

# 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, marking each attachment with the appropriate number. If submitting material electronically, assemble a [single](#) 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:		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 (maximum 100 words). (C2)



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 <i>and/or</i>
	Competence need <i>and/or</i>
	Performance need



State what this CME activity was designed to change in terms of learners’ competence or performance or patient outcomes (maximum 50 words). (C3)



Explain why this educational format is appropriate for this activity (maximum 25 words). (C5)



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

**ACGME/ABMS Competencies**

- Patient Care and Procedural Skills
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-based Practice

**Institute of Medicine Competencies**

- Provide patient-centered care
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply quality improvement
- Utilize informatics

**Interprofessional Education**

**Collaborative Competencies**

- Values/Ethics for Interprofessional Practice
- Roles/Responsibilities
- Interprofessional Communication
- Teams and Teamwork

**Other Competency(ies) (specify):**

**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 [ACCME-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 ACCME-defined 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
<i>Example: Jane Smythe, MD</i>	<i>Course Director</i>	<i>None</i>	<i>---</i>
<i>Example: Thomas Jones</i>	<i>Faculty</i>	<i>Pharma Co. US</i>	<i>Research grant</i>

(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 (C8 SCS 3.4-3.6).

Name of commercial supporter	Amount of monetary commercial support	In-kind
Example: XYZ Pharma Company	\$5,000	<input type="checkbox"/>
Example: ABC Medical Device Company		<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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



**ATTACHMENTS/DEMONSTRATION OF EVIDENCE**

<b>Attachment 1</b>	The <b>activity topics/content</b> , e.g., agenda, brochure, program book, or announcement. (ACCME Definition of CME)
<b>Attachment 2</b>	The form, tool, or mechanism used to <b>identify relevant financial relationships</b> of all individuals in control of content. (C7 SCS 2.1). e.g., signed disclosure form or conflict of interest form. Include all planning committee members, presenters, authors, moderators; anyone writing/approving objectives.
<b>Attachment 3</b>	Evidence that you implemented your mechanism(s) to <b>resolve conflicts of interest</b> for all individuals in control of content prior to the start of the activity. (C7 SCS 2.3) <i>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, e.g. signed form, written communication, and/or any additional actions taken.</i>
<b>Attachment 4</b>	The <b>disclosure information as provided to learners</b> 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) <i>Proof that disclosure was made to learner prior to the start of the activity, e.g. on slide, syllabus, grid, tabletop sign, or handout. If verbal disclosure was made, provide documentation or attestation from participant.</i>
<b>Attachment 5</b>	The data or <b>information generated from this activity about changes</b> achieved in learners' competence or performance or patient outcomes. (C11) <i>Documentation verifying the activity was evaluated for change, e.g. the summarized evaluations of the overall activity (post evaluation), or the summarized follow-up evaluations, or quality assurance data showing changes in patient outcomes.</i>
<b>Attachment 6</b>	The <b>ACCME accreditation statement</b> for this activity, <u>as provided to learners</u> . (Appropriate Accreditation Statement) <i>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.</i>

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

<b>Attachment 7</b>	The <b>income and expense statement</b> for this activity that details the receipt and expenditure of all of the commercial support. (C8 SCS 3.13) <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>
<b>Attachment 8</b>	Each executed <b>commercial support agreement</b> for the activity. (C8 SCS 3.4-3.6)
<b>Attachment 9</b>	The <b>commercial support disclosure information as provided to learners</b> . (C7 SCS 6.3-6.5) <i>Proof that commercial support disclosure was made to learner 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.</i>

**If this activity is an enduring material, internet CME, or journal-based CME...**

<b>Attachment 10</b>	The CME product (or a URL and access code – if applicable) with your performance-in-practice..
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