# PHYSICIAN ATTESTATION

This attestation is for use by physicians seeking continuing certification credit for quality improvement and/or patient safety work related to COVID-19. This attestation must be cosigned by the physician’s supervisor. The completed and signed attestation will be retained by the Mass General Brigham Office of Continuing Professional Development. As the Portfolio Sponsor for Mass General Brigham, the Office of Continuing Professional Development will notify the Portfolio Program of the physician’s completion of this work.

**Steps for obtaining your MOC IV credit for Covid-19 2020 work:**

1. Fill out the questions below.
2. Sign the form.
3. Have your supervisor cosign the form.
4. Click [**here**](https://cpd.partners.org/content/covid-19-project-reflection-2020#overlay-context=node/30179|group-tabs-node-course-default1) to fill out the online reflection form for 2020. The deadline to submit your attestation for 2020 is **12/1/2020**.
5. Click “Take Course.”
6. Log in using your Mass General Brigham username and password.
7. Click on “Evaluation”
8. Complete the fields on the online form.
9. Upload the attestation form signed by you and your supervisor.
10. Submit the online form.
11. We will send your completion information to your participating ABMS Specialty Board.

**All fields on this form are required. MOC IV credit cannot be finalized without a completed form signed by both you and your supervisor.**

# Section 1: Participant Information

Provide the following details:

1. **First and Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **I engaged in COVID-19 work from \_\_ /\_\_ /\_\_\_\_ to \_\_ /\_\_ /\_\_\_\_.**

*Note: For those seeking MOC credit for 2020, the end date must be in 2020.*

# Section 2: Project Reflection

**The work I did addressed the following (select all that apply):**

🞏 Aerosol-Generating Procedures (i.e. intubation)

🞏 Census Management

🞏 Contact Tracing

🞏 Health Care Delivery

🞏 Medication

🞏 Mortality

🞏 Patient Experience

🞏 PPE

🞏 Pre-Op Assessment

🞏 Provider Wellness

🞏 Rehabilitation

🞏 Screening

🞏 Telehealth

🞏 Testing

🞏 Vulnerable Populations

🞏 Workflow/Process Redesign

🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I engaged in this work in the following way (select all that apply):

🞏 Provided direct/consultative patient care.

🞏 Oversight of clinical delivery activities related to improvement.

🞏 Served as a QI/PS lead, coach, resident/student advisor or other leadership role.

# Section 3: Meaningful Participation

**I confirm that I completed the following:**

*Note: To be eligible for MOC IV, you must attest to completing all the items below.*

🞏 Identify and/or acknowledge a gap(s) in outcomes or in care delivery.

🞏 Identify and/or review data related to the gap(s).

🞏 Identify or acknowledge appropriate intervention(s) designed to improve the gap(s), OR participate in the planning and selection of intervention(s) designed to improve the gap(s).

🞏 Implement intervention(s) for a timeframe appropriate to addressing the gap(s), OR monitor and manage implementation of intervention(s) for a timeframe appropriate to addressing the gap(s).

🞏 Review data related to the gap(s).

🞏 Reflect on outcomes to determine whether the intervention(s) resulted in improvement. If no improvement occurs after an intervention, diplomates must reflect on why no improvement occurred.

***Section 4: Signatures***

1. **Physician Signature:** I attest I participated in COVID-19 work as described above.

Signature Date

1. **Project Leader Signature:** I confirm that the above physician meaningfully engaged in the COVID-19 work as described above.

Signature Date