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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Bosse

3. Date  
   28-February-2021

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

5. Manuscript Title  
   Training the New Generations of Orthopaedic Surgery Residents: Understanding Generational Differences to Maximize Educational Benefit

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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

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Dr. Bosse has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Thuan
2. Surname (Last Name)  Ly
3. Date  28-February-2021
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
Training the New Generations of Orthopaedic Surgery Residents: Understanding Generational Differences to Maximize Educational Benefit
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  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. Ly has nothing to disclose.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Nikolas

2. Surname (Last Name)  
   Sarac

3. Date  
   28-February-2021

4. Are you the corresponding author?  
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   Corresponding Author’s Name  
   Thuan V. Ly

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Sravya

2. **Surname (Last Name)**
   - Vajapey

3. **Date**
   - 28-February-2021

4. **Are you the corresponding author?**
   - Yes

   **Corresponding Author’s Name**
   - Thuan V. Ly

5. **Manuscript Title**
   - Training the New Generations of Orthopaedic Surgery Residents: Understanding Generational Differences to Maximize Educational Benefit

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Dr. Vajapey has nothing to disclose.

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