

Fast & Furious

Performance Monitoring: A Helpful Tool for Annual Reports and Self Study

bbixler1@pennstatehealth.psu.edu



PROGRAM CLOSE-OUT FORM Page 1

Coordinator <input type="checkbox"/> Director <input type="checkbox"/> Chair <input type="checkbox"/> Faculty <input type="checkbox"/> Tenure <input type="checkbox"/> Visiting <input type="checkbox"/> Postdoc <input type="checkbox"/> Manager <input type="checkbox"/> Other		C# <input type="checkbox"/> Academic <input type="checkbox"/> Other		Activity/Title <input type="checkbox"/> Yes <input type="checkbox"/> No																						
Academic Coordinator <input type="checkbox"/> Yes <input type="checkbox"/> No		Activity Date <input type="checkbox"/> Yes <input type="checkbox"/> No		End Date <input type="checkbox"/> Yes <input type="checkbox"/> No																						
Changes or comments related to information previously submitted under New Program Form (Changes or Comments)																										
EDUCATION <table border="1"> <thead> <tr> <th>Area</th> <th>Sub</th> <th>Program ID</th> <th>Working hours (hours)</th> <th>ACME</th> <th>Other Credits</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td colspan="7"> 1. Academic Activity Type <input type="checkbox"/> C. Course <input type="checkbox"/> M. Manuscript Review <input type="checkbox"/> M. Regular/Continued Series <input type="checkbox"/> T. Text Series Writing <input type="checkbox"/> M. Manuscript Review <input type="checkbox"/> C. Curriculum Development <input type="checkbox"/> M. Manuscript Review <input type="checkbox"/> M. Manuscript Review <input type="checkbox"/> M. Manuscript Review <input type="checkbox"/> M. Manuscript Review <input type="checkbox"/> M. Manuscript Review <input type="checkbox"/> M. Manuscript Review </td> </tr> <tr> <td colspan="7"> 2. Manuscript Review <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </tbody> </table>						Area	Sub	Program ID	Working hours (hours)	ACME	Other Credits	Other	1. Academic Activity Type <input type="checkbox"/> C. Course <input type="checkbox"/> M. Manuscript Review <input type="checkbox"/> M. Regular/Continued Series <input type="checkbox"/> T. Text Series Writing <input type="checkbox"/> M. Manuscript Review <input type="checkbox"/> C. Curriculum Development <input type="checkbox"/> M. Manuscript Review <input type="checkbox"/> M. Manuscript Review <input type="checkbox"/> M. Manuscript Review <input type="checkbox"/> M. Manuscript Review <input type="checkbox"/> M. Manuscript Review <input type="checkbox"/> M. Manuscript Review							2. Manuscript Review <input type="checkbox"/> Yes <input type="checkbox"/> No						
Area	Sub	Program ID	Working hours (hours)	ACME	Other Credits	Other																				
1. Academic Activity Type <input type="checkbox"/> C. Course <input type="checkbox"/> M. Manuscript Review <input type="checkbox"/> M. Regular/Continued Series <input type="checkbox"/> T. Text Series Writing <input type="checkbox"/> M. Manuscript Review <input type="checkbox"/> C. Curriculum Development <input type="checkbox"/> M. Manuscript Review <input type="checkbox"/> M. Manuscript Review <input type="checkbox"/> M. Manuscript Review <input type="checkbox"/> M. Manuscript Review <input type="checkbox"/> M. Manuscript Review <input type="checkbox"/> M. Manuscript Review																										
2. Manuscript Review <input type="checkbox"/> Yes <input type="checkbox"/> No																										
ENROLLMENT <table border="1"> <thead> <tr> <th># of physicians</th> <th># of nurses</th> <th># of pharmacists</th> <th># of other</th> <th>Total Enrollment</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						# of physicians	# of nurses	# of pharmacists	# of other	Total Enrollment																
# of physicians	# of nurses	# of pharmacists	# of other	Total Enrollment																						
COMMERCIAL SUPPORT <table border="1"> <thead> <tr> <th># of Commercial Support</th> <th># of Commercial Support</th> <th># of grant</th> <th># of Commercial Support Income</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						# of Commercial Support	# of Commercial Support	# of grant	# of Commercial Support Income																	
# of Commercial Support	# of Commercial Support	# of grant	# of Commercial Support Income																							
OTHER INCOME <table border="1"> <thead> <tr> <th># of Exhibits</th> <th>Advertising & Exhibit Income</th> <th>Registration Income</th> <th>Non-Commercial Grants</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						# of Exhibits	Advertising & Exhibit Income	Registration Income	Non-Commercial Grants																	
# of Exhibits	Advertising & Exhibit Income	Registration Income	Non-Commercial Grants																							



PROGRAM CLOSE-OUT FORM Page 2

EXPENSE <table border="1"> <thead> <tr> <th>Actual Cost</th> <th>Cost Fee</th> <th>Profit Sharing</th> <th>Actual Profit</th> <th>TOTAL EXPENSE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Actual Cost	Cost Fee	Profit Sharing	Actual Profit	TOTAL EXPENSE					
Actual Cost	Cost Fee	Profit Sharing	Actual Profit	TOTAL EXPENSE							
EDUCATIONAL DESIGN <table border="1"> <thead> <tr> <th>1. Designed to change performance?</th> <th>2. Designed to change patient outcomes?</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No Provide new abilities/strategies <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No Design patient health <input type="checkbox"/> Yes <input type="checkbox"/> No Design to patient outcomes <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </tbody> </table>					1. Designed to change performance?	2. Designed to change patient outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No Provide new abilities/strategies <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Design patient health <input type="checkbox"/> Yes <input type="checkbox"/> No Design to patient outcomes <input type="checkbox"/> Yes <input type="checkbox"/> No			
1. Designed to change performance?	2. Designed to change patient outcomes?										
<input type="checkbox"/> Yes <input type="checkbox"/> No Provide new abilities/strategies <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Design patient health <input type="checkbox"/> Yes <input type="checkbox"/> No Design to patient outcomes <input type="checkbox"/> Yes <input type="checkbox"/> No										
Learning Format <input type="checkbox"/> 21. Case-based discussion <input type="checkbox"/> 22. Simulation <input type="checkbox"/> 23. Learning Format: Other, describe below <input type="checkbox"/> 24. Formal <input type="checkbox"/> 25. Small group discussion											
CONFLICT OF INTEREST <table border="1"> <thead> <tr> <th>COI identified</th> <th>COI management</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> 1. None identified <input type="checkbox"/> 2. COI identified <input type="checkbox"/> 3. COI identified <input type="checkbox"/> 4. COI identified </td> <td> <input type="checkbox"/> 5. COI management <input type="checkbox"/> 6. COI management <input type="checkbox"/> 7. COI management <input type="checkbox"/> 8. COI management </td> </tr> </tbody> </table>					COI identified	COI management	<input type="checkbox"/> 1. None identified <input type="checkbox"/> 2. COI identified <input type="checkbox"/> 3. COI identified <input type="checkbox"/> 4. COI identified	<input type="checkbox"/> 5. COI management <input type="checkbox"/> 6. COI management <input type="checkbox"/> 7. COI management <input type="checkbox"/> 8. COI management			
COI identified	COI management										
<input type="checkbox"/> 1. None identified <input type="checkbox"/> 2. COI identified <input type="checkbox"/> 3. COI identified <input type="checkbox"/> 4. COI identified	<input type="checkbox"/> 5. COI management <input type="checkbox"/> 6. COI management <input type="checkbox"/> 7. COI management <input type="checkbox"/> 8. COI management										
Have changes made to content based on the COI management? <input type="checkbox"/> Yes <input type="checkbox"/> No											



STUDY CLOSURE CLOSE-OUT FORM				Page 5	
63. In-kind— Disposables supplies (non- biological)	63. In-kind— Animal parts or tissue	63. In-kind— Human parts or tissue	63. In-kind— Other		
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No		
COMMERCIAL SUPPORT A					
64. Commercial Support Source	64. Monetary Amount Received	64. In-kind— Durable Equipment	64. In-kind— Facilities/Space		
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No		
65. In-kind— Disposables supplies (non- biological)	65. In-kind— Animal parts or tissue	65. In-kind— Human parts or tissue	65. In-kind— Other		
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No		
COMMERCIAL SUPPORT B					
72. Commercial Support Source	72. Monetary Amount Received	72. In-kind— Durable Equipment	72. In-kind— Facilities/Space		
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No		
73. In-kind— Disposables supplies (non- biological)	73. In-kind— Animal parts or tissue	73. In-kind— Human parts or tissue	73. In-kind— Other		
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No		
PHS Form 3989a (Rev. 05/01) and 3989b (Rev. 05/01) are available at www.fda.gov/oc/ohrt/ohrtforms/ohrtforms.pdf					
UNIVERSITY OF PENNSYLVANIA					
84. Commercial Support Source	84. Monetary Amount Received	84. In-kind— Durable Equipment	84. In-kind— Facilities/Space		
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No		
85. In-kind— Disposables supplies (non- biological)	85. In-kind— Animal parts or tissue	85. In-kind— Human parts or tissue	85. In-kind— Other		
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No		








