



Performance-in-Practice Structured Abstract & Attachments

Instructions: Complete this form and assemble the requested attachments for each activity selected for review. Instructions for submitting the abstracts and attachments are provided at the end of this form. If your organization does not have evidence to demonstrate that a specific criterion was met in an activity, briefly explain in the gray/blue box provided on the form why there is no evidence in the related field (e.g., missing evidence due to lost files or documents, etc.). **For Regularly Scheduled Series (RSS): submit evidence for all sessions, not just for a single session or a sampling of sessions.** The series is the activity. **Please do not edit, delete, or modify content on this form.**

1. Name of Organization:			
2. Activity Title:			
3. Activity Date:			
4. Activity Type:		Select from drop-down menu.	
5. Providership:		Select from drop-down menu.	If joint was selected, list organization(s):
6. Describe the <u>professional practice gap(s)</u> of your learners on which the activity was based. (max 100 words) (C2)			
7. Describe the <u>educational need(s)</u> that you determined to be the cause of the professional practice gap(s). Complete all that apply. (max 50 words each) (C2)		Knowledge need	
		Competence need	
		Performance need	
8. Describe what this activity was <u>designed to change</u> in terms of learners' competence, performance, and/or patient outcomes. Complete all that apply. (max 50 words) (C3)		Competence	
		Performance	
		Patient Outcomes	
9. Which type of <u>educational format</u> was selected for this activity? (C5)			
10. Explain why this <u>educational format</u> was appropriate for this activity. (max 25 words) (C5)			
11. Indicate the <u>desirable physician attribute(s)</u> this activity addressed. The list includes the ACGME/ABMS Competencies, Institute of Medicine Competencies, and Interprofessional Collaborative Competencies, or you may enter other competencies that are recognized by your organization. (C6)		ACGME/ABMS	
		Institute of Medicine	
		Interprofessional Education Collaborative	
		Other Competency(s) (specify):	
		<input type="checkbox"/> Patient Care and Procedural Skills <input type="checkbox"/> Medical Knowledge <input type="checkbox"/> Practice-based Learning and Improvement	<input type="checkbox"/> Interpersonal and Communication Skills <input type="checkbox"/> Professionalism <input type="checkbox"/> Systems-based Practice
		<input type="checkbox"/> Provide Patient-centered Care <input type="checkbox"/> Work in Interdisciplinary Teams <input type="checkbox"/> Employ Evidence-based Practice	<input type="checkbox"/> Apply Quality Improvement <input type="checkbox"/> Utilize Informatics
		<input type="checkbox"/> Values/Ethics for Interprofessional Practice <input type="checkbox"/> Roles/Responsibilities	<input type="checkbox"/> Teams and Teamwork <input type="checkbox"/> Interprofessional Communication

Individuals in Control of Content

12. Did any individuals in control of content refuse to disclose? (C7 SCS 2.2)		<input type="checkbox"/> Yes <input type="checkbox"/> No
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13. For each individual in control of content, **list** the name of the individual, **select** the individual's role(s) in the activity, and **indicate** if the individual has no relevant financial relationships; or if the individual has relevant financial relationships – the name of the ACCME-defined ineligible companies with which the individual has relevant financial relationships, the nature of those relationships, and how the conflicts were resolved. **If your CME Committee reviews and approves activities, the members should be listed in the table too as individuals in control of content.** **For an RSS, list individuals for the entire series, not for a single session or a sampling of sessions.** (C7 SCS 2.1, 2.2, 2.3). If you need additional rows — right click on the last row in the table, select **Insert**, then select **Insert Rows Below**.

Name of individual	Individual's role(s)							Check here if no relevant financial relationships exist	Complete this section if the individual has a relevant financial relationship(s) with an ACCME-defined ineligible company		
	Course Director	Reviewer/CME Comm	Planner	Moderator	Presenter/Author	Patient/Other	Name of ineligible companies		Nature of relationship(s)	Mechanism(s) implemented to resolve conflict of interest in the activity	

14. Did the table above include an employee(s) or owner(s) of an ACCME-defined ineligible company? (*Standard 3.2*) Yes (complete #15) No (go to #16)

15. Did their participation meet one of the three specific circumstances (see check boxes below) permitted by the ACCME? (*Standard 3.2 a,b,c*) Yes (select which circumstance(s) was met; and if requested, describe how you ensured independence of the activity) No (go to #16)

Content of the activity was not related to the business lines or products of their employer.

Content was limited to basic science research such as pre-clinical research and drug discovery or the methodologies of research, themselves unrelated to a specific disease or compound/drug. And they do not make care recommendations. **Describe** processes implemented to ensure that the individual(s) had no control over the content that was related to clinical applications of the research/discovery or clinical recommendations concerning the business lines or products of their employer.

Participated as technicians that teach the safe and proper use of medical devices, and do not recommend whether or when a device is used. **Describe** processes implemented to ensure that the individual(s) had no control over the content that was related to clinical recommendations concerning the business lines or products of their employer.

Commercial Support

16. Did the activity receive commercial support? Yes (complete #17) No

17. List the names of the commercial supporters of this activity and the \$ value of any monetary commercial support and/or indicate in-kind support. (*C8 SCS 3.4-3.6*) **If you need additional rows — right click on the last row in the table, select Insert, then select Insert Rows Below.**

Name of commercial supporter	Amount of monetary commercial support	In-kind
		<input type="checkbox"/>
		<input type="checkbox"/>

Instructions for Attachments: Assemble and label each attachment with the appropriate number. Include Attachments 1-6 in ALL activity files selected for review. If evidence is not available related to an attachment, write or type on a sheet of paper in place of the attachment, the attachment # and why there is no evidence. For example, “Attachment 2 — no evidence because it cannot be found or it was not documented” or “Attachment 3 – no conflicts to resolve”. If Attachment 1 includes the information requested in Attachment 6, you can label the first attachment – “Attachment 1 & 6”.

Instructions for submitting completed forms and attachments:

ON-SITE SURVEY: Email one copy (PDF) of the completed Performance-in-Practice Structured Abstracts with attachments for each activity **two weeks** before the date of the survey. In addition, organizations are expected to have **available at the site survey one hard copy** of the completed Performance-in-Practice Structured Abstracts with attachments for each activity.

VIRTUAL SURVEY: Email one copy (PDF) of the completed Performance-in-Practice Structured Abstracts with attachments for each activity **two weeks** before the date of the virtual survey.

Email materials to Melissa Carter at mcarter@flmedical.org. If the files are too large to email, contact FMA to discuss options.

Attachments

If you scan all evidence into one pdf file, please bookmark the file for the attachments.

ATT #	Description
1	Attach a completed form, tool, or mechanism from the activity used to identify relevant financial relationships of individuals in control of content. If you used different form(s), tool(s), or mechanism(s) within your process, upload a completed copy of each version used (i.e., form, minutes, etc.). DO NOT ATTACH COMPLETED FORMS/TOOLS/MECHANISMS FOR ALL INDIVIDUALS IN CONTROL OF CONTENT – ALL individuals and the information they disclosed to you should be listed in the Structured Abstract on #13. (C7 SCS 2.1)
2	If applicable, the completed form(s), tool(s), or mechanism(s) used to resolve conflicts of interest . Attach evidence of resolution for <u>ALL</u> individuals that indicated a relevant financial relationship. For RSS: attach evidence of resolution for all sessions for <u>ALL</u> individuals that indicated a relevant financial relationship. (C7 SCS 2.3)
3	Evidence (e.g. flyer, slide, brochure, verbal documentation, etc.) from the activity of the disclosure information <u>as presented to learners</u> , about presence or absence of relevant financial relationships for <u>ALL</u> individuals in control of content. For RSS: include evidence for all sessions. (C7 SCS 6.1-6.2, 6.5)
4	The data or information generated from this activity about changes achieved in learners' competence, performance, and/or patient outcomes. Include data or information in support of what you reported you would measure in PARS for the activity – this information is included in the last column in the Performance-in-Practice Activity File Review List sent to you with the Structured Abstract. If you use evaluation forms, do not submit each individual form, compile the data into one form or submit a summary of the changes related to competence, performance, and/or patient outcomes. If you submit data dashboards, please provide a brief summary of what the data is showing a change in, and highlight the portions of the dashboard you are referring to. For RSS: include data or information for entire series. (C11)
5	<ul style="list-style-type: none"> ➤ For Internet Enduring Material, Enduring Material, and/or Journal-based CME activities: Provide a direct link or URL with generic login(s) and password(s), if necessary for access, so the product is available for review from the point of submission through the end of your current accreditation term. If the product is no longer available on the internet, please provide one PDF of the entire CME product as experienced by the learner. For Internet Enduring Material and Enduring Material activities, include bibliographic source(s). For Journal-based CME activities, include the name of the peer-reviewed professional journal in which the article appears. ➤ For Performance Improvement CME activities: If this activity was designed to meet the AMA PRA requirements for Performance Improvement CME activities, please attest below that your organization met the requirements by checking the box and replacing << >> with the information requested Requirements are included in the AMA Physicians' Recognition Award and credit system booklet. <input type="checkbox"/> <<Name and title of individual attesting>> ➤ For all other activity types: Attach the activity topics/content (e.g., agenda, brochure, program book, announcement, etc.). For RSS: — if the series was topic-based such as a grand rounds series, provide a list of the dates and topics of each session. <p>(C10, CME Clinical Content Validation Policy, ACCME Definition of CME)</p>
6	Evidence (e.g., flyer, brochure, announcement, etc.) from the activity of the FMA accreditation statement <u>as provided to learners</u> before for the activity.
7	If NOT included in Attachment 6, attach evidence from the activity of the AMA Credit Designation statement <u>as provided to learners</u> before for the activity.

If the activity was commercially supported, include Attachments 8-9, otherwise, omit this section.

8	The income and expense statement for this activity that itemizes the source(s) of commercial support and details the receipt and expenditure of all the commercial support. (C8 SCS 3.13)
9	<u>Each</u> executed commercial support agreement for the activity. (C8 SCS 3.4-3.6)
10	Evidence from the activity of the commercial support disclosure information <u>as presented to learners</u> . (C7 SCS 6.3-6.5)