

**RSS Planning Form – FY11
Continuing Medical Education (CME)**

Please complete this form for each session and fax to the Office of CME (217-545-4413) for review.

Course Number _____

Date _____

Topic _____

Screening Criteria for Session (check all that apply)

- Content is based on evidence that constitutes “best practices”
- Gap between current and best practices differs significantly
- Closing the gap will result in improvement in the health and/or outcomes of patients
- The proposed educational intervention will result in significant changes in current practice
- There is funding available to support this educational intervention
- This activity will be planned independently and will be fair balanced

1. What specific professional practice gap(s) is/are being addressed?

2. Why does this gap exist? Is there a gap in:

- Knowledge – is there a deficit in awareness and understanding?
- Competence – is there an issue with the ability to apply knowledge, skills and judgment in practice?
- Performance – is there an issue with what one actually does in practice?

3. How was this topic determined? Check applicable reasons and supply examples.

- Request from attendees _____
- Evaluation suggestions _____
- Case conferences _____
- Current research _____
- Quality assurance issues _____
- Patient safety topics _____
- Hospital data _____
- Community health issues _____
- Specialty Board competency issues _____
- Other _____

4. List at least one objective for this session.

(Example: The intended result of this activity is increased knowledge/ competence, performance and at the conclusion of this activity, attendees will be able to)

5. Financial

- Was an educational grant from industry obtained for this conference? Yes No

If yes, please submit the letter(s) of agreement and a categorical financial summary of how funds were used such as honoraria, travel, refreshments, printing, etc.

- Were separate display fees collected? Yes No