



2020 ASGE Endoscopic Audiovisual Award Submission Instructions, Criteria and Application

Submission Date

January 13, 2020

The ASGE Endoscopic Audiovisual (AV) Award is a recognition for those who submit and are selected based upon a full-length educational video that demonstrates a specific endoscopic procedure, technique or technology. ASGE Endoscopic Audiovisual Award submissions are to be 30 minutes in length or less.

**PLEASE READ ALL INSTRUCTIONS AND REQUIREMENTS
CAREFULLY, COMPLETING ALL REQUIRED FIELDS AND
SUBMITTING WITH YOUR VIDEO APPLICATION.**

GENERAL SUBMISSION REQUIREMENTS

- 1. ALL SUBMISSIONS ARE TO BE PLACED ON A FLASHDRIVE AND MAILED TO ASGE AT THE FOLLOWING ADDRESS:**

American Society for Gastrointestinal Endoscopy
Attention: Education Department
2020 Endoscopic Audiovisual Award Application
3300 Woodcreek Drive
Downers Grove, Illinois 60515

Submissions are to be received on the respective due date, highlighted above. Videos received after the due date will be placed into the next review cycle for consideration.

2. An abstract summary **MUST** accompany each video submission, using the preferred ASGE PPT template as a guide for your abstract and narrating your video. Click on the link to ASGE PPT template: [INSERT LINK](#)
3. Audio narration in English must be included in the production.
4. All entries must be oriented toward physician rather than patient education.
5. Any potential conflict of interest must be disclosed by **ALL** authors. A potential conflict of interest exists when an author or the author's institution has financial or personal relationships that could influence or could be perceived to influence the case presentation. If there are no conflicts of interest, authors must state that there are none. Authors must use the DDW abstract submission disclosure form, which is completed through the submission process.
6. Commercial support for the program production may be acknowledged with a single credit line acknowledging the company/organization providing the support.
7. The program **CANNOT** contain product specific endorsements/group messages, or advertising. Generic drug names must be used; trade names may be inserted in parentheses after the initial

mention of the drug. Product names should be treated similarly, listing the manufacturer's name, city, and state in parentheses. Do not put product or drug names in the title.

8. Specific products names CANNOT be mentioned during the video and effort must be taken to "black out" any product names that appear within the video. For all narration, when referring to a specific product, you must use the generic term; not doing so could result in an automatic rejection.
9. The program CANNOT contain any copyrighted images, videos, photos, etc., without supporting documentation from the originating source of the copyrighted work.
10. Videos CANNOT contain any patient information, physician names, medical record numbers, etc. Videos must be HIPAA (Health Insurance Portability and Accountability Act of 1996) compliant. If there are any perceived HIPAA violations, the submission WILL be automatically rejected.
11. Video submissions must be original work.
12. The submission CANNOT contain background music during narrative and endoscopic video footage.
13. Copyright must be assigned to the ASGE by ALL authors. If this video is developed within the scope of your employment, you may have to obtain a copyright release from your institution.
14. Videos will be considered for presentation if they were, or will be, presented at national meetings in countries outside of the United States.
15. Videos will not be considered for presentation if they have been accepted for publication, or will be published as an article (includes manuscripts accepted for publication) in either printed or electronic format at the time of the submission deadline.
16. Videos will not be considered for presentation if they have been duplicated in any way.
17. Violations of these policies could result in a 5-year sanction from submitting future videos to ASGE.
18. Submissions for the ASGE Audiovisual Award require a separate application. Identical programs CANNOT be submitted for both the Audiovisual Award and Video Forum or World Cup presentations

FORMATTING REQUIREMENTS

1. Video must be formatted in one of the following types: MP4 (.mpg) or QuickTime (.mov). Other video file formats will not be accepted. No WMV files please!
2. It is recommended that all submissions be submitted in High Definition. Video size recommended for high definition: 1920x1080 (square pixel ratio) or 1280x720 (square pixel ratio), both for 16:9 aspect ratio. Bit Rate: 5Mbps (for 720) or 10 Mbps (for 1080).
3. Video size recommended for standard definition: 720x480 (0.9 pixel ratio) for a 4:3 aspect ratio or 720x480 (1.2 pixel ratio) for 16:9 aspect ratio.
4. Please be sure to use a Video Frame Rate of 30 frames per second.
5. To ensure good image quality, a Video Data Rate between 3-10 Mbit/second is recommended.

Questions? Email videoforum@asge.org.

AUTHOR AND VIDEO GENERAL INFORMATION

STEP 1: Application Date for Review Consideration:

January 13, 2020

STEP 2: Complete General Information below:

Primary Author Name:

Address:

City:

State:

Country:

Primary Phone:

Email:

Secondary Author Names:

STEP 3: Complete Title of Video, Primary Key Words and Learning Objectives

Primary Title of Video:

Identify Primary Key Word(s) in each category below related to your video submission:

Organ-Anatomy (Esophagus, Stomach, Duodenum, etc...):

Procedure (EGE, Colonoscopy, EUS, ERCP, Enteroscopy, etc...):

Pathophysiology (Ulcer, Adenoma, Cancer, GERD, Bleed, etc...):

Diagnosis (Diagnosis of the case):

Therapy (Therapy used in the case):

Instrument(s) Used (Endoscope, etc...):

Accessory(s) Used (Biopsy forceps, etc...):

Learning Objective 1:

Learning Objective 2:

Learning Objective 3:

STEP 4: Complete the following descriptions (background, methods used, clinical implications):

Brief Background Description of Video (150 words or less):

Brief description of the methods used in case (150 words or less):

Brief description of the clinical implications of the case, including key-take-away or lessons learned. (150 words or less):

STEP 5: Complete Conflict of Interest and Attestation:

ASGE Conflict of Interest: Disclosure and Attestation (to be completed by all authors)

Name: _____

Title & Organization: _____

Email Address*: _____

Date: _____

The purpose of this form is to identify and resolve all potential conflicts of interests that arise from financial relationships with any Commercial Interest, which is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. This includes any financial relationship within the last twelve months, as well as known financial relationships of your spouse or partner.

CHECK ONE OF THE BOXES BELOW:

- I have no financial relationships with a Commercial Interest.
- The Commercial Interests that I have relationships with **do not** produce, market, re-sell, or distribute health care goods or services consumed by, or used on, patients relevant to the content I am planning, developing or presenting for this activity.
- I disclose the following financial relationships with Commercial Interests that produce, market, re-sell, or distribute health care goods or services consumed by, or used on, patients relevant to the content I am planning, developing or presenting for this activity:

Company	Type of Relationship**	Content Area (if applicable)

(Attach an additional sheet if you need more room)

* We will use your email address in relation to your participation as faculty for ASGE courses only.

** **Type of relationship may include:** full-time or part-time employee, independent contractor, consultant, research or other grant recipient, paid speaker or teacher, membership on advisory committee or review panels, ownership interest (product royalty/licensing fees, owning stocks, shares, etc.) or any other financial relationship.

ATTESTATION

Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact ASGE's education department staff as soon as possible.

Agree	Disagree	
<input type="checkbox"/>	<input type="checkbox"/>	I have disclosed all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in print.
<input type="checkbox"/>	<input type="checkbox"/>	The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.
<input type="checkbox"/>	<input type="checkbox"/>	Your presentation will not in any way slander or disparage the products or services of any person or organization.
<input type="checkbox"/>	<input type="checkbox"/>	I have not and will not accept any honoraria, additional payments or reimbursements from a commercial interest for my participation in this activity.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that the ASGE may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.
<input type="checkbox"/>	<input type="checkbox"/>	You hereby indemnify and hold ASGE harmless from and against any and all claims, expenses (including reasonable attorneys' fees) and liability whatsoever arising, directly or indirectly, out of a breach of the foregoing representations and warranties, your actions or omissions at, or your participation in this ASGE event.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that ASGE faculty may not advertise or promote any events, courses or products during an ASGE course, either through verbal presentations, slides or printed material.

Agree	Disagree	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am presenting at a live event, I understand that a CME monitor will be attending the event to ensure that my presentation is educational, and not promotional, in nature.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support of a patient care recommendation will conform to the generally accepted standard of experimental design, data collection and analysis.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I have been trained or utilized by a commercial interest or its agent as a speaker (e.g., speaker's bureau) for any type of activity, the promotional aspects of that presentation will not be included in any way with this activity.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.
<input type="checkbox"/>	I have carefully read and completed this form myself, and provided current and accurate information to the best of my ability. I understand that typing my name below serves as an electronic signature for purposes of this form.		

Type Name (Electronic Signature)