

Instructions for Electronic Submission of Activity Files Using the Attached Performance in Practice labels or the Structured Abstract Form

The Medical Society of Virginia (MSV) encourages providers to submit their evidence of performance-in-practice (activity files selected for review by the MSV as part of a reaccreditation survey) as PDF files on a CD-ROM or flash drive. Below are directions for submitting activity files selected from PARS for review as part of a Continuing Medical Education (CME) accreditation survey. For more information, please contact Pam Mazmanian at pmazmanian@msv.org.

Recording your CME Activity Data: CME providers are required to record data about sponsored and jointly provided activities (prior to 3/2014 referred to as “jointly sponsored” CME activities) using the Accreditation Council for Continuing Medical Education (ACCME) Program and Activity Reporting System (PARS). Recorded activities must include all open and closed activities during the current accreditation term. Please be reminded that each Regularly Scheduled Series (RSS) is recorded as one activity. Individual sessions that make up each series are not recorded in PARS. For more information about PARS, visit <http://www.accme.org/cme-providers/maintaining-your-accreditation/about-pars>

Selecting Activity Files for Performance in Practice Review: The Medical Society of Virginia selects up to 12 activities from PARS for the *performance in practice* review part of an accreditation survey, after submission of your Self-Study for Accreditation.

Software Needed: Adobe Reader does not include programming for assembling files. Submission of electronic files requires Adobe Acrobat version 8.0, or more recent, allowing users to insert several PDF documents into one activity file, to bookmark sections of each activity file relevant to accreditation criteria, and to make minor changes, such as labeling documents and highlighting pertinent section.

Labeling Evidence Using Performance in Practice Labels or the Structured Abstract Form: Providers may use the **Performance in Practice Labels** or the **MSV Performance-in-Practice Structured Abstract Form** to submit activity files electronically. They may not use both.

Option 1: Performance in Practice labels, are used: 1) to identify the accreditation criteria related to documents within each CME activity file, and 2) to bookmark the criteria. For example, in an activity file the document(s) showing the gap in practice would be labeled as: “**C2:** The gap in practice that is the basis for the CME activity.” The corresponding bookmark might be listed exactly the same or simplified as “*C2- gap in practice.*”

Option 2: Complete a **Structured Abstract Form** for each activity selected for the MSV’s performance-in-practice review. Address all sections applicable for each activity and assemble attachments, marking each with the appropriate number (Attachment 1, Attachment 2, etc. listed on the form). Assemble a single PDF file that includes the Structured Abstract form for each activity. Remember to bookmark each required attachment.

Converting documents to a PDF:

- *Documents converted from a software program to PDF documents:* If using **Performance in Practice Labels**, providers must add the contents of the Performance in Practice labels to their documents, and insert highlighting, circles and/or call out boxes to pinpoint sections demonstrating compliance. If using the **Structured Abstract Form**, providers must complete the form and add the attachment number to their documents, and insert highlighting, circles, and/or call out boxes to pinpoint sections demonstrating compliance.
- *Scanned documents to PDF documents:* If a hard copy of a document is available only, the document will need to be scanned. Since changes cannot be made to scanned documents, *prior to scanning* the appropriate **Performance in Practice label** or **Structured Abstract Attachment Number** must be included on the document and the sections that show compliance must be marked.

NOTE: To make the activity file easier for the surveyors to review, when possible electronically insert documents into your activity files or scan your original documents instead of scanning black and white copies of your files to a pdf. Please refer to the directions below.

Assembling an Electronic Activity File

- 1) Each activity file should be submitted as one PDF file with bookmarks, not to exceed 10MB per file. For example if 8 activities are selected for review, 8 PDF files will be submitted to the MSV on a single CD-ROM or single flash drive. Each PDF activity file must be saved using the following format:
 - Provider name_activity date_brief (no more than three words) summary of activity title. For example, StJohnsHosp_1-2-14_AnnPedsCourse.
- 2) The following example uses Adobe Acrobat X or XI to insert an electronic document into a pdf activity file:
 1. Open the document you want to serve as the basis of the combined documents you are submitting to the MSV as your activity file. This is your target document. Place your cursor where you want to insert the file. In the upper corner of the left margin, open the document thumbnail. Choose "Insert Page" then "From File."
 2. Select the PDF or other type of document that you want to insert (from your documents) into your target document, and click Select.
 3. In the Insert Pages dialog box, specify where you want to insert the document (before or after the first, last or a designated page of the open PDF-target document), and click OK.

A tutorial using two methods for inserting files is available at: <http://acrobatusers.com/tutorials/inserting-pages>

- 3) Bookmarks must be inserted and correlated with the language of each document label or Structured Abstract Attachment Number. Below is an example of a document with a title, in red, to identify the bookmark linking the disclosure form *document to Attachment 2, (required attachment on the Structured Abstract Form)*.

DOC 2- The form, tool, or mechanism used to identify relevant financial relationships of all individuals in control of content (Name of Organization) Conflict of Interest Disclosure Form		
Your Name: _____ Activity Title: _____ Date of Activity: _____		
Identified level of participation in the CME Activity: <input type="checkbox"/> Course Director <input type="checkbox"/> Moderator <input type="checkbox"/> Speaker <input type="checkbox"/> Other: _____ <input type="checkbox"/> Planning Committee Member <input type="checkbox"/> Panelist <input type="checkbox"/> Article or Case Presenter		
Have you (or your spouse/partner) had a personal financial relationship in the last 12 months with any entity producing, marketing, re-selling or distributing healthcare goods or services consumed by, or used on patients that relates to the content of the CME activity or to your presentation?		
SPEAKERS: <input type="checkbox"/> Yes, I have a financial interest(s) related to the content of my presentation Complete Part 1, Part 2 and Part 3, and sign your name below. <input type="checkbox"/> Self <input type="checkbox"/> Spouse/partner <input type="checkbox"/> No - Complete Part 3 and sign your name below.	DIRECTORS, PLANNERS, COORDINATORS: <input type="checkbox"/> Yes, I have a financial relationship related to the content of the CME activity <input type="checkbox"/> Complete Part 1 and Part 4 and sign your name below. <input type="checkbox"/> Self <input type="checkbox"/> Spouse/partner <input type="checkbox"/> No - Sign your name below.	
Part 1: To be completed by the speaker, course director, planning committee member, etc.		
	Nature of Relevant Financial Relationship (include all those that apply)	
Commercial Interest	What was received? Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest, etc.	For What Role? Employment, independent contractor, consulting, speaking and teaching, membership on advisory committees or review panels, etc.
<i>Example: Company X</i>	<i>Honoraria</i>	<i>Speaker</i>

- 4) The cover page of each activity file must include the following information:
- a) Full name of your organization,
 - b) Activity title as submitted in PARS,
 - c) Activity date and location, as submitted in PARS,
 - d) Type of activity and whether it is directly or jointly provided, and
 - d) Whether commercial support was received.

Evidence Submitted:

- Only evidence that pertains to accreditation criteria or policies being documented should be included in the submitted activity files. Documentation not required by the MSV, such as faculty CVs, all completed participant evaluation forms, or instructional materials in their entirety, should not be included. Reviewers are looking for evidence of the CME program's performance in practice. Blank forms, blank checklists, and policy documents alone are not evidence of compliance.

Additional Information

Internet, Enduring and Internet/Enduring Materials

For activities delivered through the Internet or Intranet, a direct link to the online activities or the URL, and a username and password, must be provided when necessary. If an activity delivered through the Internet/Intranet selected for review is no longer available online, the activity on a CD-ROM or direction on how to access an archived Web site must be provided.

Submit 3 flash drives, with a complete set of the PDF activity files selected for review to:

The Medical Society of Virginia
c/o Pam Mazmanian
2924 Emerywood Parkway
Suite 300
Richmond, Virginia 23294
Phone: (804) 377-1040

MSV Performance-in-practice review labels

Providers may use the following labels OR the Structured Abstract form to prepare and demonstrate compliance through performance-in-practice

Instructions: This template is pre-formatted to print onto Avery Standard File Folder Labels #5266. Affix the MSV's performance-in-practice labels to information that verifies that each activity meets the ACCME's requirements. If submitting material electronically, assemble a single PDF file for each activity selected, with each label bookmarked. Submit the labeled evidence to the MSV as instructed.

Brochure

The activity topics/content (e.g., as published in an agenda, brochure, program book, or announcement).

#1 C2

The professional practice gap of your learners that is the basis for the CME activity.

#2 C3

The educational need of your learners (knowledge, competence and/or performance) causing or underlying the professional practice gap(s).

#3 C3

The activity was **designed to change** physician competence, performance, or patient outcomes.

#4 C5

The educational format(s) are appropriate for the setting, objectives, and desired results of the activity

#5 C6

The competencies the CME activity is designed to address, e.g., IOM, ACGME/ABMS.

#6 C7 (SCS 3.4-3.6)

List of all individual in control of content of CME activity, e.g., planners, faculty, reviewer).

#7 C7 (SCS 2.1)

All those in a position to control content (e.g., speakers, planners) disclosed financial relationships to provider.

#8 C7 (SCS 2.3)

Verification of the implementation of a mechanism to identify and resolve COI prior to the start of the activity.

#9 C7 (SCS 6.1-6.2, 6.4-6.5)

Verification that disclosure of relevant (or no) financial relationships was made to learners prior to the beginning of the activity.

#10 THIS WAS A COMMERCIALY SUPPORTED ACTIVITY- On a separate sheet, attach a list of all commercial supporters for this activity.

#11 C7 (SCS 6.3-6.5)

THIS WAS A COMMERCIALY SUPPORTED ACTIVITY -

Disclosure of source of commercial support was made to learners prior to activity.

#12 C8 (SCS 3.13)

An income and expense statement; including the receipt and expenditure of commercial support

#13 C 8 (SCS 3.4-3.6)

THIS WAS A COMMERCIALY SUPPORTED ACTIVITY - All executed written agreements.

#14 C11

The data or information about changes learners' competence, performance or patient outcomes achieved.

#15 MSV Accreditation Statement Policy

The accreditation statement as printed in activity materials.

If the activity for which you are labeling evidence is an Enduring Material, Journal, or Internet CME activity, you are required to submit the CME product in its entirety.

MSV Performance-in-Practice Structured Abstract

*Providers may use the following Structured Abstract form **OR** labels to prepare and demonstrate compliance through performance-in-practice*

Instructions: Complete this form for each activity selected for the MSV’s performance-in-practice review. Complete all sections applicable for the activity, and assemble attachments, marking each attachment with the appropriate number (Attachment 1, Attachment 2, etc.) 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 MSV as instructed. **How to Use the Structured Abstract - [Link to ACCME Completed Examples](#)**

ACCME Provider ID:		Provider Name:	
Activity Title:			
Activity Date (mm/dd/yyyy):		Activity Type:	(Select one)



1. State the **professional practice gap(s)** of your learners on which the activity was based (maximum 100 words). (C2)



2. 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 <i>and/or</i>	



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



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



5. 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):

INDIVIDUALS IN CONTROL OF CONTENT for the activity.....



6. 6. Complete the table below. 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: If you have this information already available electronically, instead of completing the table below, you may the information as part of Attachment 2. The name, role, commercial interest(s) and relationship(s) must be included for each individual.)

(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>

