Accredited providers seeking to have CME activities recognized for ABP Lifelong Learning and Self-Assessment MOC points may use this *Extended*

*Performance in Practice Abstract* to document the activity. ABP Requirements are marked below as **(ABP1), (ABP2), (ABP3), (ABP4),** and (**ABP**

**policy).** The ACCME and/or ABP will select activities for audit from among those registered in PARS as “ABP CME Provider Program MOC-Compliant

Education.” **Since activities eligible for ABP Lifelong Learning and Self-Assemebnt CME must be certified for AMA PRA Category 1 Credit, all**

**requirements applicable to such activities must be addressed along with additional ABP requirements.**

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 ABP 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: | **C:\Users\pmazmanian\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\1A9KW9KP\5279314121_13f5474394_z[1].jpg (ABP1)** | | | | |
| Activity Title: |  | | | | | | | | | |
| Activity Date  (mm/dd/yyyy): |  | | Activity Type: | **C:\Users\pmazmanian\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\1A9KW9KP\5279314121_13f5474394_z[1].jpg (ABP2)** | | | Providership: |  | Commercial Support Received: |  |

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| **C:\Users\pmazmanian\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\1A9KW9KP\5279314121_13f5474394_z[1].jpg**  **(APB)** | This activity addresses the following ABP Specialties:   * Adolescent Medicine * Pediatric Cardiology * Child Abuse Pediatrics * Pediatric Critical Care Medicine * Developmental-Behavioral Pediatrics * Hospice and Palliative Medicine * Pediatric Emergency Medicine | * Pediatric Endocrinology * Pediatric Gastroenterology * Pediatric Hematology-Oncology * Pediatric Infectious Diseases * Medical Toxicology * Neonatal-Perinatal Medicine * Pediatric Nephrology | * Neurodevelopmental Disabilities * Pediatric Pulmonology * Pediatric Rheumatology * Sleep Medicine * Sports Medicine * Pediatric Transplant Hepatology |

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| **C:\Users\pmazmanian\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\1A9KW9KP\5279314121_13f5474394_z[1].jpg**  **(ABP3)** | 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\1A9KW9KP\5279314121_13f5474394_z[1].jpg**  **(ABP3)** | 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\1A9KW9KP\5279314121_13f5474394_z[1].jpg**  **(ABP3)** | 3. Is the activity relevant to physicians certified by the ABP, as demonstrated by the professional practice gaps(s) and content of the activity? | | Yes  No | |
| 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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**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. |
| **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) |
| **C:\Users\pmazmanian\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\1A9KW9KP\5279314121_13f5474394_z[1].jpg**  **Attachment 3**  **(ABP 4)** | 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)  For enduring materials, journal-based CME and live activities-Verification that the content of the activity was **peer-reviewed by two reviewers**, during the planning process, who were not the original authors/presenters. **[Refer to ABIM-ABP Peer Review Guide.]** |
| **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) |
| **C:\Users\pmazmanian\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\1A9KW9KP\5279314121_13f5474394_z[1].jpg**  **Attachment 5**  **(ABP 4)** | Documentation relevant to the method of evaluation that was utilized for live activities, including committee learning, courses, internet live courses, and regularly scheduled series, that measured learner’s change including (C11):   1. A **copy** of the learner assessment tool (e.g., the specific multiple choice question used in the activity, the criteria use by a small group leader, skill demonstration in simulated setting, prompts for reflective statements) 2. A **description** of how the learner assessment is conducted, including what the passing standard is for that learner assessment mechanism (e.g., multiple choice questions test, passing score, small group discussion, observation, and feedback during simulation).) 3. A **description** of the process by which **feedback** was provided to learners; and 4. **Verification** that the learner(s) successfully met the passing standard for the activity (i.e., met a specific score threshold, as determined by the CME provider). **[Refer to ABP Evaluation Examples.]** |
| **C:\Users\pmazmanian\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\1A9KW9KP\5279314121_13f5474394_z[1].jpg**  **Attachment 6**  (**ABP Policy)** | The MSV accreditation statement for this activity and the APB MOC Statement as provided to learners. The MOC statement is: “*Successful completion of this CME activity, which includes participation in the activity, with individual assessment of the participant and feedback to the participant, enables the participant to earn [XX] MOC points in the American Board of Pediatrics’’ (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider’s responsibility to submit participant completion information to ACCME for the purpose of granting ABP MOC credit.”*  MOC points can only be reported in whole numbers. Regularly scheduled series should be registered in PARS once and report learner completion data only after the maximum amount of credit has been earned (following completion of the assessment mechanism). It is up to the provider to determine how/when to administer the assessment mechanism. [NOTE: CME providers may designate specific sessions of a RSS for MOC credit and require learners who want to earn MOC credit to attend those sessions and complete a comprehensive evaluation for those specific sessions. All ABP diplomates must earn the same whole number of MOC points reported in PARS for each activity designated for MOC.]  [NOTE: ABP diplomates must meet yearly reporting requirements related to completion of activities. Accredited providers are asked to submit learner completion data to the ACCME within 30 days of the completion date and no later than December 1 of the calendar year. Activities completed after December 1 must be entered immediately into PARS. This will help ensure diplomates are able to get credit for the activities in which they engage in the proper ABP reporting year.] |
| **C:\Users\pmazmanian\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\1A9KW9KP\5279314121_13f5474394_z[1].jpg**  **Attachment 6A**  **(ABP Policy)** | Evidence that learners were informed that their participation information would be shared with ABP through PARS  **[Refer to ABP Verification of Participation Form.]** |

**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.**