Accredited providers seeking to have CME activities recognized for American Board of Anesthesiology Maintenance of Certification in Anesthesiology Program® (MOCA®) may use this ABA *Extended Performance in Practice Abstract* to document the activity. The ABA relies on the ACCME’s standards and processes for evaluating providers’ compliance with these standards as assurance that the CME activities registered for ABA’s MOCA program are high quality, unbiased educational activities that contain valid content and are relevant to the learners’ needs.  Patient Safety activities are subject to audit by the ABA. **Since activities eligible for MOCA® must be certified for *AMA PRA Category 1 CreditTM, all* MSV/ACCME requirements applicable to such activities must be addressed along with additional ABA requirements.**

The MSV does not audit activities on behalf of the ABA. **CME activities selected for review as part of an MSV accreditation survey will be reviewed for compliance with MSV/ACCME accreditation requirements--not for compliance with additional ABA requirements**. (CME providers may amend this form for their own use. Use of this guide does not guarantee compliance.)

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| ACCME Provider ID: | |  | | | | Provider Name: | | |  | | | | |
| Phone Number: | |  | | | | Web Address: | | |  | | | | |
| Joint Provider Name, if Applicable: | | |  | | | | | | | | | | | |
| Activity Title: |  | | | | | | Activity Web Address: | | | | |  | | |
| Activity Date  (mm/dd/yyyy): | Start:  End: | | | | Activity Type: | |  | | | | Providership: | |  | |
| Activity Fee? |  | | | | Commercially Supported? | | |  | | Hours of Instruction:  Hours of AMA PRA Category 1 credit: | | |  | |
| Is this activity open to any learner or does it have limited registration (e.g., for internal staff only)? | | | |  | | | | | | | | | | |
| Is this activity patient safety CME? | | | | | | | | | | | | | |
| (Name of CME provider) attests:  The activity is NOT advertised as Board Review or for Board Preparation.  Learner completion data will be reported to the ABA via PARS in a timely manner.  The ACCME may provide the following information to the ABA: ACCME provider ID, Activity Provider Name, PARS Activity ID and the accredited providers contact information, including phone number and website address. | | | | | | | | | | | | | |

**Indicate the ABA Practice area the activity covers (from the following list)**

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| **C:\Users\pmazmanian\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\1A9KW9KP\5279314121_13f5474394_z[1].jpg**  **(ABA)** | * Ambulatory/Outpatient * Cardiac Anesthesia * Critical Care Medicine * General Operative Anesthesia * Hospice and Palliative Medicine | * Neuro Anesthesia * Obstetric Anesthesia * Pain Medicine * Pediatric Anesthesia * Regional Anesthesia | * Sleep Medicine * Thoracic Anesthesia * Trauma |
| The ABA’s MOCA content outline provides a framework for categorizing medical education content relevant to practicing anesthesiologists. From the MOCA 2.0 [content outline](http://www.theaba.org/PDFs/MOCA/MOCA-Content-Outline), identify at least **one** or a **maximum of two** content areas that best describe the content of your activity: | | | |

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| C:\Users\pmazmanian\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\X1LAMV32\1356894329[1].png | 1. 1. State the **professional practice gap(s)** of your learners on which the activity was based (maximum 100 words). (C2) | |  | |
| C:\Users\pmazmanian\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\X1LAMV32\1356894329[1].png | 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 ***and/or*** | |  |
| Competence need ***and/or*** | |  |
| Performance need ***and/or*** | |  |
| C:\Users\pmazmanian\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\X1LAMV32\1356894329[1].png | 3. State what this CME activity was designed to change in terms of learners’ knowledge and competence or performance or in patient outcomes (maximum 50 words). (C3) | |  | |
| C:\Users\pmazmanian\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\X1LAMV32\1356894329[1].png | 4. Explain why this educational format is appropriate for this activity (maximum 25 words). (C5) (Optional for initial accreditation.) | |  | |

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| C:\Users\pmazmanian\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\X1LAMV32\1356894329[1].png | 5. Indicate the desirable physician attribute(s) (i.e., competencies) this activity addresses. (C6) |
|

**ACGME/ABMS Competencies Institute of Medicine Competencies**  **Interprofessional Education**

**Collaborative Competencies**

Patient Care and Procedural Skills  Provide patient-centered care  Values/Ethics for Interprofessional Practice

Medical Knowledge  Work in interdisciplinary teams  Roles/Responsibilities

Practice-based Learning and Improvement  Employ evidence-based practice  Interprofessional Communication

Interpersonal and Communication Skills  Apply quality improvement  Teams and Teamwork

Professionalism  Utilize informatics

Systems-based Practice

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

**For all INDIVIDUALS IN CONTROL OF CONTENT for the activity …**

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| C:\Users\pmazmanian\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\X1LAMV32\1356894329[1].png | 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](http://accme.org/requirements/accreditation-requirements-cme-providers/policies-and-definitions/definition-commercial-interest) with which the individual has a [relevant financial relationship](http://accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support/standard-2) (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) |

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| **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* |
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(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 …**

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| C:\Users\pmazmanian\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\X1LAMV32\1356894329[1].png | 7. Complete the table below. List the names of the commercial supporters of this activity and the dollar value of any monetary commercial support and/or indicate in-kind support (C8 SCS 3.4-3.6). (Do not indicate the dollar amount of in-kind support.) |
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|  |  |  |
| --- | --- | --- |
| **Name of commercial supporter** | **Amount of monetary commercial support** | **In-kind** |
| *Example: XYZ Pharma Company* | *$5,000* | *☐* |
| *Example: ABC Medical Device Company* |  | *☒* |
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(If there are additional commercial supporters, please attach a separate page using the same column headings.)

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| C:\Users\mkopelow\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\XSYU1EK2\MC900442155[1].png | **ATTACHMENTS** |
| **Attachment 1** | The **activity topics/content**,e.g., agenda, brochure, program book, or announcement, That SHOWS the following: |
| **C:\Users\pmazmanian\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\1A9KW9KP\5279314121_13f5474394_z[1].jpg**  (**ABA Policy)** | The first reference to “The American Board of Anesthesiology®,” “Maintenance of certification in Anesthesiology Program ®” or “MOCA®” should include the registration symbol in subscript. On the same page, the following language should appear: “Maintenance of certification in Anesthesiology Program® and MOCA® are registered certification marks of the American board of Anesthesiology ®. The first page with reference to “MOCA 2.0®” should include “MOCA 2.0® is a trademanrd of the American Board of Anesthesioloogy®.”  **When promoting patient safety activities,**  this language must appear on all electronic or print promotional materials after the above language: “This activity contributes to the patient safety CME requirements for Part II: Lifelong Learning and Self-Assessment of the American Board of Anesthesiology’s (AB) redesigned Maintenance of Certification in Anesthesiology Program ® (MOCA®), known as MOCA 2.0®. Please consult the ABA website [www.theABA.org](http://www.theABA.org) , for a list of all MOCA 2.0 requirements.” |
| **C:\Users\pmazmanian\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\1A9KW9KP\5279314121_13f5474394_z[1].jpg**  **(ABA Policy)** | If participant data (individually or in aggregate) is to be shared with the funder of the activity or any other commercial entities, the participant must be informed **prior to the beginning of the activity.** |
| **C:\Users\pmazmanian\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\1A9KW9KP\5279314121_13f5474394_z[1].jpg**  Optional - for patient safety credit only  (**ABA Policy)** | **Patient Safety Credit**: The MOCA lifelong Learning and Self-Assessment requirements for diplomates, includes 250 *AMA PRA Category 1 CME Credits™,* as well as 20 *AMA PRA Category 1 Credits™* in Patient Safety. If this a **patient safety** CME, identify the key themes from the list below. Present a curriculum that addresses key themes indicated and contains learning objective for each key theme.   |  |  |  | | --- | --- | --- | | * Epidemiology of error * The effect of the healthcare system on patient safety * Human factors * Methods and tools for evaluating safety events | * Safety enhancing technology * Communication * Culture of safety * Patient safety reporting | * Other: | |
| **Attachment 2** | The form, tool, or mechanism used to **identify** **relevant financial relationships** of all individuals in control of content. (C7 SCS 2.1) (ACCME Definition of CME) |
| **Attachment 3** | Evidence that you implemented your mechanism(s) to **resolve conflicts of interest** forall 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 MSV accreditation statement for this activity, as provided to learners. (Appropriate Accreditation Statement) |

**If the activity was COMMERCIALLY SUPPORTED …**

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| --- | --- |
| **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) |

**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) with this performance in practice abstract and attachments.**