

# CURRENT CONCEPTS IN EXTRACORPOREAL LIFE SUPPORT: MEDICAL MANAGEMENT AND HIGH-FIDELITY CANNULATION SIMULATIONS 2019

## E-POSTERS, ORIGINAL RESEARCH, EVIDENCE-BASED PRACTICE AND/OR QUALITY IMPROVEMENT

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**Overview:** As part of the **2019 Current Concepts in Extracorporeal Life Support: Medical Management and High-Fidelity Cannulation Simulations** course, an e-Poster session for presentation of original research and challenging cases dedicated to the ECMO-related topics will be held at this meeting. Suggested topics of interest include: case reports, quality improvement initiatives, ECMO-related research, ECMO transport, ambulatory ECMO, ethics, and anticoagulation.

**Format for Presentation:** Accepted ePosters and Abstract recipients will be emailed notification of their acceptance and a Powerpoint template (ePoster) will be used for them to populate similar to a physical poster. A large LCD screen (about the size of a 4x6 posterboard) will be used for the presenter to present their research or case in about 5-6minutes followed by audience Q&A.

**Deadline:** Abstract submission deadline is **Monday, September 30<sup>th</sup>, 2019**

**Acceptance:** Accepted abstract recipients will be chosen from all abstracts received by the **Monday, October 7, 2019**, submission deadline. Notification of acceptance can occur within 1-2 weeks of submission prior to this deadline and no later than 1 week after this deadline.

**Registration Process:** Acceptance abstracts/ePosters recipients **must** still register for the meeting via the following website. <https://ce.mayo.edu/adultecmo2019>

**Abstract Eligibility:** Original abstracts that either have or have not been presented at other meetings will be considered for the conference. Abstracts based upon published papers will also be considered.

**Number of Entries:** A participant may be the primary author on no more than two abstracts/ePosters; however, he or she may be a contributing author on any number of abstracts.

**Notification of Results:** Accepted abstracts will be notified by email. All primary authors will be notified by email no later than **2 weeks of their submission**, if their submission has been selected for the poster session, and details regarding poster set-up will follow. Accepted abstract recipients must still register for the meeting to attend.

**Description of Submission format:** Abstracts must be 300 words or less and typed in English, 12-point size, Arial or Times New Roman font. Please include the presenting author's first and last name, title, institution (where the work was performed), address, email and contact phone number. Also include corresponding authors' names and titles. Text should include a brief statement of objectives, description of methods, summary of results, and conclusions/outcomes.

Suggested format is provided below.

**Introduction (or Objective, Hypothesis):**

**Methods (Case report or series etc):**

**Results:**

**Conclusion:**

**Printing of Abstracts:** Abstracts chosen for presentation will be included in the electronic course syllabus.

**Inquiries:** For further information, contact Denise Klarich at [flacmeabstracts@mayo.edu](mailto:flacmeabstracts@mayo.edu)

## ***Abstract Form***

**Current Concepts in Extracorporeal Life Support: Medical Management and High-Fidelity Cannulation Simulations**  
**December 5-7, 2019**

Please **type** the following information. Duplicate this form for multiple abstract submissions.

Name of Primary Author \_\_\_\_\_

Institutional Affiliation \_\_\_\_\_ Credentials \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address: \_\_\_\_\_

*This email address will be used for acceptance notification.*

### **Abstract Format Instructions:**

1. Type abstract in the area provided below.
2. Type all abstracts in English.
3. Leave one character space (two mm) between the margins and text material.
4. Use 10-point Times New Roman font.
5. Type the title of the abstract in bold, uppercase letters. Do not use abbreviations in the title.
6. Using italics, list the names of all authors (place an asterisk next to the primary author) and the institution, city and state where the work was done.
7. Leave space (one line) after the list of authors and begin typing the main body of the abstract.
8. Indent the first line of the main body of the abstract three spaces.
9. Type single-spaced..3
10. Submit abstracts and forward inquiries to: [flacmeabstracts@mayo.edu](mailto:flacmeabstracts@mayo.edu)
11. The deadline for submission of abstracts is **Monday, September 30<sup>th</sup>, 2019**

**TYPE ABSTRACT IN THE SPACE BELOW:**



# Faculty and Provider Disclosure & Copyright

## Mayo Clinic Continuing Professional Education

Form content not retained in medical record.  
**For local storage only.**

**Important:** Per the Accreditation Council for Continuing Medical Education (ACCME), persons who fail to complete this form are not eligible to be involved.

Name (First, Middle, Last)	Activity Date (mm-dd-yyyy – mm-dd-yyyy) –
Activity Title	
Presentation Title(s)/Topic(s)	

### Disclosure of Relevant Financial Relationships

Disclose only where the relationship is associated with the content of the activity. List the names of proprietary entities producing, marketing, re-selling, or distributing health care goods or services, consumed by, or used on patients. With the exemption of non-profit or government organizations, and with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months.

With respect to this CE activity (check one):

- ☐ No, I (nor my spouse/partner) do not have a relevant financial relationship.  
☐ Yes, I (and/or my spouse/partner) do have a relevant financial relationship. Describe below:

Nature of Relevant Financial Relationship (choose all that apply)	Name of Company(s)
<input type="checkbox"/> Consultant	
<input type="checkbox"/> Speaker's Bureau	
<input type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)	
<input type="checkbox"/> Stock Shareholder (self-managed)	
<input type="checkbox"/> Honoraria	
<input type="checkbox"/> Full-time/Part-time Employee	
<input type="checkbox"/> Other (describe):	

### *Faculty and Provider Disclosure & Copyright* (continued)

### Disclosure of Off-Label and/or Investigational Uses

If, at any time, during my education activity, I discuss an off-label/investigative (unapproved) use of a commercial product/device, I understand that I must provide disclosure of that intent.

- ☐ No, I do not intend to discuss an off-label/investigative use of a commercial product/device.
- ☐ Yes, I do intend to discuss off-label/investigative uses(s) of the following commercial product(s)/device(s):

Manufacturer(s)/Provider(s)	Product(s)/Device(s)

### Presentation(s) Content: Faculty Responsibility

- The Presenter/Faculty acknowledges that they are responsible for obtaining all necessary copyright permission(s) for any third party materials incorporated into their presentation. Upon request Presenter agrees to furnish copies of said permission(s) to the Mayo Clinic CE provider. The Presenter is responsible for all fees, royalties, and other charges for the use of such materials. The Presenter, if not a Mayo Clinic employee, shall indemnify Mayo Clinic for all damages, costs and expenses, including attorneys' fees, incurred by Mayo Clinic as a result of a violation of this paragraph.
- CE must give a balanced view of therapeutic options. Use of generic drug names contributes to impartiality. If your CE educational material or content includes trade names; the trade names from several companies should be used where available, not just trade names from a single company.

☐ I have read the statements regarding Presentation(s) Content: Faculty Responsibility.

I attest that the information is accurate. Accept this as my signature.

Name (First, Middle, Last) ▶	Date (mm-dd-yyyy)
Return form to	

## *Faculty and Provider Disclosure & Copyright* (continued)

### **Commercial Interest**

The ACCME defines a “commercial interest” as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

### **Financial Relationship**

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (eg, stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse/partner.

### **Relevant Financial Relationship**

ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “‘relevant’ financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. After you submit the completed disclosure form, it is your responsibility to inform Mayo Clinic School of CPD if the status of your financial relationship changes prior to your presentation.

### **Off-Label Use and/or Investigational Uses – FDA Statement**

Some drugs or medical devices demonstrated have not been cleared by the FDA or have been cleared by the FDA for specific purposes only. The FDA has stated that it is the responsibility of the physician to determine the FDA clearance status of each drug or medical devices he or she wishes to use in clinical practice.

“Off-label” uses of a drug or medical device may be described in CME activities so long as the “off-label” use of the drug or medical device is also specifically disclosed (ie, it must be disclosed that the FDA has not cleared the drug or device for the described purpose). Any drug or medical device is being used “off-label” if the described use is not set forth on the product’s approval label.

Mayo Clinic College of Medicine and Science complies with the requirements of the National Physician Payment Transparency Program OPEN PAYMENTS (Physician Payments Sunshine Act)

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## Faculty Biography Form

Multidisciplinary Spine Care Conference 2019  
November 22-23, 2019  
The Ritz-Carlton, Amelia Island  
Amelia Island, FL

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This information will be used to introduce each:

Name:

Current Title:

Educational Background:

Department:

Division:

Brief Bio:

**Return electronically to:** [klarich.denise@mayo.edu](mailto:klarich.denise@mayo.edu)