

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". The complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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. Other relationships.

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.



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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Jane

2. Surname (Last Name)

Wilcox

3. Effective Date (07-August-2008)

12-11-13

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Imperfect Beginnings: Incoming residents vary in their ability to interpret basic
ELCA findings

6. Manuscript Identifying Number (if you know it)

JHM-13-0450

Section 2.

The Work Under Consideration for Publication

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

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X

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The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD
						X
						ADD

* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

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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 submission.

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Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
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7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X

**ICMJE**INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS**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	
8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD X
9. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD X
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD X
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD X
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD X
13. Other (err on the side of full disclosure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Northwestern Memorial Hospital paid resident's salaries to attend boot camp session.	ADD X ADD

* This means money that your institution received for your efforts.

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4.**Other relationships**

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?

- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest
- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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.

Hide All Table Rows Checked 'No'

SAVE

Jane E. Wilcox 12-11-13
WILCOX, JANE E.



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Evaluation and Feedback

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1. Given Name (First Name)

ATEET

2. Surname (Last Name)

PATEL

3. Effective Date (07-August-2008)

12/10/13

4. Are you the corresponding author?

☐

Yes

☒

No

5. Manuscript Title

Imperfect Beginnings : Incoming residents vary in their ability to interpret basic EKG Findings

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JHM-13-0450**Section 2.****The Work Under Consideration for Publication**

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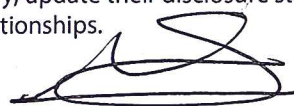
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Hide All Table Rows Checked 'No'

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Atul Patel
12/10/13



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Evaluation and Feedback

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Journal of Hospital Medicine Author Contribution Form

The *Journal of Hospital Medicine* adheres to the authorship guidelines set by the International Committee of Medical Journal Editors – “Authorship should be based on: (1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; and (3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3” (from www.icmje.org). Authorship is not justified for individuals who simply obtain or provide funding, participate in data collection or general supervision of the research, or serve as head of the group, though such contributors may be acknowledged with their written permission in the Acknowledgements section.

Completion of the author contribution form is not required upon initial manuscript submission. If a revision is requested after initial peer review, the corresponding author should complete this authorship form on behalf of all authors and upload it as Supplementary Material Not for Review. It will appear online as Supporting Information if the article is published. Failure to upload this form will block further manuscript processing.

Corresponding Author: Jane E. Wilcox Manuscript Number: JHM-13-0450
(Please print) (e.g. JHM-10-1234)

Manuscript Title: Imperfect beginnings: Incoming residents vary in their ability to interpret basic EKG findings

Please list authors in the order they appear in the submission.

Author Name: Wilcox, Jane E

1. (Check at least 1 below):	2. (Check at least 1 below):	3. (Check below to affirm approval):
<input checked="" type="checkbox"/> Conception and design	<input checked="" type="checkbox"/> Drafting of the manuscript	<input checked="" type="checkbox"/> Final approval of the manuscript
<input checked="" type="checkbox"/> Acquisition of data	<input type="checkbox"/> Critical revision of the manuscript for important intellectual content	
<input checked="" type="checkbox"/> Analysis and interpretation of data		

Author Name: Raval, Zankhana

1. (Check at least 1 below):	2. (Check at least 1 below):	3. (Check below to affirm approval):
<input checked="" type="checkbox"/> Conception and design	<input type="checkbox"/> Drafting of the manuscript	<input checked="" type="checkbox"/> Final approval of the manuscript
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Author Name: Patel, Ateet B

1. (Check at least 1 below):	2. (Check at least 1 below):	3. (Check below to affirm approval):
<input type="checkbox"/> Conception and design	<input type="checkbox"/> Drafting of the manuscript	<input checked="" type="checkbox"/> Final approval of the manuscript
<input checked="" type="checkbox"/> Acquisition of data	<input checked="" type="checkbox"/> Critical revision of the manuscript for important intellectual content	
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Author Name: Didwania, Aashish K.

1. (Check at least 1 below):	2. (Check at least 1 below):	3. (Check below to affirm approval):
<input checked="" type="checkbox"/> Conception and design	<input type="checkbox"/> Drafting of the manuscript	<input checked="" type="checkbox"/> Final approval of the manuscript
<input type="checkbox"/> Acquisition of data	<input checked="" type="checkbox"/> Critical revision of the manuscript for important intellectual content	
<input type="checkbox"/> Analysis and interpretation of data		

Author Name: Wayne, Diane B.

1. (Check at least 1 below):	2. (Check at least 1 below):	3. (Check below to affirm approval):
<input checked="" type="checkbox"/> Conception and design	<input checked="" type="checkbox"/> Drafting of the manuscript	<input checked="" type="checkbox"/> Final approval of the manuscript
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