**CME PERFORMANCE-IN-PRACTICE STRUCTURED ABSTRACT**

Complete this form for each activity selected for review. Provide the information requested in concise narrative explanations and statements, with supporting documents, to verify that your CME program meets the NMA’s requirements. We encourage you to be succinct, answer the questions directly, and avoid extraneous information.

*(Note: If Regularly Scheduled Series (RSS) are selected, submit evidence for the series, not just for a single session or a sampling of sessions. The series is the activity. Therefore, you will demonstrate compliance for the RSS in the same manner as for a large annual meeting with multiple sessions.)*

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| **Provider Name:** |  | | | | | | | |
| **Activity Title:** |  | | | | | | | |
| **Activity Date:** |  | | | | | | | |
| **Activity Type:** |  | | | **Direct/Jointly Provided:** | |  | | |
| **Commercial Support:** | |  | | | | | | |
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| **EDUCATIONAL NEEDS** *(formerly C2)* | | | | | | | | |
| 1. State the professional practice gap(s) of your learners on which the activity was based. | | | | | | | | |
| 1. Check the educational need(s) that apply to this activity:   Knowledge  Competence  Performance | | | | | | | | |
| 1. State the educational need(s) that you determined to be the cause of the professional practice gap(s). | | | | | | | | |
| **DESIGNED TO CHANGE** *(formerly C3)* | | | | | | | | |
| 1. Explain what this activity was designed to change. | | | | | | | | |
| **APPROPRIATE FORMATS** *(formerly C5)* | | | | | | | | |
| 1. Explain why the educational format is appropriate for this activity. | | | | | | | | |
| **COMPETENCIES** *(formerly C6)* | | | | | | | | |
| 1. Select the desirable physician attribute(s) this activity addresses. The list below includes the Competencies of: ACGME/ABMS, Institute of Medicine, and Interprofessional Education Collaborative, or you may enter other competencies recognized by your organization. Select all that apply: | | | | | | | | |
| Employ evidence-based practice | | | | | Quality improvement | | | |
| Interpersonal & communication skills | | | | | Roles/responsibilities | | | |
| Interprofessional communication | | | | | Systems-based Practice | | | |
| Medical knowledge | | | | | Teams and teamwork | | | |
| Patient care and procedural skills | | | | | Utilize informatics | | | |
| Practice-based learning & improvement | | | | | Values/ethics for interprofessional practice | | | |
| Professionalism | | | | | Work in interdisciplinary teams | | | |
| Provide patient-centered care | | | | |  | | | |
| Other Competencies if applicable: | | | | | | | | |
| **ANALYZES CHANGE** *(formerly C11)* | | | | | | | | |
| 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. | | | | | | | | |
| 1. Include the compiled or summative data or information generated from this activity about changes achieved in learners' competence or performance or patient outcomes. If available, also provide a template of the evaluation tool or method used to obtain this information.   Documentation attached | | | | | | | | |
| **STANDARD 1: ENSURE CONTENT IS VALID** *(formerly CME Clinical Content Validation Policy & C10 SCS 5.2)* | | | | | | | | |
| 1. We attest that this activity meets the expectations of all the elements of Standard 1.   Yes  No | | | | | | | | |
| 1. Provide the required documentation as described below based on the format of the activity.   If the activity is a Journal CME/CE or Enduring Material (online or print) CME activity: Include instructions to access the CME product itself, so reviewers may experience the activity as your learners experience it. 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. **OR** If the activity is a Regularly Scheduled Series (RSS): Include a listing of the dates, faculty, location, and topics of each session. **OR** If the activity is Live, a Manuscript Review, Test-Item Writing, Committee Learning, Performance/Quality Improvement, Internet Searching and Learning, Learning from Teaching or Other/Blended Learning activity: Provide the activity topics/content to include the nature and scope of the CME content (e.g., content outline, agenda, brochure, program book, or announcement).  **OR**  If the activity is spontaneous learning or self-directed and/or the content is controlled by the learner: Upload the framework or instructions provided to the learner.  Documentation attached | | | | | | | | |
| **STANDARD 2: PREVENT COMMERCIAL BIAS AND MARKETING IN ACCREDITED CONTINUING EDUCATION** *(formerly C7 SCS 1 & C10 SCS 5.1)* | | | | | | | | |
| 1. We attest that this activity meets the expectations of all the elements of Standard 2.   Yes  No | | | | | | | | |
| **STANDARD 3: IDENTIFY, MITIGATE, AND DISCLOSE RELEVANT FINANCIAL RELATIONSHIPS** *(formerly C7 SCS 1, 2 & 6)* | | | | | | | | |
| 1. Did this activity meet one of the exceptions listed below?  * Accredited education that is non-clinical, such as leadership or communication skills training. * Accredited education where the learner group is in control of content, such as a spontaneous case conversation among peers. * Accredited self-directed education where the learner controls their educational goals and reports on changes that resulted, such as learning from teaching, remediation, or a personal development plan. When accredited providers serve as a source of information for the self-directed learner, they should direct learners only to resources and methods for learning that are not controlled by ineligible companies.   Yes  No  If yes, describe how the activity met the exception. | | | | | | | | |
| 1. Did owner(s)/employee(s) of ineligible companies participate as planners or faculty in this activity?   Yes  No  If yes, for each owner/employee that participated in this activity, provide information to demonstrate the individual’s involvement meets one of the exceptional circumstances listed below per Standard 3.2.     * When the content of the activity is not related to the business lines or products of their employer/company. * When 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. * When 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 for this activity?   Yes  No | | | | | | | | |
| 1. Provide 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, include a single copy example of each version used. Do not submit more than a single example of each form used. In each case, the example provided must be one that was actually completed by a person in control of content for this activity.  Documentation attached | | | | | | | | |
| 1. In the table below, provide the information indicated in each of the five columns as follows. If more lines are needed, please attach a separate page using the same column headings. | | | | | | | | |
| **Name of Individual** | | | **Individual’s Role in Activity** | | **Name of Commercial Interest** | **Nature of Relationship** | | **Mitigation Mechanism** |
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| 1. Provide the information, as disclosed to learners, about the presence or absence of relevant financial relationships for all individuals in control of CME content. If applicable, include the statement, as disclosed to learners, that all relevant financial relationships were mitigated.   Documentation attached | | | | | | | | |
| **STANDARD 4: MANAGE COMMERCIAL SUPPORT APPROPRIATELY** *(formerly C8 SCS 3)* | | | | | | | | |
| 1. Did your organization correctly enter in PARS whether or not this activity received commercial support?   Yes  No  If no, provide a brief explanation of the correction. | | | | | | | | |
| 1. Did this activity receive commercial support?   Yes  No  If yes, complete the table below. List the name(s) 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. If more lines are needed, please attach a separate page using the same column headings. Please note this does not include fees for advertising and/or exhibits. | | | | | | | | |
| **Name of Commercial Supporter** | | | | | | **Type of Support** | **Amount** | |
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| 1. Include each executed commercial support (monetary and non-monetary) agreement for the activity.   Documentation attached | | | | | | | | |
| 1. Provide evidence that demonstrates the disclosure of commercial support (monetary and non-monetary), as presented to learners.   Documentation attached | | | | | | | | |
| **ACCREDITATION STATEMENT POLICY** | | | | | | | | |
| 1. Provide evidence of the use of the appropriate accreditation statement for this activity, as presented to learners.   Documentation attached | | | | | | | | |