

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 six parts.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Section 1.	Identifying Inform	nation	
1. Given Name (Fir Nathan	rst Name)	2. Surname (Last Name) O'Hara	3. Date 11-July-2019
4. Are you the corresponding author?		Yes 🖌 No Correspo	nding Author's Name
5. Manuscript Title Can the AAOS/O Feedback Simula	TA Hip Fracture Skills	Simulator Improve Your Surgical Skills	? Validation of a Computer-Based Force-
6. Manuscript Ider JBJS-D-19-00505	ntifying Number (if you k R1	now it)	

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

🖌 No

Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
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Section 4. Intellectual Property -- Patents & Copyrights

\mathbf{v}	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\; [$	Yes	🖌 No	
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Section 5. Relationships not covered above

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Mr. O'Hara has nothing to disclose.

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Section 1. Identifying Inform	nation	
1. Given Name (First Name) Amanda	2. Surname (Last Name) Riggs	3. Date 18-June-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Rajiv Rajani, MD
5. Manuscript Title Orthopaedic Residency Program Direct	tor Role Evaluation of Com	pensation and Residency Education Resources
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Publi	cation
	g but not limited to grants, da	a a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.
of compensation) with entities as descu	ribed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication .

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Do you have any patents, whether pl	anned, pending or issued, broadly rel	evant to the work?	Yes	N	١o
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Dr. Riggs has nothing to disclose.

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Thomas	rst Name)	2. Surname (Last Name) Bradbury	3. Date 11-July-2019
4. Are you the cor	responding author?	Yes 🖌 No Correspondi	ng Author's Name
5. Manuscript Title Emotional Intelli Applicants?		dents is Inversely Correlated with Step 1 S	cores: Is there a Better Way to Screen

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Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest? Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
Total Joint Orthopaedics		\checkmark			Royalties and Consulting Fees	
Zimmer Biomet	\checkmark	\checkmark			Royalties, Consulting Fees, and Research Grant	
Smith and Nephew	\checkmark				Research Grant	

Section 4.

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🗸 No



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Dr. Bradbury reports personal fees from Total Joint Orthopaedics, grants and personal fees from Zimmer Biomet, grants from Smith and Nephew, outside the submitted work; .

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1. Given Name (Fi Robert	rst Name)	2. Surname (Last Name) O'Toole	3. Date 18-June-2019
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Marcus F. Sciadini
5. Manuscript Titl Can the AAOS/C Feedback Simul	TA Hip Fracture Skills	s Simulator Improve Your S	Surgical Skills? Validation of a Computer-Based Force
6. Manuscript Ide	ntifying Number (if you	know it)	

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Smith & Nephew		\checkmark			Not related to this study.	
Coorstek		\checkmark			Not related to this study.	
Imagen		\checkmark			Not related to this study.	

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Intellectual Property -- Patents & Copyrights

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Dr. O'Toole reports personal fees from Smith & Nephew, personal fees from Coorstek, personal fees from Imagen, outside the submitted work; .

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Section 1.	Identifying Inform	mation	
1. Given Name (Fi Todd	rst Name)	2. Surname (Last Name) Albert	3. Date 24-June-2019
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Hayley Sacks, MD
5. Manuscript Title Variation in Subs		Orthopedic Surgery Reside	ncy Programs
6. Manuscript Ider	ntifying Number (if you k	now it)	

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Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
Biomet		\checkmark			Intellectual Property; royalties	
DePuy Synthes		\checkmark			Intellectual Property; royalties; Consultant	
FacetLink		\checkmark			Paid Consultant; stock	
NuVasive		\checkmark			Paid Consultant	
ASIP		\checkmark			Stock	
Biomerix		\checkmark			Stock	
Breakaway Imaging		\checkmark			Stock	



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Crosstree		\checkmark			Stock	
Gentis		\checkmark			Consultant; stock	
InVivo		\checkmark			Stock	
Invuity		\checkmark			Stock	
Paradigm Spine		\checkmark			Stock	
Pioner		\checkmark			Stock	
PMIG		\checkmark			Stock	
Spinicity		\checkmark			Stock	
Vertech		\checkmark			Stock	
JayPee		\checkmark			Royalties	
Saunders		\checkmark			Royalties	
Thieme		\checkmark			Royalties	
Springer		\checkmark			Royalties	
Journal of Bone and Joint Surgery			\checkmark		Editorial Board	
Spine			\checkmark		Editorial Board	
Spine Deformity Joural			\checkmark		Editorial Board	
United Healthcare			\checkmark		Consultant/Medical Advisory Board	

Section 4.

Intellectual Property -- Patents & Copyrights

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Dr. Albert reports personal fees from Biomet, personal fees from DePuy Synthes, personal fees from FacetLink, personal fees from NuVasive, personal fees from ASIP, personal fees from Biomerix, personal fees from Breakaway Imaging, personal fees from Crosstree, personal fees from Gentis, personal fees from InVivo, personal fees from Invuity, personal fees from Paradigm Spine, personal fees from Pioner, personal fees from PMIG, personal fees from Spinicity, personal fees from Vertech, personal fees from JayPee, personal fees from Saunders, personal fees from Thieme, personal fees from Springer, non-financial support from Journal of Bone and Joint Surgery, non-financial support from Spine, non-financial support from United Healthcare, outside the submitted work; .

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4. Intellectual Property.

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Section 1. Identifying Info	rmation	
 Given Name (First Name) Patrick Are you the corresponding author? 	2. Surname (Last Name) Osborn ✓ Yes No	3. Date 20-June-2019
 Manuscript Title Validating a Comprehensive Compe 6. Manuscript Identifying Number (if you 		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
---	--	-----

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?	Y	'es	\checkmark	No
---	---	-----	--------------	----

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	\checkmark	No



Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Matthew	2. Surname (Last Name) Karam	3. Date 08-July-2019
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Looking Beyond the Tip Apex Distanc	e to Assess Wire Navigation Performance	

6. Manuscript Identifying Number (if you know it)

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✓ No

Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Agency for Healthcare Research and Quality	\checkmark					
American Board of Orthopaedic Surgery	\checkmark					
Orthopaedic Trauma Association	\checkmark					

~	ect		
50	act	n	21
			-

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes

🖌 No



Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

✓ Yes, the following relationships/conditions/circumstances are present (explain below):

No other relationships/conditions/circumstances that present a potential conflict of interest

Thomas, Long, Anderson, and Karam are co-owners of Iowa Simulation Solutions, LLC, which has licensed the patented simulator technology to produce a commercial product.

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Section 6.

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Karam reports grants from Agency for Healthcare Research and Quality, grants from American Board of Orthopaedic Surgery, grants from Orthopaedic Trauma Association, outside the submitted work; and Thomas, Long, Anderson, and Karam are co-owners of Iowa Simulation Solutions, LLC, which has licensed the patented simulator technology to produce a commercial product..

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Section 1. Identifying Inform	nation		
1. Given Name (First Name) Jay	2. Surname (Last Name) Patel	3. Date 08-July-2019	
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Lisa Cannada, MD	
5. Manuscript Title Does orthopaedic resident efficiency in A measure of an ACGME milestone.	nprove with respect to d	ecreased fluoroscopic times in tibial intramed	ullary nailing?
6. Manuscript Identifying Number (if you kr	now it)		

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🖌 No

Are there any relevant conflicts of interest?	`	Yes
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No

Are there any relevant conflicts of interest?		Yes	\checkmark	
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	🗸 N	ю



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Dr. Patel has nothing to disclose.

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Section 1.	Identifying Info	mation	
1. Given Name (Fi Joshua	irst Name)	2. Surname (Last Name) Patt	3. Date 30-September-2019
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Joseph Weistroffer
5. Manuscript Titl American Ortho Top Abstracts		(AOA) Council of Orthopae	dic Residency Directors (CORD) Summer 2018 Conference:
6. Manuscript Ide	ntifying Number (if you	know it)	

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

🖌 No

Are there any relevant conflicts of interest? Yes

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes 🗸 No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	🖌 No	
		•	



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Dr. Patt has nothing to disclose.

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Jessica	rst Name)	2. Surname (Last Name) Shroyer	3. Date 18-June-2019
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Brett Meeks
5. Manuscript Titl Improvement ar (FAST) Module		scopic Skills in Novice Sub	jects Using Fundamental of Arthroscopic Surgery Training
6. Manuscript Ide	ntifying Number (if you l	know it)	

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Are there any relevant conflicts of interest? Yes

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Are there any relevant conflicts of interest? Yes 🗸 No

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patent



Section 1.	Identifying Infor	mation	
1. Given Name (Fin Max	rst Name)	2. Surname (Last Name) Coale	3. Date 18-June-2019
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Marcus F. Sciadini, MD
5. Manuscript Title Can the AAOS/O Feedback Simula	TA Hip Fracture Skills	Simulator Improve Your S	Surgical Skills? Validation of a Computer-Based Force-
6. Manuscript Ider JBJS-D-19-00505	ntifying Number (if you k R1	know it)	

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Are there any relevant conflicts of interest?		Yes	✓	1
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Section 4. Intellectual Property -- Patents & Copyrights

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✓ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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Dr. Coale has nothing to disclose.

Evaluation and Feedback



Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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patent



Section 1.	Identifying Inform	nation	
1. Given Name (Fir R. Frank	st Name)	2. Surname (Last Name) Henn	3. Date 13-June-2019
4. Are you the corr	esponding author?	Yes 🖌 No	Corresponding Author's Name Marcus Sciadini
5. Manuscript Title Can the AAOS/O Feedback Simula	TA Hip Fracture Skills S	Simulator Improve Your Su	urgical Skills? Validation of a Computer-Based Force-
6. Manuscript Ider JBJS-D-19-00505	itifying Number (if you k R1	now it)	

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

🖌 No

Are there any relevant conflicts of interest? Yes

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

No

Are there any relevant conflicts of interest? Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Arthrex	\checkmark				Research Support	

Section 4. Intellectual Property -- Patents & Copyrights Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes



Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Henn reports grants from Arthrex, outside the submitted work; .

Evaluation and Feedback



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Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency Licensed: The patent has been licensed to an entity, whether earning royalties or not Royalties: Funds are coming in to you or your institution due to your



Section 1.	Identifying Infor	mation	
1. Given Name (Firs Marcus	st Name)	2. Surname (Last Name) Sciadini	3. Date 14-June-2019
4. Are you the corre	esponding author?	✓ Yes No	
5. Manuscript Title Can the AAOS/OT		Simulator Improve Your Surgical Skills	s? Validation of a Computer-Based Force-

Can the AAOS/OTA Hip Fracture Skills Simulator Improve Your Surgical Skills? Validation of a Computer-Based Force-Feedback Simulation Platform

6. Manuscript Identifying Number (if you know it)

JBJS-D-19-00505R1

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row
Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Foundation For Orthopaedic Trauma	\checkmark				Resident research grant support	

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments
Stryker Orthopaedics		\checkmark			Consultant
Globus Medical		\checkmark			Consultant



Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Sciadini reports grants from Foundation For Orthopaedic Trauma, during the conduct of the study; personal fees from Stryker Orthopaedics, personal fees from Globus Medical, outside the submitted work; .

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Section 1. Identifying Inform	ation								
1. Given Name (First Name) Brett	2. Surname (Last Name) Shannon	3. Date 18-June-2019							
4. Are you the corresponding author? Yes Vo Corresponding Author's Name Dawn LaPorte									
5. Manuscript Title The Learning Curve of Pediatric Forearn Implications for Training	The Learning Curve of Pediatric Forearm Fracture Treatment: High Early Failure Rate and Rapid Resident Mastery -								
6. Manuscript Identifying Number (if you kr	now it)								
Section 2. The Work Under Consideration for Dublication									
The Work Under Co	onsideration for Publ	ication							
		n a third party (government, commercial, private foundation, etc.) for lata monitoring board, study design, manuscript preparation,							

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?		Yes	\checkmark	No
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	🖌 No)
	1	• • • • •	



Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Shannon has nothing to disclose.

Evaluation and Feedback



Instructions

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Matthew	rst Name)	2. Surname (Last Name) Christian	3. Date 19-June-2019	
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Marcus Sciadini, MD	
5. Manuscript Title Can the AAOS/O Feedback Simula	TA Hip Fracture Skills	Simulator Improve your S	urgical Skills? Validation of a Computer-Based Force-	
6. Manuscript Ider JBJS-D-19-00505	ntifying Number (if you	know it)		

Section 2. The Work Under Consideration for Publication

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	Are there and	y relevant conflicts of interest?	🖌 Yes	No No
--	---------------	-----------------------------------	-------	-------

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row
Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Foundation of Orthopaedic Trauma	\checkmark					

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? \Box Yes \checkmark No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🖌 No



Section 5. Relationships not covered above

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Dr. Christian reports grants from Foundation for Orthopaedic Trauma, during the conduct of study.

Evaluation and Feedback



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Section 1. Identifying Information								
1. Given Name (First Name)2. Surname (Last Name)3. DateAnnieWeber16-June-2019								
4. Are you the corresponding author? Yes 🖌 No Corresponding Author's Name								
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6. Manuscript Identif JBJS-D-19-00505R1	ying Number (if you kno	ow it)						

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support <mark>?</mark>	Other?	Comments	
Foundation of Orthopaedic Trauma	\checkmark					

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Are there any relevant conflicts of interest? \Box Yes \checkmark No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🖌 No



Section 5. Relationships not covered above

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Dr. Weber reports grants from Foundation of Orthopaedic Trauma, during the conduct of the study; .

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Section 1.	Identifying Inforn	nation	
1. Given Name (Fir Cullen	rst Name)	2. Surname (Last Name) Griffith	3. Date 18-June-2019
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Marcus Sciadini
5. Manuscript Title Can the AAOS/O Feedback Simula	TA Hip Fracture Skills S	imulator Improve Your Su	rgical Skills? Validation of a Computer-Based Force-
6. Manuscript Ider JBJS-D-19-00505	ntifying Number (if you kı R1	now it)	

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? \checkmark Yes \square No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row	1.
Excess rows can be removed by pressing the "X" button.	

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support <mark>?</mark>	Other?	Comments	
Foundation for Orthopaedic Trauma	\checkmark					

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? \Box Yes \checkmark No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🖌 No



Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

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Dr. Griffith reports grants from Foundation for Orthopaedic Trauma, during the conduct of the study; .

Evaluation and Feedback



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Section 1. Identifying Inform	nation						
1. Given Name (First Name) Hayley	2. Surname (Last Name) Sacks	3. Date 03-July-2019					
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Duretti Fufa					
5. Manuscript Title Variation in Subspecialty Exposure in C	orthopedic Surgery Resider	ncy Programs					
6. Manuscript Identifying Number (if you k	now it)						
		_					
Section 2. The Work Under C	onsideration for Publi	cation					
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Section 3. Relevant financial	activities outside the s	submitted work.					
Place a check in the appropriate boxes of compensation) with entities as descr	in the table to indicate wh ibed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication .					
Section 4. Intellectual Prope	rty Patents & Copyrig	ahts					

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Ves



Section 5. Relationships not covered above

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Dr. Sacks has nothing to disclose.

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Section 1. Ider	tifying Information						
1. Given Name (First Nam Lisa	e) 2. Surname (Last Name) Cannada	3. Date 18-June-2019					
4. Are you the corresponding author? Yes No							
5. Manuscript Title							
Does Orthopaedic Resi 6. Manuscript Identifying	dent Efficiency Improve with Respect to Decreased Fluc Number (if you know it)	proscopic Times in Tibia Intramedullary					

Section 2. The Work Under Consideration for Publication

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🖌 No

Are there any relevant conflicts of interest?		Yes	
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Are there any relevant conflicts of interest?		Yes	\checkmark	No
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	🖌 No	



Section 5. Relationships not covered above

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Dr. Cannada has nothing to disclose.

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Section 1.	Identifying Inform	ation					
1. Given Name (Fir Jeffrey	st Name)	2. Surname (Last Name) Stepan		3. Date 18-June-2019			
4. Are you the corr	esponding author?	Yes 🖌 No	Corresponding Author's Na Hayley Sacks, MD	me			
5. Manuscript Title "Variation in Sub		Orthopedic Surgery Resid	ency Programs"				
6. Manuscript Iden	tifying Number (if you kn	low it)					
Section 2.	The Work Under Co	onsideration for Publ	ication				
	ubmitted work (including		n a third party (government, co lata monitoring board, study de	ommercial, private foundation, etc.) for esign, manuscript preparation,			
	evant conflicts of intere	est? Yes 🖌 No					
Section 3.	Relevant financial	activities outside the	submitted work.				
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there any rele							
Section 4.	Intellectual Drener	ty Patants & Capyr	inhte				

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Ves



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Dr. Stepan has nothing to disclose.

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Section 1.	Identifying Inform	ation			
1. Given Name (Fir paul	rst Name)	2. Surname sponseller	e (Last Name)		3. Date 09-July-2019
4. Are you the corresponding author?		Yes	✓ No	Corresponding Author's Na	me
5. Manuscript Title pediatric forearm	e n fractures- the learning	g curve			

6. Manuscript Identifying Number (if you know it)

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🖌 No

Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
depuy synthes spine	\checkmark	\checkmark				
globus		\checkmark				
orthopediatrics						

-		. •			
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2		U	U		

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes

🖌 No



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Dr. sponseller reports grants and personal fees from depuy synthes spine, personal fees from globus, from orthopediatrics, outside the submitted work; .

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Section 1.	Identifying Inform	ation			
1. Given Name (Fin Thomas		2. Surname (Last Name) Dowd	3. Date 19-June-2019		
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Patrick Osborn, MD		
	5. Manuscript Title Preliminary Results of a Competency-Based Education Formative Assessment Program				
6. Manuscript Ider	ntifying Number (if you kn	ow it)			
			_		
Section 2.	The Work Under Co	oncideration for Publi	cation		
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Section 4.	Intellectual Proper	ty Patents & Copyrig	ghts		

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Section 6. Disclosure Statement

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Dr. Dowd has nothing to disclose.

Evaluation and Feedback



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4. Intellectual Property.

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Section 1. Identifying Information						
1. Given Name (First Name) Karla	2. Surname (Last Name) Felix	3. Date 18-June-2019				
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Hayley Sacks, MD				
5. Manuscript Title Variation in Subspecialty Exposure in Orthopedic Surgery Residency Programs						
6. Manuscript Identifying Number (if you kr	6. Manuscript Identifying Number (if you know it)					
Section 2. The Work Under Consideration for Publication						
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes V No						
Section 3. Relevant financial activities outside the submitted work.						
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Section 4. Intellectual Proper	rty Patents & Copyrig	ahts				

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Ves



Section 5. Relationships not covered above

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Dr. Felix has nothing to disclose.

Evaluation and Feedback



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Section 1. Identifying Inform	nation				
1. Given Name (First Name) Michael	2. Surname (Last Name) Burton	3. Date 17-July-2019			
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Dr. Brett Meeks			
5. Manuscript Title Misrepresentation of Research Publications Among Orthopaedic Surgery Residency Applicants: Where Are We Now?					
6. Manuscript Identifying Number (if you know it)					
Section 2. The Work Under C	onsideration for Public	cation			
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes V No					
Section 3. Relevant financial	activities outside the s	submitted work.			
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Section 4. Intellectual Prope	rty Patents & Copyrig	ghts			

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V No



Section 5. Relationships not covered above

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Section 1. Identifying Info	rmation	
 Given Name (First Name) Allison Are you the corresponding author? 	2. Surname (Last Name) Boden ✓ Yes No	3. Date 17-June-2019
5. Manuscript Title Emotional Intelligence in Medical Stu Applicants?		Step 1 Score: Is there a Better Way to Screen

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

🖌 No

Are there any relevant conflicts of interest? Yes

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes 🗸 No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🖌 No



Section 5. Relationships not covered above

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Dr. Boden has nothing to disclose.

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1. Given Name (First Name) Duretti	2. Surname (Last Name) Fufa	3. Date 17-June-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Hayley Sacks, MD
5. Manuscript Title Variation in Subspecialty Exposure ir	o Orthopedic Surgery Resic	lency Programs
6. Manuscript Identifying Number (if you	ı know it)	

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🖌 No

Are there any relevant conflicts of interest?		Yes
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No

Are there any relevant conflicts of interest? Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
Integra		\checkmark				
Medartis		\checkmark				

Section 4.

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🗸 No



Section 5. Relationships not covered above

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Dr. Fufa reports personal fees from Integra, personal fees from Medartis, outside the submitted work;.

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Section 1. Identifying Inform	mation	
1. Given Name (First Name) Lynn	2. Surname (Last Name) Crosby	3. Date 17-July-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Brett Meeks
5. Manuscript Title An Antion of Research Publica	tions Among Orthopaedic	Surgery Residency Applicants: Where Are We Now?
6. Manuscript Identifying Number (if you k	xnow it)	
		-
Section 2. The Work Under O	Consideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
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Section 4. Intellectual Prope	erty Patents & Copyrig	ghts

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V No



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Dr. Crosby has nothing to disclose.

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Section 1. Identifying Inform	nation				
1. Given Name (First Name) Steven	2. Surname (Last Name) Long			3. Date 05-July-2019	
4. Are you the corresponding author?	Yes 🖌 No	Correspond Matthew K	•	r's Name	
5. Manuscript Title Looking Beyond the Tip Apex Distance	to Assess Wire Navigation	Performance	2		
6. Manuscript Identifying Number (if you kr	now it)				
		_			
Section 2. The Work Under C	onsideration for Public	cation			
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	g but not limited to grants, da		•	•	
If yes, please fill out the appropriate info Excess rows can be removed by pressin	ormation below. If you hav	e more than	one enti	ty press the "ADD" button to ad	d a row.
Name of Institution/Company	Grant	n-Financial upport	Other?	Comments	
gency for Healthcare Research and Quality					
merican Board of Orthopaedic Surgery					
Prthopaedic Trauma Association					
Section 3. Relevant financial	activities outside the s	ubmitted v	vork.		

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Are there any relevant conflicts of interest?

Yes 🖌 No

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🖌 Yes

Section 4.

F

No



If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
US #10,325,380 B2		\checkmark	\checkmark	\checkmark	lowa Simulation Solutions, LLC	Thomas, Long, and Anderson are the inventors.	

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

Yes, the following relationships/conditions/circumstances are present (explain below):

No other relationships/conditions/circumstances that present a potential conflict of interest

Thomas, Long, Anderson, and Karam are co-owners of Iowa Simulation Solutions, LLC, which has licensed the patented simulator technology to produce a commercial product.

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Section 6. Disclosure Statement

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Dr. Long reports grants from Agency for Healthcare Research and Quality, grants from American Board of Orthopaedic Surgery, grants from Orthopaedic Trauma Association, during the conduct of the study; In addition, Dr. Long has a patent US #10,325,380 B2 with royalties paid to Iowa Simulation Solutions, LLC and Thomas, Long, Anderson, and Karam are coowners of Iowa Simulation Solutions, LLC, which has licensed the patented simulator technology to produce a commercial product..



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Section 1. Identifying Inform	nation	
1. Given Name (First Name) Mara	2. Surname (Last Name) Schenker	3. Date 17-June-2019
4. Are you the corresponding author?	Yes 🖌 No Corresponding	Author's Name
5. Manuscript Title Emotional Intelligence in Medical Stude Applicants?	ents is Inversely Correlated with Step 1 Sco	ore: Is there a Better Way to Screen
6. Manuscript Identifying Number (if you kr	now it)	
Section 2. The Work Under C		
The Work Under C	onsideration for Publication	
	ive payment or services from a third party (gove y but not limited to grants, data monitoring boa	ernment, commercial, private foundation, etc.) for ard, study design, manuscript preparation,
Are there any relevant conflicts of intere	est? Yes 🖌 No	
Section 3. Relevant financial	activities outside the submitted wor	rk.
of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instructions. Use one line for ea port relationships that were present durin	inancial relationships (regardless of amount ach entity; add as many lines as you need by ag the 36 months prior to publication .
Are there any relevant conflicts of intere	est? 🗌 Yes 🖌 No	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\; [$	٦	Yes	٩ 🗸	٧o
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Dr. Schenker has nothing to disclose.

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Section 1.	Identifying Inform	nation				
1. Given Name (Fi Brian	rst Name)	2. Surname (Last I Sullivan	Name)	3. Date 10-July-2019		
4. Are you the cor	responding author?	Yes 🖌 No	o Corresponding Author's Na Sponseller	ame		
5. Manuscript Title The Learning Curve of Pediatric Forearm Fracture Treatment: High Early Failure Rate and Rapid Resident Mastery - Implications for Training						
6. Manuscript Identifying Number (if you know it)						
Section 2.	The Work Under Co	onsideration fo	Publication			
any aspect of the s statistical analysis,	stitution at any time recei ubmitted work (including	ive payment or servi but not limited to g		ommercial, private foundation, etc.) for lesign, manuscript preparation,		

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Are there any relevant conflicts of interest?		Yes	\checkmark	No
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	🖌 No	



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Dr. Sullivan has nothing to disclose.

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Section 1. Identifying Inform	nation	
1. Given Name (First Name) Matthew	2. Surname (Last Name) Schmitz	3. Date 19-June-2019
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Patrick Osborn
5. Manuscript Title Preliminary Results of a Competency-Ba	ased Education Formative	Assessment Program
6. Manuscript Identifying Number (if you kr	now it)	
		_
Section 2. The Work Under C	onsideration for Public	cation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descr	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication .
Section 4. Intellectual Proper	rty Patents & Copyrid	ahts

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🖌 No



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Section 1. Identifying Inform	mation				
Identifying Inform	nation				
1. Given Name (First Name) Scott	2. Surname (Last Name) Boden		3. Date 10-Ju ly- 2019		
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Na Mara Schenker	me		
5. Manuscript Title Emotional Intelligence in Medical Stud Applicants?	ents is Inversely Correlate	d with Step 1 Score: Is there	a Better Way to Screen		
6. Manuscript Identifying Number (if you know it)					
Section 2. The Work Under C	onsideration for Publi	ication			
Did you or your institution at any time rece any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, d		•		

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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $$]Yes	🖌 No	
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1. Given Name (First Name) Christopher	2. Surname (Last Name) Staley		3. Date 10-July-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Na Allison Boden	me
5. Manuscript Title Emotional Intelligence in Medical Stuc Applicants?	lents is Inversely Correlate	d with Step 1 Score: Is there	a Better Way to Screen
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Mr. Staley has nothing to disclose.

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Section 1. Identifying Inform	nation				
1. Given Name (First Name) Donald	2. Surname (Last Nam Anderson	ne)		3. Date 05 - Ju ly- 2019	
4. Are you the corresponding author?	Yes 🖌 No	Correspor Matthew	iding Author's Karam	s Name	
5. Manuscript Title Looking Beyond the Tip Apex Distance	to Assess Wire Naviga	tion Performan	ce		
6. Manuscript Identifying Number (if you k	now it)				
Section 2. The Work Under C	onsideration for Pu	ıblication			
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grant				
If yes, please fill out the appropriate inf Excess rows can be removed by pressir	ormation below. If you		n one entity	press the "ADD" bu	itton to add a row.
Name of Institution/Company	Grant? Personal Fees?	Non-Financial Support ?	Other?	Comments	
gency for Healthcare Research and Quality	 ✓ 				
merican Board of Orthopaedic Surgery	\checkmark				
Orthopaedic Trauma Association					

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Are there any relevant conflicts of interest?

Yes 🖌 No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🖌 Yes

No



If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
US #10,325,380 B2		\checkmark	\checkmark	\checkmark	lowa Simulation Solutions, LLC	Thomas, Long, and Anderson are the inventors.	

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 1.	Identifying Inforn	nation			
1. Given Name (Firs Adam	t Name)	2. Surname (Boissonnea	. ,		3. Date 10-July-2019
4. Are you the corre	esponding author?	Yes [✓ No	Corresponding Author's Na Mara Schenker	me
5. Manuscript Title Emotional Intellig Applicants?	ence in Medical Stud	ents is Inverse	ly Correlated	l with Step 1 Score: Is there	a Better Way to Screen
6. Manuscript Identifying Number (if you know it)					
Section 2.		• • •			
	The Work Under C	onsideratio	n for Public	cation	
any aspect of the sul statistical analysis, e	bmitted work (including	g but not limited	d to grants, da		ommercial, private foundation, etc.) for esign, manuscript preparation,

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?	Yes	$ \checkmark $	No
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	No No	5



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Dr. Boissonneault has nothing to disclose.

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Section 1. Identifying Inform	nation					
1. Given Name (First Name) Geb	2. Surname (Last Name) Thomas			3. Date 05-Ju ly- 2019		
4. Are you the corresponding author?	Yes 🖌 No	Correspond Matthew k	•	r's Name		
5. Manuscript Title Looking Beyond the Tip Apex Distance	to Assess Wire Navigatior	n Performance	e			
6. Manuscript Identifying Number (if you ki	now it)					
Section 2. The Work Under C	onsideration for Publi	cation				
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Section 3. Relevant financial	activities outside the	submitted	work.			

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Yes 🖌 No

Intellectual Property -- Patents & Copyrights

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No



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Section 1.	Identifying Inform	nation				
1. Given Name (Fi J.L.	rst Name)	2. Surname (La: Marsh	st Name)		3. Date 08-July-2019	
4. Are you the cor	responding author?	Yes 🗸	No Correspon Matthew	ding Author's Nam Karam	ne	
5. Manuscript Title Looking Beyond	e the Tip Apex Distance	to Assess Wire N	avigation Performanc	:e		
6. Manuscript Ider	ntifying Number (if you kr	now it)				
Section 2.	The Work Under Co	onsideration f	or Publication			
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to			nmercial, private foundation, etc. ign, manuscript preparation,	.) for
	out the appropriate info be removed by pressin			n one entity pres	s the "ADD" button to add a r	ow.
Name of Institut	ion/Company	Grant [?] Perso		Other? Com	ments	
Agency for Healthcar	e Research and Quality					
American Board of O	rthopaedic Surgery	\checkmark				
Orthopaedic Trauma	Association					
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🖌 No

Intellectual Property -- Patents & Copyrights

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US #10,325,380 B2							

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Section 1. Identifying Inform	nation	
1. Given Name (First Name) Rajiv	2. Surname (Last Name) Rajani	3. Date 25-June-2019
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Orthopaedic Residency Program Direc	tor Role Evaluation of Compensation and Residency	Education Resources
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Publication	
	eive payment or services from a third party (government, o g but not limited to grants, data monitoring board, study o est? Yes I No	
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Dr. Rajani has nothing to disclose.

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patent

5.



Section 1. Identifying Inform	nation				
Increasing international and the second seco					
1. Given Name (First Name) Jessica	2. Surname (Last Name) Rivera	3. Date 06/18/2019			
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name			
5. Manuscript Title Preliminary Results of a Competency-B	ased Education Formative	Assessment Program			
6. Manuscript Identifying Number (if you k	now it)				
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Section 2. The Work Under C	onsideration for Public	cation			
Did you or your institution at any time					
Are there any relevant conflicts of inter	Are there any relevant conflicts of interest? Yes 🖌 No				
Section 3.					
Relevant financial	activities outside the s	ubmitted work.			
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Dr. Rivera has nothing to disclose.

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Please visit <u>http://w ww.icmje.org/cgi-bin/feedback</u>



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Section 1. Identifying Inform	ation					
1. Given Name (First Name) Hanna	2. Surname (Last Name) Mendez	3. Date 25-June-2019				
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Rajiv Rajani, MD				
5. Manuscript Title Orthopaedic Residency Program Director Role Evaluation of Compensation and Residency Education Resources						
6. Manuscript Identifying Number (if you know it)						
		_				
Section 2. The Work Under Co	onsideration for Public	cation				
	Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?					
Are there any relevant conflicts of intere	est? 🗌 Yes 🖌 No					
Continue 2						
Section 3. Relevant financial	activities outside the s	submitted work.				
of compensation) with entities as descri	Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication .					
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo



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Dr. Mendez has nothing to disclose.

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Section 1. Identifying Inform	nation	
1. Given Name (First Name) Ventrice	2. Surname (Last Name) Shillingford-Cole	3. Date 18-June-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Rajiv Rajani, MD
5. Manuscript Title Orthopaedic Residency Program Direct	or Role Evaluation of Com	pensation and Residency Education Resources
6. Manuscript Identifying Number (if you kr	now it)	
Section 2. The Work Under C		
The work offder Co	onsideration for Public	
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descri	ibed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication .
Section 4. Intellectual Proper	rty Patents & Copyrig	ghts

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes

Shillingford-Cole

🖌 No



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Section 1. Identifying Info	rmation	
1. Given Name (First Name) Zachary	2. Surname (Last Name) Sirois	3. Date 17-June-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Brett Meeks MD
5. Manuscript Title Improvement and Retention of Arthr (FAST) Module	oscopic Skills in Novice Sul	ojects Using Fundamental of Arthroscopic Surgery Training
6. Manuscript Identifying Number (if you	l know it)	
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🖌 No

Are there any re	levant conf	licts of	interest?		Yes
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Are there any relevant conflicts of interest?		Yes	\checkmark	No
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	` []	Yes	✓ No)



Section 5. Relationships not covered above

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Mr. Sirois has nothing to disclose.

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Section 1. Identifying Inform	ation					
1. Given Name (First Name) Sarah	2. Surname (Last Name) Speicher	3. Date 18-June-2019				
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Rajiv Rajani, MD				
5. Manuscript Title Orthopaedic Residency Program Director Role Evaluation of Compensation and Residency Education Resources						
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		_				
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Section 4. Intellectual Proper	ty Patents & Copyrig	yhts				

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Yes



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Section 1.	Identifying Inform	ation					
1. Given Name (Fir Dawn	st Name)	2. Surname (La LaPorte	ist Name)		3. Date 17-June-2019		
4. Are you the corr	responding author?	✓ Yes]No				
The Learning Cur	5. Manuscript Title The Learning Curve of Pediatric Forearm Fracture Treatment: High Early Failure Rate and Rapid Resident Mastery - Implications for Training						
6. Manuscript Iden	ntifying Number (if you kn	ow it)					
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🛛	√ 1	No
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Dr. LaPorte has nothing to disclose.

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Section 1.	dentifying Infor	mation	
1. Given Name (First Andrew	Name)	2. Surname (Last Name Froehle	e) 3. Date 17-June-2019
4. Are you the corresponding author? Yes No Corresponding Author's Brett Meeks			Corresponding Author's Name Brett Meeks
5. Manuscript Title Improvement and (FAST) Module	Retention of Arthro	scopic Skills in Novice S	ubjects Using Fundamental of Arthroscopic Surgery Training
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🖌 No

Are there any relevant conflicts of interest?	Yes	
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Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?		Yes	\checkmark	No
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending of issued, broadly relevant to the work: res wo	Do you have any patents, whether planned, r	pending or issued, broadly relevant to the work?	Yes	🖌 No
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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

Yes, the following relationships/conditions/circumstances are present (explain below):

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Dr. Froehle has nothing to disclose.

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Section 1.	Identifying Inform	ation				
1. Given Name (Fi Kayla	rst Name)	2. Surname (Last Name) Bradburn		3. Date 18-June-2019		
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Na Lisa Cannada	ime		
5. Manuscript Title Does orthopaedic resident efficiency improve with respect to decreased fluoroscopic times in tibial intramedullary nailing? A measure of an ACGME milestone						
6. Manuscript Ide	ntifying Number (if you kr	now it)				
Section 2.	The Work Under Co	onsideration for Publ	ication			
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Section 3.	Relevant financial	activities outside the	submitted work.			
Place a check in	the appropriate boxes i	n the table to indicate w	hether you have financial re	lationships (regardless of amount		

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Are there any relevant conflicts of interest?		Yes	\checkmark	No
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\; [$	Yes	🖌 No	
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Section 5. Relationships not covered above

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Section 1. Identifying Inform	nation					
1. Given Name (First Name) Eric	2. Surname (Last Name) Kiskaddon	3. Date 16-July-2019				
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Brett Meeks				
5. Manuscript Title Misrepresentation of Research Publications Among Orthopaedic Surgery Residency Applicants: Where Are We Now?						
6. Manuscript Identifying Number (if you kr	now it)					
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Section 4. Intellectual Proper	rty Patents & Copyrig	ghts				

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Ves



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Section 1. Identifying Inform	ation	
1. Given Name (First Name) Richard	2. Surname (Last Name) Laughlin	3. Date 17-July-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Brett Meeks
5. Manuscript Title Misrepresentation of Research Publicati	ons Among Orthopaedic	Surgery Residency Applicants: Where Are We Now?
6. Manuscript Identifying Number (if you kn	low it)	
		_
Section 2. The Work Under Co	onsideration for Publi	cation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
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Section 4. Intellectual Proper	ty Patents & Copyrig	ghts

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🗸 No



Section 5. Relationships not covered above

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Section 1. Identifying Inform	ation		
Identifying Inform			
1. Given Name (First Name)	2. Surname (Last Name)	3. Date	
Andrew	Lee	22-June-2019	
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name	
4. Are you the corresponding authors		Rajiv Rajani, MD	
5. Manuscript Title Orthopaedic Residency Program Direct	or Role Evaluation of Com	pensation and Residency Education Resources	
6. Manuscript Identifying Number (if you kr	now it)		
		_	
Section 2. The Work Under C	onsideration for Public	ration	
		a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
statistical analysis, etc.)?			
Are there any relevant conflicts of intere	est? 🔄 Yes 🖌 No		
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		ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by	
•		re present during the 36 months prior to publication.	
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Section 4. Intellectual Drama			
Intellectual Proper	rty Patents & Copyrig	ghts	

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Section 1. Identi	fying Information	
1. Given Name (First Name) Brett	2. Surname Meeks	(Last Name) 3. Date 17-June-2019
4. Are you the correspondi	ng author? 🖌 Yes	No
5. Manuscript Title Improvement and Reten (FAST) Module	ion of Arthroscopic Skills ir	n Novice Subjects Using Fundamental of Arthroscopic Surgery Trair
6. Manuscript Identifying N	umber (if you know it)	

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Are there any relevant conflicts of interest?	Yes
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Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency Licensed: The patent has been licensed to an entity, whether earning royalties or not Royalties: Funds are coming in to you or your institution due to your



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Mathias	2. Surname (Last Name) Bostrom	3. Date 18-June-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Hayley Sacks, MD
5. Manuscript Title Variation in Subspecialty Exposure in O	rthopedic Surgery Resider	ncy Programs
6. Manuscript Identifying Number (if you ki	now it)	
Section 2. The Work Under C	onsideration for Publi	cation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descr	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication .
Section 4. Intellectual Prope	rty Patents & Copyrid	ahts

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Ves



Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

Yes, the following relationships/conditions/circumstances are present (explain below):

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Bostrom has nothing to disclose.

Evaluation and Feedback



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 six parts.

1. Identifying information.

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".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting , lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency Licensed: The patent has been licensed to an entity, whether earning royalties or not Royalties: Funds are coming in to you or your institution due to your



Section 1.	dentifying Inforn	nation	
 Given Name (First N Joseph Are you the corresp 		2. Surname (Last Name) Weistroffer ✓ Yes □ No	3. Date 30-September-2019
5. Manuscript Title American Orthopae Top Abstracts	dic Association's (A	OA) Council of Orthopaedic Residen	cy Directors (CORD) Summer 2018 Conference:

6. Manuscript Identifying Number (if you know it)

JBJS-D-19-00601

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

🖌 No

Are there any relevant conflicts of interest? Yes

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
T&T Clinical Research Consulting					Wife is President of the Regulatory and Clinical Consulting Group. This company had no involvement with any portion of this paper.	

-			
5	ec		
2			

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🗸 No



Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Weistroffer has nothing to disclose.

Evaluation and Feedback