****

**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:** |  |
|  |
| 1. **State the professional practice gap(s) of your learners on which the activity was based. (C2)**
 |
|       |
|  |
| 1. **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 |       |
|  |
| 1. **State what this CME activity was designed to change in terms of learners’ competence or performance or patient outcomes. (C3)**
 |
|       |
|  |
| 1. **Explain why this educational format is appropriate for this activity. (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*** |
| [ ]  Interpersonal and communication skills[ ]  Medical knowledge[ ]  Patient care and procedural skills[ ]  Practice-based learning and improvement[ ]  Professionalism[ ]  Systems-based Practice | [ ]  Apply quality improvement[ ]  Employ evidence-based practice[ ]  Provide patient-centered care[ ]  Utilize informatics [ ]  Work in interdisciplinary teams | [ ]  Interprofessional communication[ ]  Roles/responsibilities[ ]  Teams and teamwork[ ]  Values/ethics for interprofessional practice |
| Other Competency(ies) (please specify):       |
|  |
| 1. **For all INDIVIDUALS IN CONTROL OF CONTENT for the activity …**

For each individual in control of content, list the name of the individual, the individual’s role in the activity (e.g., planner, editor, content reviewer, faculty), the name of the 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. If you have this information already available electronically, include it as part of Attachment 2. *(Please ensure that when you are collecting this information from individuals, you are using the most current definitions of what constitutes a relevant financial relationship and commercial interest.) (C7 SCS 2.1, 2.2, 2.3)* |
| **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* |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| (If there are additional individuals, please attach a separate page using the same column headings.) |
|  |
| 1. **If the activity was COMMERCIALLY SUPPORTED …**

List the names of the commercial supporters of this activity and the $ value of any monetary commercial support and/or indicate in-kind support. If you have this information already available electronically, include it as part of Attachment 8. (C8 SCS 3.4-3.6)  |
| **Name of Commercial Supporter** | **Amount** | **In-Kind** |
| *Example: XYZ Pharma Company* | *$5,000* | ☐ |
| *Example: ABC Medical Device Company* |  | ☒ |
|       |       | [ ]  |
|       |       | [ ]  |
|       |       | [ ]  |
|       |       | [ ]  |
|       |       | [ ]  |
| (If there are additional commercial supporters, please attach a separate page using the same column headings.) |
|  |
| 1. **Attachments**
 |
| **Attachment 1** | The activity topics/content, e.g., agenda, brochure, program book, or announcement. 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). |
| **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 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 COMMERCIALLY 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) |