



## **2020 Annual Leadership and Clinical Conference**

**Request for Presentation Proposals  
Conference dates:**

**February 19 – 21, 2020**



**“2020: What’s YOUR Vision?”**

**University of Georgia Center for Continuing Education  
Conference Center and Hotel  
1197 S. Lumpkin St, Athens, GA 30602  
Deadline for submission is:**

**August 1, 2019**

**Proposals may be submitted:  
Via email to [admin@ghpc.org](mailto:admin@ghpc.org) or via fax to 678-623-0175**

**Via mail to:  
GHPCO  
950 Eagle’s Landing Parkway, Suite 622  
Stockbridge, GA 30281**



# The Georgia Hospice and Palliative Care Organization

**Proudly Presents**

## The 2020 Annual Leadership and Clinical Conference

### **“2020: What’s YOUR Vision?”**

Each year, GHPCO strives to create an annual educational conference focused on leadership and clinical topics from a variety of local, regional and national experts. This year’s theme, **“2020: What’s YOUR Vision?”** provides a broad platform from which to consider our hospice and palliative care goals for 2020 and discuss the changes in our system of care delivery which includes palliative medicine and hospice care. How do we design strategies to maintain regulatory compliance while providing end-of-life care? What is the reality of providing care to people who are living with advanced illness and experiencing dying? How do we anticipate the needs of our patients and families to enhance our reputation with those we serve while meeting the structural demands of hospice and palliative medicine? As Hospice and Palliative Care providers, we strive to consistently meet the standards related to the principles of leadership, care delivery, process improvement, quality, and ethics and thereby are essential to enhancing the quality and effectiveness of care in 2020.

What’s YOUR Vision?

Join us at the 2020 GHPCO Annual Clinical and Leadership Conference in celebration of our industry as we seek to provide the highest quality hospice and palliative care services throughout Georgia.

## **GHPCO Celebrates Your 2020 Vision!**

***Suggested topics may include any of the following – we welcome your own as well!***

- Advance Care Planning
- Advocacy and Public Policy
- Bereavement and Grief
- Care for the Caregiver (including Professionals!)
- Diversity and Inclusion
- Disease-specific issues
- Ethical Issues and Dilemmas
- Employee/Human Resource
- Management/Retention
- Marketing/ Market Trends
- Pain Management (Assessment, Treatment, Medication Updates, etc)
- Palliative Care
- Pediatric Palliative Care and Hospice
- Quality Management/ QAPI
- Regulatory/Compliance Updates
- Reimbursement/ Financial Issues
- Risk Management
- Social Aspects of Care
- Social Media
- Spiritual Care
- Strategic Planning
- Veterans (care needs, outreach, etc)
- Volunteer Management/Recruitment/Retention



# CALL FOR PRESENTATION PROPOSALS

## Expression of Interest Form

**Directions:** Please fill out form completely. DO NOT ATTACH CURRICULUM VITAE or RESUME – if submitted this way, form will not be accepted. **If submitting more than one presentation for consideration, please complete a SEPARATE form detailing each presentation’s title, learning objectives and abstract of content as indicated.**

### Your Information

Name & Credentials:

Mailing Address:

City:  State:  Zip Code:

Primary Phone:  Fax:

Organization Name:  Email:

Present Position:

### Information about Your Proposal

Title of Presentation:

Learning Objectives which answer the question – “At the end of this session, attendees will be able to...”:

1.

2.

3.

4.

Intended Audience(s): (check all that apply)

- Basic
- Intermediate
- Advanced
- General
- Other: All \_\_\_\_\_
- Clinical
- Administrative
- Psychosocial
- Interdisciplinary Team
- Non-hospice

1. Completed ‘Expression of Interest’ Form
2. Completed Educational Activity Form – this is required for processing CE’s
3. Completed Biographical Data Form for EACH presenter (copy form if needed!)

Please remember to complete the **educational activity form** and the **biographical data form(s)** as requested!  
**ALL completed presentation materials will be required to be submitted no later than February 1, 2020**

**Return all completed forms to:**

Georgia Hospice and Palliative Care Organization  
950 Eagle’s Landing Parkway, Suite 622 Stockbridge, GA 30281  
Email: [admin@ghpco.org](mailto:admin@ghpco.org)  
Fax: 678-623-0175

All submissions will be reviewed by GHPCO's Education Committee. If selected, the identified faculty member(s) agrees to submit additional information as required by GHPCO for continuing education purposes, including a signed Conflict of Interest Statement (will be provided). GHPCO reserves the right to combine topics and recruit additional presenters to ensure well-rounded programs are provided. Acceptance of any submission does not imply a guarantee that any presenter or presentation will be utilized.

Submit all requested items by the deadline of **August 1, 2020** as instructed on the application form.

#### **The Evaluation Process:**

All completed application packets will be considered using the following criteria:

- 🍓 Is the concurrent session or workshop presentation topic relevant to the conference theme?
- 🍓 Is the time well allocated and organized to provide opportunities for feedback and interaction?
- 🍓 Does the presenter have appropriate experience and/or knowledge of the presentation topic?
- 🍓 Are the learning objectives measurable and achievable?
- 🍓 Will there be significant interest in the presentation topic?

Once reviewed and evaluated, proposals that receive the highest rankings are incorporated into a draft program. This draft is then reviewed and modified to meet program design requirements and assessed needs of the participants. The finalization process is stringent and time-consuming; therefore, GHPCO appreciates your patience during this process.

**Notifications will be sent to those persons submitting selected proposals by October 1, 2019.**

#### **Specifics:**

- 🍓 All presentations should be 1 hour (60 minutes) in length, ***please allow time in your presentation for questions and answers.***
- 🍓 Each breakout room is equipped with all A/V needs – please bring your presentation on a thumb drive. If you use a MAC computer, please convert to appropriate format OR plan to bring your own laptop with conversion cables.
- 🍓 Notifications will be sent to the **primary presenter ONLY**. It is the responsibility of the primary presenter to alert any co-presenters of the status of their presentation proposal when notified.
- 🍓 **Presenters will receive complimentary conference registration for the DAY OF PRESENTATION ONLY – if presenters wish to attend the full conference, please register at the single day rate for the date you are NOT presenting. No other expenses will be provided.**

**Each year, we receive many good proposals – we can't wait to hear from YOU! We know there are many subject matter or content area experts out there, so don't be shy!**

Faculty/Presenters/Authors

### Biographical Data Form

Name, Degrees & Credentials:

If **RN**, nursing degree(s):  AD  Diploma  BSN  Masters  PhD

Home Address **OR** Business Address:

(Number & Street, City, State, Zip)

Day Telephone:

Email Address:

Present Position (Title) & Employer:

Faculty/Presenters/Authors: Describe your expertise in this topic (will also be your introduction):

#### **Planner, Faculty and Author Conflict of Interest Statement**

Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity and any potential conflict must be resolved. In order to ensure balance, independence, objectivity and scientific rigor at all programs, the planners, faculty and authors must make full disclosure indicating whether the planner, faculty or author and/or his/her spouse family has any relationships with pharmaceutical companies, biomedical device manufacturers and/or corporations whose products or services are related to pertinent therapeutic areas. All planners, faculty, authors and feedback specialists participating in CE activities must disclose to the audience information listed below.

Is there a potential conflict of interest?  Yes  No

If yes, list company(ies) with relationship:

Self	Spouse/ Partner	Type of Financial Relationship	Indicate Applicable Manufacturer(s)
		Salary	
		Royalty	
		Receipt of Intellectual Property Rights	
		Consulting Fee	
		Honoraria Directly from Commercial Interest of Their Agents <sup>1</sup>	
		Contracted Research <sup>2</sup>	
		Ownership Interest (stocks, stock options, or other ownership Interest excluding diversified mutual funds)	
		Speakers Bureau	

B. If YES to item A above, use this space to describe how any conflict of interest will be resolved (e.g. signed policy statement, nurse planner/planning committee member to monitor session, other):

C. Discussion of unlabeled uses:  Yes  No

If yes, you must disclose this information during your presentation. How will you do this?

1. Verbal statement during the presentation

2. Information provided on handouts

3. Information provided in audiovisuals (slides, overhead, PowerPoint, etc.)

4. Other: Describe:

All information disclosed must be shared with the audience either on the program handouts, advertising and/or audiovisual presentation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By checking this box, I am providing my electronic signature approving all the information entered above. (Please enter name and date on signature and date lines above).**

<sup>1</sup>An accredited/approved CNE provider is NOT an agent for a manufacturer, whereas a company acting for a manufacturer in a promotional activity IS an agent.

<sup>2</sup>Only include research funds received directly from industry, grants to your institution are NOT reportable



**EDUCATIONAL ACTIVITY PLANNING FORM—5 COLUMN**

Use this form to provide information for proposed education session. Copy if additional pages needed  
**THE INFORMATION LISTED MUST INCLUDE ALL TOPICS BEING PRESENTED**

**GHPCO 2020 Annual Conference: 2020: What's YOUR Vision?"**

**Title of Individual Session:**

OBJECTIVES	CONTENT (Topics)	TIME FRAME	PRESENTER	TEACHING METHODS
List learner's objectives in behavioral terms (See Appendix A, "Criteria for Educational Activities" for information)	Provide an outline of the content for each objective. It must be more than a restatement of the objective.	State the time frame for each objective (e.g. 8:00-8:30am, 30 minutes)	List the Presenter/Faculty for each objective.	Describe the teaching methods, strategies, materials & resources for each objective/ Also describe the category of evaluation: a: Learner satisfaction; b: Knowledge enhancement; c: Skill and attitude change teaching method/strategy, materials, resources used for each objective
<b>SAMPLE:</b> <i>Discuss process for teaching adults how to complete required forms</i>	<b>SAMPLE:</b> <i>Review adult learning methods Learn methods for reaching adult learners Demonstrate differences in audio, visual and kinetic learning styles</i>	<b>SAMPLE:</b> <i>9:00 – 9:20am (20 min)</i>	<b>SAMPLE:</b> <i>Nancy Nurse, RN</i>	<b>SAMPLE:</b> <i>Teaching method: Didactic lecture, powerpoint presentation, group activity  Evaluation Category: A, B</i>


- **Objectives:** Indicate what the learner will be able to do at the conclusion of the activity. An average of 1-2 objectives per hour is realistic. It is also recommended that objectives be numbered sequentially. Objectives listed on the evaluation form should be EXACTLY the same as the ones on the Educational Activity Content Form.
- **Content:** Itemize key points that will be addressed with each objective. Content must be more than a restatement of the objective and must be related to the objective.
- **Time Frame:** List the number of minutes for each objective.
- **Presenter:** List the presenter who will be addressing each objective.
- **Teaching learning strategies, materials and resources:** List the methods, strategies, materials and resources to be used.
- **An example of a clear and measurable learning objective:** At the end of this activity, the learner will be able to: "**List two nonsteroidal anti-inflammatory agents used in the treatment of rheumatoid arthritis**". A learning objective is measurable when the learner can perform a task (list) identified in the learning objective. Include only one measurable/action verb per objective.
- **An example of an unmeasurable objective:** At the end of this activity, the learner will be able to: "**Increase his/her knowledge of anti-inflammatory agents used in the treatment of arthritis.**" "Increase knowledge" cannot be directly demonstrated, therefore is not a measurable objective. **Likewise "understand" is not a measurable verb – do not use this verb!!!**

- **Use an action verb.** The verb should correspond with what opportunities are given for the learners to demonstrate the newly learned information. For example, if your objective contains the verb discuss, then there must be opportunities for the learner to discuss (one of your teaching methods must include "discussion"). Specific verbs correspond with the six levels of learning identified by Bloom. The table below contains a list of the six levels of learning with some of their accompanying verbs—used when writing learning objectives. We hope this list is helpful to you.

Knowledge (to recall facts)	Comprehension (to understand)	Application (to apply concepts/ demo skills)	Analysis (use info/make connections)	Synthesis (formulation)	Evaluation (judgment)
Cite Count Define Identify Label List Name Outline Read Recall Recite Recognize Relate Repeat Select State Tell Write	Associate Classify Contrast Describe Discuss Distinguish Explain Give examples Interpret Locate Predict Report Restate Review	Apply Complete Demonstrate Illustrate Manipulate Operate Perform Practice Predict Relate Report Restate Review Translate Use Utilize	Analyze Appraise Compare Contrast Criticize Debate Detect Diagram Differentiate Distinguish Examine Infer Inspect Question Separate Summarize	Arrange Collect Compose Construct Create Design Detect Formulate Generalize Integrate Manage Organize Plan Prepare Propose Provide	Appraise Assess Choose Critique Determine Differentiate Estimate Evaluate Judge Measure Rate Recommend Revise Select



