

JOINT ACCREDITATION ACTIVITY STRUCTURED ABSTRACT

This Activity Structured Abstract document includes the questions that organizations will be asked to respond to for each of their selected activities. We encourage you to be succinct, answer the questions directly, and avoid extraneous information. Only provide attachments where indicated. Joint Accreditation Criteria can be referenced [**here**](https://jointaccreditation.org/accreditation-process/requirements/criteria/) on the Joint Accreditation website.

Please provide this completed abstract, along with all applicable ATTACHMENTS, as a single, bookmarked and paginated PDF.

# CE ACTIVITY INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Provider ID:** | Click or tap here to enter text. | **Provider Name:** | Click or tap here to enter text. |
| **Activity ID:**  | Click or tap here to enter text. | **Activity Title** | Click or tap here to enter text. |
| **Activity Date:** | Click or tap here to enter text. | **Activity Format** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **This activity is:**[ ]  **Directly Provided**[ ]  **Jointly Provided** | **This activity received commercial support:**[ ]  **Yes**[ ]  **No** |

**This activity is:**

[ ]  **IPCE (Planned by the Team, for the Team)**

[ ]  **non-IPCE**

**Target Audience for the Activity:**

[ ]  **Athletic Trainers**

[ ]  **Dentists**

[ ]  **Dietitians**

[ ]  **Nurses**

[ ]  **Optometrists**

[ ]  **Pharmacists**

[ ]  **Physicians**

[ ]  **Physician Assistants**

[ ]  **Psychologists**

[ ]  **Social Work**

[ ]  **Other members of the healthcare team**

# ACTIVITY PLANNING AND EVALUATION

## JAC 4

**State the professional practice gap(s) of the healthcare team/members on which the activity was based. (maximum 100 words)**

Enter Response Here

**Check the educational need(s) that apply to this activity:**

[ ]  **Knowledge**

[ ]  **Skills/Strategy**

[ ]  **Performance**

**State the educational need(s) that you determined to be the cause of the professional practice gap(s). (maximum 150 words)**

Enter Response Here

## JAC 5

**Explain what this activity was designed to change in terms of the healthcare team’s skills/strategy or performance, or patient outcomes. (Maximum 100 words)**

Enter Response Here

## JAC 6

**Explain how you ensured the activity was planned using a process reflective of the target audience for the activity. (maximum 50 words)**

Enter Response Here

## JAC 7

**Explain how the activity promotes active learning for the healthcare team that is consistent with the activity’s desired results. (maximum 50 words)**

Enter Response Here

## JAC 8

**Select the desirable attribute(s) of the healthcare team (i.e. competencies) that this activity addresses. The list below includes the Competencies of: ACGME/ABMS, Institute of Medicine, and Interprofessional Education Collaborative, or you may enter other competencies recognized by your organization.**

**Select all that apply:**

|  |
| --- |
| **Core Competencies for:** |
| **Institute of Medicine Competencies** | **Interprofessional Collaborative Practice** | **ACGME/ABMS Competencies** |
| [ ]  **Provide Patient-Centered Care**[ ]  **Work in Interdisciplinary Teams**[ ]  **Employ Evidence-Based Practice**[ ]  **Utilize Informatics** | [ ]  **Values/Ethics for Interprofessional Practice**[ ]  **Roles/Responsibilities**[ ]  **Interprofessional Communication**[ ]  **Teams and Teamwork** | [ ]  **Patient Care and Procedural Skills** [ ]  **Medical Knowledge**[ ]  **Quality Improvement**[ ]  **Practice-Based Learning and Improvement**[ ]  **Interpersonal and Communication Skills**[ ]  **Professionalism**[ ]  **Systems-Based Practice** |
| **Other competency/competencies** Enter Response Here |

##

## JAC 11

**Describe the strategies used to obtain data or information about changes achieved in the healthcare team’s skills/strategy or performance or patient outcomes as a result of this activity, including, for example, questions you asked learners about changes in healthcare team skills/strategy or performance or other change data such as quality improvement or patient outcomes.**

Enter Response Here

**ATTACHMENT: As BOOKMARK 1, please provide the compiled or summative data or information generated from this activity about changes achieved in the healthcare team’s skills/strategy or performance or patient outcomes.**

# JAC 12: STANDARDS FOR INTEGRITY AND INDEPENDENCE IN ACCREDITED CONTINUING EDUCATION

## JAC 12a, STANDARD 1: ENSURE CONTENT IS VALID

**ATTACHMENT: As BOOKMARK 2, provide the required documentation as described below based on the type of the activity.**

**If the activity is a Journal CE or Enduring Material (online or print) CE activity:** Provide instructions to access the CE product itself, so reviewers may experience the activity as your learners experience it. With your instructions, provide a URL/link to the activity and generic login(s) and password(s), if necessary for access. The product must be available for review from the point of submission through the end of your current accreditation term. If internet activities are no longer available online, you may provide access to an archived website. If this is not an option, then screen shots are acceptable.

**OR**

**If the activity is a Regularly Scheduled Series (RSS)**: Provide a listing of the *dates, faculty, location, and topi*cs of *each session*.

**OR**

**If the activity is Live, a Manuscript Review, Test-Item Writing, Committee Learning, Performance/Quality Improvement, Internet Searching and Learning, Learning from Teaching or Other/Blended Learning activity:** Provide the activity topics/content to include the nature and scope of the CE content (e.g., content outline, agenda, brochure, program book, or announcement).

## JAC 12b, STANDARD 2: PREVENT COMMERCIAL BIAS AND MARKETING IN ACCREDITED CONTINUING EDUCATION

**We attest that this activity meets the expectations of all three elements of Standard 2.**

[ ]  Check box to attest.

## JAC 12c, STANDARD 3: IDENTIFY, MITIGATE, AND DISCLOSE RELEVENT FINANCIAL RELATIONSHIPS

**Did this activity meet one of the exceptions listed below?**

1. **Accredited education that is non-clinical, such as leadership or communication skills training.**
2. **Accredited education where the learner group is in control of content, such as a spontaneous case conversation among peers.**
3. **Accredited self-directed education where the learner controls their educational goals and reports on changes that resulted, such as learning from teaching, remediation, or a personal development plan. When accredited providers serve as a source of information for the self-directed learner, they should direct learners only to resources and methods for learning that are not controlled by ineligible companies.**

*Choose an item.*

**If yes, describe how the activity met the exception.**

Enter Response Here

**IF THIS ACTIVITY DOES NOT MEET ONE OF THE EXCEPTIONS LISTED ABOVE,**

**Did owner(s)/employee(s) of ineligible companies participate as planners or faculty in this activity?**

*Choose an item.*

**If yes, describe which of the three exceptions listed below (Standard 3.2) was applicable to their participation as planners or faculty.**

1. When the content of the activity is not related to the business lines or products of their employer/company.
2. When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
3. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.

Enter Response Here

**Did an ineligible company take the role of non-accredited partner in a joint provider relationship in this activity?**

Enter Response Here

**ATTACHMENT: As BOOKMARK 3, please provide a single completed example of the form(s), tool(s), or mechanism(s) used to collect information from all planners, faculty, and others in control of the educational content of this activity about their financial relationships with ineligible companies.**

*If you use different form(s), tool(s), or mechanism(s) within your process, provide a single copy example of each version used. Do not submit more than a single example of each form used. In each case, the example provided must be one that was actually completed by a person in control of content for this activity.*

**ATTACHMENT: As BOOKMARK 4, download and complete the spreadsheet linked** [**here**](https://accme.org/publications/excel-spreadsheet-for-documenting-individuals-control-content-performance-practice)**. In the spreadsheet, provide the information indicated in each of the five columns as follows. For everyone in control of content, list:**

In the spreadsheet, provide the information indicated in each of the five columns as follows. For everyone in control of content, list:

1. the name of the individual,
2. the individual’s role(s) (e.g., planner, reviewer, faculty, author, and/or other roles in control of educational content) in the activity,
3. the name of the ineligible company(ies) with which the individual has a relevant financial relationship (or if the individual has no relevant financial relationship(s),
4. the nature of the relationship(s), and
5. the mechanism(s) implemented to mitigate all relevant financial relationships appropriate to the role(s) of the individuals in the activity.

PLEASE NOTE: Spreadsheets formatted differently than the JA template, or with information other than the JA template, will not be accepted.

**ATTACHMENT: As BOOKMARK 5, please provide the information, as disclosed to learners, about the presence or absence of relevant financial relationships for all individuals in control of CE content, if applicable. Also, if applicable, provide the statement, as disclosed to learners, that all relevant financial relationships were mitigated.**

## JAC 12d, STANDARD 4: MANAGE COMMERCIAL SUPPORT APPROPRIATELY

**Did this activity receive commercial support?**

Choose an item.

**ATTACHMENT: If yes, as BOOKMARK 6, please provide the name(s) of the commercial supporter(s) of this activity and the dollar value of any monetary commercial support and/or indicate non-monetary (in-kind) support, using the format and column headings as the table below**

|  |  |  |
| --- | --- | --- |
| **Name of Commercial Supporter** | **Type of Support** | **Amount of Monetary Support (in US dollars), if any****(Not applicable for in-kind support)** |
| Enter Response Here | [ ]  Monetary[ ]  Non-Monetary (In-Kind) | $\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**ATTACHMENT: As BOOKMARK 7, please provide each executed commercial support (monetary and non-monetary) agreement for the activity. If this activity received commercial support from more than one ineligible company, please bookmark each commercial support agreement separately (e.g. “Bookmark 4a, Bookmark 4b, Bookmark 4c,” etc.)**

**ATTACHMENT: As BOOKMARK 8, please provide evidence that demonstrates the disclosure of commercial support (monetary and non-monetary), as presented to learners.**