

## 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.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Charles

2. Surname (Last Name)  
Tilley

3. Date  
25-May-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Real-Time, Simulation-Enhanced Interprofessional Education in the Care of Older Adults with Multiple Chronic Comorbidities: A Utilization-Focused Evaluation

6. Manuscript Identifying Number (if you know it)  
mHealth-19-216

### 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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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. Tilley has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Janna	2. Surname (Last Name) Roitman	3. Date 15-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Charles Tilley
5. Manuscript Title Real-Time, Simulation-Enhanced Interprofessional Education in the Care of Older Adults with Multiple Chronic Comorbidities: A		
6. Manuscript Identifying Number (if you know it) mHealth-19-216		

### 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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Dr. Roitman 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)  
Kimberly

2. Surname (Last Name)  
Zafra

3. Date  
14-May-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Charles Tilley

5. Manuscript Title  
Real-Time, Simulation-Enhanced Interprofessional Education in the  
Care of Older Adults with Multiple Chronic Comorbidities: A

6. Manuscript Identifying Number (if you know it)  
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Dr. Zafra 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) Mary      2. Surname (Last Name) Brennan      3. Date 25-May-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Charles Tilley

5. Manuscript Title  
High-Fidelity, Simulation-Enhanced Interprofessional Education in the Care of Older Adults with Multiple Chronic Comorbidities: A Utilization-Focused Evaluation

6. Manuscript Identifying Number (if you know it)  
19-216

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Express Scripts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This position has no relationship to this educational simulation project
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Brennan discloses that she is a member of an advisory board for Express Scripts, determining whether specialized medications for rare diseases, belong in the specialized pharmacy. The work on the Advisory Board has no relationship to this work

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