**UR Medicine Maintenance of Certification Part IV Credit Quality Improvement Effort:**

**Physician Attestation Form**

This attestation must be completed by certified physician seeking MOC Part 4 credit from one or more of the ABMS Member Boards participating in this program. The physician must have participated in an approved QI effort and have satisfied all of the participation requirements of that QI effort. This attestation must also be cosigned by the program administrator or project leader, as determined by the Portfolio Sponsor.

The completed and signed attestation will be retained by the Portfolio Sponsor, who will notify the Portfolio Program of the physician’s completion of the QI effort.

Note that participating ABMS Member Board MOC fees, if applicable, must be current for the physician to receive MOC Part 4 credit.

Questions and/or completed forms should be sent to the UR Medicine MOC Program manager, Pat Reagan Webster at MOCURMedicine@URMC.Rochester.edu

Respond to each question in a clear and concise manner.

***Section 1: Participant Information***

Provide the following details:

 **1. Date of Submission:** Click here to enter a date.

 **2.** **Portfolio Sponsor:** What is the name of the sponsoring organization providing the QI Effort?

 Click here to enter text.

 **3. Title of quality improvement Effort:**

Click here to enter text.

 **4. Name:**

Click here to enter text.

 **5. NPI Number:**

Click here to enter text.

**6. Certification Information.** Indicate your certifying Board or Boards and your unique Board identification number.

Click here to enter text.

**7. Participation.** Indicate the beginning and ending date of your participation in the QI Effort.

Beginning Date: Click here to enter a date. Ending Date: Click here to enter a date.

***Section 2: Description of the Quality Improvement Effort***

**OVERALL –** Describe the quality improvement effort by providing the following details:

**1. Aim** – What is the specific aim of the QI effort? (the aim statement should indicate how much improvement you would like to achieve by when)

Click here to enter text.

**2. Data Source** – What was the source of the data used to measure performance in the QI effort?

 Click here to enter text.

**3. Data Collection** – What methods were used for data collection?

Click here to enter text.

**4. Improvement** – Was the QI effort successful in improving care for your patients? If not, explain why.

 [ ] Yes [ ] No

 Click here to enter text.

**5. Measures** – Did the measures used address important issues for your patients?

Click here to enter text.

**6. Role** – What was your role in the QI effort?

Click here to enter text.

**7. Activity** – Describe your activity in the QI effort.

Click here to enter text.

**8. Team Involvement** – Were other members of your care team involved in the QI effort? If, so explain how.

Click here to enter text.

**PDSA Cycle 1**

 **1. What intervention was attempted?** What was done to effect change?

Click here to enter text.

 **2. How was it implemented?** What needed to be done?

 Click here to enter text.

 **3. How effective was the intervention?** Was there evidence of improvement?

 Click here to enter text.

**PDSA Cycle 2**

 **1. What intervention was attempted?** What was done to effect change?

Click here to enter text.

 **2. How was it implemented?** What needed to be done?

Click here to enter text.

 **3. How effective was the intervention?** Was there evidence of improvement?

Click here to enter text.

**PDSA Cycle 3**

 **1. What intervention was attempted?** What was done to effect change?

Click here to enter text.

 **2. How was it implemented?** What needed to be done?

Click here to enter text.

 **3. How effective was the intervention?** Was there evidence of improvement?

Click here to enter text.

***Section 3: Reflection***

 **1. Change** – What change did you personally make in your practice?

Click here to enter text.

 **2. Impact** – What did this do in your practice?

 Click here to enter text.

 **3. Learning** – What did you learn as part of participating in this QI effort?

 Click here to enter text.

**4. Sustainability ­**– Explain how you plan to sustain the changes you made to your practice as a result of this QI effort.

 Click here to enter text.

***Section 4: Signature***

**1. Physician Signature:** I attest I participated in this QI effort as described above

 **Date:** Click here to enter a date.

**2. Effort Lead Signature:** I have reviewed this attestation and affirm that the signed was an active participant in this QI effort and has met all the necessary requirements for MOC Part IV Credit. I am designated by the Portfolio Sponsor to review and approve attestations of participation for this QI effort.

 **Date:** Click here to enter a date.