ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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Section 1. Identifying Information

1. Given Name (First Name): Susanne
2. Surname (Last Name): Roberts
3. Effective Date (07-August-2008): 27-April-2011

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

Corresponding Author's Name: Kevin P. Black

5. Manuscript Title: Reshaping Orthopaedic Resident Education in Systems-Based Practice

6. Manuscript Identifying Number (if you know it):

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	☐	☐	☑	Woodward Endowment for Medical Science Education		×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
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						ADD
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1. Board membership	☑	☐	☐			×
						ADD
2. Consultancy	☑	☐	☐			×
						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×

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						ADD
7. Payment for manuscript preparation	☑	☐	☐			×
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Katherine
2. Surname (Last Name): Wisener
3. Effective Date (07-August-2008): 24-February-2011

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

Corresponding Author's Name: Kevin P. Black

5. Manuscript Title: Reshaping Orthopaedic Resident Education in Systems-Based Practice

6. Manuscript Identifying Number (if you know it):

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	☐	☐	☑	Woodward Endowment for Medical Sciences Education	Penn State Hershey Medical Center Grant	×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×
						ADD
7. Other	☑	☐	☐			×
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						ADD
2. Consultancy	☑	☐	☐			×
						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
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						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
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Section 1. Identifying Information

1. Given Name (First Name): Elizabeth
2. Surname (Last Name): Stacey
3. Effective Date (07-August-2008): 24-February-2011

4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author's Name: Kevin P. Black

5. Manuscript Title: Reshaping Orthopaedic Resident Education in Systems-Based Practice

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						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
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						ADD
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						ADD
2. Consultancy	☑	☐	☐			×
						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
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						ADD
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Section 1. Identifying Information

1. Given Name (First Name): Daniel
2. Surname (Last Name): Pratt
3. Effective Date (07-August-2008): 18-April-2011

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

Corresponding Author's Name: Kevin P. Black

5. Manuscript Title: Reshaping Orthopaedic Resident Education in Systems-Based Practice

6. Manuscript Identifying Number (if you know it):

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1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☐	☑	☐	Woodward Foundation - Hershey Medical Center, Penn State		×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD

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6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×
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7. Other	☑	☐	☐			×
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						ADD
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						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
7. Payment for manuscript preparation	☑	☐	☐			×
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
						ADD

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Section 1. Identifying Information

1. Given Name (First Name): Andrea
2. Surname (Last Name): Polonijo
3. Effective Date (07-August-2008): 24-February-2011

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

Corresponding Author's Name: Kevin P. Black

5. Manuscript Title: Reshaping Orthopaedic Resident Education in Systems-Based Practice

6. Manuscript Identifying Number (if you know it):

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	☐	☐	☑	Woodward Endowment for Medical Sciences Education	Penn State Hershey Medical Center Grant	×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD

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6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×
						ADD
7. Other	☑	☐	☐			×
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						ADD
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						ADD
4. Expert testimony	☑	☐	☐			×
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						ADD
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						ADD
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						ADD
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						ADD
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Section 1. Identifying Information

1. Given Name (First Name): Sandra
2. Surname (Last Name): Jarvis-Selinger
3. Effective Date (07-August-2008): 18-April-2011

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

Corresponding Author's Name: Dr. Kevin P. Black

5. Manuscript Title: Reshaping Orthopaedic Resident Education in Systems-Based Practice

6. Manuscript Identifying Number (if you know it):

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☐	☑	☐	Woodward Endowment for Medical Sciences Education	Penn State Hershey Medical Center Grant	×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×
						ADD
7. Other	☑	☐	☐			×
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						ADD
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						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
						ADD
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						ADD
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						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
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Section 1. Identifying Information

1. Given Name (First Name): Kevin
2. Surname (Last Name): Black
3. Effective Date (07-August-2008): 24-February-2011

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

5. Manuscript Title: Reshaping Orthopaedic Resident Education in Systems-Based Practice

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						ADD
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						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
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