

AANP Continuing Education PLANNER Disclosure

Name: Lisa Paplanus

Contact Phone: 917 488 6397

Contact E-Mail: lisa.paplanus@nyumc.org

SECTION I: DISCLOSURE OF FINANCIAL RELATIONSHIPS

AANP adopts the ACCME definition of commercial interest which is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. By definition, this does not include most non-profit organizations (non-profit organizations that advocate for commercial interest are not eligible for AANP accreditation), government organizations, or non-health care organizations. The AANP does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for AANP accreditation.

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Within 12 Months of the date of this form, have you and/or your spouse/partner had a financial relationship or other affiliation with a commercial interest?

☒ No (complete Section III)

☐ Yes (complete Sections II & III)

Signature Lisa Paplanus Date: 12/4/16
(Electronic signature accepted: Typed name with date indicates electronic verification of the information provided)

SECTION II: NATURE OF THE FINANCIAL RELATIONSHIPS

Please indicate the names of the organization(s) with which you and/or your spouse/partner have a financial relationship or interest, what was received, the role, and the specific clinical areas that correspond to the relationship. Please complete all columns for each organization. If more than five relationships, please list on separate page:

Company with which Relationship Exists (indicate self or spouse/partner)	What was received? (e.g., honoraria, salary, consulting fee, stocks or stock options, royalty, travel, etc.)	For what role? (e.g., Speakers' Bureau, employment, consultant, advisory board, research, etc.)	For what clinical area/disease state?
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.
5.	5.	5.	5.

SECTION III: COMPLIANCE WITH AANP ACCREDITATION POLICY

(This section **MUST** be completed; please **initial** each statement below indicating you have read, understand, and are willing to comply)

- ☐ **LP** ☐ I attest that the CE content for which I am responsible will be evidence-based, fair and balanced, unbiased, and free from commercial interest control.
- ☐ **LP** ☐ No promotional activities Ely occur during CE events. This includes distribution of product brochures or product information in conjunction with the educational activity or handouts. No slides or handouts developed by a commercial interest Ely be used during presentations. **I agree to not promote any specific proprietary or commercial business interest in my role as planner or faculty/speaker.**
- ☐ **LP** ☐ I understand that an employee of a commercial interest Ely NOT serve as a faculty or planner of CE accredited by AANP if the educational content that the employee controls relates to the products and/or services of the commercial interest employer. If the content DOES NOT relate to the products and/or services of the commercial interest employer, the employee Ely be eligible to serve as speaker or planner, but the educational content must be reviewed (should be sent with the application) before approval of CE credit will be considered.
- ☐ **LP** ☐ I understand programs with faculty serving on an industry Speakers' Bureau in related clinical areas will be considered, providing requirements are completed and details submitted prior to the activity's accreditation. A review of education content materials is required for activities covering the same clinical area as a faculty member's Speakers' Bureau activities and the materials must be submitted with the application for approval to be considered. **AANP reviewers Ely determine the need for an independent peer review, which will be the responsibility of the CE planner/provider to obtain from qualified peer reviewer (see definition of independent peer review in policy).**
- ☐ **LP** ☐ I understand that if planners or faculty engage in a financial relationship with a proprietary entity after the CE program has been granted AANP accreditation, but before the educational activity has been implemented/delivered, AANP must be notified and a new disclosure form must be provided. A second review for approval will become necessary before the activity can be delivered.
- ☐ **LP** ☐ I understand that if changes are made to educational presentation/material(s) after the CE program has been granted AANP accreditation, but before the educational activity has been implemented/delivered, I must alert AANP and provide information/documentation on the changes. A second review for approval will become necessary before the activity can be delivered.
- ☐ **LP** ☐ If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest Ely exist, and I Ely be asked to provide additional information.
- ☐ **LP** ☐ I understand that failure to disclose, false disclosure, or inability to resolve conflicts of interest will require the CE Provider to identify a replacement.

Signature: Lisa Paplanus **Date:** 12/4/16

(Electronic Signature accepted: Typed name with date indicates electronic verification of the information provided).

AANP Continuing Education FACULTY Biographical Data Form

Name: Patricia Daly Chibbaro

Degree(s): BSN, MSN, CPNP

Contact Phone: (212) 263-5205

EMail: patricia.chibbaro@nyum.org

I: EMPLOYMENT INFORMATION

Present Employer: NYU Langone Medical Center

Current Title: Pediatric Nurse Practitioner for Craniofacial surgery

Current Position Description: Pat Chibbaro is the premier pediatric surgical NP in the plastic surgery department specializing in pediatric craniofacial surgery. She is a key member of the Craniofacial, Cleft Lip/Palate, Microtia, Ophthalmic, Vascular Anomaly and Hand/Upper Extremity Conference Teams. She provides pre/postoperative evaluation/management, teaching, ongoing counseling and support to pediatric, adolescent and young adult patients and their families. She is directly involved with prenatal counseling/education with parents as well as in the administrative / coordination aspects of the surgical process. Pat provides in-service education about craniofacial disorders to pediatric inpatient and day surgery recovery room nursing staff. She functions as the liaison between the patient/family and all of the health care professionals involved in the care of the patient. She has developed written educational materials for patients, families and health professionals throughout the medical center. She is recognized as the expert in the management of pediatric patients with craniofacial abnormalities both within the medical center and worldwide.

II: EDUCATIONAL BACKGROUND

Degree	Institution (Name, City, State)	Major Area of Study	Year Completed
PNP Certificate Program	University of Colorado Health Sciences Center, Denver, Colorado	Parent-Child Nursing, Specialization in Ambulatory Pediatrics	1988
MSN	University of Colorado Health Sciences Center, Denver, Colorado	Nursing	1982
BSN	State University of New York, Albany, NY	Nursing	1978

III: BRIEFLY SUMELRIZE PROFESSIONAL EXPERIENCE/EXPERTISE RELATED TO TOPIC:

Ms. Chibbaro is a member of the Craniofacial, Cleft Lip/Palate, Microtia, Ophthalmic, Vascular Anomaly and Hand/Upper Extremity Conference Teams. She is the key provider seeing her patients pre/postoperatively providing evaluation/management, teaching, ongoing counseling and support to her pediatric, adolescent and young adult patients and their families. She is intimately involved with prenatal counseling/education with parents and develops lasting relationships with her pediatric patients and their families. Pat provides in-service education about craniofacial disorders to pediatric inpatient and day surgery recovery room nursing staff and is recognized as the expert in her field. She functions as the liaison between the patient/family and all of the health care professionals involved in the care of the patient both within and outside of the medical center. Pat has developed the written educational materials utilized for patient, family and health professional education. In addition, Pat has over 35 years of experience as a Pediatric Nurse Practitioner, has given over 69 presentations at national and international conferences and has published widely. She is also an active, integral member of the NP Mentorship and NP Clinical Ladder Councils at her medical center which supports the professional development of her fellow pediatric NP providers so that they can render the best possible care to the pediatric patients and families that they serve.

IV: FACULTY DISCLOSURE FORM

All faculty must complete the AANP Continuing Education FACULTY Disclosure form (see separate form).

Signature: *Patricia D. Chibbaro, RN, MSN, CPNP*

Date: 12/4/16

(Electronic Signature accepted: Typed name with date indicates electronic verification of the information provided).

AANP Continuing Education FACULTY Disclosure

Name: Patricia D. Chibbaro

Contact Phone: (212) 263-5205

Contact E-Mail: patricia.chibbaro@nyumc.org

Presentation Title: Pediatrics for NPs

A. SECTION I: DISCLOSURE OF FINANCIAL RELATIONSHIPS

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Within 12 Months of the date of this form, have you and/or your spouse/partner had a financial relationship or other affiliation with a commercial interest?

☒ No (complete Sections III & IV)

☐ Yes (complete Sections II, III, & IV)

Signature: *Patricia D. Chibbaro, BSN, MSN, CPNP*

Date: 12/4/16

(Electronic signature accepted: Typed name with date indicates electronic verification of the information provided)

SECTION II: NATURE OF THE FINANCIAL RELATIONSHIPS

Please indicate the names of the organization(s) with which you and/or your spouse/partner have a financial relationship or interest, what was received, the role, and the specific clinical areas that correspond to the relationship. **Please complete all columns for each organization.**
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1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.
5.	5.	5.	5.

The following questions are for those on a Speakers' Bureau for, or employed by, a commercial interest:

Have you participated in company-provided speaker training related to your proposed topic?

☐ Yes

☒ No

Did you receive an honorarium or consulting fee for participating in this training?

☐ Yes

☒ No

Did the company provide you with proprietary slides/materials for your presentations?

☐ Yes

☒ No

As faculty for the CE Provider seeking accreditation with AANP, do you intend to use slides/materials or content provided by a commercial interest for your presentation/handout?

☐ Yes

☒ No

Will your topic involve information or data obtained through training from a commercial interest?

☐ Yes

☒ No

SECTION III: DISCLOSURE OF OFF-LABEL/INVESTIGATIONAL USES OF PRODUCTS

(This section **MUST** be completed)

Will the content of your ELterial(s)/presentation(s) in the CE activity include discussion of unapproved or investigational uses of products or devices? ☐ Yes ☒ No

Please specify any off-label or investigational use: _____

SECTION IV: COMPLIANCE WITH AANP ACCREDITATION POLICY

(This section **MUST** be completed; please **initial** each statement below indicating you have read, understand, and are willing to comply)

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 PC I understand that failure to disclose, false disclosure, or inability to resolve conflicts of interest will require the CE Provider to identify a replacement or not offer CE credit for this activity.

Signature: *Patricia D. Chibbaro, RN, MSN, CPNP*

Date: 12/4/16

(Electronic Signature accepted: Typed name with date indicates electronic verification of the information provided).

AANP Continuing Education FACULTY Biographical Data Form

Name: Tracy L. McTiernan Degree(s): BSN, MA, CPNP
Contact Phone: (718) 816-8768 EMail: tracy.mctiernan@nyum.org

I: EMPLOYMENT INFORMATION

Present Employer: NYU Langone Medical Center Current Title: Pediatric Nurse Practitioner, Pediatric Surgery

Current Position Description: Tracy McTiernan is the premier pediatric surgical NP in the department of Pediatric General Surgery at the medical center. She is responsible for coordination of the Pediatric General Surgery service for inpatients and outpatients. She performs initial and ongoing assessments of all pediatric surgical patients, formulates treatment plans in collaboration with the surgical team, performs procedures, assumes responsibility for admissions, discharges and consultations. She collaborates closely with the most senior attending pediatric surgeon at the institution and with other subspecialties, residents and nurses to ensure continuity of clinical care for her pediatric surgical patients. Tracy places strong emphasis on patient and family teaching and on the education of all staff members on pediatric surgical diagnosis and treatment. She is recognized as the expert in the management of pediatric patients with craniofacial abnormalities both within the medical center and worldwide.

II: EDUCATIONAL BACKGROUND

Degree	Institution (Name, City, State)	Major Area of Study	Year Completed
MA & Advanced Practice Nursing Certificate Program, Pediatrics	New York University, New York, NY	Nursing; NP Certificate in Pediatrics	1999
BSN	Wagner College, Staten Island, New York	Nursing	1984

III: BRIEFLY SUMELRIZE PROFESSIONAL EXPERIENCE/EXPERTISE RELATED TO TOPIC:

Tracy McTiernan is the premier pediatric surgical NP in the department of Pediatric Surgery at the medical center. She is responsible for the coordination of the Pediatric General Surgery for inpatients and outpatients and ensures smooth transition into the medical center, safe / quality care for her inpatients, and a thorough, safe transitional plan at discharge. Tracy renders expert direct care to her pediatric patients and provides expert consultative service for pediatric patients. Through her commitment to patient / family and interdisciplinary staff education, Tracy ensures that the pediatric patients on the General Surgery Service obtain the safest, quality, evidence-based care possible. She is tireless in her efforts on behalf of her patients and families. Tracy has been also served as the Assistant Head Nurse for the General Surgery Operating Room for 9 years, a nurse clinician / charge nurse in the OR for 4 years and a staff nurse on a gynecological surgical unit for 2 years. She has a tremendous depth of knowledge in surgical care which she brings to bear in her position as chief NP for the Pediatric General Surgery service and shares it on an ongoing basis in her care delivery and nursing and interdisciplinary partnerships. In addition, Tracy has made presentations to

the Nursing Staff Development Department on the diagnosis and management of the infant with esophageal atresia and hypospadias and in children with ureteral reflux. She is an active, key member of the NP Mentorship Council and the NP Clinical Ladder Council which reflects her commitment to assisting in the continued professional role development for her Pediatric NP colleagues. She is the chairperson of the NP Clinical Ladder Review Committee which evaluates NP applications for promotion on the clinical ladder. Tracy is consummate professional and role model for all Pediatric NPs.

IV: FACULTY DISCLOSURE FORM

All faculty must complete the AANP Continuing Education FACULTY Disclosure form (see separate form).

Signature: *Tracy McTiernan, BSN, MA, CPNP*

Date: 12/4/16

(Electronic Signature accepted: Typed name with date indicates electronic verification of the information provided).

AANP Continuing Education FACULTY Disclosure

Name: Tracy McTiernan

Contact Phone: (718) 816-8768

Contact E-Mail: tracy.mctiernan@nyumc.org

Presentation Title: Pediatrics for NPs

B. SECTION I: DISCLOSURE OF FINANCIAL RELATIONSHIPS

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☒ No (complete Sections III & IV)

☐ Yes (complete Sections II, III, & IV)

Signature: *Tracy L. McTiernan, BSN, MAn, CPNP*

Date: 12/4/16

(Electronic signature accepted: Typed name with date indicates electronic verification of the information provided)

SECTION II: NATURE OF THE FINANCIAL RELATIONSHIPS

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☐ Yes ☒ No

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☐ Yes ☒ No

Did the company provide you with proprietary slides/materials for your presentations?

☐ Yes ☒ No

As faculty for the CE Provider seeking accreditation with AANP, do you intend to use slides/materials or content provided by a commercial interest for your presentation/handout?

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 PTM I understand that failure to disclose, false disclosure, or inability to resolve conflicts of interest will require the CE Provider to identify a replacement or not offer CE credit for this activity.

Signature: *Tracy L. McTiernan, BSN, MAN, CPNP*

Date: 12/4/16

(Electronic Signature accepted: Typed name with date indicates electronic verification of the information provided).

AANP CE Program Evaluation

Program Title: Pediatrics for NPs

Program ID # _____

(Required)

Date: 1/19/17

Location: Mt Sinai/Beth Israel, New York, NY

Circle the number that best fits your evaluation of this program:

4=strongly agree

3=agree

2=somewhat disagree

1=strongly disagree

As a result of completing the CE Activity:

1. After completing this activity, the participant will be able to achieve the following objectives:

- | | | | | |
|--|---|---|---|---|
| a) Identify appropriate radiologic studies for the diagnosis of common surgical emergencies in the newborn | 4 | 3 | 2 | 1 |
| b) Relate appropriate NP management strategies for the treatment of infant Emergencies | 4 | 3 | 2 | 1 |
| c) Discuss the role of the NP in the management of pediatric cleft lip / palate | 4 | 3 | 2 | 1 |
| d) Describe the major surgical approaches for the pediatric patient with craniofacial abnormalities | 4 | 3 | 2 | 1 |
| e) Participate in Question and Answer session | 4 | 3 | 2 | 1 |

2. The teaching methods used were appropriate to the objectives 4 3 2 1

3. The following speakers demonstrated expertise and effectiveness in the topic

- | | | | | |
|--|---|---|---|---|
| a. Tracy L. McTiernan, MA, CPNP | 4 | 3 | 2 | 1 |
| b. Patricia Daly Chibbaro, RN, MSN, CPNP | 4 | 3 | 2 | 1 |

4. The individual objectives/content topics were cohesive with one another. 4 3 2 1

5. The content was balanced (free of commercial bias). 4 3 2 1

6. Speaker(s) fully disclosed any conflict of interest and discussion of off-label usage of medication and/or medical devices at beginning of, or during, the presentation. 4 3 2 1

7. The environment was conducive to learning. 4 3 2 1

8. I would recommend this program to my colleagues. 4 3 2 1

9. What, if any, recommendations would you like to share for future improvement of this program?

10. Was the level of content for NPs: ☐ Too Basic? ☐ Just Right? ☐ Too Advanced?

11. What topics would you like to be offered in the future?

AANP CE Attendance Roster *

Program Title: Pediatrics for NPs

Program ID # _____

(Required)

Date: 1/19/17

Location: _Mt Sinai/Beth Israel, New York, NY_____

Total # of Participants: _____

Total # of NPs_____

____LP_____ Speaker informed audience of all COI per their disclosure included with this CE application.

(Initial Here)

Printed Name	Signature	License Number (or other unique numerical identifier)**	Member Y/N

* This form is provided as a courtesy to use as needed. You are not required to submit a ‘sign-in sheet’ with the post program reports. **AANP requires a roster with a unique identifier for each participant.**

** Do not submit participants’ full or partial social security numbers to AANP.

Sample Program Announcement

Nurse Practitioners of New York

Invites you to attend

Pediatrics for NPs

Speakers:

**Tracy McTiernan, MA, CPNP
Patricia Daly Chibbaro, MSN, CPNP**

Learning Objectives:

- Identify appropriate radiologic studies for the diagnosis of common surgical emergencies in the newborn.
- Relate appropriate NP management strategies for infant emergencies.
- Discuss the role of the NP in the management of pediatric cleft lip / palate.
- Describe the major surgical approaches for the pediatric patient with craniofacial abnormalities.
- Participate in Question and Answer session

Date/Time: Thursday January 19, 2017 at 6 p.m.

**Location: Mt Sinai/Beth Israel
10 Union Square E, New York, NY 10003**

NPNY CE CERTIFICATE

This is to certify that

(Name of participant or attendee)

has attended and successfully completed the educational activity

Pediatrics for NPs

This activity has been submitted to the American Association of Nurse Practitioners for approval for 2 contact hour(s) of continuing education (which includes (0) hour(s) pharmacology

Program ID # XXXXXX

This activity was planned in accordance with AANP Accreditation Standards and Policies .

Participant: Please claim only the portion of this program that you attended/successfully completed. ____ Contact hour(s).

Location: New York, NY
Date: 1/19/17

Coordinator: Lisa Paplanus, DNP, ACNP-BC, ANP-BC, RN-C, CCRN
Sponsor/Provider: Nurse Practitioners of NY