

**ABIM MOC CME Activity Audit Abstract**

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| **Instructions:** Complete this form for each activity selected for audit by the ACCME for meeting the requirements of the [ABIM’s MOC Assessment Recognition Program](https://www.accme.org/sites/default/files/2020-06/840_20200520_CME%20for%20MOC%20Program%20Guide.pdf). Complete **all sections appropriate** to the activity, and assemble the applicable bookmarked attachments, marking each attachment with the appropriate number (you may not need to include all attachments). Assemble a **single** PDF file that includes this form and the required attachments with each attachment bookmarked as noted in the abstract below. Submit to the ACCME as instructed. | | | | | | | | |
| ACCME Provider ID: | |  | | Provider Name: | |  | | |
| Activity Title: | |  | | | | | | |
| Activity Date | |  | Activity Type: | |  | | ACCME Activity Identifier: |  | |

**For ALL activities:**

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| A description of the professional practice gap and educational need for the activity. | | | |
| State the **professional practice gap(s)** of your learners on which the activity was based (maximum 100 words). | |  | |
| State the educational need(s) that you determined to be the cause of the professional practice gap(s) (maximum 50 words each). | Knowledge need ***and/or*** | |  |
| Competence need ***and/or*** | |  |
| Performance need ***and/or*** | |  |

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| A description of how the evaluation was conducted (maximum 100 words): |
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| Attach as **Bookmark 1**: a copy of the evaluation tool (e.g., multiple–choice, fill-in-the-blank or longer-form tests; written or shared responses; or other formative and summative content-relevant exercises). |

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| A description of the minimum participation threshold (e.g., score, correct written or shared response, etc.) and a description of the process by which feedback was provided to learners (maximum 200 words): |
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| Attach as **Bookmark 2:** a list of the diplomates who met the passing standard as verification that the learners successfully met the minimum participation threshold for the activity. |
| Attach as **Bookmark 3**: The [ABIM MOC Recognition Statement](https://www.accme.org/sites/default/files/2020-06/840_20200520_CME%20for%20MOC%20Program%20Guide.pdf) as provided to learners prior to the start of the activity as evidence that physician learners were informed that their participation information would be shared with ABIM through PARS prior to the start of the activity. |

**For activities registered for PRACTICE ASSESSMENT:**

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| A description of how the activity addresses a quality or safety gap that is supported by a needs assessment or problem analysis. State the quality or safety gap. |
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| A description of how the activity addresses care, care processes or systems of care in one or more of the National Academy of Medicine’s quality dimensions or one or more of the three Aims or six Priorities articulated in the National Quality Strategy. |
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| A description of the specific, measurable aim(s) for improvement, i.e. what will change and by when? |
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| A description of the measures used in the activity and how they address the gap in quality, i.e. how will you know what changed? |
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| A description of the interventions that were or are being implemented that directly relate to achieving the aim of the activity. What does the activity look like? How do the learners participate? |
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| A description of the method and frequency of data collection and performance analysis and how data are used to drive improvement throughout the activity. |
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**For activities registered for PATIENT SAFETY:**

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| If applicable, attach as **Bookmark 4**: demonstration that the activity addressed one of the required topics (i.e., Foundational Knowledge or Prevention of Adverse Events). |