



Advocating for Physicians and the Health of all Nebraskans

CME PERFORMANCE-IN-PRACTICE STRUCTURED ABSTRACT

Instructions: Complete this form for each activity selected for review. Complete all sections applicable for the activity and assemble attachments marking each attachment with the appropriate number.

Provider Name:

Activity Title:

Activity Date:

Activity Type: (Select one)

A. State the professional practice gap(s) of your learners on which the activity was based. (C2)

B. State the educational need(s) that you determined to be the cause of the professional practice gap(s). (C2)

Knowledge need

and/or

Competence need

and/or

Performance need

C. State what this CME activity was designed to change in terms of learners' competence or performance or patient outcomes. (C3)

D. Explain why this educational format is appropriate for this activity. (C5)

E. Indicate the desirable physician attribute(s) (i.e., competencies) this activity addresses. (C6)

<i>ACGME/ABMS Competencies</i>	<i>Institute of Medicine Competencies</i>	<i>Interprofessional Education Collaborative Competencies</i>
<input type="checkbox"/> Interpersonal and communication skills	<input type="checkbox"/> Apply quality improvement	<input type="checkbox"/> Interprofessional communication
<input type="checkbox"/> Medical knowledge	<input type="checkbox"/> Employ evidence-based practice	<input type="checkbox"/> Roles/responsibilities
<input type="checkbox"/> Patient care and procedural skills	<input type="checkbox"/> Provide patient-centered care	<input type="checkbox"/> Teams and teamwork
<input type="checkbox"/> Practice-based learning and improvement	<input type="checkbox"/> Utilize informatics	<input type="checkbox"/> Values/ethics for interprofessional practice
<input type="checkbox"/> Professionalism	<input type="checkbox"/> Work in interdisciplinary teams	
<input type="checkbox"/> Systems-based Practice		

- Attachment 3** Evidence that you implemented your mechanism(s) to resolve conflicts of interest for all 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.

If the activity was COMMERCIALY SUPPORTED ...

- 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)