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.

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**Royalties:** Funds are coming in to you or your institution due to your patent

Tilley
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

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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?  
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Dr. Tilley has nothing to disclose.

Evaluation and Feedback

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<th>2. Surname (Last Name)</th>
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<tbody>
<tr>
<td>Janna</td>
<td>Roitman</td>
<td>15-May-2020</td>
</tr>
</tbody>
</table>

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

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

**Corresponding Author’s Name**

Charles Tilley

### 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.)?

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### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Roitman has nothing to disclose.

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Zafra
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
   - [x] 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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- Are there any relevant conflicts of interest?  
  - [ ] Yes
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Dr. Zafra has nothing to disclose.

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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?  ☑ No
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.

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<tr>
<th>Name of Entity</th>
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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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