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 six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  J Lawrence
2. Surname (Last Name)  Marsh
3. Date  20-November-2020
4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name  Vincent Pellegrini

5. Manuscript Title
   Contemporary Issues in Acquisition of Orthopaedic Surgical Skills During Residency: Competency Based Medical Education and Simulation

6. Manuscript Identifying Number (if you know it)
   JBJS-D-20-01553R1

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  ☐ Yes  ☑ No

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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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Section 6. Disclosure Statement

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Dr. Marsh has nothing to disclose.

Evaluation and Feedback

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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Vincent

2. Surname (Last Name)  
   Pellegrini

3. Date  
   18-November-2020

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

Corresponding Author’s Name  
Thomas Myers

5. Manuscript Title
   Contemporary Issues in Acquisition of Orthopaedic Surgical Skills During Residency: Competency Based Medical Education and Simulation

6. Manuscript Identifying Number (if you know it)
   D-20-01500

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
☑️ Yes  ☐ No

If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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Prior (retired) member of ACGME Orthopaedic RRC
Past Chair, CFAS of AAMC; and past Board Member, AAMC

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Dr. Pellegrini reports grants from Department of Defense, grants from PCORI, grants from AOTNA, grants from OTA, outside the submitted work; and Prior (retired) member of ACGME Orthopaedic RRC
Past Chair, CFAS of AAMC; and past Board Member, AAMC.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Myers

3. Date  
   20-November-2020

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
Thomas Myers

5. Manuscript Title  
Contemporary Issues in Acquisition of Orthopaedic Surgical Skills During Residency: Competency Based Medical Education and Simulation

6. Manuscript Identifying Number (if you know it)  
JBJS-D-20-01553R1

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Dr. Myers has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
John T

2. Surname (Last Name)  
Gorczyca

3. Date  
20-July-2020

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

Corresponding Author’s Name  
Thomas Myers

5. Manuscript Title  
Contemporary Issues in Acquisition of Orthopaedic Surgical Skills During Residency: Competency Based Medical Education and Simulation

6. Manuscript Identifying Number (if you know it)

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Dr. Gorczyca has nothing to disclose.

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Nicandri
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Gregg  
2. Surname (Last Name)  
   Nicandri  
3. Date  
   09-July-2020  

4. Are you the corresponding author?  
   No  
   Corresponding Author’s Name  
   Thomas Myers  

5. Manuscript Title  
   Contemporary Issues in Acquisition of Orthopaedic Surgical Skills During Residency: Competency Based Medical Education and Simulation  
6. Manuscript Identifying Number (if you know it)  

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Are there any relevant conflicts of interest?  
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   No

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Dr. Nicandri has nothing to disclose.

Evaluation and Feedback

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Date: ___5/17/2021___________________________________________________________
Your Name: ___Gregg Nicandri_______________________________________________
Manuscript Title: __Contemporary Issues in Acquisition of Orthopaedic Surgical Skills During Residency: Competency Based Medical Education and Simulation______________________________________________
Manuscript number (if known): __JBJS-D-20-01553R3__________

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ICMJE DISCLOSURE FORM

Date: May 17, 2021

Your Name: Vincent D. Pellegrini

Manuscript Title: "Contemporary Issues in Acquisition of Orthopaedic Surgical Skills During Residency: Competency Based Medical Education and Simulation"

Manuscript number (if known): JBJS-D-20-01553R3

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Date: May 20, 2021

Your Name: Thomas G Myers, MD, MPT

**Manuscript Title** "Contemporary Issues in Acquisition of Orthopaedic Surgical Skills During Residency: Competency Based Medical Education and Simulation

**Manuscript number (if known):** JBJS-D-20-01553R3

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[Signature]

Thomas [Signature]
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Date: _May 17, 2021_
Your Name: _J Lawrence Marsh_
Manuscript Title: _Contemporary Issues in Acquisition of Orthopaedic Surgical Skills During Residency: Competency Based Medical Education and Simulation_
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