

Crafting Sound Medical Affairs Professionals

Cultivating Core Competencies and Mindset

One Core Competency - Generating Real World Evidence

June 29 | Mumbai

WORKSHOP EXPERTS



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Independent Clinical Research Consultant



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WORKSHOP PROGRAM FACULTY



Aamir Shaikh
Founder
ASSANSA



Viraj Suvarna
Medical Director
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- Medical Affairs in India is evolving. The issues and challenges within the Medical Affairs function, and required Competencies and Mindset thereof, are somewhat different from those in clinical practice. Moreover, the medical education system is often not adequately equipped to address these competency and mindset requirements - these must therefore be judiciously cultivated by Medical Affairs Professionals during their early and foundational years within the industry. This workshop provides participants with one suggested approach, and a roadmap, towards cultivating Core Competencies and Mindset, and addresses in detail one core competency - Generating Real World Data / Evidence

OBJECTIVE

At the end of this workshop, participants should be able / better able to:

- Understand, discuss and describe the role, and key responsibilities thereof, of "A Sound Medical Affairs Professional"
- Identify and describe the relevance of cultivating core "Medical Affairs Competencies" and "Medical Affairs Mindset"
- Read and critique a "Statement of Core Competence" - Create (adopt / adapt / revise) and use a locally relevant "Statement of Competence"
- State and explain the salient requirements (A,B, C, D, E) of this "Medical Affairs Mindset"
- Understand and describe the need for "Real World Data/Evidence", and an approach to creating Medical Development Plans that include locally relevant Clinical projects meeting unmet needs
- Address regulatory requirements and scientific issues towards the successful design and conduct of a clinical study/project to collect real world evidence
- Effectively "communicate and market" the research and "Real World Data/Evidence" to relevant stakeholders
- Utilize and apply the workshop learning in current/future role and function

PARTICIPANTS

- This Work Shop is meant for all Medical Affairs Professionals (Medical Affairs, Regulatory, Medical Science Liaison, Clinical Research, Medical Information, Others) who are in the early phase of their careers. A desire to develop and grow, and a commitment to invest (time and effort) in professional (and personal) development are the primary criteria for participation.

LEARNING METHODOLOGY AND APPROACH

- Learning and Development will occur through faculty led, participant-centered, Customized Learning Experiences through a variety of learning interactions and tools: knowledge and information sharing; individual and group exercises and presentations; learning material-related discussion and debate, critique, evaluation, and analysis. Where required and feasible, participants will be encouraged to co-relate the information / learning to real life situations and experiences through a "reflective learning approach."

Contact

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WORKSHOP AGENDA

8:00-9:00	REGISTRATION
9:00-9:15	INAUGURATION
9:15-10:00	WORKSHOP THEME, OBJECTIVES, AGENDA
10:00-11:15	MEDICAL AFFAIRS (MA) 1 - CULTIVATING CORE MA COMPETENCIES
11:15-11:30	Tea Break
11:30-12:45	MEDICAL AFFAIRS (MA) 2 - CULTIVATING MA MINDSET
12:45-13:30	Lunch
13:30-15:00	REAL WORLD EVIDENCE (RWE) - R WE READY?
15:00-15:30	Tea Break
15:30-17:30	PRESENTATION OF RWE PROJECTS BY THE 5 TEAMS
17:30	Workshop Adjourned

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Event I.D. 18662 | June 29 | Mumbai

VENUE

SCITECH CENTER
 7, PRABHAT NAGAR, JOGESHWARI WEST, MUMBAI, MAHARASHTRA 400102

MEETING MANAGER

Manoj TRIVEDI, General Manager, Marketing and Projects
 DIA (India) Private Limited
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CANCELLATION POLICY: ON OR BEFORE JUNE 25, 2018

- Cancellations must be in writing and received by June 25, 2018. Registrants who do not cancel in writing by that date and do not attend the event will be responsible for the full registration fee paid. Registrants are responsible for cancelling their own hotel and airline reservations.
- DIA reserves the right to alter the venue, if necessary. If an event is cancelled, DIA is not responsible for any airfare, hotel or other costs incurred by registrants.
- UPON CANCELLATION, the administrative fee that will be withheld from refund amount is 25 % of the delegate fee

FULL MEETING CANCELLATION

- All refunds will be issued in the currency of the original payment

Online registrations: visit our website www.diaglobal.org

REGISTRATION FEES FOR ONE DAY CONFERENCE (*Registration fee includes refreshment breaks and luncheons.*)

	BASIC RATE (INR)	GST 18%(INR)	TOTAL INR
INDUSTRY MEMBER	7000	1260	8260 <input type="checkbox"/>
INDUSTRY NON- MEMBER	7000	1260	8260 <input type="checkbox"/>
ACADEMIA / GOVERNMENT	7000	1260	8260 <input type="checkbox"/>

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<https://www.diaglobal.org/en/about-us/privacy-policy>
 You agree that your personal data will be transferred to DIA in the US.

STUDENT REGISTRATIONS

A student is an undergraduate/graduate who can document enrollment in a signature accredited, degree granting, academic program. Please send completed registration form, payment and copy of student identification.

CHEQUE / DRAFT

Completed form, along with draft/cheque made payable to DIA (India) Private Limited should be sent to:

Bhavesh Vora
 Senior Executive Accounts
 Bhavesh.Vora@diaindia.org
 DIA India Pvt. Ltd.
 Office No. 250, Unit 1, Level 2, B Wing, Times Square, Andheri Kurla Road, Andheri East, Mumbai 400059
 tel: +91 22.6608 9588 | cell: +91 98.2097.2630

PAYMENT DETAILS

Account Name: DIA (INDIA) PRIVATE LIMITED
 Account No: 061010200024611
 bank Name: AXIS BANK LIMITED
 Branch Name: Dhiraj Baug, Near Hari Niwas Circle, LBS Marg, Thane (W) – 400602
 IFSC Code: UTIB0000061
 MICR Code: 400211013
 Swift Code: AXISINBB061

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Please check the applicable category:

Industry Government Academia Student

PLEASE PRINT ALL INFORMATION CLEARLY

Last Name	First Name	M.I.	Please check one: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Prof. <input type="checkbox"/> Dr.		
Job Position	Affiliation (Company)		<input type="checkbox"/> Business Address <input type="checkbox"/> Home Address		
Address (Please write your address in the format required for delivery to your country.)		City		Postal	Country/Region
Address					
Telephone Number	Fax Number	Mobile Number (Required)		Email (Required for confirmation)	

IF FAXING OR MAILING THIS FORM, PLEASE PROVIDE A COPY OF REGISTRANT'S BUSINESS CARD.