

FOIA MARKER

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Subseries:

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Folder Title:
Healing AIDS Conference December 2, 1993

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OFFICE OF CONTINUING MEDICAL EDUCATION

Department of Postgraduate Medicine and Health Professions Education
The University of Michigan Medical School
The Towsley Center for Continuing Medical Education, Box 0201
Ann Arbor, Michigan 48109-0201
(313) 763-1400 FAX (313) 936-1641



December 2, 1993

Kristine Gebbie, RN
National AIDS Policy Coordinator
Executive Office of President
750 17th N.W.
Suite 1060
Washington, D.C. 20503

Dear Ms. ^{Kristine}Gebbie:

We would like to take this opportunity to thank you for your participation in our conference **Healing AIDS/HIV Primary Care**, held on December 2, in the Towsley Center at the University of Michigan Medical School. A large portion of the success of any conference is directly related to the effort of course faculty in relaying important information in a clear and concise manner. We appreciate the time and effort you put into your participation in the course. We also hope that your stay in Ann Arbor was an enjoyable one and that your accommodations were to your satisfaction.

If you have not already done so, please submit your itemized travel reimbursement request to Niles and he will process them for timely payment. We would appreciate your itemized expenses returned to us at the above address no later than 30 days after the completion of the course. If you have any questions regarding the reimbursement request or any delay in receiving your reimbursement, please check with Niles.

Again, thank you for your contribution and participation in making this course a success.

Sincerely,

David Ostrow, MD, PhD
Course Director

Niles Mayrand
Program Assistant

RECEIVED

JAN 4 1994

*I don't think
we're billing them
if not they
should
know*

*P.S. It was wonderful being able to have dinner
with you and hear your strong vision for the
future of AIDS research + clinical care. And your
performances on T.V. that weekend, dealing with the
child-child transmission cases were inspiring. Thank you,
again, for taking time out from your so very
 hectic schedule to be with us in A² on Dec 2nd.
And if I can be of any help to you in charting
the course of AIDS mental health work, please ask!!
Best wishes David*

Announcing a new series from Plenum...

AIDS PREVENTION AND MENTAL HEALTH

Series Editors: **David G. Ostrow, M.D., Ph.D. and Jeffrey A. Kelly, Ph.D.**

Medical College of Wisconsin, Milwaukee

Just published!

Volume 1: **Methodological Issues in AIDS Behavioral Research**

edited by David G. Ostrow and Ronald C. Kessler

Forthcoming...

Preventing AIDS: Theories and Methods of Behavioral Interventions

edited by Ralph J. DiClemente and John L. Peterson

Women and AIDS: The Emerging Epidemic

edited by Ann O'Leary and Loretta Sweet Jemmott

There has been an enormous increase in research on the prevention and mental health aspects of AIDS and HIV infection. Although numerous books for practitioners in the area of HIV/AIDS have been published over the past decade, a number of specialty journals launched, and AIDS-related topics increasingly represented in general journals, there has been no book series on AIDS with a prevention and mental health focus. The AIDS Prevention and Mental Health series will correct this omission by publishing high quality and up-to-date volumes on these important aspects of AIDS and HIV. Volumes will explore clinical applications of interest to a broad range of mental health, public health, and community professionals. Examples of potential topics include: HIV prevention approaches with various populations such as adolescents, gay men, women, and the chronically mentally ill * assessment of psychiatric and psychological disorders in persons with HIV/AIDS * psychotherapy and psychopharmacological interventions * stress and coping issues * HIV research methodologies * support of caregivers * bereavement issues.

Volume proposals should be sent to either series editor and should include curriculum vitae of all authors or editors, and, for edited works, a list of contributors with brief biographical sketches; an overview of the scope, size, and target audience of the volume; a table of contents; at least one sample chapter; and a timeline for the writing, editing, and submission of the final volume. The series editors will be happy to consult with anyone wishing to prepare a book proposal for the series.

Proposals and inquiries about the series should be sent to the Series Editors:

David G. Ostrow, M.D., Ph.D.
Professor of Psychiatry and
Mental Health Sciences
Medical College of Wisconsin
Community Health Behavior Program
1201 North Prospect Avenue
Milwaukee, Wisconsin 53202

Jeffrey A. Kelly, Ph.D.
Department of Psychiatry
and Mental Health Research
Medical College of Wisconsin
8701 Watertown Plank Road
Milwaukee, Wisconsin 53226

telephone: (414) 287-4680
fax: (414) 287-4683



MEDICAL SCHOOL

(313) 763-1400
(313) 936-1686
FAX: (313) 936-1641



The University of Michigan

Office of Continuing Medical Education
Department of Postgraduate Medicine and
Health Professions Education

NILES N. MAYRAND
Program Assistant

G2111 Towsley Center
Ann Arbor, MI 48109-0201



OFFICE OF CONTINUING MEDICAL EDUCATION

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The University of Michigan Medical School
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Ann Arbor, Michigan 48109-0201
(313) 763-1400



file - Travel - December
needs

Kristine Gebbie
National Aids Policy Coordinator
Executive Office of The President
750-17th Northwest Ste. 1060
Washington DC, 20503

November 8, 1993



NOV 22 1993

Dear Ms. Gebbie:

Dr. David Ostrow has informed me that you will be a visiting member of the faculty for the **Healing AIDS** Conference being held in the Towsley Center at the University of Michigan Medical Center on **December 2, 1993**. We are pleased that you will be joining us as course faculty. I am helping to coordinate arrangements for the course and look forward to assisting you with the details associated with your presentation.

I have enclosed a copy of the full program for the course and have highlighted the time of your presentation. The focus of this program is on providing information for Physicians, Physicians Assistants, Nurse Practitioners, and Mental Health Specialists about recent developments in the primary care and specialized treatment of HIV spectrum disorders. Please direct the content and level of your presentation to the interest of this audience.

This is a Federally funded AIDS activity and requires that we provide syllabus material that accurately reflects your presentation topic. This material should include a **Primary Objective and Outline** of presentation. Optional items may include; hard copy of slides, list of references and article of choice, please keep to one page. **Therefore, it is absolutely essential that your syllabus material be returned to Niles Mayrand on or before November 15th to allow time for assembly and printing.**

Also enclosed is a General Information Sheet for course faculty. This sheet explains the syllabus to be given to course participants, and provides general information concerning travel, accommodations, meals, and presentations, including a summary of some new requirements of speakers at CME activities that have been recently implemented by national accreditation and oversight organizations. **A room will be reserved for you at the Bell Tower Hotel.** Please specify your housing requirements on the enclosed Guest Speaker Information Sheet.

I would appreciate receiving the following items from you:

- **Guest Speaker Information Sheet.** This sheet provides me with the information I need to anticipate your arrival, arrange for the audiovisual equipment for your presentation, and handle other necessary arrangements. Please use this information sheet to indicate any other needs you may have. In order to have adequate lead time to make these arrangements for you, I would appreciate receiving this information by **November 15th**.
- **Course syllabus materials** which will accompany your presentation. Please prepare camera-ready copies of your materials and send to me no later than **November 15th**. This will enable me to have adequate time to check and assemble the entire syllabus.
- **CME Faculty Disclosure Form.** This sheet provides me with the information I need to assemble the "disclosure" page for all speakers indicating significant relationships with relevant commercial companies that will appear in the course syllabus. Please return the completed form with your syllabus materials.

If you have any questions or require additional information, please feel free to contact me. I will be happy to answer questions or assist you in any way that I can.

Sincerely,

Niles Mayrand
Program Assistant
Enclosures

Office of Continuing Medical Education
The University of Michigan Medical School

GENERAL INFORMATION FOR GUEST SPEAKERS

National Requirements of Speakers at CME Activities

The Accreditation Council for Continuing Medical Education and the Association of American Medical Colleges have new standards and guidelines that are related to commercial relationships and CME activities. Requirements of speakers are summarized below.

- If you discuss a non-approved (i.e., "unlabeled") use of any product, you must tell the audience that the use is investigational or not labeled.
- Presentations (singly or in combination) must give a balanced view of therapeutic options.
- You must disclose whether you have current significant relationships (e.g., research funding, self-managed equity position, consultancy, honoraria) with commercial companies whose products you will discuss. [Note: a form is attached for this purpose.]
- You should generally have no direct dealings with commercial companies (and their paid intermediaries) regarding the CME activity.

The Course Syllabus

One of the more important aspects of the course is the syllabus given to participants. The materials greatly increase the participants' ability to organize and retain the information and to review it later when relevant circumstances occur. In evaluations of courses, participants often comment on the quality of syllabus materials and their importance.

Course faculty need not adhere to a fixed format in preparing materials to accompany presentations. The content is usually an outline or a summary of the material in the presentation; presentations should follow the outline. Copies of slides and other visual aids enable participants to listen without having to copy material. A bibliography or a short article can provide a useful guide to more detailed information. Copies of several articles are discouraged because they are not likely to be read and are less helpful than a summary of the important points with references to the articles.

The Office of Continuing Medical Education produces several dozen courses annually with each Program Assistant responsible for several courses simultaneously. The timetables for handling several courses make it difficult to accommodate late material. **Submission of materials by the expected date is greatly appreciated and camera ready copies of the materials are needed for ensuring a quality and efficiently prepared syllabus.**

Travel, Meals, and Lodging

Travel, meals, and lodging expense of guest faculty are paid as part of the course expenses.

Personal car use is reimbursed at 25¢ per mile. However, we cannot pay for rental cars unless the expense of taxis would be greater.

Allowable expenses should be itemized and submitted to the Program Assistant along with the "Travel/Host Expense Report." This form will be given to all speakers at the conference.

You will be reimbursed for the cost of meals at the conference hotel and at other locations. Receipts are required for any expense over \$25. **Stubs are not allowable as receipts.** Cash register receipts or original credit card receipts are required for expenses over \$25.00.

University policies prevent the payment of expenses not directly related to the course. Examples of non-covered expenses include travel expenses for a spouse, personal long distance phone charges, lodging prior to or following the conference, entertainment including sports activities, and private purchases.

GENERAL INFO CON't

Reimbursement for expenses: Your signature will be requested on a reimbursement form when you check in at the course. At the conclusion of your travel, please send a list of your expenses (with appropriate receipts) to the Program Assistant for your course. Returning your list of expenses within 30 days of the course will facilitate the processing of your reimbursement. The Program Assistant will complete the reimbursement form and forward it to the University Travel Audit Office. That office authorizes University Financial Operations to prepare and send the reimbursement check to you. You should receive your reimbursement approximately three to four weeks from the time you submit your expenses.

Honorarium Payment

Honorarium payments are processed separately from travel reimbursements. Guest faculty should receive the payment by mail approximately two to three weeks following the course. For international visitors and others for whom the mailing of a payment poses difficulties, with prior notification of 3 to 4 weeks we can make special arrangements for the check to be prepared in advance and have it available at the course.

The University of Michigan provides an option of directing your honorarium payments to a private corporation if you choose not to receive payment directly. If you wish to take advantage of this option, indicate the tax identification number of your corporation on the attached Guest Speaker Information sheet along with an invoice or letter confirming your wishes.

Other Information and Materials

Please check in at the speaker registration desk when you arrive. You will be given a copy of the course syllabus, your lunch tickets, a name badge, and the expense form (for signature). You will also be informed of the small details relevant to your presentation (such as the location of the projectionist booth) and any last minute program modifications.

Before, during, and after the course the Program Assistant for the course and the entire staff of the Office of Continuing Medical Education and the Towsley Center will be happy to answer any remaining questions you may have and to make arrangements to facilitate your visit.

GENERAL INFO CONT

Travel and Expense Policies for Guest Speakers at All Continuing Medical Education Conferences

As an integral part of the University of Michigan, the Office of Continuing Medical Education adheres to general University policies in extending invitations to participate in courses. The policies that typically are relevant to guest speakers are summarized below. If you have any questions about specific situations or alternatives, please check with the Program Assistant for your course.

The University of Michigan will pay for the following expenses:

Air travel:

Prepaid roundtrip airline tickets are issued for coach class air travel to CME courses through Travel Centre in Ann Arbor. If speakers make arrangements beyond those required for participation in the course (either additional destination or changes in plans), they are responsible directly to Travel Centre for any additional charge prior to the release of airline tickets.

Ground transportation:

Personal car at 25¢/mile or limousine to and from Detroit Metropolitan Airport; and any ground transportation at your destination except rental car. (Rental cars are allowable if cost is less than alternative ground transportation.)

Hotel accommodations:

Arrangements for accommodations at the conference site will be made by the Program Assistant. Single lodging only for the nights preceding course participation will be billed directly to the course account. Any incidental expenses incurred at the hotel will not be put on the course account, but should be paid at checkout by the speaker. Allowable expenses should then be itemized and submitted to the Program Assistant along with the "Travel/Host Expense Report." This form will be given to all speakers at the conference.

Meals:

The University of Michigan Medical School meal and entertainment limits established by the Dean's office (April 17, 1990) are "lunch, \$17.00" and "dinner, \$55.00." "These limits are the maximum amount that will be reimbursable. It is expected that the average expenditure will generally fall significantly below these limits." Note that the University Travel Audit Office requires regular documentation (receipts) for expenses that exceed \$10.00 for lunch and \$25.00 for dinner.

Receipts are required for any expense over \$25. **Stubs are not allowable as receipts.** Cash register receipts or original credit card receipts are required for expenses over \$25.00.

The University will **not** pay for:

Travel expenses for family or guest.

Rental cars (unless cost is less than alternative ground transportation).

Any other expenses not directly related to the conference - e.g., pre and post-conference lodging, entertainment including sports activities, or private purchases.

Long distance telephone calls that are not course related.

Office of Continuing Medical Education
The University of Michigan Medical School
Ann Arbor, Michigan 48109-0201

CME Faculty Disclosure of Significant Relationships
with Relevant Commercial Companies

CME Faculty Member: _____

CME Activity: _____

CME Activity Date: _____

The Accreditation Council for Continuing Medical Education and the Association of American Medical Colleges have announced standards and guidelines to insure that the individuals attending CME activities are aware of relationships with commercial companies that could potentially affect the information presented. The University of Michigan Medical School has endorsed the require-ment that faculty for an educational activity disclose to participants the presence of significant relationships with commercial companies whose products are discussed in their presentations. (Significant relationships include receiving research grants, consultancies, honoraria and travel, or other benefits from a company or having a self-managed equity interest in a company.)

No specific guidelines have been suggested regarding the recency and value of a relationship. The individual making the disclosure is expected to consider the circumstances for a specific relationship and determine if others will perceive the relationship to have a potential to influence the development or presentation of the activity. As a relationship becomes less recent (e.g., a grant completed five years ago compared to a current grant) and as a relationship has less value (e.g., a \$200 consulting fee compared to a \$20,000 consulting fee) the relationship is less likely to be currently "significant."

The disclosure of a significant relationship does not suggest or condone bias in any presentation. Disclosure is to provide participants with information that might be of potential importance to their evaluation of a presentation.

In regard to this requirement:

☐ No disclosure need be made for me since my presentation(s) will not refer to products of a commercial company with which I have a significant relationship.

☐ I have a significant relationship with the following commercial companies whose product(s) I will refer to in my presentation(s).

(If more companies are to be listed, continue on an attached sheet.)

Signed: _____

Date: _____

PLEASE RETURN THIS COMPLETED FORM
WITH YOUR SYLLABUS MATERIALS BY November 15 TO:

Niles Mayrand
Office of Continuing Medical Education
P.O. Box 1157
Ann Arbor, MI 48106-1157

OFFICE OF CONTINUING MEDICAL EDUCATION
THE UNIVERSITY OF MICHIGAN MEDICAL SCHOOL
ANN ARBOR, MICHIGAN 48109-0201

GUEST SPEAKER INFORMATION SHEET

HEALING AIDS
DECEMBER 2, 1993

Name _____

Social Security Number _____

Home Address _____

City/State/Zip _____

Home Phone _____ Business Phone _____

TRAVEL:

_____ I have made my air travel plans, arriving at Detroit Metro Airport on _____

via _____, Flight # _____ at _____
(Airline) (date) (time)

PLEASE NOTE: We request that air travel arrangements be made through Travel Centre in Ann Arbor. Prepaid roundtrip airline tickets will be issued to guest speakers for coach class air travel. It is important that you contact Travel Centre at (800) 728-6571 or (313) 973-9206 within the (313) area code and Canada and identify yourself as a guest speaker for a University of Michigan CME course. Agents at Travel Centre will assist you in making your arrangements. Call Monday through Friday, 9:00 a.m. to 5:30 p.m. or Saturday, 10:00 a.m. to 1:00 p.m. If speakers make arrangements beyond those required for participation in the course (either additional destination or changes in plans), they are responsible directly to Travel Centre for any additional charges prior to the release of airline tickets.

ACCOMMODATIONS:

A room has been reserved for you at the (Bell Tower) Confirmation # 21513.
A limo service will meet you at the baggage area on December 2, at 3:30p.m.
They are aware of your flight plans and speaking arrangements at Towsely.

Please reserve X single bedroom or _____ double bedroom for _____ persons for the following nights:

_____ Monday _____ Tuesday _____ Wednesday X Thursday

Special Requirements:

*PLEASE INFORM ME, IF YOU ONLY HAVE CARRY ON LUGGAGE
AND I WILL HAVE LIMO MEET YOU AT TERMINAL.*

EQUIPMENT/AUDIOVISUAL:

LECTURE

_____ I will not require any special equipment.
_____ I request the following for my lecture:
_____ Single Slide Projector and Screen
_____ Dual Slide Projectors and Screens
_____ Overhead Projector and Screen
_____ Microphone (lavalier)
_____ Pointer
_____ VHS 1/2" Playback and Monitor
_____ VHS 3/4" Playback and Monitor

WORKSHOP

_____ I will not require any special equipment.
_____ I request the following for my workshop:
_____ Single Slide Projector and Screen
_____ Dual Slide Projectors and Screens
_____ Pointer
_____ Blackboard/Chalk/Eraser
_____ Flip Chart with Pad and Markers
_____ Easel (no pad)
_____ Other (Please specify)

MATERIAL FOR COURSE SYLLABUS:

Deadline Date: NOVEMBER 15

Outline is attached: _____

Will submit by: _____

OTHER NEEDS:

If your honorarium is to be paid to a private corporation:

Name _____

Address _____

Tax Identification Number (if private corporation) _____

PLEASE NOTE: University of Michigan policy requires you to submit an invoice (letter) requesting that your honorarium be paid to the above corporation. Please include corporation name, address and tax ID number in your request.

PLEASE RETURN COMPLETED FORM BY November 15 TO:

Niles Mayrand
Program Assistant
The University of Michigan Medical School
Office of Continuing Medical Education
G2111 Towsley Center, Box 0201
Ann Arbor, Michigan 48109-0201

If you have any questions, please call the Towsley Center for Continuing Medical Education (313) 763-1400.
(FAX (313) 936-1686)

MEMORANDUM

video



TO: Ms. Kristine Gebbie
Healing AIDS Conference

NOV 30 1993

FROM: Niles Mayrand
Program Assistant

DATE: November 24, 1994

RE: Hotel Accommodations, Travel Arrangements, AV Requirements

This memo is to confirm the information you have provided me regarding your arrival, accommodations, and other details for the Healing AIDS Conference December 2, 1993.

ACCOMMODATIONS:

All faculty will be housed at: **THE BELL TOWER**
300 South Thayer
Ann Arbor, MI 48104
(313) 769-3010 or (800) 999-8693

Your Nights of Stay: **December 2, 1993**
Conformation Number: **#21513**

B74 65 sat
800 456 1704

FLIGHT INFORMATION:

Date of Arrival: December 2, 1993
Airline/Flight #: Northwest Airlines/ Flight 237
Time of Arrival: 3:30pm

Transportation will be provided between the airport and Towsley Center. The limousine personnel will be waiting for you in the luggage pick-up with a sign. If you only have a carry on bag and won't need to pick up luggage please, contact me and I will inform Limousine service to meet you at your arrival gate.

AV REQUIREMENTS:

You will require the following: No special requirements

You are scheduled to speak at 5pm at the Towsley Center.

If any of the above information has changed, please notify me as soon as possible. I look forward to meeting all of you. Let me know if you require any additional information from me. I hope that you have safe flights. Thanks for your cooperation.

Office of Continuing Medical Education
The Towsley Center for Continuing Medical Education
The University of Michigan Medical Center
Ann Arbor, Michigan 48109-0201



Kristine Gebbie, RN
National AIDS Policy Coordinator
Executive Office of President
750 17th N.W.
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Washington, D.C. 20503

Clinton Presidential Records Digital Records Marker

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This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

Healing AIDS: HIV Primary
Care Conference

8pgs

The University
of Michigan
ECAETC
East Central AIDS
Education &
Training Center

and

The Michigan
Department
of Public Health
HAPIS Office

present

Healing AIDS

HIV Primary Care Conference

For Physicians • Physicians' Assistants
Nurse Practitioners • Mental Health Professionals



Two Dates and Locations

Thursday, December 2, 1993
Ann Arbor, Michigan

•

Thursday, December 9, 1993
Kalamazoo, Michigan

FAX TRANSMITTAL

The University of Michigan
Department of Postgraduate Medicine
and Health Professions Education

TO:

STEVE LEE

FAX NUMBER:

202-632-1096

FROM:

NILES MAYRAND

FAX NUMBER:

(313) 936-1641

PHONE NUMBER:

(313) 936-1686

Date:

11/8/93

Number of pages (excluding cover sheet):

8

Account Number:

**OFFICE OF CONTINUING MEDICAL EDUCATION**

Department of Postgraduate Medicine and Health Professions Education
The University of Michigan Medical School
The Towsley Center for Continuing Medical Education, Box 0201
Ann Arbor, Michigan 48109-0201
(313) 763-1400



Kristine Gebbie
National Aids Policy Coordinator
Executive Office of The President
750-17th Northwest Ste. 1060
Washington DC, 20503

November 8, 1993

Dear Ms. Gebbie:

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Niles Mayrand
Program Assistant
Enclosures

Office of Continuing Medical Education
The University of Michigan Medical School

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GENERAL INFO CONT

Travel and Expense Policies for Guest Speakers at All Continuing Medical Education Conferences

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Prepaid roundtrip airline tickets are issued for coach class air travel to CME courses through Travel Centre in Ann Arbor. If speakers make arrangements beyond those required for participation in the course (either additional destination or changes in plans), they are responsible directly to Travel Centre for any additional charge prior to the release of airline tickets.

Ground transportation:

Personal car at 25¢/mile or limousine to and from Detroit Metropolitan Airport; and any ground transportation at your destination except rental car. (Rental cars are allowable if cost is less than alternative ground transportation.)

Hotel accommodations:

Arrangements for accommodations at the conference site will be made by the Program Assistant. Single lodging only for the nights preceding course participation will be billed directly to the course account. Any incidental expenses incurred at the hotel will not be put on the course account, but should be paid at checkout by the speaker. Allowable expenses should then be itemized and submitted to the Program Assistant along with the "Travel/Host Expense Report." This form will be given to all speakers at the conference.

Meals:

The University of Michigan Medical School meal and entertainment limits established by the Dean's office (April 17, 1990) are "lunch, \$17.00" and "dinner, \$55.00." "These limits are the maximum amount that will be reimbursable. It is expected that the average expenditure will generally fall significantly below these limits." Note that the University Travel Audit Office requires regular documentation (receipts) for expenses that exceed \$10.00 for lunch and \$25.00 for dinner.

Receipts are required for any expense over \$25. Stubs are not allowable as receipts. Cash register receipts or original credit card receipts are required for expenses over \$25.00.

The University will not pay for:

Travel expenses for family or guest.

Rental cars (unless cost is less than alternative ground transportation).

Any other expenses not directly related to the conference - e.g., pre and post-conference lodging, entertainment including sports activities, or private purchases.

Long distance telephone calls that are not course related.

Overview

East Central AIDS Educational and Training Center (ECAETC) is dedicated to training and education of health professionals serving Michigan, Ohio, Kentucky and Tennessee. The University of Michigan site proudly offers two educational sessions in HIV Primary Care.

Objective

Provide information for Physicians, Physician Assistants, Nurse Practitioners, and Mental Health Specialists about current developments in the primary care and specialized treatment of HIV spectrum disorders.

Procedure

All 1993 didactic component consists of a one day program on topics including primary care of patients with HIV and AIDS. This day long program is held on two dates: December 2, in Ann Arbor, and December 9, 1993, in Kalamazoo. In an effort to provide an overview of the treatment strategies for HIV/AIDS care, each conference session will be addressed by specialists from a variety of disciplines.

Continuing Education Credit

The University Of Michigan Medical Center is accredited by the Accreditation Council For Continuing Medical Education (ACCME) To Sponsor Continuing Education For Physicians. The University Of Michigan Medical Center designates this Continuing

Medical Activity for 7.0 Credit Hours in Category 1 of The Physician's Recognition Award of the American Medical Association. Application for 7 Continuing Education Units (CEU) have been made.

A Fee Of \$10 will be charged for the processing of CME/CEU Credit for Non-University Of Michigan Faculty and Staff. Please include the CME/CEU fee in your registration reply.

The deadline for mail registration is November 21, 1993. Late reservations will be accepted through December 1, 1993. Please call the Registrar first for availability of space.

Telephone Registration

1-800-962-3555 or
(313) 935-9800

2 Information

For information, call or FAX the site director below. If you wish more information sent to you regarding hands-on clinical site training, check the space on the Conference Registration Form.

ECAETC Site Director

The University of Michigan
Room B3906 CFOB
1414 Catherine Place
Ann Arbor, Michigan 48109-0704
Telephone (313) 936-3936
FAX (313) 764-3560

3 Didactic Program Ann Arbor

December 2, 1993

Location

Sheldon Auditorium
Towsley Center
University Of Michigan Medical Center
Ann Arbor, Michigan

Invited Speaker

Robert Johnson, MD, FAAP
Special Population HIV Primary Care
Across The HIV/AIDS Spectrum

Registration

8:00 am - 9:00 am
Continental Breakfast Provided

HIV Primary Care Issues

9:00 am to 12:00 Noon

- "Primary Care/Family Practitioners Early HIV Diagnosis And Intervention"
Rod Hayward, MD
- "Infectious Disease Practitioners: Diagnosis And Treatment Of AIDS"
Charles Craig, MD
- "Psychosocial Issues In Primary Care HIV-Spectrum Illness"
David Ostrow, MD, PhD

Lunch Provided

12:00 pm - 1:00 pm

Special Population HIV Primary Care

1:00 pm - 5:30 pm

- "Adolescents And Children: Focus On Primary Care And Psychosocial Care Across The HIV/AIDS Spectrum"
Robert Johnson, MD, FAAP
- "Women: Focus On Primary Care And Psychosocial Care Across The HIV Spectrum"
Carol Chenoweth, MD
- Panel Discussion Composed Of People Affected By HIV.
Panel participants will represent various views drawn from personal experience.
- "Understanding The World We Live In: The Pandemic Of AIDS In The 90's"
Cynthia Wrentmore, BSN, RN
Washtenaw County Health Department

Ep: KRISTINE GEBB

*GUEST INFO SHEET CONT***MATERIAL FOR COURSE SYLLABUS:**Deadline Date: NOVEMBER 15

Outline is attached: _____

Will submit by: _____

OTHER NEEDS:

If your honorarium is to be paid to a private corporation:

Name _____

Address _____

Tax Identification Number (if private corporation) _____

PLEASE NOTE: University of Michigan policy requires you to submit an invoice (letter) requesting that your honorarium be paid to the above corporation. Please include corporation name, address and tax ID number in your request.

PLEASE RETURN COMPLETED FORM BY November 15 TO:

Niles Mayrand
Program Assistant
The University of Michigan Medical School
Office of Continuing Medical Education
G2111 Towsley Center, Box 0201
Ann Arbor, Michigan 48109-0201

If you have any questions, please call the Towsley Center for Continuing Medical Education (313) 763-1400.
(FAX (313) 936-1686)

Office of Continuing Medical Education
The University of Michigan Medical School
Ann Arbor, Michigan 48109-0201

CME Faculty Disclosure of Significant Relationships
with Relevant Commercial Companies

CME Faculty Member: _____

CME Activity: _____

CME Activity Date: _____

The Accreditation Council for Continuing Medical Education and the Association of American Medical Colleges have announced standards and guidelines to insure that the individuals attending CME activities are aware of relationships with commercial companies that could potentially affect the information presented. The University of Michigan Medical School has endorsed the requirement that faculty for an educational activity disclose to participants the presence of significant relationships with commercial companies whose products are discussed in their presentations. (Significant relationships include receiving research grants, consultancies, honoraria and travel, or other benefits from a company or having a self-managed equity interest in a company.)

No specific guidelines have been suggested regarding the recency and value of a relationship. The individual making the disclosure is expected to consider the circumstances for a specific relationship and determine if others will perceive the relationship to have a potential to influence the development or presentation of the activity. As a relationship becomes less recent (e.g., a grant completed five years ago compared to a current grant) and as a relationship has less value (e.g., a \$200 consulting fee compared to a \$20,000 consulting fee) the relationship is less likely to be currently "significant."

The disclosure of a significant relationship does not suggest or condone bias in any presentation. Disclosure is to provide participants with information that might be of potential importance to their evaluation of a presentation.

In regard to this requirement:

☐ No disclosure need be made for me since my presentation(s) will not refer to products of a commercial company with which I have a significant relationship.

☐ I have a significant relationship with the following commercial companies whose product(s) I will refer to in my presentation(s).

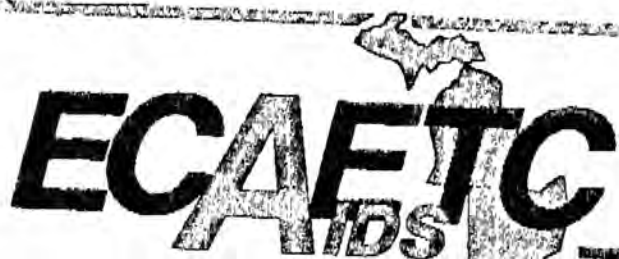
(If more companies are to be listed, continue on an attached sheet.)

Signed: _____

Date: _____

PLEASE RETURN THIS COMPLETED FORM
WITH YOUR SYLLABUS MATERIALS BY November 15 TO:

Niles Mayrand
Office of Continuing Medical Education
P.O. Box 1157
Ann Arbor, MI 48106-1157



East Central AIDS Education and Training Center

University of Michigan Site
3906 Clinical Faculty Office Bldg.
1415 Catherine St.
Ann Arbor, MI 48109-0704
Phone (313) 936-3936
FAX (313) 764-3560

1 October 1993

To: Retina Holmes

From: Rodd Myers, M.U.P.

RE: Speaking engagement.

Dear Ms. Holmes:

Per Dr. David Ostrow's instructions I am faxing to you an outline of the upcoming conference he and Ms. Gebbie have been talking about. We are interested in her speaking at anytime on December, 2 1993 between the hours of 9:00 AM and 5:00 PM.

She advised Dr. Ostrow that we were to fax you the information; stating that you keep her schedule and she was uncertain as to exactly what the particulars were.

Thank you for your time and consideration concerning this matter. Please contact me if you have any questions.

Sincerely,

Rodney Myers, M.U.P.
Program Coordinator, ECAETC-UM

Enclosure

Center Headquarters

The Ohio State University
Department of Family Medicine
1314 Kinnear Road, Area 300
Columbus, Ohio 43212-1194
614-292-1400
FAX: 614-292-4056

Regional Sites

The Ohio State University
The University of Cincinnati
University of Kentucky
Meharry Medical College

University of Michigan
Michigan State University
Wayne State University

The Care Of AIDS**SCHEDULE DECEMBER 2, 1993****Sheldon Auditorium****Towsley Center****The University Of Michigan Medical School****Registration 8:00 a.m. To 9:00 a.m.****Continental Breakfast Provided****Basic HIV/AIDS 101****9:00 to 12:00**

- Primary Care/Family Practitioners Early HIV Diagnosis And Intervention.
Dr. Rod Hayward Of The University Of Michigan Medical Center
- Infectious Disease Practitioners: Diagnosis And Treatment Of AIDS.
Dr. Charles Craig Of St. Joseph Mercy Hospital, Catherine McAuley Health System
- Psycho/Social Issues In Primary Care HIV-Spectrum Illness.
Dr. David Ostrow Of The University Of Michigan Medical Center

Lunch Provided 12:00 a.m. To 1:00 p.m.**Special Population HIV Primary Care****1:00 to 5:00**

- Adolescents And Children: Focus On Primary Care And Psycho/Social Care Across The HIV/AIDS Spectrum.
Dr. Robert Johnson Of The New Jersey Medical School
- Women: Focus On Primary Care And Psycho/Social Care Across The HIV Spectrum.
Dr. Carol Chenoweth Of The University Of Michigan Medical Center
- Panel Discussion Composed Of People Affected By HIV. Panel Participants Will Represent Various Views Drawn From Personal Experience.
Panel Speakers
- Understanding The World We Live In-The Pandemic Of AIDS In The 90'S.
Cynthia Wrenumore Of The Washtenaw County Health Department

OFFICE OF CONTINUING MEDICAL EDUCATION
THE UNIVERSITY OF MICHIGAN MEDICAL SCHOOL
ANN ARBOR, MICHIGAN 48109-0201

GUEST SPEAKER INFORMATION SHEET

HEALING AIDS
DECEMBER 2, 1993

Name Kristine M. Gebbie
Social Security Number 585 10 2864
Home Address 750 17th Street NW Suite 1060
City/State/Zip Washington DC
Home Phone _____ Business Phone 202.632.1090
TRAVEL:

I have made my air travel plans, arriving at Detroit Metro Airport on 12/2
via NW, Flight # 237 at 3:30 pm
(Airline) (date) (time)

PLEASE NOTE: We request that air travel arrangements be made through Travel Centre in Ann Arbor. Prepaid roundtrip airline tickets will be issued to guest speakers for coach class air travel. It is important that you contact Travel Centre at (800) 728-6571 or (313) 973-9206 within the (313) area code and Canada and identify yourself as a guest speaker for a University of Michigan CME course. Agents at Travel Centre will assist you in making your arrangements. Call Monday through Friday, 9:00 a.m. to 5:30 p.m. or Saturday, 10:00 a.m. to 1:00 p.m. If speakers make arrangements beyond those required for participation in the course (either additional destination or changes in plans), they are responsible directly to Travel Centre for any additional charges prior to the release of airline tickets.

ACCOMMODATIONS:

A room has been reserved for you at the (Bell Tower) Confirmation # 21513.
A limo service will meet you at the baggage area on December 2, at 3:30 p.m.
They are aware of your flight plans and speaking arrangements at Towsely.

Please reserve X single bedroom or _____ double bedroom for _____ persons for the following nights:
_____ Monday _____ Tuesday _____ Wednesday X Thursday

Special Requirements:

EQUIPMENT/AUDIOVISUAL:

LECTURE

☒ I will not require any special equipment.
☐ I request the following for my lecture:
_____ Single Slide Projector and Screen
_____ Dual Slide Projectors and Screens
_____ Overhead Projector and Screen
_____ Microphone (lavaliere)
_____ Pointer
_____ VHS 1/2" Playback and Monitor
_____ VHS 3/4" Playback and Monitor

WORKSHOP

_____ I will not require any special equipment.
_____ I request the following for my workshop:
_____ Single Slide Projector and Screen
_____ Dual Slide Projectors and Screens
_____ Pointer
_____ Blackboard/Chalk/Eraser
_____ Flip Chart with Pad and Markers
_____ Easel (no pad)
_____ Other (Please specify)