ISMA 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 ISMA's performance-in-practice review. Complete all sections applicable for the activity, and assemble attachments, <u>labeling each attachment with the appropriate number</u>. If submitting material electronically, assemble a <u>single</u> PDF file that includes this form and the required attachments with each attachment bookmarked. Submit the abstract/attachments to the ISMA as instructed.

ACCME Provider ID:			Provid	Provider Name:					
Activity Title:									
Activity Date (mm/dd/yyyy):			Activity Type: (Course, RSS, Enduring, etc.)			Providership: (Direct/Joint)		Commercial Support Received: (Yes/No)	
State the professional practice gap(s) of your learners on which the activity was based.			rs on which						
	State the educational need(s) that you determined to be the cause of the professional practice gap(s).		Know	edge need and	/or				
			the Comp	Competence need and/or					
			Perfor	Performance need					
	•	competence, perforn vas designed to chang	•						
	In addition to identifying the educational format that you have chosen, explain why this format is appropriate for the setting and desired results of this activity (former C5). (i.e., didactic with Q&A, case presentation, breakout group, hands-on skills lab, etc)								
	Indicate the c	lesirable physician at	tribute(s) (i.e., co	mpetencies) th	is activity	addresses. Select a	ill that apply.		
ACGME/	ABMS Comp	etencies	Instit	ute of Medic	ine Com	petencies	Interpro	fessional Education	
Patient Care and Procedural Skills Provide patient-ce Medical Knowledge Work in interdiscip Practice-based Learning and Improvement Employ evidence-l Interpersonal and Communication Skills Apply quality impr Professionalism Utilize informatics Systems-based Practice Other Competency(ies) (specify): For all INDIVIDUALS IN CONTROL OF CONTENT for the activity				ciplinary t e-based provemer	olinary teams Roles/Responsibilities passed practice Interprofessional Communication				
		AND DISCLOSE RELIctivities/educational				l interests			
		ity meet one of the e	-			es No			
Accredited education where the learner content, such as spontaneous case compeers (e.g., At-the-Elbow CME) Accredited self-directed education whe controls their educational goals (e.g., I		s case conversation E) Cation where the lo	oup is in control of sation among If Yes, describe how the action the learner			activity met the	vity met the exception.		
	IF THIS ACTIVI Did employe control CME	TY DOES NOT MEET (es or owners of ACCN content for this activ culty, authors, and/or	ONE OF THE EXCER ME-defined comm ity (e.g., participat	TIONS ABOVE ercial interests e as planners,	ii □ Y	I LYPS I INO			
		E-defined commercia				′es			

IDENTIFY, MITIGATE AND DISCLOSE RELEVANT FINANCIAL RELATIONSHIPS



The provider develops activities/educational interventions independent of ineligible companies. Complete the table below.

For each individual in control of content, list the name of the individual, the individual's role (e.g., planner, staff, content reviewer, faculty) in the activity, the name of the <u>ACCME-defined ineligible company</u> with which the individual has a <u>financial relationship</u> (or if the individual has no relevant financial relationships), the nature of that relationship, and the mechanism implemented to resolve all conflicts of interest appropriate to the role(s) of the individual(s) in the activity.

(Note: 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 ACCME-defined ineligible company (AKA: commercial interest).

Name of individual	Individual's role in activity	Name of ineligible company	Nature of relationship	Mechanism(s) implemented to mitigate relevant financial relationships
Example: Jane Smythe, MD	Planner/Course Director	Eli Lilly	Consultant	Example: Partnered with non- conflicted Planner for peer review of decisions
Example: Thomas Jones	Faculty	Major Pharmceuticals	Speakers Bureau	Example: Slide review

(If there are additional individuals in control of content for the activity, please attach a separate page using the same column headings.)

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.

Name of commercial supporter Am	ount of monetary commercial support	In-kind
Example: XYZ Pharma Company	\$5,000	
Example: ABC Medical Device Company		Ø

(If there are additional commercial supporters, please attach a separate page using the same column headings.)



Describe the strategies you used to obtain data or information about changes achieved in learners' competence, performance or patients outcomes as a result of their participation in this activity. (i.e., immediate post-activity evaluation, pre/post test, QA data review, chart review, etc) You are asked to upload your compiled or summative data in Attachment 5.

	ATTACHMENTS/DEMONSTRATION OF EVIDENCE
Attachment 1	The activity topics/content. Example: agenda, brochure, program book, or announcement. (ACCME Definition of CME)
Attachment 2	The form, tool, or mechanism used to identify relevant financial relationships of all individuals in control of content. Example: signed disclosure form or conflict of interest form. Include all planning committee members, CME staff, presenters, authors, moderators; anyone writing/approving objectives.)
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. If anyone in control of content revealed a relevant financial relationship, what action did you take to resolve the perceived conflict of interest? Include documentation of provider's review, and the individual's agreement to promote only quality or improvements in healthcare and not to promote the specific business of the commercial interest. Example: signed form, written communication, and/or any additional actions taken.
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. Proof that disclosure was made to learner prior to the start of the activity. Example: on slide, syllabus, grid, tabletop sign, or handout. If verbal disclosure was made, provide documentation or attestation from participant.
Attachment 5	The compiled or summative data/information generated from this activity, specifically about changes achieved in learners' competence or performance or patient outcomes. Documentation verifying the activity was evaluated for change. Example: the summarized evaluations of the overall activity (post evaluation), <u>or</u> the summarized follow-up evaluations, and/ <u>or</u> quality assurance data showing changes in patient outcomes.
Attachment 6	The ACCME accreditation statement for this activity, <u>as provided to learners</u> . (Appropriate Accreditation Statement) The accreditation statement must appear on CME activity materials and brochures distributed by the accredited provider to the learners when specific information, such as presenters and objectives, is included.

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. <i>Include copies of payments from commercial supporter(s) made directly to your organization. Also, provide a copy of the budget sheet showing expenditures and a copy of check sent to speaker.</i>
Attachment 8	Each executed commercial support agreement (monetary and non-monetary) for the activity.
Attachment 9	The commercial support disclosure information <u>as provided to learners</u> . Proof that commercial support disclosure was made to learners prior to the start of the activity, e.g. on flyer, slide, syllabus, grid, tabletop sign, or handout. If verbal disclosure was made, provide documentation or attestation from participant.

If this activity is an Enduring Material, Internet CME, or Journal-based CME

	If the activity is a Journal CME or Enduring Material (online or print) CME activity: Upload instructions to access the				
	CME product itself, so reviewers may experience the activity as your learners experience it. With your upload, provide a				
Attack mount 10	URL/link to the activity and generic login(s) and password(s), if necessary for access. The product must be available for				
Attachment 10	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.				

If this activity is Committee Learning or Learning from Teaching

Attachment 11

If the activity is a Committee Learning or Learning From Teaching CME activity: Upload the activity topics/content to
include the nature and scope of the CME content (i.e, content outline, agenda, brochure, program book or
announcement).
If a Learning from Teaching activity, please include a copy of the "Simplifying Faculty Development in Accredited CME

Worksheet" from the Learning from Teaching project.