

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

*A tool for preparing and demonstrating compliance through performance-in-practice*

**Instructions:** Complete this form for each activity selected for the NMA’s performance-in-practice review. Complete all sections applicable for the activity, and assemble attachments, marking each attachment with the appropriate number.

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| **Provider Name:** |       |
| **Activity Title:** |       |
| **Activity Date** **(mm/dd/yyyy):** |       | **Activity Type:** |  |
|  |
| 1. State the **professional practice gap(s)** of your learners on which the activity was based (maximum 100 words). (C2)
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| 1. State the educational need(s) that you determined to be the cause of the professional practice gap(s) (maximum 50 words each). (C2)
 | Knowledge need ***and/or*** |       |
| Competence need ***and/or*** |       |
| Performance need  |       |
| 1. State what this CME activity was designed to change in terms of learners’ competence or performance or patient outcomes (maximum 50 words). (C3)
 |       |
| 1. Explain why this educational format is appropriate for this activity (maximum 25 words). (C5)
 |       |
| 1. Indicate the desirable physician attribute(s) (i.e., competencies) this activity addresses. (C6)
 |
| **ACGME/ABMS Competencies** | **Institute of Medicine Competencies** | **Interprofessional Education****Collaborative Competencies** |
| [ ]  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 | [ ]  Interprofessional Communication |
| [ ]  Interpersonal and Communication Skills | [ ]  Apply quality improvement  | [ ]  Teams and Teamwork |
| [ ]  Professionalism | [ ]  Utilize informatics |  |
| [ ]  Systems-based Practice |  |  |
| **Other Competency(ies) (please specify):**       |

1. **For all INDIVIDUALS IN CONTROL OF CONTENT for the activity …**

Complete the table below. If you have this information already available electronically, then simply include it as part of Attachment 2. For each individual in control of content, list the name of the individual, the individual’s role (e.g., planner, editor, content reviewer, faculty) in the activity, the name of the NMA-defined commercial interest with which the individual has a relevant financial relationship (or if the individual has no relevant financial relationships), and the nature of that relationship.

(Note: please ensure that when you are collecting this information from individuals, that you are using the most current definitions of what constitutes a relevant financial relationship and NMA-defined commercial interest.) (C7 SCS 2.1, 2.2, 2.3)

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| --- | --- | --- | --- |
| **Name of Individual** | **Individual’s Role in Activity** | **Name of Commercial Interest** | **Nature of Relationship** |
| *Example: Jane Smythe, MD* | *Course Director* | *None* | *---* |
| *Example: Thomas Jones* | *Faculty* | *Pharma Co. US* | *Research grant* |
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(If there are additional individuals in control of content for the activity, please attach a separate page using the same column headings.)

1. **If the activity was COMMERCIALLY SUPPORTED …**

Complete the table below. If you have this information already available electronically, then simply include it as part of Attachment 8. 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).

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| --- | --- | --- |
| **Name of Commercial Supporter** | **Amount of Monetary Commercial Support** | **In-Kind**  |
| *Example: XYZ Pharma Company* | *$5,000* | *☐* |
| *Example: ABC Medical Device Company* |  | *☒* |
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(If there are additional commercial supporters, please attach a separate page using the same column headings.)

1. **Attachments**

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| **Attachment 1** | The **activity topics/content**,e.g., agenda, brochure, program book, or announcement. (NMA Definition of CME) |
| **Attachment 2** | The form, tool, or mechanism used to **identify** **relevant financial relationships** of all individuals in control of content. (C7 SCS 2.1)  |
| **Attachment 3** | Evidence that you implemented your mechanism(s) to **resolve conflicts of interest** forall individuals in control of content prior to the start of the activity. (C7 SCS 2.3) |
| **Attachment 4** | The disclosure information as provided to learners about the relevant financial relationships (or absence of relevant financial relationships) that each individual in a position to control the content of CME disclosed to the provider. (C7 SCS 6.1-6.2, 6.5) |
| **Attachment 5** | The data or information generated from this activity about changes achieved in learners’ competence or performance or patient outcomes. (C11) |
| **Attachment 6** | The NMA accreditation statement for this activity, as provided to learners. (Appropriate Accreditation Statement) |

**If the activity was COMMERCIALLY SUPPORTED …**

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| **Attachment 7** | The income and expense statement for this activity that details the receipt and expenditure of all of the commercial support. (C8 SCS 3.13) |
| **Attachment 8** | Each executed commercial support agreement for the activity. (C8 SCS 3.4-3.6) |
| **Attachment 9** | The commercial support disclosure information as provided to learners. (C7 SCS 6.3-6.5) |

Note: If this activity is an enduring material, journal-based CME, or Internet CME, please include the actual CME product (or a URL and access code – if applicable) with your performance-in-practice.