situation in which the learner might encounter this issue or problem), and (3) the standard (against which success can be determined). Examples are below.

DOMAIN	EXAMPLE
Knowledge	Have an understanding of cultural effectiveness and the role cultural humility plays in the understanding of self
Skill	Have better working relationship with patients, staff and physicians
Attitude	

WHAT ARE THE LEARNING OBJECTIVES FOR THIS SESSION?

PLEASE DO NOT USE the words "Understand" or "Learn".

Use instead: discuss/describe – explain – list – identify – analyze – review – evaluate

After participating in this activity, physicians will be able to:

Objective 1: Participants will be able to identify strengths and challenges when it comes to cultural humility
Objective 2: Participants will be more skilled in identifying areas that need improvement in their overall DEIB approach
Objective 3: Participants will have a better grasp of terminology and culturally effective approaches

MITIGATION – ATTESTATION BY FACULTY/OTHER [NON-PLANNER]

Activity Title:	Cultural Humility
Lecture/Session Title:	"Becoming a Culturally Humble Provider"
Activity Date:	25 June 2024
Activity Location:	On line virtual presentation
Name of Faculty/Other: with Relevant Financial Relationship(s)	Dr. Tanisha Hamilton

Thank you for providing your financial relationship information to the CME Team for the above activity. On the basis of the information you have provided, we have determined that you have a relevant financial relationship with ineligible company(ies) listed below as defined by the ACCME*.

Name of Ineligible Company(ies)*	Nature of Relationship(s)

As an ACCME-accredited CME provider, the A. Webb Roberts Center for Continuing Medical Education of Baylor Scott & White Health is responsible to ensure that its CME activities meet ACCME requirements for content validation and freedom from commercial bias. To that end, the AWRC has implemented mitigation strategies for those who are in control of content and who have been identified as having relevant financial relationships.

Please select one of the three mitigation strategy options below:

Option 1 Mitigation Strategy:		
Yes	No	Review Items
		All clinical recommendations within this content are based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
		Content gives a balanced view of therapeutic options and includes discussion of risks as well as benefits of treatment options.
x		Content is valid, reliable and accurate, and promotes improvements or quality in health care.
		Any off-label or investigational uses of products are identified.
		There is no commercial bias either for or against a product or service.
		Scientific research used in support of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection, and analysis.
		When applicable, Post-test questions and answers are clear and accurate and are free of perceived bias toward specific clinical treatments.
		Generic names are used consistently. If trade names are used for clarification, all trade names are included.
		Product specific messages, logos, promotional statements, etc. are excluded from slides or handouts.
		Literature is cited to support data presented (i.e. studies, experiments).
		Multiple treatment options are discussed in presentation.

Option 2 Mitigation Strategy:

Yes

I have divested myself of the relationship with the ineligible company as of {enter effective date}.

Option 3 Mitigation Strategy:

Yes

I will submit my presentation for review by a CME team member/Activity planner without relevant financial relationships for review and include changes as recommended (if any) in my final presentation for this activity.
Please provide presentation/content within 7 day of presentation date.

We appreciate your adherence to these requirements. Please sign below to attest to your agreement with these terms.

Title	Printed Name	Signature	Date
Faculty/Speaker/Author	Blane Harding		29 April 2024

*According to ACCME: An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.





Template for Collecting Information about All Financial Relationships from Planners, Faculty, and Others

For more information, visit accme.org/standards

Name of Individual:

Blane Harding

Title of Continuing Education:

Diversity, Equity and Inclusion

Date and location of Education:

25 June 2024 virtual



Individual's prospective role(s) in education

Identify the prospective role(s) that this person may have in the planning and delivery of this education (choose all that apply)

Planner

Examples: planning committee, staff involved in choosing topics, faculty, or content

Teacher, Instructor, Faculty

Author, Writer

Reviewer

Other

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. Please complete the form below and return it to _____ by -09/29/23

The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have questions, please contact us at CE@BSWHealth.org

To be Completed by Planner, Faculty, or Others Who May Control Educational Content

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

Enter the Name of Ineligible Company

An **ineligible company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

For specific examples of ineligible companies visit accme.org/standards.

Example: ABC Company
BlaneHardingConsulting

Enter the Nature of Financial Relationship

Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.

Consultant

Has the Relationship Ended?

If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.

In the past 24 months, I have not had any financial relationships with any ineligible companies.

I attest that the above information is correct as of this date of submission. Should my information change, I agree to update the CME Team at CE@BSWHealth.org

Please insert signature and then date in the form of mm/dd/yyyy

30 April 2024

Faculty/Speakers/Authors for CME activities:

- Will not actively promote or sell products or services during accredited education.
- Will not include product logos or trade names of an ineligible company; or, if it is necessary to include trade names in a presentation will endeavor to mention the trade names of several companies, not just trade names from a single company.
- Will not receive direct remuneration from an ineligible company.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return) Blane Harding	
Business name/disregarded entity name, if different from above Blane Harding Consulting	
Check appropriate box for federal tax classification: <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) 5 Elm Street	Requester's name and address (optional)
City, state, and ZIP code Auburn, New York 13021	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number										
0	9	8	-	5	4	-	1	4	5	1

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number								
			-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶

Date ▶ **01/01/2024**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



From: Scott Nye, BSWH Vice President of Physician Contracting
Re: Third Party Physician Honorarium Checklist
Date: December 22, 2015 (Revised 09/21/2017)

In order to pay third-party physicians honoraria for medical education presentations, please provide the information requested in the list below to The Office of Physician Contracting ("OPC") at PhysicianContracting@BSWHealth.org. Once we in OPC have the necessary information, we will draft a short summary report form addendum, have it signed by representatives from the Law and Tax Departments, and draft a letter agreement for the physician to execute. This process generally only takes a day or two.

Please keep in mind that we will need to complete the process and get the letter agreement executed before the date of the conference or other CME event. If you have any questions, please feel free to contact me at scott.nye@BSWHealth.org or 214.820.4912. Thank you.

Please provide the following information:

Required	Information
<ul style="list-style-type: none">Name of conference, grand rounds, lectureship, location:	<i>DEIB Council for BSWH – Dallas Campus</i>
<ul style="list-style-type: none">Title of presentation to be given by the physician:	<i>““Becoming a Culturally Humble Provider”</i>
<ul style="list-style-type: none">Date of the event:	25 June 2024
<ul style="list-style-type: none">CV for physician:	Attached
<ul style="list-style-type: none">Mailing address for physician, if not listed on CV:	1718 Waterbury Way Pensacola, Florida 32533
<ul style="list-style-type: none">W9 for physician (if international W8 for physician):	Attached
<ul style="list-style-type: none">Amount of honorarium to be paid to physician:	\$1000.00