

**Performance-in-Practice Structured Abstract & Attachments**

**Please do not edit, delete, or modify content in this form.**

**Instructions:** Complete this form and assemble the requested attachments for each activity selected for review. For explanations and descriptions, please use complete sentences and keep descriptions brief (1-4 sentences). If your organization is missing evidence for a criterion, briefly explain in the gray/blue box provided on the form why there is no evidence.

**Attachments:** Label each Attachment with the appropriate number – you can write directly on the attachment, label the attachment electronically, or label a cover sheet with the attachment #. If evidence is not available related to an attachment, excluding the attachments that are not applicable or can be omitted, include a cover sheet in place of the attachment with the Attachment # and briefly explain why there is no evidence.

**For** **a** **Regularly Scheduled Series (RSS),** submit evidence for the entire series, not just for a single session or a sampling of sessions – the entire series is the activity.

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| ACTIVITY INFORMATION | | | |
| 1. **Name of Organization:** |  | | |
| 1. **Title:** |  | | |
| 1. **Date:** |  | | |
| 1. **Type:** | **Select from drop-down** | | |
| 1. **Providership:** | **Select from drop-down** | If **joint** was selected, list organization(s): |  |

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| EDUCATION PLANNING AND EVALUATION | | | | | | | | |
| Educational Needs | | | | | | | | |
| 1. **State the professional practice gap(s) of your learners on which the activity was based.** | | | | | | | | |
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| 1. **Check the education need(s) that apply to this activity and then describe the educational need(s) that you determined to be the cause of the professional practice gap(s).** | | | | | | | | |
|  | | Knowledge: | |  | | | | |
|  | | Competence: | |  | | | | |
|  | | Performance: | |  | | | | |
| Designed to Change | | | | | | | | |
| 1. **Explain what competence, performance, or patient outcome this activity was designed to change.** | | | | | | | | |
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| Appropriate Formats | | | | | | | | |
| 1. **In additional to identifying the educational format(s) that you have chosen, explain why the educational format was appropriate for this activity.** | | | | | | | | |
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| Competencies | | | | | | | | |
| 1. **Select the desirable physician attribute(s) this activity addressed, or you may enter other competencies that are recognized by your organization in the “Other” space provided.** *The list includes the Competencies of ACGME/ABMS, Institute of Medicine, and Interprofessional Education Collaborative.* | | | | | | | | |
| ACGME/ABMS | | | | | IOM | | IPEC | |
|  | Patient Care and Procedural Skills | | | |  | Provide Patient-centered Care |  | Values/Ethics for Interprofessional Practice |
|  | Medical Knowledge | | | |  | Work in Interdisciplinary Teams |  | Roles/Responsibilities |
|  | Practice-based Learning and Improvement | | | |  | Employ Evidence-based Practice |  | Teams and Teamwork |
|  | Interpersonal and Communication Skills | | | |  | Apply Quality Improvement |  | Interprofessional Communication |
|  | Professionalism | | | |  | Utilize Informatics |  | |
|  | Systems-based Practice | | | |  | | | |
|  | Other: | |  | | | | | |
| Analyzes Changes | | | | | | | | |
| 1. **Describe the strategies used to obtain data or information about changes achieved in learners’ competence or performance or patient outcomes as a result of their participation in this activity, including, for example, questions you asked the learner about changes in competence or performance or other change data such as quality improvement or patient outcomes.** | | | | | | | | |
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| **ATTACHMENT 1A: Attach the compiled or summative data or information generated from this activity about changes achieved in learners' competence or performance or patient outcomes;**  **AND**  **ATTACHMENT 1B: if available, also attach the template of the evaluation tool or method used to obtain this information.** | | | | | | | | |

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| ACCREDITATION STATEMENT POLICY and AMA CREDIT DESIGNATION STATEMENT |
| **ATTACHMENT 2:** **Attach evidence of the use of the following statements in this activity, as presented to learners prior to the activity:**   * **Appropriate accreditation statement AND** * **The AMA Credit Designation Statement**   **\*For RSS activities, present one example of presenting the TMA accreditation statement to learners when the exact same information is transmitted in the exact same way for each and every session of the RSS. Otherwise, if the information and/or transmission of information varies in any way, please submit evidence for each session. (A “batch scan” of documentation for all sessions in one PDF file is preferable to individual uploads for each session.)** |

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| STANDARDS FOR INTEGRITY AND INDEPENDENCE IN ACCREDITED CONTINUING EDUCATION | | | |
| Standard 1 | | | |
| **ATTACHMENT 3:** **Attach the required documentation as described below based on the format of the activity.**  **►Enduring Material or Journal CME/CE**: *Attach the instructions to access the CME product itself, so surveyors may experience the activity as your learners experience it. With your attachment, provide a URL/link to the activity and generic login(s) and password(s), if necessary for access. The product must be available for review from the point of submission through the end of your current accreditation term. If internet activities are no longer available online, you may provide access to an archived website. If this is not an option, then screen shots are acceptable.*  **►Regularly Scheduled Series (RSS)**: *Attach a listing of the dates, faculty, location, and topics of each session.*  **►Live Course, Committee Learning, Manuscript Review, Test-Item Writing, Performance/Quality Improvement, Internet Searching and Learning, Learning from Teaching, or Other/Blended Learning activity**: *Attach the activity topics/content to include the nature and scope of the CME content (e.g., content outline, agenda, brochure, program book, or announcement).* | | | |
| Standard 2 | | | |
| 1. **Can you attest that this activity meets the expectations of all three elements listed below?**   **(1)** The accredited provider must ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company.  **(2)** Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.  **(3)** The accredited provider must not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner. | | | |
| Yes  No, select which element(s) was not met: 123 | | | |
| Standard 3 | | | |
| 1. **Did this activity meet one of the following exceptions listed below?**   **(1)** Was non-clinical, such as leadership or communication skills training.  **(2)** Learner group was in control of content, such as a spontaneous case conversation among peers. [Note: this does not include a Regularly Scheduled Series (RSS)].  **(3)** Was self-directed education where the learner controls their educational goals and reports on changes that resulted, such as learning from teaching. | | | |
| Yes, **SKIP** #13 A, B, C AND **Select** the exception met: 123 AND **Describe** how the activity met the exception:  No, complete #15 A, B, and C | | | |
| 1. **Did owner(s)/employee(s) of ineligible companies participate as planners or faculty in this activity?** | | | |
| No  Yes, **select** which exception(s) was met:  The content of the activity is not related to the business lines or products of their employer/company.  The content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.  They are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used. | | | |
| 1. **Did an ineligible company take the role of non-accredited partner in a joint provider relationship in this activity?** | | | |
| No  Yes | | | |
| 1. **Complete Table 1: Individuals in Control of Content on the last page of this document; and include Attachments 4 and 5.** | | | |
| **ATTACHMENT 4:** **Attach a single completed example of the form(s), tool(s), or mechanism(s) used to collect information from all planners, faculty, and others in control of the educational content of this activity about their financial relationships with ineligible companies.** *If you use different form(s), tool(s), or mechanism(s) within your process, upload a single example of each.* | | | |
| **ATTACHMENT 5:** **Attach the evidence, as disclosed to learners, about the presence or absence of relevant financial relationships for all individuals in control of CME content. And, if applicable, that all relevant financial relationships were mitigated.** | | | |
| Standard 4 | | | |
| 1. **Did your organization correctly enter in PARS whether or not this activity received commercial support?** | | | |
| Yes  No, provide a brief explanation of the correction: | | | |
| 1. **Did this activity receive commercial support?** | | | |
| Yes, complete #15A, Attachment 6, and Attachment 7  No, skip to Standard 3, #15 | | | |
| 1. **List the names of the commercial supporter(s) of this activity and the dollar value of any monetary commercial support and/or indicate non-monetary (in-kind) support*.*** *(Standard 4)* If you need additional rows — right click on the last row in the table, select **Insert**, then select **Insert Rows Below**. Copy and paste the check boxes in the new row(s) in the appropriate columns. | | | |
| **Name of Commercial Supporter** | **Type of Support and if monetary, include amount** | | |
|  |  | Monetary: |  |
|  | Non-Monetary (In-kind) | |
|  |  | Monetary: |  |
|  | Non-Monetary (In-kind) | |
| **ATTACHMENT 6: Attach each executed commercial support (monetary and non-monetary) agreement for the activity.** | | | |
| **ATTACHMENT 7: Attach the evidence that demonstrates the disclosure of commercial support (monetary and non-monetary), as presented to learners.** | | | |

**Table 1: Individuals in Control of Content**

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| For everyone in control of content:  **►List** the name of the individual **(1)**,  **►List** the individual’s role(s) in the activity **(2)** [*e.g., course directors, reviewers, CME committee members (if your CME Committee reviews and approves activities, the members should be listed as individuals in control of content), moderators, presenters, authors, patients, and others]*  **►Indicate** if the individual has no relevant financial relationships **(3)**; **OR** if the individual has relevant financial relationship(s) – the name of the ineligible company(ies) with which the individual has a relevant financial relationship(s), the nature of that relationship(s), and how the relevant financial relationship(s) was mitigated **(4)**.  **For an RSS**, list individuals for the entire series, not for a single session or a sampling of sessions.  If you need additional rows — right click on the last row in the table, select **Insert**, then select **Insert Rows Below**. |

| **(1)**  **Name of individual** | **(2)**  **Individual’s role(s)** | **(3)**  **Check here if no relevant financial relationships** | **(4)**  **Complete this section if the individual has a relevant financial relationship(s) with an ineligible company** | | | |
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| Name of ineligible company(ies) | Nature of relationship(s) | Mechanism(s) implemented to mitigate relevant financial relationship(s) appropriate to role(s) in activity. Only complete the column(s) that apply to the individual’s role(s) | |
| Planner | Faculty and Others |
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