# 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 or colleague with knowledge of the physician’s COVID-19 work. 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 2022 work:**

1. Fill out the questions below.
2. Sign the form.
3. Have your supervisor (or colleague with knowledge of your COVID-19 work) cosign the form.
4. Click [**here**](https://cpd.partners.org/content/covid-19-project-reflection-2022#group-tabs-node-course-default1) to fill out the online reflection form for 2022. The deadline to submit your attestation for 2022 is **11/18/2022**. (If clicking on the link does not work, copy and paste the URL into your browser: cpd.partners.org/content/covid-19-project-reflection-2022.)
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 signed attestation.
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/colleague with knowledge of your COVID-19 work.**

# 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: The end date must be in 2022.*

# 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

🞏 Mental Health

🞏 Mortality

🞏 Patient Experience

🞏 PPE

🞏 Pre-Op Assessment

🞏 Provider Wellness

🞏 Rehabilitation

🞏 Screening

🞏 Telehealth

🞏 Testing

🞏 Vaccinations

🞏 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.*

🞏 Identified and/or acknowledged a gap(s) in outcomes or in care delivery.

🞏 Identified and/or reviewed data related to the gap(s).

🞏 Identified or acknowledged appropriate intervention(s) designed to improve the gap(s), OR participated in the planning and selection of intervention(s) designed to improve the gap(s).

🞏 Implemented intervention(s) for a timeframe appropriate to addressing the gap(s), OR monitored and managed implementation of intervention(s) for a timeframe appropriate to addressing the gap(s).

🞏 Reviewed data related to the gap(s).

🞏 Reflected on outcomes to determine whether the intervention(s) resulted in improvement. If no improvement occurred 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 – Typed Signatures accepted Date

1. **Signature of Supervisor/Colleague with Knowledge of Physician’s COVID-19 Work:** I confirm that the above physician meaningfully engaged in the COVID-19 work as described above.

Signature – Typed Signatures accepted Date