

**Joint Accreditation Performance-in-Practice Structured Abstract**

*A tool for preparing and demonstrating compliance through performance-in-practice*

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| **Instructions:** Complete this form for each activity selected for 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 Joint Accreditation as instructed. |

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| Provider ID: |       | Provider Name: |       |
| Activity Title: |       |
| Activity Date (mm/dd/yyyy): | Click or tap to enter a date. | Activity Type: |   | Providership: |  | Commercial Support Received: |  |
| Target Audience for Activity: | [ ]  Dentists [ ]  Nurses [ ]  Optometrists [ ]  Pharmacists [ ]  Physicians [ ]  Physician Assistants [ ]  Psychologists [ ]  Social Workers [ ]  Other members of the healthcare team |
| This Activity is: | [ ]  IPCE (Planned by the Team for the Team) [ ]  non-IPCE |

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| State the **professional practice gap(s)** of the healthcare team/members on which the activity was based (maximum 100 words). [JAC4] |       |
| State the educational need(s) that you determined to be the cause of the professional practice gap(s) (maximum 50 words each). [JAC4] |  Knowledge need ***and/or*** |       |
| Skills/Strategy need ***and/or*** |       |
|  Performance need ***and/or*** |       |
| State what this CE activity was designed to change in terms of learners’ skills/strategy or performance of the healthcare team or patient outcomes. (maximum 50 words). [JAC5] |       |
| Explain how you ensured the activity was generated around valid content. (maximum 50 words). [JAC6] |       |
| Explain how the activity promotes active learning for the healthcare team that is consistent with the activity’s desired results (maximum 50 words). [JAC7] |       |

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|  | Indicate the desirable attribute(s) of the healthcare team (i.e., competencies) this activity addresses. [JAC8] |
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 **Core Competencies for**

**Institute of Medicine Competencies Interprofessional Collaborative Practice ACGME/ABMS Competencies**

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

[ ]  Work in interdisciplinary teams [ ]  Roles/Responsibilities [ ] Medical Knowledge

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

[ ]  Apply quality improvement [ ]  Teams and Teamwork [ ] Interpersonal and Communication Skills

[ ]  Utilize informatics [ ] Professionalism

[ ] Systems-based Practice

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

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

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|  | 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](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. [JA12, SCS 2.1, 2.2, 2.3](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.)  |

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| **Name of individual** | **Individual’s role in activity** | **Name of commercial interest** | **Nature of relationship** | **Mechanism(s) implemented to resolve conflict of interest** |
| *Example: Jane Smythe, MD* | *Course Director* | *None* | *---* |  |
| *Example: Thomas Jones* | *Faculty* | *Pharma Co. US* | *Research grant* | *Peer Review* |
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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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|  | 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 dollar value of any monetary commercial support and/or indicate in-kind support [JAC12, SCS 3.4-3.6].  |
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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** | **Activity content**,e.g., agenda, brochure, program book, announcement, or instructional materials. If this activity is an enduring material, journal-based CE, or Internet CE, please include the actual CE product (or a URL and access code-if applicable) with your performance-in-practice.  |
| **Attachment 2** | The form, tool, or mechanism used to **identify** **relevant financial relationships** of all individuals in control of content. [JAC 12, SCS 2.1] (NOTE: See instructions on page 1 – include table or attachment with relevant financial relationships of all individuals in control of content for this activity.) |
| **Attachment 3** | 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 CE disclosed to the provider. [JAC12, SCS 6.1-6.2, 6.5] |
| **Attachment 4** | The data or information generated from this activity about changes in the healthcare teams’ skills/strategy or performance and/or patient outcomes. [JAC11] |
| **Attachment 5** | The Joint Accreditation statement for this activity, as provided to learners. [Appropriate Joint Accreditation Statement] This attachment is not applicable to applicant organizations. |

**If the activity was COMMERCIALLY SUPPORTED …**

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| **Attachment 6** | The income and expense statement for this activity that details the receipt and expenditure of all of the commercial support. [JAC12, SCS 3.13] This attachment is not required if in-kind support only was received. |
| **Attachment 7** | Each executed commercial support agreement for the activity. [JAC12, SCS 3.4-3.6] |
| **Attachment 8** | The commercial support disclosure information as provided to learners. [JAC 12,SCS 6.3-6.5] |