

*New Hampshire*  
**MEDICAL SOCIETY**

ADVOCATING FOR PHYSICIANS & PUBLIC HEALTH SINCE 1791





**NHMS Council on Education 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 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 NHMS Council on Education as instructed.

(Note: If Regularly Scheduled Series (RSS) are selected, submit evidence for the series, not just for a single session or a sampling of sessions. The series is the activity. Therefore, you will demonstrate compliance for the RSS in the same manner as for a large annual meeting with multiple sessions.

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


	State the <b>professional practice gap(s)</b> 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)	<input type="checkbox"/> Knowledge need <i>and/or</i> <input type="checkbox"/> Competence need <i>and/or</i> <input type="checkbox"/> Performance need <i>and/or</i>
	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)

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|---|--|--|
| <p><b>ACGME/ABMS Competencies</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Patient Care and Procedural Skills</li> <li><input type="checkbox"/> Medical Knowledge</li> <li><input type="checkbox"/> Practice-based Learning and Improvement</li> <li><input type="checkbox"/> Interpersonal and Communication Skills</li> <li><input type="checkbox"/> Professionalism</li> <li><input type="checkbox"/> Systems-based Practice</li> </ul> | <p><b>Institute of Medicine Competencies</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Provide Patient-centered Care</li> <li><input type="checkbox"/> Work in Interdisciplinary Teams</li> <li><input type="checkbox"/> Employ Evidence-based Practice</li> <li><input type="checkbox"/> Apply Quality Improvement</li> <li><input type="checkbox"/> Utilize Informatics</li> </ul> | <p><b>Interprofessional Education Collaborative Competencies</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Values/Ethics for Interprofessional Practice</li> <li><input type="checkbox"/> Roles/Responsibilities</li> <li><input type="checkbox"/> Interprofessional Communication</li> <li><input type="checkbox"/> Teams and Teamwork</li> </ul> |
|---|--|--|

**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 COMMERCIALY 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
<i>Example: XYZ Pharma Company</i>	<i>\$5,000</i>	<input type="checkbox"/>
<i>Example: ABC Medical Device Company</i>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>
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		<input type="checkbox"/>
		<input type="checkbox"/>

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



**ATTACHMENTS**

<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)
<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)
<b>Attachment 4</b>	The disclosure information <u>as provided to learners</u> 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)
<b>Attachment 5</b>	The data or information generated from this activity about changes achieved in learners' competence or performance or patient outcomes. (C11)
<b>Attachment 6</b>	The ACCME accreditation statement for this activity, <u>as provided to learners</u> . (Appropriate Accreditation Statement)

**If the activity was COMMERCIALY SUPPORTED ...**

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

**If this activity is an enduring material, an Internet enduring material, 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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