

# How to Use the KMA’s Performance-In-Practice Structured Abstract

Use of the KMA’s Structured Abstract is optional. The goal with the abstract is to simplify, clarify and be explicit about the information that KMA is looking for as performance-in-practice evidence during the accreditation process.

## Performance-in-Practice Review

The KMA’s performance-in-practice review allows providers to demonstrate compliance with the KMA’s expectations and offers providers an opportunity to reflect on their CME practices. Completed forms, faculty and planning correspondence, meeting minutes, and strategic planning documents are examples of materials that might help a provider show how an activity meets the KMA’s expectations.

CME providers have the option of using a Performance-In-Practice Structured Abstract or Performance-in-Practice Review Labels to verify performance-in-practice.

## Completing the Structured Abstract

The KMA’s Performance-in-Practice Structured Abstract is a Microsoft Word-based fill-out form that enables you to insert information into specific fields in the document. In addition to filling out this information, you will need to include attachments when submitting materials for your performance-in-practice review. The completed abstract, along with the required attachments, fulfills the KMA’s expectations for activity-specific documentation.

## Step-By-Step Guide

### DEMOGRAPHIC INFORMATION

The first section of the structured abstract asks the provider to include information about its organization and about the CME activity for which evidence is being submitted.

ACCME Provider ID:	①	For KMA internal use only	Provider Name:	②	
Activity Title:	③				
Activity Date (mm/dd/yyyy):	④	Activity Type:	(Select one) ⑤	Providership ⑥ (Select one)	Commercial Support Received: ⑦ (Select one)

1. ACCME Provider ID: The information in this section will be completed by KMA Staff. Leave section 1 blank.
2. Provider Name: Enter the name of your organization.
3. Activity Title: Enter the title of the activity you are describing in the structured abstract.
4. Activity Date: Enter the start date for the activity.
5. **Activity Type:** Select the type of activity from the drop down list on the abstract.
6. **Providership:** Select either Direct or Joint Providership

7. **Commercial Support Received:** Indicate either “Yes” if commercial support was received for this activity or “No” if no commercial support was received for this activity.

### ACTIVITY INFORMATION

In the second section of the structured abstract, you enter information about the planning of the CME activity, specifically related to professional practice gaps and educational needs ([Criterion 2](#)), what the activity was designed to change in learners or patient outcomes ([Criterion 3](#)), why the educational format is appropriate for the activity ([Criterion 5](#)), and which physician competencies the activity addressed ([Criterion 6](#)). The information the KMA is expecting is described on the abstract, including word limits.

	State the <b>professional practice gap(s)</b> of your learners on which the activity was based (maximum 100 words). (C2)	<b>8</b>
	State the educational need(s) that you determined to be the cause of the professional practice gap(s) (maximum 50 words each). (C2)	<b>9</b>
	Knowledge need <i>and/or</i>	
	Competence 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)	<b>10</b>
	Explain why this educational format is appropriate for this activity (maximum 25 words). (C5)	<b>11</b>

8. **Criterion 2:** Briefly state the professional practice gap(s) (or problem-in-practice for your learners) that this activity was based on.
9. **Criterion 2:** Enter the educational needs that you determined to be the cause of the professional practice gap(s):
- is there a knowledge need (i.e., “Learners need to understand...”), and/or
  - a competence need (i.e., “Learners need a new/better strategy...”), and/or
  - a performance need (i.e., “Learners need to do something differently...”).
- The KMA expects that every CME activity address educational need(s) that underlie professional practice gap(s) of your learners. However, multiple activities can address the same gap(s) and need(s). Providers are asked to describe at least one educational need in the abstract—knowledge, competence (i.e., strategy), or performance—but do not need to complete all three fields.
10. **Criterion 3:** What change(s) in learners or patient outcomes was the activity designed to change? Are you intending to change their competence (i.e., approach/strategies, performance (i.e. what they do in practice), and/or patient outcomes (i.e., the impact on patient care).
11. **Criterion 5:** Briefly explain why the educational format is appropriate for the activity.



Indicate the desirable physician attribute(s) (i.e., competencies) this activity addresses. (C6)

**ACGME/ABMS Competencies**

- Patient Care and Procedural Skills
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-based Practice

12

**Institute of Medicine Competencies**

- Provide patient-centered care
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply quality improvement
- Utilize informatics

**Interprofessional Education**

**Collaborative Competencies**

- Values/Ethics for Interprofessional Practice
- Roles/Responsibilities
- Interprofessional Communication
- Teams and Teamwork

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

12. **Criterion 6:** Select the desirable physician attributes (i.e., competencies) the activity addresses. If none of the choices apply, please use the Other Competency(ies) option to provide your response. Providers are required to choose at least one competency listed—or specify an “Other Competency”—for each CME activity. The provider may select multiple competencies from those listed, or supply their own via the “Other” field.

**STANDARDS FOR COMMERCIAL SUPPORT – INDEPENDENCE**

The next section of the structured abstract relates specifically to the provider’s processes for identifying and resolving conflicts of interest (**Criterion 7**—Standard 2 of the ACCME Standards for Commercial Support).

**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>
13			

13. Please complete one row for each **individual in control of content** for the activity, as directed. If the financial relationship of the individual (including their spouse or partner’s financial relationships) does not constitute a **relevant financial relationship** with an **ACCME-defined commercial interest**, you do not need to complete the fields for “name of the commercial interest” and “nature of relationship.” If you already have the information required for this table electronically, you may include it along with the material required by Attachment 2 (see the “Attachments” section below) and do not need to fill out the fields in this table.

If the activity was **commercially supported**, you need to complete the next table on the abstract to describe the provider’s management of commercial support (**Criterion 8**—ACCME Standards for Commercial Support 3.4-3.6).

**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 (CB 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"/>
<b>14</b>		<input type="checkbox"/>
		<input type="checkbox"/>

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

14. Complete one row for each **ACCME-defined commercial interest** that provided commercial support for the activity, specifying the name of the commercial interest and the dollar amount of monetary support received. Put an X in the checkbox if the activity received in-kind support.

If you already have the information required by this table electronically, you may include it **along with** the material required by Attachment 8 (see the “Attachments” section below) and do not need to fill out the fields in this table.

**ATTACHMENTS**

The last section of the structured abstract is a list of attachments that you are asked to include with the completed form. Attachments 1-6 must be included for all CME activities. Attachments 7-9 are included only if the activity was **commercially supported**.



## 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)
<b>If the activity was COMMERCIALY SUPPORTED ...</b>	
<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)

Attachment 1: Attach an agenda, brochure, program book, or announcement that shows the topics/content the activity addressed

Attachment 2: Attach the form, tool (e.g. checklist), or other mechanism used to identify relevant financial relationships of all individuals in control of content.

Attachment 3: For all individuals in control of content, show how your mechanism(s) to resolve conflicts of interest were implemented prior to the start of the activity.

Attachment 4: For each individual in control of the content of the activity, show the disclosure information that was provided to learners about the relevant financial relationships (or absence of relevant financial relationships).

Attachment 5: Attach the data or information describing the changes in your learners' competence (i.e., strategies), performance, or patient outcomes that were generated from the activity.

Attachment 6: Attach an example of the accreditation statement for this activity, as it was provided to learners.

Attachment 7: If the activity was commercially supported, attach an Income and Expense statement that details that receipt and expenditure of all commercial support.

Attachment 8: If the activity was commercially supported, attach each executed commercial support agreement for the activity.

Attachment 9: Attach commercial support disclosure information as it was provided to the learners of the activity. ([Criterion 7—Standards for Commercial Support 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.
----------------------	---

## SUBMISSION

For providers that choose to use the structured abstract, the KMA asks that both the abstract fill-form and all appropriate attachments be completed and submitted in a bookmarked, electronic Adobe Acrobat PDF file.