

## RSS Planning Form 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 \_\_\_\_\_

### 1. What professional practice gap is 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