**Office of Continuing Medical Education RSS Activity Planning Guide**

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* **Beginning June 2021 - RSS Planning Guides are valid for two academic years.**
* Please submit one copy of this planning guide **at least 14 days in advance of event or at the beginning of planning the event**. Processing will usually be completed in a shorter timeline, but cannot be guaranteed.
* Please return completed RSS Planning Guide along with required attachments to cme@uthscsa.edu.

1. **Sponsoring Department/Division**

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| Name of Department/Division |  |
| RSS Chair |  |
| Planning Members |  |
| E-Mail Address |  |
| Telephone Number |  |
| Finance Director/Business Administrator |  |
| E-Mail Address |  |
| RSS Activity Coordinator |  |
| E-Mail Address |  |
| Telephone Number |  |

1. **Activity Information**

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| **Title of Activity (RSS Medicine Grand Rounds, M&M, Etc)** |  |
| **Begin Date/End Date(s) of RSS Series** |  |
| **Start Time(s)/End Time(s)** |  |
| **Day of Week** |  |
| **Frequency (Daily, Weekly, Monthly, Quarterly, Other)** |  |
| **Location of Activity** |  |
| **Activity Format** | \_\_Grand Rounds, \_\_M&M, \_\_Lecture Series,  \_\_Case Conference, \_\_Journal-based  \_\_ Tumor Board |
| **Target Audience**  **(MD, DO, RN, PharmD, etc)** |  |
| **Expected Number of Participants** |  |
| **Teaching Methods**  *(check all that apply)* | \_\_ Lecture  \_\_ Case Based Discussion  \_\_ Panel  Simulation  Skill Based Training  Small Group Discussion  Other: |
| **Brief Description of Course Content** |  |
| **Statement of Need on which the Professional Practice Gaps will be identified for this Activity in 4-5 sentences (should answer the question: What conditions, issues, or problems exist that make it necessary or advantageous for physicians to participate in this activity)** |  |
| **Professional Practice Gap(s) of your learners on which this activity is based.**  **(Please add additional professional practice gaps as needed)** | **Professional Gap 1:**  The Current Practice: \_\_\_  The Source used: \_\_\_  The Gap to identify the type of outcomes: \_\_\_  Learning Objective(s): \_\_\_  **Professional Gap 2:**  The Current Practice: \_\_\_  The Source used: \_\_\_  The Gap to identify the type of outcomes: \_\_\_  Learning Objective(s): \_\_\_ |
| **Specialty Boards and Maintenance of Certification**  **Has the relevant specialty board(s) and/or national association developed standards that affect the content of this activity?** | If so, indicate curriculum reflective of these standards: \_\_\_ |
| **Maintenance of Certification II** | Will this activity provide Maintenance of Certification II (MOC II)? If so, an additional CME administrative fee will be assessed.  \_\_Yes \_\_\_ No |
| **Ethics Credit** | **Will this activity include content related to ethics (check one)?**  \_\_\_\_ Yes *(please provide presentation to Office of CME at least two weeks prior to start of activity for review/approval by a UT Health SA ethicist)*  \_\_\_\_ No |
| **Pain Management and the Prescription of Opioids** | **Will this activity include any of the following topics related to Pain Management and the Prescription of Opioids?**  **• best practices, alternative treatment options, and multi-modal approaches to pain management** that may include physical therapy, psychotherapy, and other treatments;  **• safe and effective pain management related to the prescription of opioids and other controlled substances, including education regarding:**  - standards of care;  - identification of drug-seeking behavior in patients; and  - effectively communicating with patients regarding the prescription of an opioid or other controlled substances; and  **• prescribing and monitoring of controlled substances.**  \_\_\_\_ Yes  \_\_\_\_ No |

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| **Competencies that will be addressed in the Activity content (*check all that apply*)** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | Yes | | ABMS/ACGME-Patient Care and Procedural Skills |  | | ABMS/ACGME-Medical Knowledge |  | | ABMS/ACGME-Practice-based Learning and Improvement |  | | ABMS/ACGME-Interpersonal and Communication Skills |  | | ABMS/ACGME-Professionalism |  | | ABMS/ACGME-Systems-based Practice |  | | Institute of Medicine-Provide patient-centered care |  | | Institute of Medicine-Work in interdisciplinary teams |  | | Institute of Medicine-Employ evidence-based practice |  | | Institute of Medicine-Apply quality improvement |  | | Institute of Medicine-Utilize informatics |  | | Interprofessional Education Collaborative-Values/Ethics for Interprofessional Practice |  | | Interprofessional Education Collaborative-Roles/Responsibilities |  | | Interprofessional Education Collaborative-Interprofessional Communication |  | | Interprofessional Education Collaborative-Teams and Teamwork |  | | Other Competencies-Competencies other than those listed were addressed |  | | |

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| **Documents to attach and email along with the Planning Guide** | **Please attach:**   * **Agenda** * **Flyer/email announcing RSS activity** * **List of company information for grants (*if applicable*)** * **List of planning committee members (First Name Last Name, credentials (MD, DO, RN, PharmD, etc), email address, telephone number** * **List of speakers (First Name Last Name, credentials (MD, DO, RN, PharmD, etc), email address, telephone number** |

**Processing of CME administrative fee (select # of sessions per year)**

\_\_\_\_1-12 sessions/$1,000.00

\_\_\_\_13-24 sessions/$1,500.00

\_\_\_\_25-36 sessions/$2,000.00

\_\_\_\_37-52 sessions/$2,500.00

**Email the completed planning guide and required documents to cme@uthscsa.edu.**