# Guidelines for Educational Planners, Presenters, and Authors

The American Society of Nephrology (ASN) continuing education (CE) program strengthens the knowledge, skills, and performance of the interprofessional nephrology health care team. Through evidence-based education, the program promotes collaboration, enhances clinical decision-making, and strengthens team performance to improve patient outcomes.

1. **Transparency of Financial Disclosures:** ASN requires all individuals in a position to influence or control accredited education content (planners, committee members, moderators, reviewers, authors, and faculty members) to disclose all financial relationships with ineligible companies from the **past 24 months**. This ensures a learning environment free from industry influence.
2. **Disclosure of Relevant Relationships to Learners**: Only relevant relationships are disclosed to learners prior to the activity for CE purposes. If presenters wish to disclose other relationships, you may do so on a separate slide or clearly identify by bolding the font for those that are related to the topic.
3. **Guidelines for Educational Materials:** Educational materials that are part of accredited education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) must not contain marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.
4. **Scientific Integrity and Objective Content:** All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
5. **Scientific Standards for Research:** All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
6. **Presentation of Emerging Topics:** Evolving topics are presented without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning. Sessions that cover these topics must be clearly identified in the program or agenda.
7. **Exclusion of Non-Evidence-Based Approaches**: CE must not include unscientific approaches to diagnosis or therapy. Content must not promote recommendations, treatment, or manners of practicing health care that are determined to have risks or dangers that outweigh the benefits or that have been proven ineffective.
8. **Professional Conduct:** Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.
9. **Copyright:** Presenters and authors must not infringe or otherwise violate any proprietary or personal rights of others (including but not limited to copyrights and privacy rights in the United States and all foreign countries). Presenters and authors should obtain all necessary permissions and licenses from the copyright owner(s) for all third-party content (including but not limited to graphs, charts, algorithms, graphics, photographs, text, and data), in whole or in part, in the

presentation and the related materials; and the presentation and the related materials are factually accurate and contain no libelous or otherwise unlawful statements.

10. **Political Comments:** Educational content should focus on closing the knowledge and/or performance-in-practice gaps of learners regarding quality, person-centered health care and policy initiatives relating to kidney diseases. Educational content should not include political/party comments, views, and/or satirical references (e.g., political cartoons).
11. **For Planners:** In selecting presenters and authors, planners should consider a broad, deep, and diverse pool of leaders in a specific content area. Selection criteria may include, but are not limited to: race, ethnicity, sex, gender identity, age range/career stage, people with disabilities, location/region, practice type, degree (MD, DO, PhD, APRN, PharmD, etc.).
12. **For Presenters and Authors:**
    - **Sociodemographic Bias** – Toward preparing learners to consider the broad scope of risk factors for kidney and related diseases, presenters and authors must carefully consider the need for sociodemographic identifiers (e.g., race, ethnicity, country of origin, language spoken, veteran status) in clinical vignettes. Avoid using sociodemographic identifiers when they might lead learners to link these identifiers to certain conditions and not others or are not relevant to the clinical presentation.
    - **Contextual Bias** – Presenters and authors should consider where contextual bias could be present, a thought-provoking item for learners or an area that could spur discussion. Examples: limited grocery options in patients with high phosphorus, inability to travel for transplantation due to responsibilities, work constraints limiting water intake, veteran experiences leading to PTSD and hypertension, side effects of phosphate binders limiting compliance.
    - **Financial Bias** – Presenters and authors should consider economic factors that may influence a patient's ability to participate in care in the assigned content area. Examples: people who hold multiple jobs that limit their ability to participate in care, limitation of telehealth visits when there is no smart phone or reliable internet, home dialysis options for those with housing insecurity, challenges following dietary recommendations in situations of food insecurity, insurance limitations.
    - **Other Bias** – Presenters and authors should consider other types of bias in the assigned content area. What mechanisms can be shared with learners to recognize and lessen bias for learners? Example: When discussing studies that were performed in a limited population (race, ethnicity, sex, location/region, geographic disparities, etc.), it is important to explicitly acknowledge it and address potential limitations of generalizing study results.