PSW EDUCATIONAL SESSION PROPOSAL WORKSHEET

Thank you for your interest in developing a proposal for the **2022 Educational Conference** at the **Monona Terrace Convention Center on Tuesday April 5 – Wednesday April 6, 2022.**

- **Your proposal must be submitted no later than December 15, 2021. Please submit your application to speakerinfo@pswi.org.**

Submitter Account Profile

Please fill out the information completely as you would like it to appear in print – no nicknames or abbreviations. Fields with an asterisk (*) are required.

PROFILE AND BUSINESS ADDRESS

You must provide the address of your primary position/employer. PSW will not send you anything in the mail to your business address. The information will be used in meeting publications only.

*First:	Middle:	*Last:
*Prefix/Salutation (e.g., Mr. Ms. Dr. etc.):		Suffix (e.g., Jr., Sr.):
*Address Line 1 (Company/Organization):		
*Position/Title		
*Employer/Organization:		
*Degrees/Credentials:	Not applicable ☐	
Address Line 2 (Street Address):		
Address Line 3 (Apt, Suite, Bldg (optional):		
*City:	*State/Province:	
*Zip/Postal Code:	*Country:	

CONTACT DETAILS

*Email:	*Office Phone:
* Cell Phone:	Fax:

Create a New Proposal

Proposal Title (required)
A proposal must have a short, specific presentation title (containing no abbreviations) that indicates the nature of the presentation.

Is your preference to present this in person or pre-recorded?

☐　　　In Person　　　☐　　　Pre-recorded

General Program Topic Category (Select up to THREE)

Select up to three topic areas that best describes your proposal. This helps to match your proposal to the appropriate reviewer.

☐ Administrative Practice/Management/Financial Management/Human Resources
☐ Ambulatory Care
☐ Cardiology/Anticoagulation

☐ Chronic/Managed Care
☐ Clinical Services Management
☐ Clinical Topics/Therapeutics
☐ Complementary Alternative Medicine (Herbals, etc.)

- ☐ Critical Care
- ☐ Drug Information/Drug Use Evaluation
- ☐ Emergency Medicine
- ☐ Emergency Preparedness
- ☐ Geriatrics
- ☐ Home Care
- ☐ Infectious Diseases/HIV
- ☐ Informatics/Technology/Automation
- ☐ Investigational Drugs
- ☐ IV Therapy/Infusion Devices
- ☐ Leadership Development
- ☐ Nuclear Pharmacy
- ☐ Nutrition Support
- ☐ Oncology/Hematology
- ☐ Pain Management/Palliative Care
- ☐ Pediatrics

- ☐ Pharmacokinetics
- ☐ Pharmacy Law/Regulatory/Accreditation
- ☐ Pharmacy Technicians/Competencies/Development/Other
- ☐ Precepting/Preceptor Skills/Education and Training
- ☐ Professionalism and Career Development
- ☐ Psychiatry/Neurology
- ☐ Safety/Quality
- ☐ Small and/or Rural Practice
- ☐ Specialty Pharmacy
- ☐ Toxicology
- ☐ Transplant/Immunology
- ☐ Women's Health

Submission Category (Select ONE)

- ☐ **Knowledge-based:** Designed primarily for participants to acquire factual knowledge.
- ☐ **Application-based**: Designed primarily for participants to apply the information learned in the allotted timeframe.

Tasks: You must complete ALL tasks to submit your proposal.

Task 1: Proposal

Target Audience (Select ALL that apply)

☐	Pharmacist
☐	Pharmacy Technician
☐	Student Pharmacist
☐	Other (please specify):

Describe the practice gap(s) that this session will address below.
*A practice gap is the difference between **actual/current** and **ideal/desired** performance and patient outcomes.*
What is the problem or gap that you intend to fix through this educational session?

What is desired practice?

What is current practice?

Description and Overall Purpose
Brief description and overall purpose of this educational session that will entice your audience to attend and set realistic expectations of the content:

Briefly describe what attendees will be doing in your session.
We encourage active engagement with attendees, including but not limited to case-based and scenario-based formats.

How does your session align with the goals of PSW for providing continuing education? Please check all that apply and provide any additional information below.

☐ Impact pharmacists' and pharmacy technicians' roles in medication therapy outcomes and patient safety

☐ Enhance the competencies of pharmacist's providing medication therapy management and immunization services

☐ Build management and leadership skills in practice settings

If the session proposal does not fit into the designated PSW conference format at this time, are you willing to present your proposal in a different format (i.e. webinar) or at a future conference?

☐ Yes
☐ No

Task 2: Learning Objectives

- Provide learning objectives that are clear, measurable, and achievable.
- You must have a minimum of 3 learning objectives with each objective having a corresponding active learning strategy and a learning assessment question.

See Example: for an Application-based Session

Learning Objective:	Learning Assessment:	Active Learning Strategy: (Choice from list)
Given a description of a specific patient, develop a medication regimen that reflects application of the best evidence and current guidelines.	Solution to the case study with evidence-based references and current guidelines being applied. **must provide case study and answer key for learning assessment questions.	☒ Interactive case study

Please Note: ACPE requires active learning and learning assessment for each session objective; identified learning objectives are final.

SESSION DEVELOPMENT GUIDE

The Session Development Guide will give you information on writing learning objectives, creating instructional strategies, and developing mechanisms to assess leaning according to Activity Type.

Developing Learning Objectives according to Activity Type

Knowledge-Based Activity	Application-Based Activity
Designed primarily for participants to acquire factual knowledge.	Designed primarily for participants to apply the information learned in the allotted timeframe.
Sample of Appropriate Verbs: **Explain** **Describe** **List** **Define** **Identify** **Summarize**	Sample of Appropriate Verbs: **Apply** **Design** **Develop** **Evaluate** **Interpret** **Recommend**
Learning Objective Examples: **Explain** how to perform effective distribution and non-distribution activities in the operating room. **List** ways clinical surveillance systems can provide cost savings. **Describe** leadership strategies, tactics, and critical thinking skills needed in complex environments.	**Learning Objective Examples:** **Recommend** strategies for solving cases involving how to perform effective distribution and non-distribution activities in the operating room. Using a set of criteria, **evaluate** ways in which clinical surveillance systems can provide cost savings in your institution. **Develop** a personal action plan for recognizing and applying leadership strategies, tactics, and critical thinking skills needed in complex environments.

Matching Active Learning Strategies to Activity Type

Active Learning Strategies	Knowledge-Based Activity	Application-Based Activity
Polling questions	✔	✔
Games and quizzes to practice recall	✔	✔
Demonstration		✔
Example with practice		✔
Interactive case study		✔
Interactive scenario		✔
Role play		✔
Simulation		✔
Think – pair - share	✔	✔
Think – write -share	✔	✔
Application Exercises		✔
Practice Exercises		✔

Assessment of Learning and Assessment Feedback

	Knowledge-Based Activity	Application-Based Activity
Assessment of Learning	Must include assessment questions structured to determine the recall of facts based on the learning objectives. Techniques can be informal such as audience response systems, color cards, or the raising of hands.	Must include case studies structured to address application of the principles learned based on the learning objectives.
Assessment of Feedback	Feedback may include the correct response to questions. For incorrect responses, communicate that a question was answered incorrectly and provide rationale for the correct response.	Feedback may include the correct evaluation of case studies. When responses are incorrect, explain the rationale for the correct responses.

	Learning Objective *(minimum 3 required)*	**Learning Assessment Questions**	**Active Learning Strategies** *Select 1 from list above*
1			
2			
3			
4			
5			

Task 3: Length of Session *(Select Only One Choice)*

ACPE credit is given in 15 minutes increments only. Shorter sessions are preferred by meeting attendees. ACPE no longer allows partial attendance, in order to claim CE an attendee must stay for the entire duration, thus, shorter sessions are desirable. Live presentations must be 60 minutes total. Please reach out to speakerinfo@pswi.org with questions about program length.

If you selected **Application-Based**, your session must be at least 60 minutes.
- [ ] 45 minutes
- [ ] 1 hour
- [ ] 1 hour 15 minutes
- [ ] 1 hour 30 minutes

PSW EDUCATIONAL SESSION PROPOSAL WORKSHEET

Task 4: Presentation and AV Needs

PSW will provide all speakers with a podium, podium microphone, laptop with pre-loaded presentation, screen, projector, and slide advancer with small laser (for live presentations only. Pre-recorded presentations will be self-recorded).

Please let us know what you will need in addition to the above (examples: lapel microphone, video/sound capabilities).

Task 5: Proposed Presenters

Add the list of presenters for your proposal.

NOTE: It is understood that the speakers you listed are those you will pursue upon acceptance of this proposal. Do not confirm your speakers at this time.

The submitter is considered as the first proposed presenter.

Proposed Presenter 1 (Submitter) – Information submitted above on page 1

Expertise/qualification in the topic(s) you are proposing.

Proposed Presenter 2

Name:	Degree(s) and/or Credentials(s):	
Position title:	Employer:	
City:	State/Province:	Country:
Mailing Address: *(Include organization if using business address)*		
Phone:	Email:	
Expertise/qualification in the topic(s) you are proposing.		

Proposed Presenter 3

Name:	Degree(s) and/or Credentials(s):	
Position title:	Employer:	
City:	State/Province:	Country:
Mailing Address: *(Include organization if using business address)*		
Phone:	Email:	
Expertise/qualification in the topic(s) you are proposing.		

PSW EDUCATIONAL SESSION PROPOSAL WORKSHEET

Task 5: Financial Relationship Disclosure

Disclosure and Attestation Policy
To comply with ACPE's and ACCME's Standards for Commercial Support, everyone in a position to control content must disclose financial relationships with ACCME-defined commercial interests* and all conflicts of interests must be resolved prior to the educational activity.

A conflict of interest arises when an individual has an opportunity to affect content about products or services of an ACCME-defined commercial interest with which he/she has a financial relationship.

Disclosure
The existence or non-existence of relevant financial relationships will be disclosed to the audience.

Financial relationships are those relationships in which you (or your spouse/ partner) benefits from receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, research funding (where the institution receives the grant and manages the funds and you are the principal or named investigator), ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

Choose one of the following:
☐ Within the past 12 months I have had no actual or relevant financial relationships to create a potential conflict of interest in relation to this program
☐ Within the past 12 months I have had a financial interest, arrangement of affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this CE program
☐ Within the past 12 months, my spouse or domestic partner has had a financial interest, arrangement of affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this CE program

If you answered YES to having a financial interest, please select one of the following for the type of affiliation or financial interest:
☐ Consultant
☐ Family member employed by organization
☐ Governing board
☐ Grant/research support
☐ Major stock shareholder
☐ Other financial or material support
☐ Speakers' Bureau
Name of organization with affiliation or financial interest: _____

Step 3: Acknowledgement
I certify that the information I have provided is complete to the best of my knowledge and I accept responsibility for the accuracy of the information in the response to the aforementioned questions.

Signature   _____
Date   _____